

Drug Facilitated Sexual Assault

DRUGS

- ◆ CLUB DRUGS OR DESIGNER DRUGS
 - EXTENSIVE LIST
 - Alcohol #1
 - GHB
 - Ecstasy
 - Ketamine
 - Rohypnol

Victims

1. Unable to give consent
2. Lack resistance
3. Reduced inhibition and increased drowsiness and memory loss
4. Voluntary drug use inhibits reporting
5. Inconsistent statements
6. Can be given other drugs while incapacitated
7. Remains a "real" rape victim

DFSA cont.

- ◆ Delayed reporting is the norm
- ◆ "hung over" for several days, not thinking clearly
- ◆ SELF BLAME
- ◆ Fear of arrest for participating in illegal activities

Medical Practitioners

- ◆ Collect urine and blood immediately (can freeze)
- ◆ Hall mark of GHB intoxication is decreased heart rate, monitor carefully
- ◆ Get names of people who brought them in.
- ◆ Collect and save vomit
- ◆ Have they been sexually assaulted?
- ◆ Collect and preserve trace evidence

Practitioners cont.

- ◆ Test and treat for STD's
- ◆ Hepatitis B vaccine
- ◆ Make referrals

Drug Facilitated Sexual Assault

Colleen James, RN, SANE
South Peninsula Hospital
907-235-0287
Katie TePas
Program Coordinator
Alaska State Troopers
907-269-5412

Common Elements of DFSA

- Social or business situation that seems non-threatening
- Victim consumes drink
- “Curtain comes down” on victim’s awareness within a short time
- Loss of consciousness and memory for a period of time
- Moved to another location
- Unsure if sexually assaulted or identify signs they have been

Detectability Before Ingestion

- Most drugs will dissolve or disperse in beverages or food
- Most medications are bitter
 - May not be noticed if beverage is strong
- Tablets and some capsules have inert fillers that will not dissolve
 - May not be noticeable depending on beverage, physical and social circumstances and if victim is intoxicated

Drugs Reportedly Used to Commit DFSA

- Ethanol
- Zolpidem
- Barbiturates
- Benzodiazepines
 - Flunitrazepam
 - Clonazepam (Clonapin, Rivotril)
 - Lorazepam
 - Alprazolam (Xanax)
 - Triazolam (Halcion)
 - Chlordiazepoxide
 - Diazepam
 - Temazepam
- GHB, GBL, and 1,4-BD
- Ketamine
- Opiates
- Antihistamines
- Hallucinogens
- Sedative Antidepressants
- Chloral Hydrate
- Muscle Relaxants
- Scopolamine
- Herbal Sedatives

Challenges With Drugs That Are Used

- Dosages
- Number of Candidates
- Pharmacokinetics- What your body does to the drug
- Pharmacodynamics-What the drug does to your body

ALCOHOL



CLUB/DESIGNER DRUGS

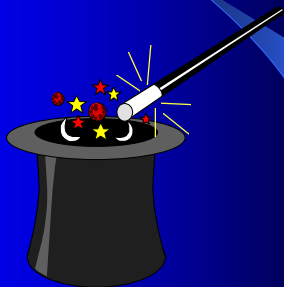
- Commonly associated with rave clubs or dance clubs
- High-volume music, high-tech entertainment and easy access to drugs
- Produce increased stamina and intoxicating highs
- Colorless, odorless, and tasteless

GHB

Gamma Hydroxy Butyrate

- Naturally occurring metabolite of GABA
- Central nervous system depressant
- Schedule 4A drug in Alaska
- G, Liquid Ecstasy, GHBeers, Grievous Bodily Harm, Scoop, Jib, GH Buddy, Easy lay, Georgia Home Boy, Salty Water and liquid X
- Detectable <8hours in blood and <12 in urine*
- GBL

It's Nothing But Luck



APPEARANCE:

- Clear liquid form, slightly thicker than water and is odorless. Has a salty taste. White powder form similar to cocaine. The powder form becomes a liquid when exposed to the air after a time.



DURATION OF EFFECTS

- Onset: 10 to 20 minutes
- Duration: 1 to 4 hours
- After effects: 2 to 4 hours

EFFECTS- UNPREDICTABLE

- Rapid onset of intoxication, increased energy, anxiety, loss of inhibition, loss of coordination, enhanced sexual experience
- Nausea, impaired judgement, amnesia, dizziness, slow heart rate, muscular fatigue
- Passing out, sedation, respiratory depression
- Coma and death

MORE SIDE EFFECTS

- Extremely dose sensitive
- Quality of the product?
- “Beginners” often vomit, experience body jerking and loss of bowel and bladder control
- May “carpet out” on heavy dose or experience “head snap”. Breaths may slow to six or less per minute.
- Addiction

MDMA (ECSTASY)

- Methylenedioxymethamphetamine
- Central nervous system stimulant
- Rarely taken with alcohol
- Schedule 2A drug in Alaska
- “E”, Ecstasy, rolls, pills, beans, M&M’s, Adam, clarity, doctor, XTC, X, M, hug drug and love drug.
- May be detectable in blood < 24 hours

APPEARANCE

- Powder form varies in color from white to tan to brown and has the same texture as cocaine
- Capsule form is either a clear gelatin capsule or capsule filled with powder
- Pill form varies in color
- Wafer form is about the size of vitamin C



DURATION OF EFFECTS

- Onset: 10 to 20 seconds to 20 to 40 minutes
- Duration: 4 to 6 hours
- After effects: hangover 1 to 2 days

EFFECTS

- Euphoria, hyperexcitability, rapid heart rate, teeth grinding, mild hallucinogen
- Nervousness, eye twitching, scratching, panic attacks, dizziness, muscle cramping
- Seizures, loss of consciousness, heat stroke, death
- Cocktailing/bumping (mixing) both to enhance or mask effects.....dangerous

HEALTH HAZARDS

- Addiction, confusion, depression, sleep problems, anxiety and paranoia
- Fatalities from rave parties usually involve the stimulant properties; dancing for extended periods can lead to dehydration, hyperthermia, heart or kidney failure
- Use damages serotonin neurons; mood, memory, sleep and appetite

PMA

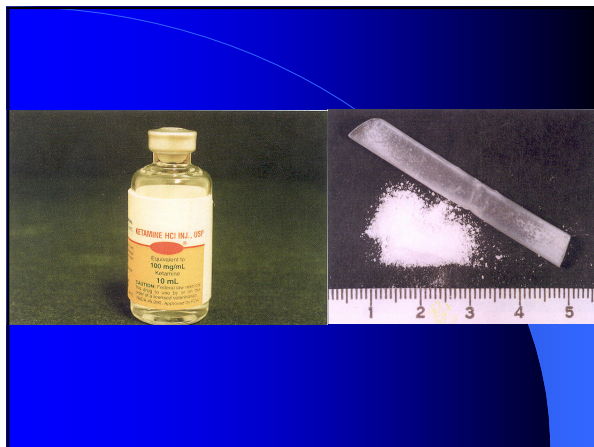
- Para-methoxy-amphetamine, 4-MA
- Powerful hallucinogenic stimulant
- Cheaper and easier to manufacture than ecstasy and more dangerous
- Over a dozen confirmed deaths
- White or tan with a Mitsubishi logo and usually thicker

KETAMINE

- Dissociative anesthetic
- Similar to PCP
- Used by veterinarians
- Schedule 4A drug in Alaska
- Special K, "K Wave, "K", Kat, "K" Hole and "K" Head
- Detectable 24 hours in blood and 48 hours in urine

APPEARANCE

- Clear liquid form contained in 10 ml glass vial with ketamine written on it
- Powder form which is white in color and closely resembles cocaine



DURATION OF EFFECTS

- Onset: 1 to 20 minutes
- Duration: 20 to 30 minutes
- Residual: effects 1 hour after initial dose

EFFECTS

- Hallucinations, euphoria, loss of inhibition, quick burst of energy, drunken feeling.
- Confusion, ringing in ears, tunnel vision, numbness of body, out of body experience.
- Mental depression, loss of balance, no sense of time, disassociation from reality
- Shortness of breath, vomiting when mixed with alcohol, and coma.

ROHYPNOL

- Flunitrazepam
- Central nervous system depressant
- Schedule 4A drug in Alaska
- 10 times the potency of Valium
- Roofies, Dulcita, Wheel, "R-2", Shay, Roach, Landing Gear and Mind Eraser
- Detectable in urine 96 hours and in blood 24 hours

APPEARANCE

- White or blue colored tablets, single or doublecross score line on back and R.H., Roche or Ruffies on the front of the tablet



New Tablets

- Olive Green Color
- "542" on one side and single score on the other
- Blue dye released when dissolved
- Injectable Rohypnol

DURATION OF EFFECTS

- Onset: 15 to 20 minutes/peak 1 to 2 hours
- Duration: 8 hours
- Residual: hangover 12-24 hours

EFFECTS

- Loss of inhibition, drunken state, dizziness, tranquility, slurred speech, slowed breathing, headaches, confusion, hallucinations, affects judgement, black outs, memory loss, coma and death

Other Benzodiazepines

- Clonazepam (Clonapin, Rivotril)
 - Anticonvulsant, identical effects to Rohypnol and LEGAL
- Alprazolam (Xanax)
 - Antidepressant and anxiolytic agent
 - This drug is LEGAL and is difficult to test for
- Triazolam (Halcion)
 - Used for insomnia
 - out of the body more quickly than Rohypnol
 - detectable in urine 12-24 hours

Difficulties Surrounding Investigations

- Vast number of drugs used to commit the crime
- Reporting of the crime (voluntary or illegal drug use and loss of memory)
- Collection of proper specimens
- Lack of findings in the forensic toxicology laboratory

Difficulties Continued

- Victims lack of resistance, impaired motor skills, reduced inhibition, drowsiness, and memory loss
- No physical symptoms, no ability to “resist” or give consent
- Consent all most always the defense
- “She was really into it. In fact, she was really wasted at the party and was flirting with me all night. We both had a good time”

Drug Facilitated Sexual Assault

- Gaps, omissions and inconsistencies in victim’s statement
- Rapid change in victim’s intoxication level
- Victim self-reporting abnormal behavior
- Relatively low PBT or blood alcohol level
- Under 96 hours-obtain urine sample in sterile container with sealable top (100 ml)
- Blood specimens within 24 hours (10 ml)

Memorandum of Agreement

- DPS Director's Directive T-2000-23
- State Medical Examiner's Laboratory Assistance
- Laboratory services not currently available from the Crime Lab
- Questions regarding tests, packaging, and interpretation of lab reports should be directed to one of the doctors

Without Consent AS 11.41.470 (8) (A) (B)

- with or without resisting, is coerced by the use of force against a person or property, or by the express or implied threat of death, imminent physical injury or kidnapping to be inflicted on anyone or
- *is incapacitated as a result of an act of the defendant*

Incapacitated AS 11.41.470 (2)

- Temporarily incapable of appraising the nature of one's own conduct or physically unable to express unwillingness to act.

Charges

May be the difference between sexual assault in the first degree or second degree.

Victim Interview

- Ask open ended questions
- Allow victims to tell the whole story completely
- Assure victim that you do not blame her
- Assure victim that delayed reporting is natural in sexual assault cases

Victim Interview

- Determine the relationship to the suspect
- Location of incident and description
- "Personal" use of drugs
- Amount of alcohol consumed
- How was this experience different
- What symptoms did the victim describe

Victim Interview

- Tolerance level to drugs or alcohol
- Type of normal sexual activity
- Identify any and all drugs prescribed or taken
- Did the victim take the the intoxicating substance knowingly, voluntarily or surreptitiously

Victim Interview

- Victim's last recollection of physical well-being (symptoms before passing out)
- How long was the victim unconscious
- Victim missing any property
- How was the victim dressed before and after
- Any clothing missing, torn or replaced incorrectly on the body
- Number of times the victim has urinated

Victim Interview

- Did the suspect provide the drink or the drug
- Did the suspect use it
- Victim's perception of suspect's intoxication level
- Does the victim have any knowledge of other victims or similar circumstances

Witnesses (Before, During and After)

Establish normal behavior for the victim:

- Roommates
- Friends/Associates
- Activity prior to the incident

Witness Interview

Activity Before the Incident

- Restaurant/Bar Personnel, Patrons, Friends
 - Was there a problem, disturbance, exhibition of sexual activity or undressing?
 - Was the victim walking or being carried?
 - Appearance of the victim (intoxication)
 - Anyone sick or vomiting

Witness Interview

Activity After the Incident

- Describe victim's behavior and appearance
- First person victim told
- Statements made by victim
- Victim's level of intoxication

What about?

- Setting up a controlled buy
- Is the suspect a dealer or a buyer
- Interview suspect friends, neighbors or local school kids to see who is selling drugs in the area
- Background information on suspect
- Search warrants, scene, suspect forensic exam
 - What are we looking for.....
 - Examples of search warrants from Trinka

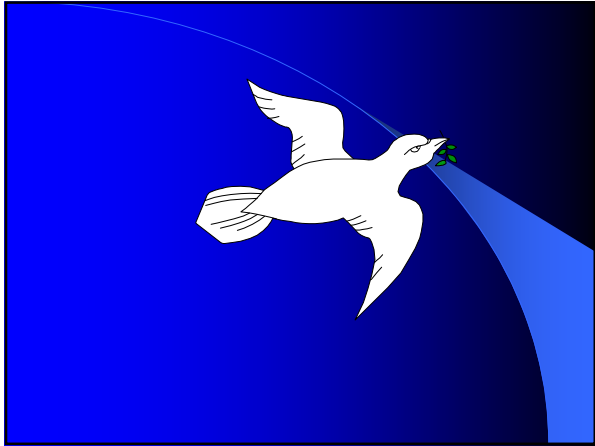
REMEMBER

- Time line
- Dramatic changes in victim's behavior
- Urine collection



Internet Resources

- www.dancesafe.org/
- www.clubdrugs.org/
- www.soacor.com/
- www.ashesonthesea.com
- www.usdoj.gov/dea/concern/concern.htm
- www.fbi.gov/hq/lab/fsc/backissu/april1999/lebeau.htm
- www.health.org
- www.drugidbible.com



ELDER ABUSE


Recognized as the largest growing category of abuse in US

Statistics

- 3-5% of victims are over 50 years of age.
- 80% were white, 86% lived alone, over 90% are widows.
- Reporting is very low.
- Very vulnerable , live alone and isolated


ISSUES IN ELDER ASSAULT

- Psychosocial impact of the assault
 - Generational issues
 - Inadequate support system (may be abused by relatives, deep shame and need to cover up).
 - Decreased ability to care for self.
 - Power and control are issues




Elderly abuse cont. (2)

- Pre existing health problems
- Increased susceptibility to injury
- Diminished mental faculties




Elderly cont. (3)

- Two things effect the hymen, hormones and trauma.
- More genital trauma due to loss of hormones.




Elderly cont.

- Fragile tissue and bones result in greater extra genital trauma
- Loss of estrogen results in more genital trauma due to decreased:
 - elasticity
 - Lubrication
 - Tissue thickness
- If sexually assaulted usually kept captive longer




Post menopausal

- Genital tissue becomes pale
- Tissue may be floppy and non elastic
- May express discomfort when hymen is manipulated
- Absent or greatly diminished secretions



Court for the Elderly

- Can be very challenging
- Sometimes make very poor witnesses related to :
 - Memory problems
 - Hearing
 - Vision



Perpetrators

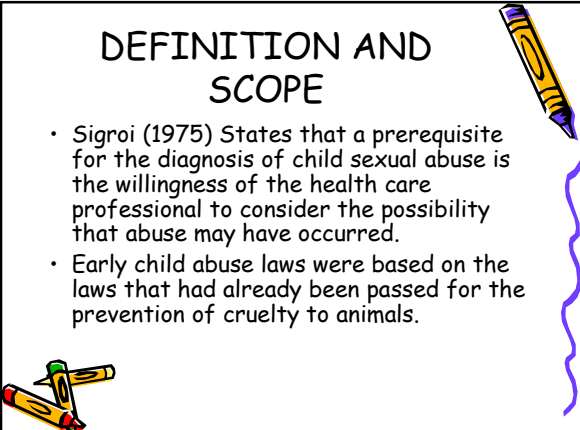
- Research indicates that as some serial rapists age, they begin to target both the elderly and young children.
- Young rapists of the elderly tend to have poor social skills. They are more violent.

EVALUATION OF CHILDREN

Colleen James, RN, SANE-A

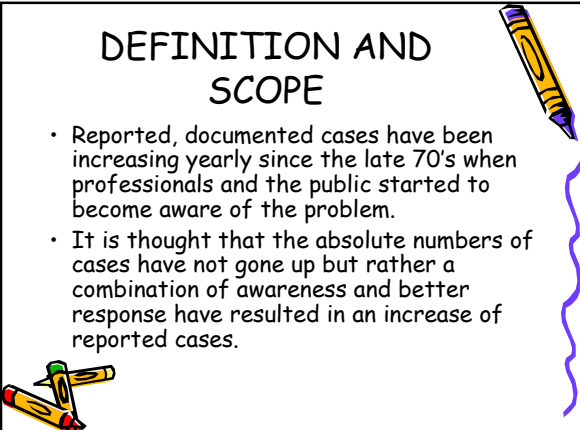
DEFINITION AND SCOPE

- Sigroi (1975) States that a prerequisite for the diagnosis of child sexual abuse is the willingness of the health care professional to consider the possibility that abuse may have occurred.
- Early child abuse laws were based on the laws that had already been passed for the prevention of cruelty to animals.



DEFINITION AND SCOPE

- Reported, documented cases have been increasing yearly since the late 70's when professionals and the public started to become aware of the problem.
- It is thought that the absolute numbers of cases have not gone up but rather a combination of awareness and better response have resulted in an increase of reported cases.



Child sexual abuse accommodation syndrome Summit(1983)

- 1. Secrecy
- 2. Helplessness
- 3. Entrapment and accommodation
- 4. Delayed, conflicted and unconvincing disclosure
- 5. Retraction



- The nature of this type of abuse dictates the need for prompt evaluation and possible intervention with the goal of protecting the child from further abuse.
- Multiple interviews and medical evaluations are very detrimental to the child and ultimately the court case.
- Photo documentation should always be done. The colposcope is the standard of care for this procedure.
- It is normal for the child to have a normal exam (65%) A normal exam in no way confirms that sexual abuse has not occurred.



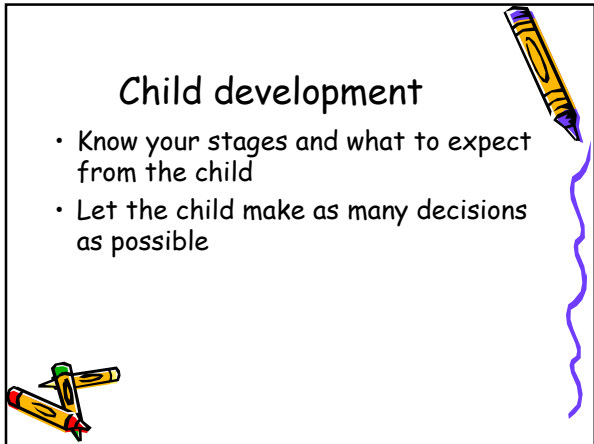
History..... the center piece

- Use of team approach to conduct the medical legal exam is critical.
- More is usually revealed in the medical exam and is part of the medical history
 - You must document the questions and answers to accurately reflect all that transpires during the examination
- All interactions with the child and family should be nonjudgmental and supportive



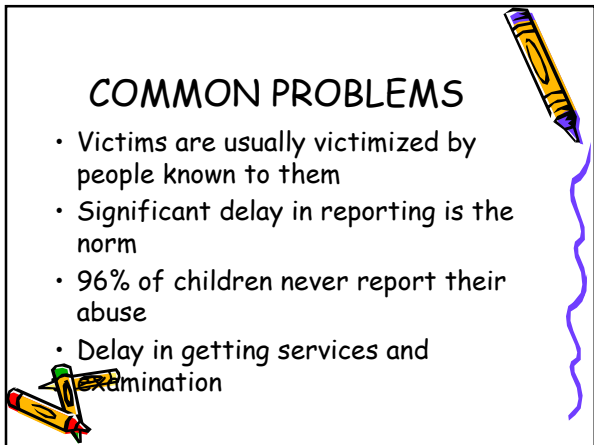
Child development

- Know your stages and what to expect from the child
- Let the child make as many decisions as possible



COMMON PROBLEMS

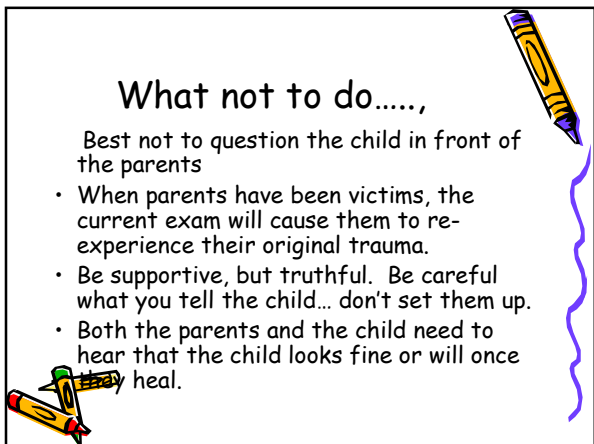
- Victims are usually victimized by people known to them
- Significant delay in reporting is the norm
- 96% of children never report their abuse
- Delay in getting services and examination



What not to do.....,

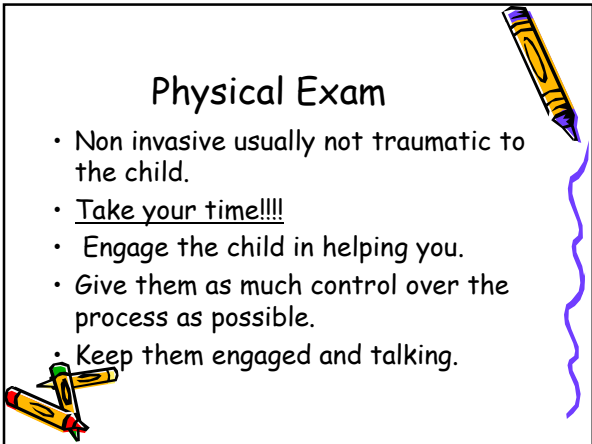
Best not to question the child in front of the parents

- When parents have been victims, the current exam will cause them to re-experience their original trauma.
- Be supportive, but truthful. Be careful what you tell the child... don't set them up.
- Both the parents and the child need to hear that the child looks fine or will once they heal.



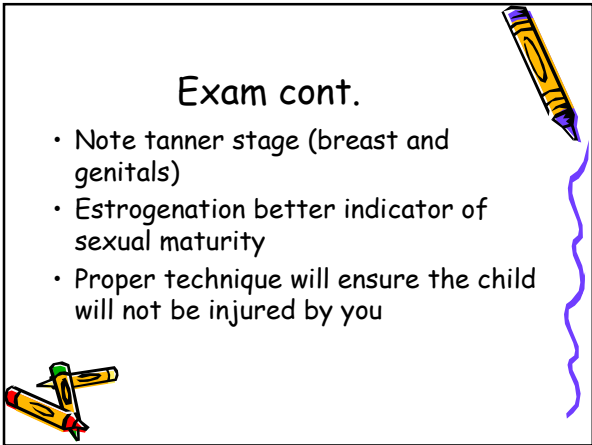
Physical Exam

- Non invasive usually not traumatic to the child.
- Take your time!!!!
- Engage the child in helping you.
- Give them as much control over the process as possible.
- Keep them engaged and talking.



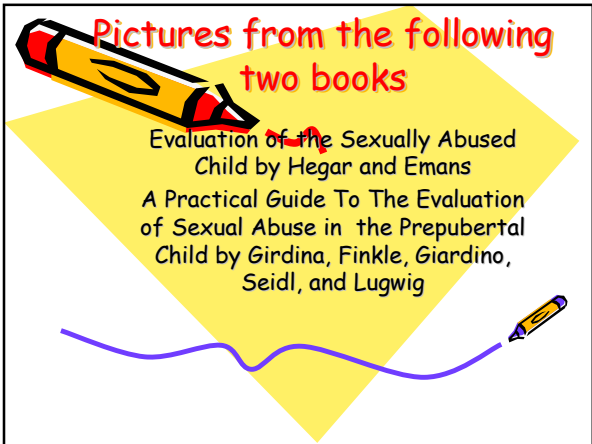
Exam cont.

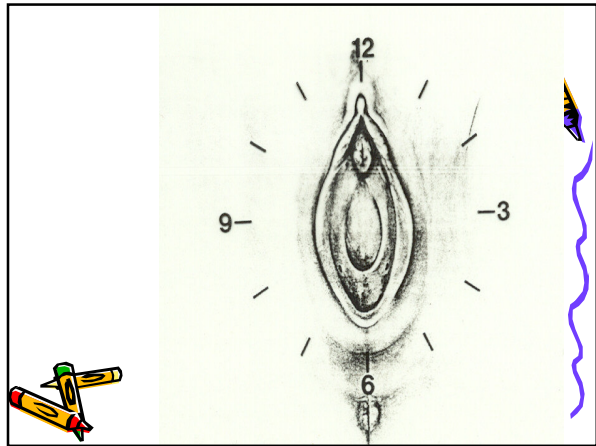
- Note tanner stage (breast and genitals)
- Estrogenation better indicator of sexual maturity
- Proper technique will ensure the child will not be injured by you

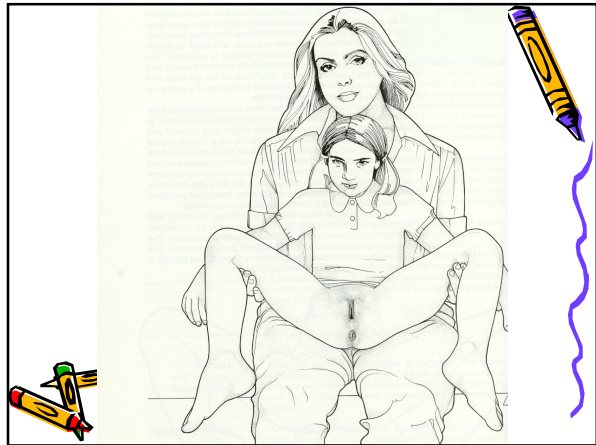


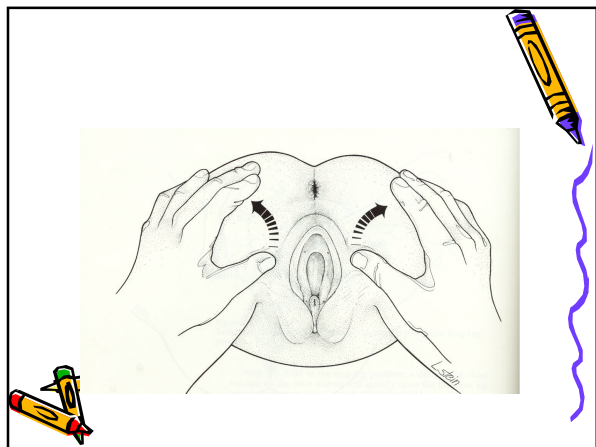
Pictures from the following two books

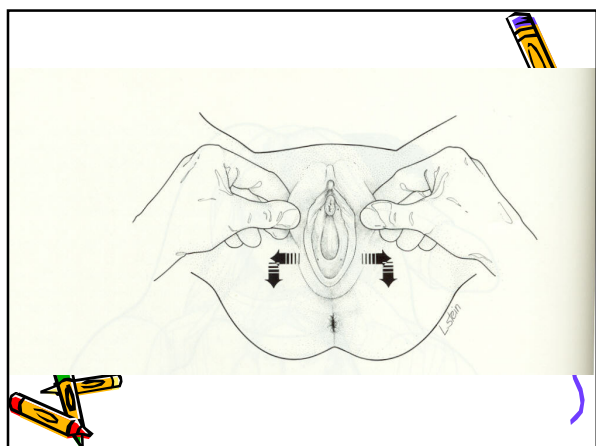
Evaluation of the Sexually Abused Child by Hegar and Emans
A Practical Guide To The Evaluation of Sexual Abuse in the Prepubertal Child by Girdina, Finkle, Giardino, Seidl, and Lugwig

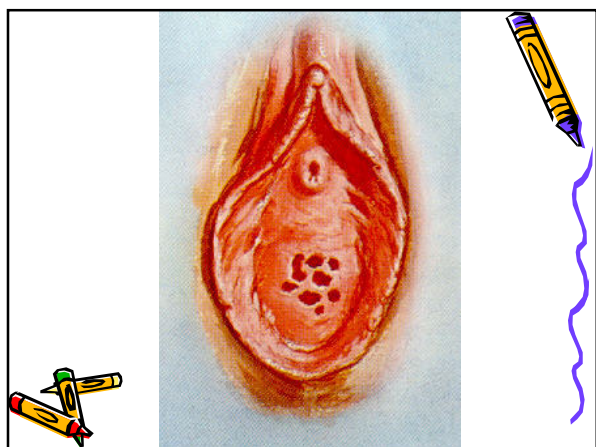


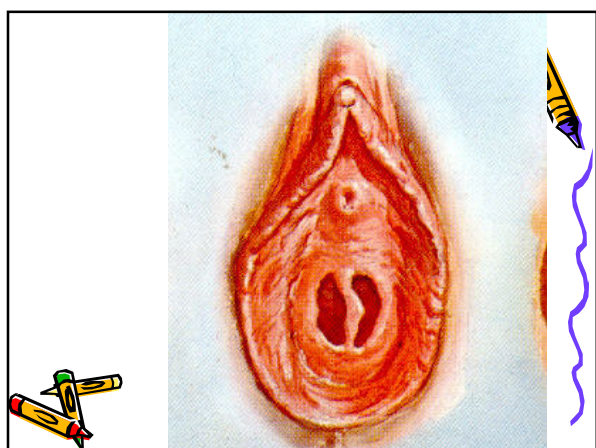












Collection of evidence

- GC and chlamydia cultures (not GEN Probe) from oral, anal and urethra.
- Urine HCG
- Collection of secretions, swab all bite marks and areas that have been licked
- Hairs, fibers or debris (usually not reference unless have reached puberty)
- Finger nails
- Dental floss if indicated
- Use buccal swab for reference



variables affecting physical evidence (Finkel 1988)

- Use of force
- Age difference between child/perpetrator
- Level of resistance
- Size of object placed in orifice
- Use of lubricant
- Specific activity engaged in
- Position of child during the event
- Chronicity and acuity of the abuse



Family in Crisis

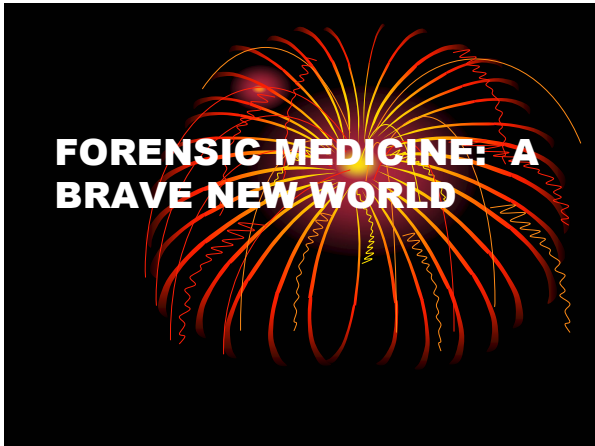
- In the non offending parent it creates a huge life stressor.
- Even high functioning parents may have denial, disbelief, anger, sadness or numbness.
- May also experience PTSD and depression.
- Huge cost associated for some parents in believing the child which can include loss of income, change in residence, and loss of support.
 - Great need for family services to cope



Victims

- Prone to depression , self destructive activities including drug and ETOH abuse, suicide and PTSD.
- Emotional support from parents mediates the effects of abuse and is a strong predictor of short and long term adjustment.
- Specifically cognitive therapy most useful.
- Studies indicate that cognitive behavioral therapy was superior to non directive therapy (Book gives best over view of it by Deblinger and Heflin 1996)









THE MEDICAL WORLD



- **If not you, than who?**
- **First responders have access to unique information.**

Forensic Practitioner



- **One practitioner needs to stay with the client for:**
 - - **Documentation**
 - - **Identification**
 - - **Collection of evidence**
 - - **Testify**
- **Goal : to protect the legal, civil, and human rights of the victim and to provide continuity of care to from trauma to trial**

The laws of the state or tribal jurisdiction guide you.



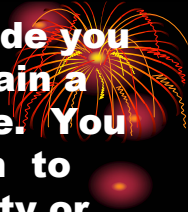
- **Mandatory reporting may apply to you.**
- **Differential diagnosis**
 - **If you do not ask you will never get it right.**
 - **ACE Study**
 - Keiser

The Examiner

- Do you believe the all victims are entitled to the same justice?
- What are your issues with victims?
- You must identify your issues and resolve them



If the law has made you a witness, remain a person of science. You have no victim to avenge, no guilty or innocent person to convict or save. You must bear testimony with in the limits of science.



Exercise



Components of a forensic exam



- **Medical care for injuries**
- **Comprehensive medical interview**
- **Collection of forensic evidence**
- **Evaluation & treatment**
- **Crisis intervention and referrals**

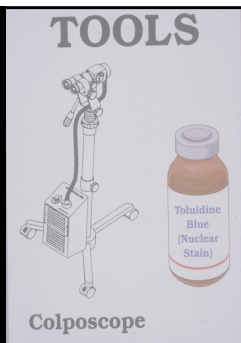
Assessment for forensic evidence



- **Injuries sustained during the assault**
- **Tenderness described by the victim**
- **Stains or substances**
- **Trace evidence collected**
- **Detection of seminal fluid**

Standard Tools

- **Toluidine blue dye**
- **Colposcope**
- **Camera**
 - 35 mm
 - digital



Documentation

- **Three types**
 - **Photo documentation**
 - **Graphic**
 - **Written**



WRITTEN DOCUMENTATION

- **Concise and detailed**
- **Pay attention to nuances.**
- **How you phrase things is so important**
 - **Avoid phrases like;**
 - **“poor eye contact”;**
 - **“alleged perpetrator”**
 - **“Pt claims”**
 - **Portray an accurate representation, do not show your biases.**



Written documentation cont.

- **Excited utterances, the exception to the hearsay rule**
- **Be mindful how the jury will perceive what you say, use quotes and write what the person said**
- **Spell out “who”**
- **You can never predict what will be important**

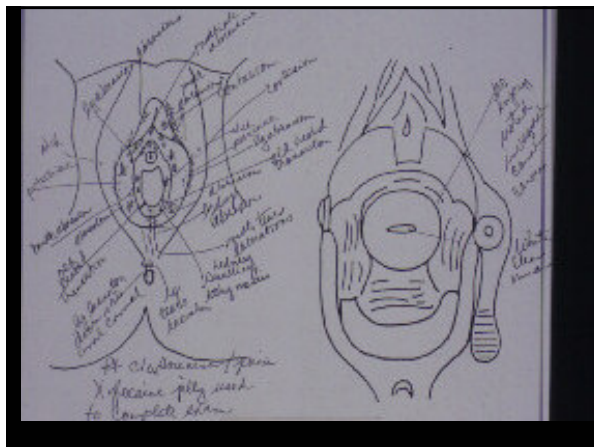


Written cont.

- **Should be concise and detailed**
- **Document everything you:**
 - See
 - Hear
 - Smell
 - Feel.
- **Proper documentation will keep you out of the court room. It will limit the time you spend on the stand. If you have done a good job the defense will try and limit your testimony.**

Graphic Documentation

- **Graphic charting is very important even though you also photograph.**
- **Always do it. If film doesn't turn out or gets lost you will have back up documentation.**
- **Makes more of an impact on the jury if the case goes to trial. (Harder to ignore)**
- **Measure and describe injuries by type, shape, color and severity**



CAMERA



A picture is worth a thousand words.

- **Take pictures even if you don't see anything. Can show the changes.**
- **24 - 48 hours best for pictures of bruising.**
- **You can not take too many pictures! (always anticipate that some will not turn out)**

Photo documentation



- **Always use the rule of three's.**
 - **1. Full body**
 - **2. Area of injury**
 - **3. Close up of injury**
- **Distance to orient and then close up**
- **Label everything left and right**

Pathoneumonic



- **Pattern seen almost exclusively during child abuse**
- **Always check behind the ears**
- **Frenulum in oral cavity**
- **Oral sex will frequently cause injury to inside of mouth. Always look under tongue and at the back of the throat.**
- **Colposcope is a great tool to use in the mouth.**

Photo documentation cont.

- **Polaroid is good for first contact views**
 - **Can't duplicate and not as clear as 35mm**
- **Always drape behind body with colored back ground either green or blue.**
 - **Able to see bruises much more distinctly not as apt to get wash out.**

Practice is the key

- **Get to know your equipment before an emergency**
- **You have to experiment with distance with every camera**
- **Film is cheap take lots of pictures of each injury**

Bruises

- **Limited as to what you can say about them**
- **Talk about the color. If they are all the same. Can then say "it appears that the bruising is the same age"**
- **How distinct the margins are.**

BITE MARKS



- **Need to use a special type of measuring device**
- **On a round surface make sure you take a series of pictures showing small partial sections. Keep the camera on the same plane and show the measuring device in each picture.**
- **An Odontologist may be able to make a positive bite mark match using the pictures.**

Pattern Injuries



- **Injuries will often reveal what made them**
- **Describe mechanism**
 - **Blunt force or sharp injury**

MALE RAPE

Annual Statistics

- Approx. 1.5 million females and 834,700 males report being assaulted in the US annually
- Males are under identified & reported, poorly understood and ill served by many professionals who interact with them.
- Idea of a male as a victim runs contrary to our notion of what it means to be a "victim"

MALE ISSUES

- #1 fear for life, loss of control and helplessness.
- Sexual orientation comes under scrutiny
- Societal belief in male self reliance
- Majority of men / women react with frozen helplessness (men have greater shame).

RAPISTS

- ✓ Majority heterosexual (Groth and Burgess 1980; Anderson 1982)
- ✓ Motivation?
 - Power and control
 - Conflict and retaliation
 - Sadism and degradation
 - Status affiliation

Male Victims

- ✓ Greater physical violence
- ✓ Greater trauma
- ✓ Experience multiple assailants
- ✓ Held longer
- ✓ Attacked by strangers
- ✓ Use and display of weapons
- ✓ Multiple assaults

MALE VICTIMS

- *Self blame. Increased with erection or ejaculation
- *Victims who withhold consent may become aroused despite anxiety, terror, and rage.
- *Major offender strategy is to make victim ejaculate.
- *Risk of PTSD and other long term problems.

Victims


- ☞ Younger victims are very vulnerable / lack of experience
- ☞ Penis under control of autonomic nervous system (Involuntary)
- ☞ Need help to distinguish between consent and arousal
- ☞ Very confused by body responses

SURVIVORS


- ☞ Problems with maintaining long term relationships and sexual relationships are impaired
- ☞ Attempt suicide 1.5-14 times more often as non abused males
- ☞ More likely to abuse substances
- ☞ Most had not reported the abuse
- ☞ Of adolescents that did report 76% ran away and over half dropped out of school

Victim to Perpetrator

- ☞ New research indicates that victims who have turned to perpetrating stopped having somatic complaints
- ☞ Powerful reinforcement
- ☞ Need to identify and get early intervention!



- ✔ Consider the possibility of sexual assault in all men who harm themselves deliberately.
- ✔ Women are not generally regarded as a risk to children

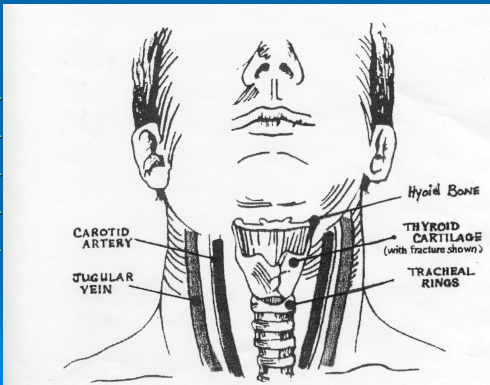


STRANGULATION

- Strangulation is defined as a form of asphyxia (lack of oxygen) characterized by the closure of the blood vessels and or air passages of the neck as a result of external pressure to the neck.

Forms of Strangulation

- 1. HANGING
- 2. LIGATURE
- 3. MANUAL



strangulation

- 11 pounds of pressure for 10 seconds
- 33 pounds of pressure needed to close off trachea
- Brain death in 4-5 minutes
- Underlying causes can kill victims for up to 36 hours post assault
- Strangulation is a red alert for professionals

Seconds Death within minutes.
It is not just a slap in the face.

Corroboration of strangulation

- 42% have no visible injury
- 20% have pain only
- 22% have minor visible injury (red/scratch)
- 16% have injury that will photograph
- Overall 84% had no visible or very minor appearing injury
- (San Diego study)

Level of Injury

- Quantity of applied force
- Exact anatomic location of applied force
- Duration of applied force
- Surface area of applied force
- Method of strangulation
- Age and health of victim
- Whether victim struggled

Internal Injuries

- Difficulty swallowing
- Soreness of throat
- Raspy voice
- Fainting
- Shortness of breath

Visible injuries

- Scratch marks (on victim or suspect)
- Red spots (Petechiae)
- Red marks
- Bruising
- Red Eyes
- Neck swelling
- Loss of bodily functions

Strangulation Examination

- Look for injuries behind the ears, scalp, all around the neck, chin, jaw, eyelids, shoulders and chest
- Take photographs of any visible injury however minor, describe injuries
- Photograph and seize and object used in the strangulation.

Strangulation Documentation

- Use “strangulation” rather than choking in your report
- Encourage all strangulation victims to seek medical attention
- Refer all strangulation cases to your district attorney for review

History

- Did the suspect say anything while strangling the victim? (Document)
- What did the victim think was going to happen?
- How did the victim feel at the time?
- What did the victim see?
- How did it stop?

LE : Building Your Case

- Photos of injury
- Follow up photos
- 911 tapes
- Medical records
- Weapons
- Torn clothing
- Damaged furniture
- Telephone records
- Letters or email
- Diagrams of scene
- Diagrams of victims and suspect
- Interviews with witnesses
- Tape record interviews
