

# Attachment Five (5)

Committee on Domestic Violence  
Training Subcommittee Meeting Agenda  
October 24, 2019

Contents: Crimes with Kids Memo, Defense  
Attorney Strategies Memo & Strangulation Memo

# CRIMES WITH KID VICTIMS

## Introduction

As the State (Sheriff's Office and Prosecutor) we have to build the strongest case we possibly can and hope the fact finder sees that the Defendant is guilty beyond a reasonable doubt.

Victims can sometimes complicate that goal, especially when the victim is a kid.

This training memo will highlight the main considerations to take into account when victim of the crime is a child. It includes:

- Assessing the allegation
- Child Development Stages
- Issues to watch for



## The Allegation

When there is an allegation of abuse to a child (sexual or otherwise) there are some key things that should be on your checklist to assess the allegation. In addition to "red flags" assess:

- Physical findings
- Verbal accounts
- Corroborating evidence

Each of these points of assessment can help you make the most accurate determination. These are important as the most likely defense in a child abuse case is that the injury is accidental or that the child is lying.

The most thorough assessment will help determine what actually happened and arm the prosecutor with sufficient evidence to proceed.

## Assessing the Allegation

Each of the assessment points require looking at the broad picture rather than necessarily focusing in on one tiny detail.

- **“Red Flags”** – Behavior by the alleged abuser can give you some insight into whether or not the injury observed was accidental or intentional abuse.
  - **Selective Memory** – if the reporter only seems to remember some details of the event and can’t give a regular step by step narrative, they are likely leaving out indication of abuse. They will corroborate everything but the actual criminal act.
  - **Delay in Reporting** – if the report comes days after the injury, chances are the abuser thought by waiting the signs of abuse would likely diminish and a claim of accident would be more believable. Keeping the kid home from school is a common tactic by abusers as they know teachers are mandatory reporters.
  - **Attempts to Treat** – along the same mentality as keeping the kid home, abusers will likely try to treat the injury him or herself. This is especially true with burns. Dig into why medical help wasn’t sought and you may find some inconsistent reasoning.
- **Physical Findings** –in addition to noting any red flags, it’s important to fully assess any physical findings. Kids get bruises all the time on the playground or horsing around. So how can you tell if bruising is from an accident or abuse? One helpful strategy is focus on the location of the bruising.
  - Keep a child body diagram in your car and then mark on it where the bruises are. If a kid falls off a bike to the left, it would not be unusual to see bruising on the left elbow and side of the leg. On the other hand, if you see a “constellation of bruises” say on the left elbow, the inner thigh of left leg, the right arm and the lower back, then the falling off the bike story doesn’t make sense. Recreate the “accident” in your mind and see if the bruising locations make sense.
  - Also, bruises from natural falls will not likely have straight lines. The more rigid the shape of the bruise, the more likely the injury is from a manmade object and the more likely it is that the bruise was not accidental.

## Assessing the Allegation Continued

- **Verbal Accounts** – as in all criminal allegations, it is important to assess the verbal accounts of the crime. Are there inconsistencies? Is there hesitation or are there gaps in the story telling? These can be easy to assess in adult crimes but what about when the victim and witnesses are kids?
  - Take a look at the developmentally appropriate approach below. Notice how children at different ages are capable of telling you different things. A 5 year old is not going to be able to give you a step by step detailed account. Only some can even tell you when something happened. They don't regularly check clocks or calendars, all that matters is snack time, play time and figuring out a way to delay bed time. That's totally normal. You aren't going to be able to take a step by step approach with most children.
  - It is important to gauge their ability to tell the truth. Ask them to give you examples of truths and lies and then have them promise to tell only the truth. Watch out for exaggerations, denials, or falsifications. They aren't doing so in a bad way; they may have been threatened or coached to not speak truthfully to law enforcement.
  - Understand their language. A mother was uncertain why her son hated going to his uncle's house. The son said the uncle kissed his elbow each time and he didn't like it. The mom told him that was normal and not to worry until the son fell on his crotch at gymnastics class and cried that he hurt his elbow (pointing to his penis). Get explanations so you know exactly what they are talking about.

*Questioning Children*

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### A Developmentally Appropriate Approach Guidelines for Age-Appropriate Interview Questions

Age of Child	Who	What	Where	When	Structured Report	Contextual Details
3	████████████████████	████████████████████	████████████████████			
4-6	████████████████████	████████████████████	████████████████████	████████████████████		
7-8	████████████████████	████████████████████	████████████████████	████████████████████	████████████████████	
9-10	████████████████████	████████████████████	████████████████████	████████████████████	████████████████████	████████████████████
11-12	████████████████████	████████████████████	████████████████████	████████████████████	████████████████████	████████████████████

With all age groups, avoid asking "Why?"

#### Who

(Bourg et al., 1999; Saywitz et al., 1993; Walker, 1999)

## Collecting Corroborating Evidence

One of the key challenges with child victim cases (or even cases where a child is a key witness) is that communication can sometimes be difficult. Think about this, 75% of child homicide cases deal with a victim 4 years old or younger. The following investigative approach to child homicide cases can be taken with regular child victim crimes when the child does not die.

The three main investigation questions to ask are:

1. **History:** Is there a history of abuse by one party (either against children or in general)? Is the kid of an age to be walking and creating his/her own bruises? Does the child have a history of exaggerating?
2. **Chronology:** What is the time of death/abuse? Was there a delay in reporting? Was child kept from school/normal caregiver?
3. **Access:** Who had access to harm the child? Was there a set schedule as to who would watch the child? Did they have access to the types of instruments that match bruising? Who would be the first third party adult who normally would have access after abuse/death?

In addition to piecing together a timeline and access analysis, it is important to capture photographs of the injuries. It is important to remember that the absence of injuries can be just as important as injuries. Start with close ups and then go wider so the judge/jury get a perspective of the entire picture.

If the claim is a fall, get the fall location from start to finish. Measure it. How far down did the kid fall, what type of surface did he or she land on?

**BURNS:** Burns are a common form of child abuse and can be tricky to determine if they are intentional or accidental. There is a great resource at <https://www.ncjrs.gov/pdffiles/91190-6.pdf>

The short report talks about branding, immersion, and other burns as well as some normal non-abusive skin conditions that may look like abusive burns at first glance. If alleged as accidental, get as much information about the heat source as possible to see if it is truly possible for a quick accidental touching to cause that much damage.

**SEXUAL ABUSE:** Although a detective will likely take a lead on a sexual abuse investigation and has the CAC referral form, it is important to keep in mind the same main questions (history, chronology, and access) as regular abuse. Remember not to question the child and leave that to a forensic interviewer; however, if a child is disclosing, take notes and allow them to talk (just don't dig deeper).



## Training Memo Questions:

Please answer the following questions related to this training memo (answers may not necessarily be inside the memo):

1. What are the three keys to assessing an allegation of child abuse? What are the three keys to collecting corroborating evidence?
2. How old is a child before he or she can most likely give you a structured report of what happened?
3. List at least 5 of the key questions to ask in determining whether or not a burn is accidental or intentional from the report linked to in this memo:
4. Who should question a victim of child sexual abuse? Where do you get a referral form? What is their hotline number?
5. What are the three main “red flags”?
6. What topics would you like to see in future training memos?

You may answer these questions for yourself or submit your answers via email at [armstrong@ag.nv.gov](mailto:armstrong@ag.nv.gov) . Last memo’s best answers came from Det. Eisenloffel.

# DEFENSE ATTORNEY TACTICS ON DOMESTIC BATTERY CASES

## Introduction

As the State (Sheriff's Office and Prosecutor) we have to build the strongest case we possibly can and hope the fact finder sees that the Defendant is guilty beyond a reasonable doubt.

All defense attorneys have to do is look for holes in the case, make them seem big to the judge or jury, and argue "there just isn't enough evidence here".

This training memo will highlight the tactics used most often by defense attorneys in Domestic Battery cases so that we can work together to build the strongest case to present at trial.

No case is perfect but the stronger the case we build, the less holes the defense can find and the better chance we have of

## "She's Not Going to Show"

"Your honor, the State was not able to produce the victim for trial, at this time we have to dismiss the case."

The above phrase is not uncommon in Domestic Battery cases, and defense attorneys know it.

Whether or not the defendant accepts a negotiation will largely depend on whether or not the victim is likely to appear for court. If the defendant confirms that the victim is in love and

getting a guilty verdict. The most common strategies used by the defense include:

- "She's not going to show"
- "It was a legal use of force"
- "She says today that it never happened"

At the end of this memo there are a series of questions for you to answer either to yourself or that you can submit for feedback.

will not show up, the defense attorney will likely advise against pleading guilty and rolling the dice at trial.

So how do we combat this tactic? Our best bet is to build an investigation and case that does not place all the emphasis on having the victim attend.

This is easier to do in some cases as opposed to others, but there are a few key steps we can take to reduce our dependency on the victim.

## Non-Victim Evidence

The following are examples of pieces of evidence that you may be able collect to enhance the case even if the victim does not show:

- **Photographs of injuries.** The victim doesn't have to show up in court in order for us to admit the photos. As the responding officer, you can testify at court that you took the photos and they are a "fair and accurate" representation of that incident and **the photos come in with or without the victim.**
- **Confession.** If a confession or admission by the defendant can be gained, we can rely less on the victim. **If the defendant admits to the act of violence, ask why** and you might get some colorful responses. Some examples I've seen include "she didn't bring me vodka" and "a wife shouldn't talk to her husband like that". It is possible, and we have been able to get a Domestic Violence conviction with only the officer testifying when we have a photograph and a confession. If suspect doesn't make a confession on scene, check the first 24 hours of jail calls.
- **Medical records.** If the paramedics arrive or if the victim is transported to a medical facility, those records are invaluable in building a case less dependent on the victim. If possible, obtain a medical release. At the very least, **the names of the medical professionals should be included in the report** so they can be subpoenaed for court.
- **Other witnesses.** If there are other witnesses to the crime, they can be called in to help the case even if the victim does not show. **Witnesses do not necessarily have to physically see the actual crime.** They may have heard fighting or seen the victim running from the house. The reporting party is always a witness and a name and contact information should be included in the report so that person can be contacted for trial. Children present can be excellent witnesses and often at the very least heard the argument or fight. Do not worry if you think what a witness says might be hearsay or not, take it down and the DA's office can do the legal battle in court.

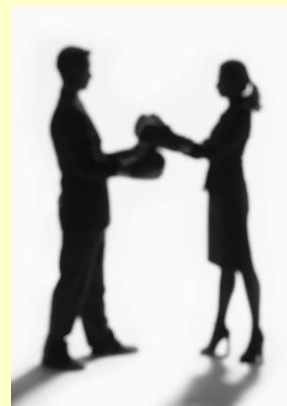
*There are over 30 exceptions to the hearsay rule so don't exclude witnesses because you think they may only have hearsay information*



## “It Was a Legal Use of Force”

The next common defense attorney tactic is to attempt to convince the finder of fact that if any force was used it was “lawful”. This may be especially true when we have female Domestic Battery defendants.

There are a few key pieces of evidence that can help defeat the defense, especially in “mutual combat” type situations.



- Have each party separately explain what triggered the physical (not just verbal) conflict. The victim will likely have a version that makes sense while the perpetrator will have gaps in his or her story.
- If there are marks on both parties, make sure to take photos and to ask each party how they got there separately. Again, one version will be more believable
- It is also important to note the physical location of the fight as well as if anyone was attempting to leave the situation.
- When reviewing the case for trial, it may be helpful to refresh your memory as to the five factors listed in NRS 171.137 about who the “primary physical aggressor” (prior domestic violence, relative severity of injuries, potential for future injury, evidence of self-defense, and any other factor you think is important).

### Three Real Examples From Reports Which Make Success in Court Difficult

1. “Witnesses at Benderz told us it was actually her boyfriend that beat her in the parking lot” (with no names or contact information in the report)
2. “The couple’s children were in the next room and did not see any of the fight” (with nothing about what they may have heard or seen after)
3. “The reporting party had called 911 to say her neighbors were fighting” (with no interview or statement or even a name of the reporting party)

## “She’s Recanting”

Perhaps the most frustrating of the defense attorney tactics is to inform us that the victim has met with them and plans to recant, wants the prosecution to stop. That conversation usually ends with the defense asking to broker a deal. So how do we defeat the recanting witness?

The first thing we can do is to make sure the victim is connecting with the advocates at No To Abuse as soon as possible. **The quicker victims access services and speak with a counselor, the less likely they are to recant.** If you believe the situation is serious enough, ask to borrow victim’s phone and dial 775-751-1118 and put her in touch with a counselor right then and there. There are business cards available with the crisis line on them, if you need more feel free to contact the District Attorney’s office or No To Abuse directly.

The most effective tool for us in court if the victim recants is to make sure we capture the victim’s statements of that night. The following can be used in court to defeat her recantation:

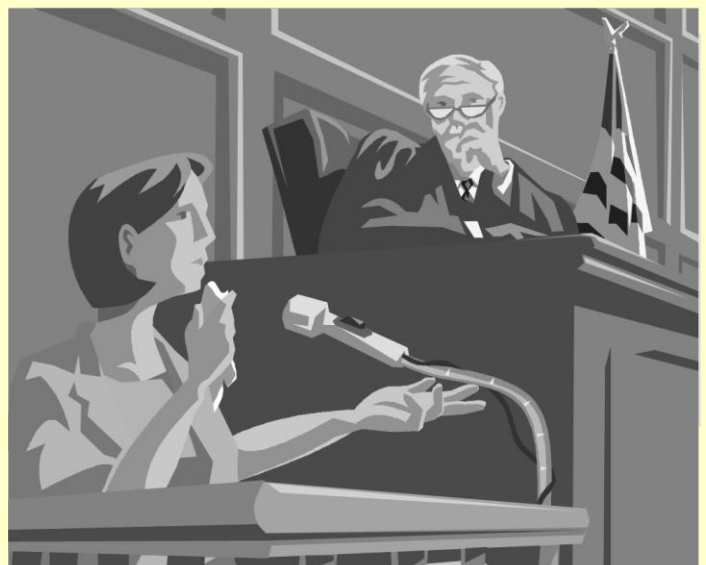
- Written, signed statement by victim
- Anything she said to other people after the event (neighbors, family, etc – it is not hearsay); get written statements from them or just ask them what she told them about the events.
- Jail calls in the 24 hours after the event often include an apology from the defendant as well as retelling of the events by the victim.

In addition to capturing the victim’s statements on the night of the event, utilizing the non-victim evidence we discussed on page 2 can also help overcome a recanting victim.

**Domestic Battery victims are different than other victims of crime.**

It is important to remember that there are many reasons why a victim recants what he or she told you the night of the crime. The victim may be financially dependent on the perpetrator, the perpetrator may have threatened the victim with more violence if the victim does not attempt to recant, and victims are often isolated from friends and family and feel they have nowhere to turn.

Keeping this in mind, always try to build a case that will survive the victim lying on the stand and claiming nothing happened. If you can collect enough evidence to convict the suspect even with a recanting victim, then we are able to stand up for victims when they can’t even stand up for themselves.



## Training Memo Questions:

Please answer the following questions related to this training memo (answers may not necessarily be inside the memo):

1. What are the three most common defense attorney tactics in Domestic Battery cases?
2. Name at least two kinds of non-victim evidence:
3. What should you do if a victim refuses to complete a written statement on scene? What does that likely mean about his or her likely cooperation at trial? Does that change how you might do the rest of the investigation?
4. How many exceptions are there to the hearsay rule?
5. Why do Domestic Battery victims often recant? What is the cycle of violence? What is the phone number to No To Abuse?
6. What frustrates you most about Domestic Battery cases? Why?
7. What topics would you like to see in future training memos?

You may answer these questions for yourself or submit your answers to the DA's office attention Ross Armstrong or via email at [rarmstrong@co.nye.nv.us](mailto:rarmstrong@co.nye.nv.us). The deputy with the best responses shall be entitled to a meal of his or her choice.

**BRIAN T. KUNZI**  
District Attorney



**KIRK VITTO**  
Chief Deputy District Attorney  
Criminal Division

**MARLA ZLOTEK**  
Chief Deputy District Attorney  
Civil Division

**OFFICE OF THE DISTRICT ATTORNEY  
NYE COUNTY**

Tonopah Office  
(775) 482-8166

Family Support Division  
(775) 482-8167

P.O. Box 39  
Pahrump, Nevada 89041  
Phone: (775) 751-7080  
Fax: (775) 751-4229

Pahrump Office  
1520 East Basin Avenue

**MEMORANDUM**

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The attached is an explanation of some of the challenges of prosecuting Domestic Battery by Strangulation cases and some suggested approaches at the investigation phase to increase the likelihood of a conviction at trial.

This memo also includes a suggested supplemental report that officers may use during a strangulation investigation to ensure collection of the most evidence possible.

If you or any of the NCSO officers have questions about this memo or would like to discuss challenges, opportunities, and strategies for Domestic Violence cases, they can contact me in any of the follow ways:

Email: [rarmstrong@co.nye.nv.us](mailto:rarmstrong@co.nye.nv.us)  
Office Phone: 775-751-4223  
Cell Phone 775-848-9871

The Family Justice Center has some great additional resources for law enforcement at <http://www.familyjusticecenter.com/>. An account is free and allows access to their materials.

**INTRODUCTION**

In Nevada, the Felony Domestic Battery by Strangulation charge is a recent development in Nevada Law. Although this charge provides law enforcement and prosecutors with an additional tool to protect domestic violence (DV) victims in particularly violent and potentially lethal situation, it also presents us with some challenges at the investigation and prosecution stage. The following information is

designed to give prosecutors and law enforcement additional guidance on how to best investigate these practices.

Successful prosecution of this crime is difficult for two main reasons. First, the language of the statute requires proof of specific physical results of the attack. Second, DV victims often recant their on-scene testimony.

#### Statutory Language for Strangulation:

*NRS 200.481(1)(h) "Strangulation means intentionally **impeding the normal breathing or circulation of the blood** by applying pressure on the throat or neck or by blocking the nose or mouth of another person in a manner that creates a risk of death or substantial bodily harm"*

In order for a successful prosecution of the felony, the State must prove the standard DV elements (domestic relationship, unlawful violence, etc) but must also prove the above beyond a reasonable doubt. The most complicated piece of the statutory puzzle proving that normal breathing or blood circulation was impeded.

#### Challenges with DV Victims:

When investigating, **always assume that the victim is not going to be cooperative at trial** if the victim shows up at all. The psychology of DV victims is complex. What is important for law enforcement and prosecutors to know is that in a large majority of the cases, the victim will later recant the on-scene testimony, claim that the victim forgot what happened, or present other difficulties with getting accurate testimony at trial. Those who use the method of strangulation often do so not to kill their victim but to **let their victim know that they have has the ability to kill the victim.**

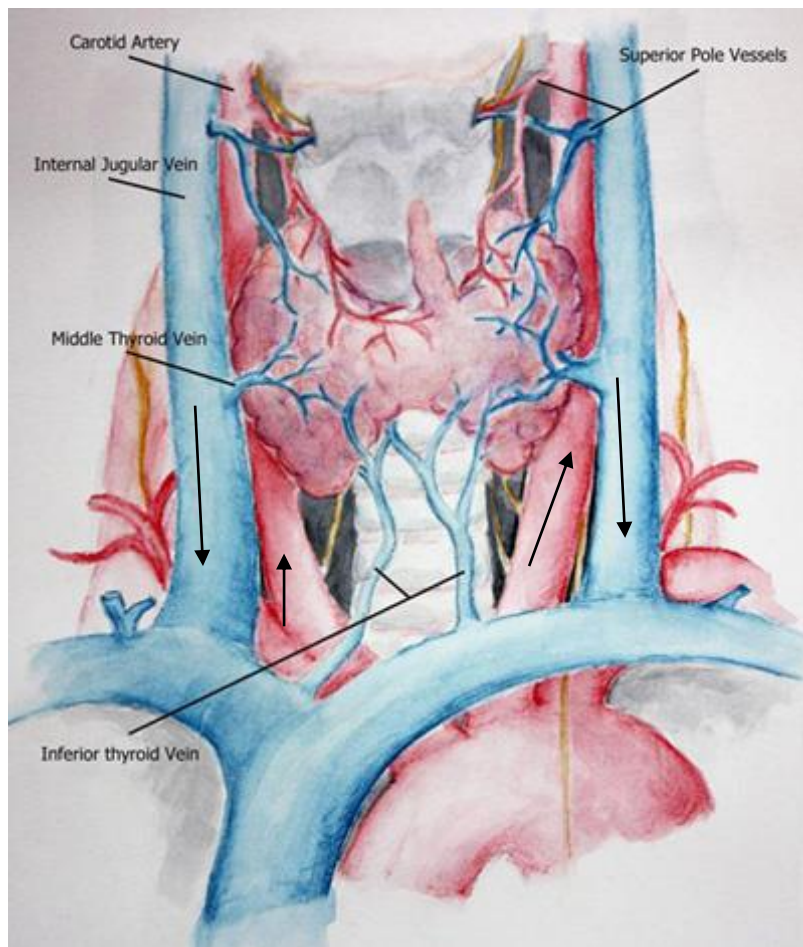
How law enforcement and prosecutors respond to this two pronged challenge can mean the difference between a guilty verdict and a defendant walking away free to attack again. Our most powerful tool in combating these case weaknesses is to secure an abundance of physical rather than testimonial evidence.

## GATHERING PHYSICAL EVIDENCE

DV victims often are not the best witnesses. For a variety of reasons they acquire cloudy memories or an unwillingness to cooperate. The most effective approach to counter this problem is to collect as much physical evidence (photos, notes about physical appearance, etc) as possible.

### Physical Process of Strangulation:

In order to fully understand the physical signs of strangulation it is helpful to first review the anatomy of strangulation.



The above diagram shows the major veins and the arteries of the neck. The red arteries take oxygen rich blood from the heart to the head, while the blue veins deliver blood back to the heart and lungs in order to be replenished with oxygen.

As you can see from the picture, the veins are closer to the outside of the neck while the artery is somewhat protected. When the perpetrator strangles his victim, he is most likely going to cut off the circulation of the vein rather than both the vein and artery.

**This means blood continues to pump into the head but has no means of escape.** Depending on how long the veins' flow is impeded, the blood vessels of the head expand with blood, eventually bursting or leaking.

Pressure on the neck can also impede the flow of air to the lungs and damage the voice box. To strangle their victims, perpetrators will most often use their hands or arms and will sometimes use ligature (a rope, chain, bedding, etc). In addition, a perpetrator who smothers the victim with a pillow or covering the nose and mouth is also prosecutable under the Nevada strangulation statute.

#### Physical Signs and Symptoms:

Physical signs and symptoms are not always readily available on a strangulation victim. Sometimes bruising around the neck and ear area will not appear immediately or may never appear. Although the following physical signs and symptoms are not required for a prosecution, they are greatly helpful in obtaining a guilty verdict.

*Petechiae (pa-teek-ee-uh):* As the blood vessels in the face and neck begin to burst from the pressure of not being allowed to return to the body, they leave little red marks on the skin and in the eyes. Common areas for these include the neck, around the eyes, on the scalp, ears, and cheeks. Photographs of these symptoms are particularly persuasive in court.



*Neck Evidence:* Because the act of strangulation involved applying pressure to the neck, there may be redness, scratches, finger nail impressions and bruising around the neck. In addition, the neck may be swollen with blood and if a tool was used to strangle (necklace, rope, etc) there may be a matching mark on the neck. As a quick note, hanging marks will most often be diagonal and upwards in direction from front to back whereas a ligature strangulation mark is most often more perpendicular to the neck/spine.

*Chin Bruise:* As the victim attempt to halt the strangulation, the body naturally tries to escape the grasp of the suspect by forcefully pulling the victim's head down, bringing the chin to the chest. This can cause a noticeable bruise on the end of the chin and provide more evidence to present at court.

*Ear Bruise:* Another common bruising area in a strangulation attack is behind the ear. Depending on where pressure is placed, the area behind the ear show signs of mild to significant bruising.

Other Photographable Evidence of Strangulation May include:

- Scratch marks
- Nose injury (bloody or broken)
- Mouth bruising or swollen lips or tongue (remember the face filled up with blood)
- Chest and shoulder redness
- Cuts and abrasions

Bruising may not occur immediately, so it is important to inform the victim to contact law enforcement or a domestic violence advocate if changes in bruising occur in the days following the attack. The photographs of increased bruising in the days following the attack can help to educate the court about the severity of the injury.

Internal Signs of Strangulation: The nature of this attack can mean that many of the important physical signs are internal and therefore not photographable. The pressure on the neck as well as the lack of the blood to the brain may lead to the following symptoms.

- Hyperventilating, difficulty or inability to breathe
- Raspy or hoarse voice or inability to speak
- Coughing
- Trouble swallowing, nausea or vomiting
- Combativeness
- Hallucinations, amnesia, PTSD
- Headaches or dizziness
- Involuntary urination or defecation

If the victim shows any of these signs, make a note in your report and if victim has a raspy voice or is hyperventilating, make an audio recording if possible.



## **QUESTIONS TO ASK**

If the victim recants, the State can sometimes use his/her contradictory statements in court. In most DV cases, there is a 24-48 hour window of truth from the victim. Unfortunately, a statement from the victim that "he choked me" is not enough to get a conviction. There are some key questions to ask during a strangulation investigation that can increase the chances of success at trial.

How and where were you strangled? With what? If possible, have the victim show how the suspect strangled her on a third party and take a picture.

How long did it last? Just one attempt?

Is the suspect right or left handed?

Did suspect say anything? (anything the suspect says can be used in court)

What did the victim think was about to happen?

How or why did it stop?

Any prior incidents of DV or strangulation?

Describe impact on breathing or other physical results of the suspect's act.

## **MEDICAL ATTENTION**

Victims of strangulation may appear fine at the time of the interview but in some cases a victim will die even days after the attack. If you arrive on scene and the victim's testimony is consistent with strangulation, it is a good idea to ensure she receives medical attention. This is especially true if the victim's voice is raspy or the victim is having difficulty breathing. Not only may the medical attention save the victim's life, statements to the emergency medical personnel may be used to enhance the available evidence and deliver a victory for the State at trial.

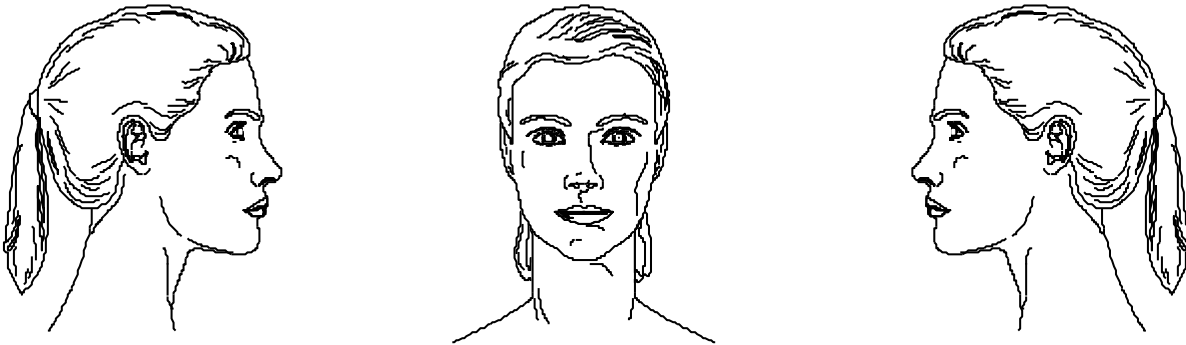
## Documentation Chart for Strangulation Cases

### Symptoms and/or Internal Injury:

Breathing Changes	Voice Changes	Swallowing Changes	Behavioral Changes	OTHER
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe Other:	<input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck Pain <input type="checkbox"/> Nausea /vomiting <input type="checkbox"/> Drooling	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Fainted <input type="checkbox"/> Urination <input type="checkbox"/> Defecation

Use face & neck diagrams to mark visible injuries:

PHOTOS TAKEN: Yes / No



INSTRUCTED TO CONTACT IF ANY CHANGE IN BRUISING: Yes / No

Face	Eyes & Eyelids	Nose	Ear	Mouth
<input type="checkbox"/> Red or flushed <input type="checkbox"/> Pinpoint red spots (petechiae) <input type="checkbox"/> Scratch marks	<input type="checkbox"/> Petechiae R and/or L eyeball (circle one) <input type="checkbox"/> Petechiae R and/or L eyelid (circle one) <input type="checkbox"/> Bloody red eyeball(s)	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose (ancillary finding) <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/abrasions (ancillary finding)
Under Chin	Chest	Shoulders	Neck	Head
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Finger nail impressions <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark	<input type="checkbox"/> Petechiae (on scalp) <b>Ancillary findings:</b> <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture <input type="checkbox"/> Concussion

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## Questions to Ask:

How and where was the victim strangled?

One Hand (R or L)    Two hands    Forearm (R or L)    Knee/Foot  
 Ligature  
(Describe): \_\_\_\_\_

How long? \_\_\_\_\_ seconds \_\_\_\_\_ minutes    Also smothered?

From 1 to 10, how hard was the suspect's grip? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

From 1 to 10, how painful was it? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

Multiple attempts: \_\_\_\_\_    Multiple methods: \_\_\_\_\_

Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

What did the suspect say while he was strangling the victim, before and/or after?

Was she shaken simultaneously while being strangled? Straddled? Held against wall?

Was her head being pounded against wall, floor or ground?

What did the victim think was going to happen?

How or why did the suspect stop strangling her?

What was the suspect's demeanor?

Describe what suspect's face looked like during strangulation?

Describe Prior incidents of strangulation? Prior domestic violence? Prior threats?

## MEDICAL RELEASE

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records related to this incident to law enforcement, the District Attorney's Office and/or the City Attorney's Office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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