

## Strangulation Documentation

Law enforcement should consider asking the below questions to better understand an incident of strangulation. Victims often substitute the term “choking” for what is identified in statute as “strangulation”. It is important that the term the victim uses is echoed during conversations about their experience.

Is there anyone who could be in a position to hear or see them choking you?

When they started choking you what did you think was going to happen to you?

How were they acting when they were choking you? What was their facial expression, did they say anything you can recall.

Do you know why they stopped choking you?

What was happening prior to them choking you?

Has there been any other situations where they choked you?

Has there been any other situations that concerned you? Have there been any prior threats or intimidation?

If there are known guns possessed by the offender consider a risk warrant application to remove the weapons based on the prior acts of threats or violence.

### Risk Warrants

#### Seizure of Firearms from Person Posing Risk to Self or Others

Consider utilizing the risk warrant in any strangulation case or when:

- There are recent threats or a history of threats against others or themselves
- Recent acts of cruelty to animals
- Use of illegal use of controlled substances
- Abuse of alcohol
- Mental illness concerns

A judge may issue a search and seizure warrant to search for and take custody of any firearms when any two officers (or any prosecutor) complain on oath that there is probable cause to believe that (1) a person poses a risk of imminent personal injury to him/herself or to other individuals, and (2) such person possesses one or more firearms, and (3) such firearm or firearms are within or upon any place, thing or person. [CGS §29-38c(a)]

Law Enforcement should always consider this option when investigating incidents of family violence.

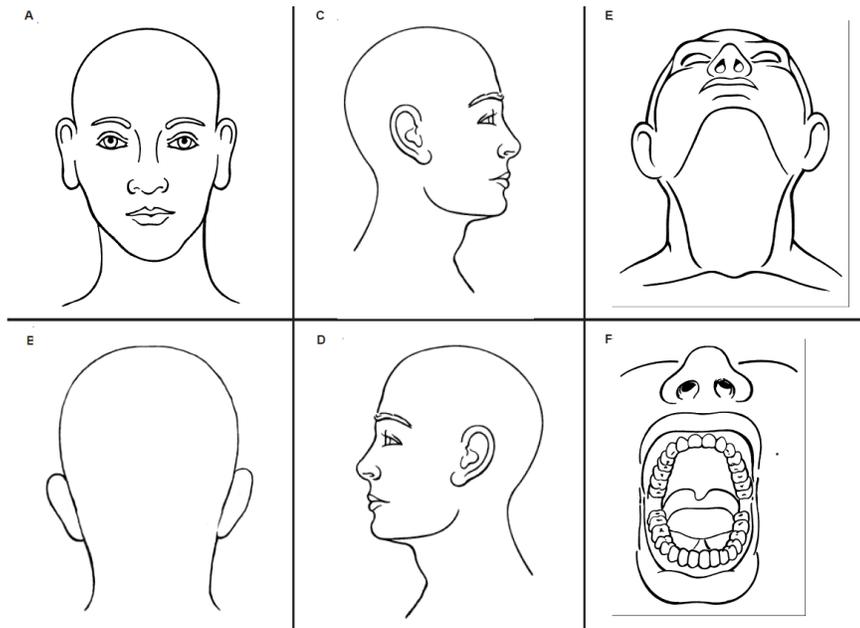
[Link to CGS-29-38c\(a\)](#)

# Documentation Chart for Non-Fatal Strangulation

Date and time of observation: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Breathing Changes	Voice or Vision 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"/> vision changes	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Pain to throat <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 or faint <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Headaches <input type="checkbox"/> Urination <input type="checkbox"/> Defecation <input type="checkbox"/> Hearing changes

Use diagrams to mark visible injuries



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

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



