

Course Description for Strangulation: All Things Medical & All Things Legal for Judges and Court Staff

Strangulation: All Things Medical. In this one-hour webinar designed specifically for Judges and Court Staff, Gael Strack, JD, and Casey Gwinn, JD, will cover key medical terms; the medical signs and symptoms of strangulation; the seriousness and lethality of strangulation and suffocation assaults and the short and long term consequences of asphyxia for victims. Gael and Casey will also share promising practices, national resources available at the Training Institute on Strangulation Prevention and leave plenty of time for questions and answers.

Strangulation: All Things Legal. In this one-hour webinar designed specifically for Judges and Court Staff, Gael Strack and Casey Gwinn will discuss strangulation laws, typical legal defenses, the identification of the dominant aggressor, recent case law and the use of experts in the courtroom. Gael and Casey will also share promising practices, national resources available at the Training Institute on Strangulation Prevention and also leave plenty of time for questions and answers.

Gael Strack and Casey Gwinn are attorneys and recognized as national experts in strangulation and founders of the Training Institute on Strangulation Prevention, a project of the National Family Justice Center Alliance. They have authored numerous articles and manuals in strangulation, including the [*Domestic Violence Report in August/September 2014*](#) which dedicated an entire issue to this subject. To learn more about their work go to www.strangulationtraininginstitute.com.

[Casey Gwinn](#) is the President of the National Family Justice Center Alliance. Casey served as the elected San Diego City Attorney for eight years. Prior to being the elected City Attorney, Casey founded the San Diego City Attorney's Child Abuse and Domestic Violence Unit recognized by the National Council of Juvenile and Family Court Judges as a national model. Casey is the visionary behind the Family Justice Center model and has served on the U.S. Attorney General's National Advisory Committee on Violence Against Women, the ABA's Commission on Domestic Violence and chaired the California Attorney General's Task Force on Domestic Violence. Casey is also the recipient of numerous awards and has authored many articles and books on the subject Family Justice Centers, Intimate Partner Violence and Children Exposed to Violence.

[Gael Strack](#) is the Chief Executive Officer and Co-Founder of the National Family Justice Center Alliance and former Director of the San Diego Family Justice Center the inspiration for the President's Family Justice Center Initiative. Gael is a former public defender, county council handling juvenile dependency matters and prosecutor. She is the former President of the San Diego Domestic Violence Council and former commissioner of the ABA's commission on domestic violence. She has received numerous awards, including San Diego Attorney of the year and was recognized by US Attorney General Eric Holder with the National Crime Victim Service Award for Professional Innovation in Victim Services. In her "spare time" she teaches law school at Cal Western School of Law on the subject of Domestic Violence and the Law.



Strangulation: All Things Medical What Every Court Professional Should Know!

Casey Gwinn, JD and Gael Strack, JD,

Your Presenters for Today

- casey@nfjca.org



- gael@nfjca.org



Welcome

Susan Proctor

Office of Court Improvement,
Office of State Courts Administrator

proctors@flcourts.org



Welcome & Overview

– Casey Gwinn

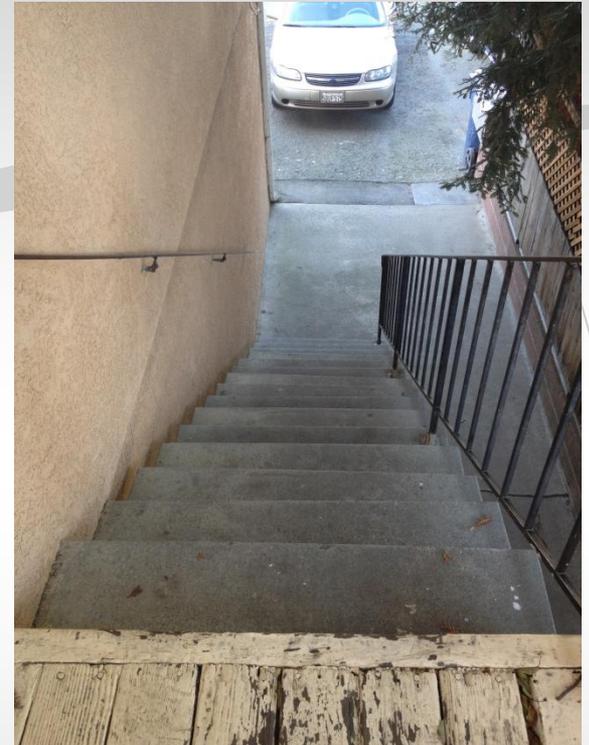


In Memory...

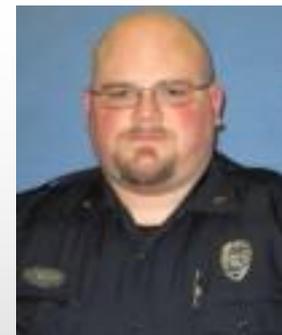


Sgt. Paul Starzyk

Martinez, California Homicide Scene



And we honor so many...



Training Institute on Strangulation Prevention



- Project of the Family Justice Center Alliance
- Launched October 2011
- Most comprehensive training program in the U.S.
- Fee-based Training for All Professionals

Training Institute on Strangulation Prevention

WHAT WE DO

RESOURCES

TRAINING

IMPACT OF STRANGULATION CRIMES



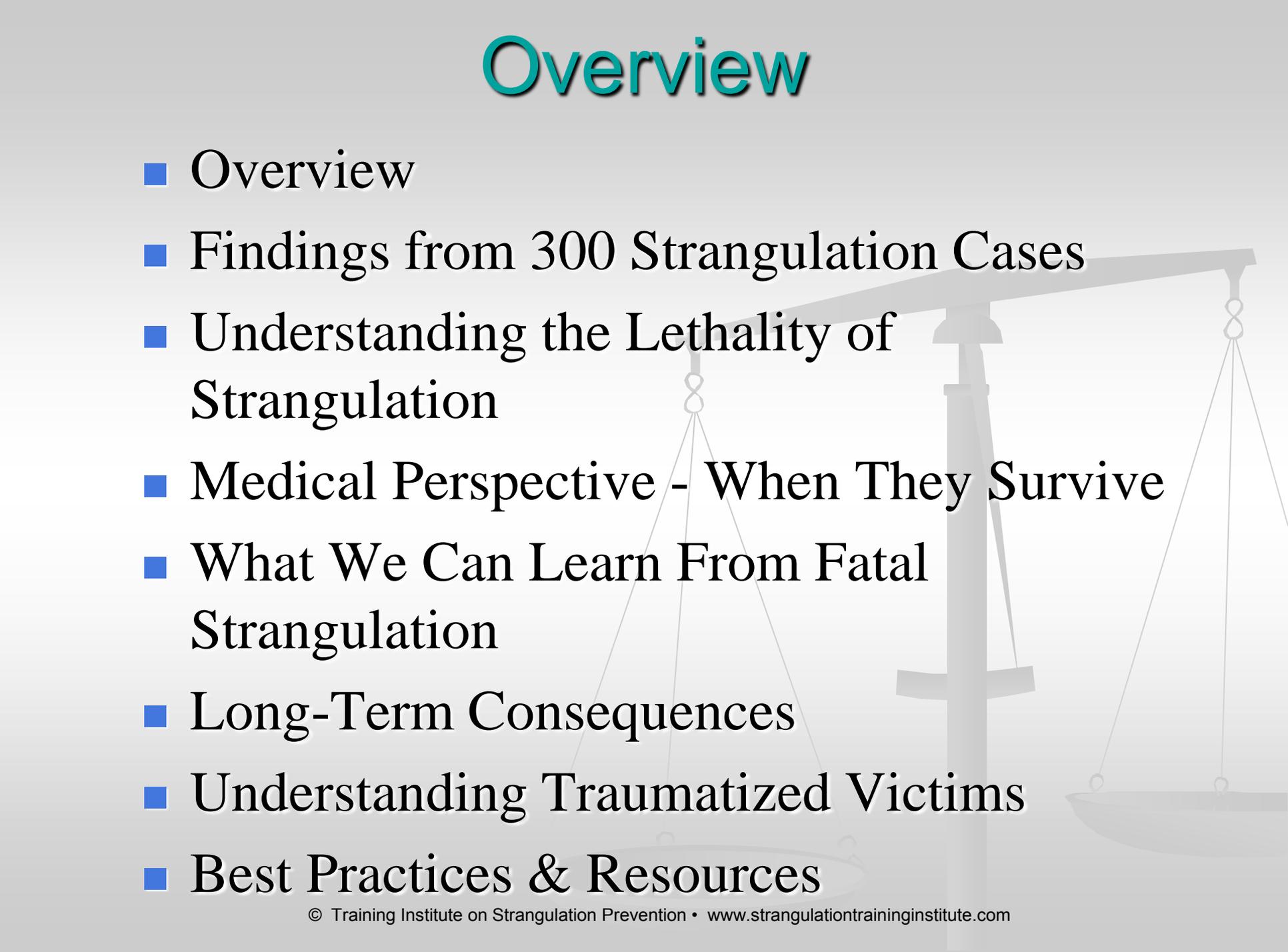
Updates

Register Today for the next Advanced Course on Strangulation Prevention!

Register **HERE!**



Overview



- Overview
- Findings from 300 Strangulation Cases
- Understanding the Lethality of Strangulation
- Medical Perspective - When They Survive
- What We Can Learn From Fatal Strangulation
- Long-Term Consequences
- Understanding Traumatized Victims
- Best Practices & Resources

The History and Need for Strangulation Training

Gael Strack, JD



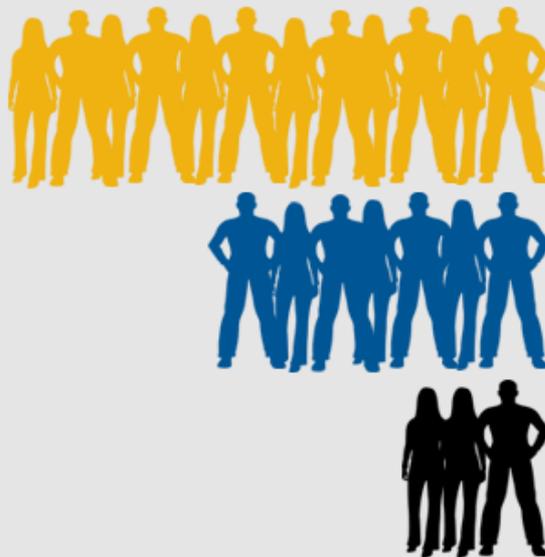
In Memory of Casondra Stewart and Tamara Smith



Journal of Emergency Medicine in 2001 Published Six Articles on Strangulation

- 1 – Walking and Talking Victims
- 2 – Survey Results of Strangled Women
- 3 – Review of 300 Cases – Legal Issues
- 4 – Review of 300 Cases – Clinical Eval
- 5 – Review of 300 Cases – Fatal Cases
- 6 – Effect of Multiple Strangulation Attacks

Realities of Strangulation



50%
No visible
injury



PAUSE/PLAY

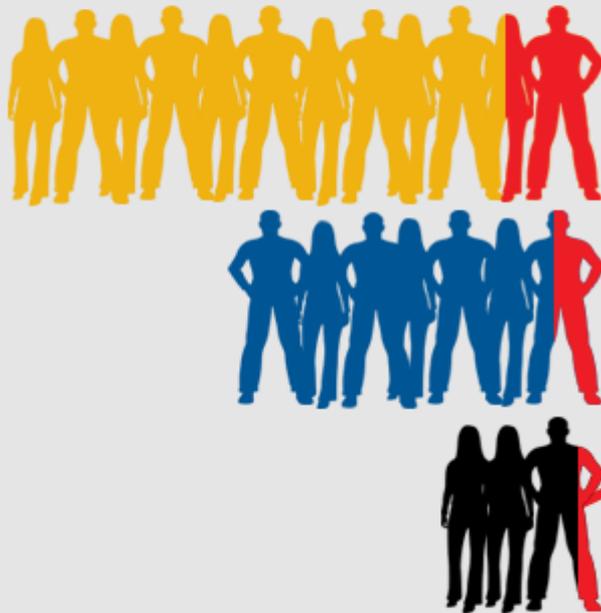


Back

Continue



Realities of Strangulation



3%
of victims
seek medical
attention



PAUSE/PLAY



Back

Continue



Observations

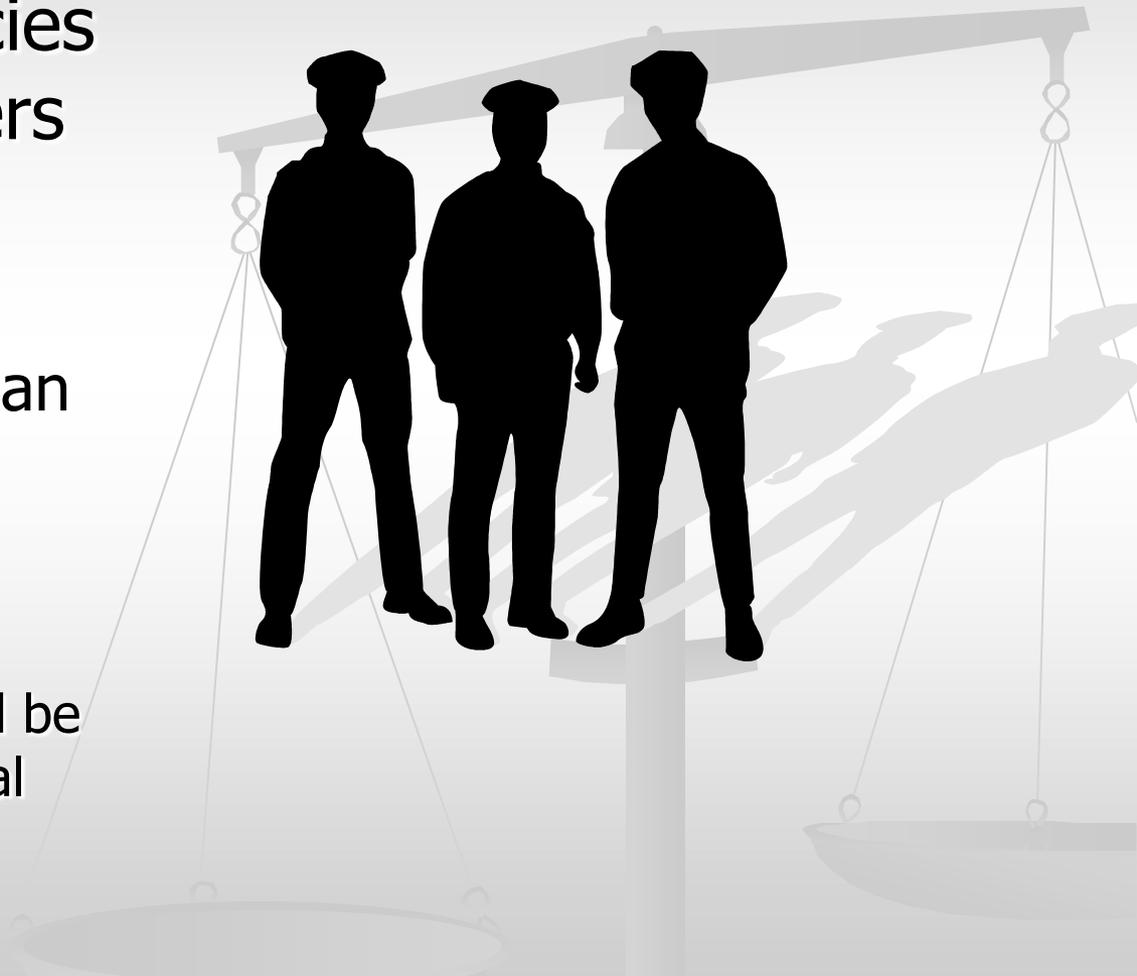
- 90% of the cases had a DV history
- 50% of the cases, children were present.
- 99% of the suspects were men.

Signs and Symptoms Documented in San Diego Police Reports

- Redness to neck
- Scratch marks
- Rope burns
- Thumb print bruising
- Red eyes
- Spasm
- Urination & defecation
- Pain to neck/throat
- Coughing
- Raspy voice
- Nausea or vomiting
- Unconsciousness
- Ears ringing
- Head rush
- Miscarriage

Carotid Restraint: Prohibited or Restricted by Many Police Departments Nationwide

- Many police agencies do not allow officers to use carotid restraint.
 - SDPD: No more than 30 seconds (7/92)
 - POST: First aid protocol.
 - "... subject should be checked by medical personnel"



Manual Strangulation - Most Common Method Used



Minimization By Professionals and in Court

- Police officers minimized
- Prosecutors minimized
- Survivors minimized
- Don't expect your jurors to understand the seriousness of strangulation
- Without an expert, jurors are likely to think it didn't happen because the injuries were too minor (San Diego Jury)
- With an expert, jurors wanted to know why the case was only prosecuted as a misdemeanor (Orange County Jury)

Strangulation is Still about Power & Control



DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org

[Sen. Clark and AG Ryan: Stop domestic violence](#)

Wicked Local- Melrose

Strangulation is about power and control. It is violent and aggressive. It directly and immediately places a victim's life in the hands of an abuser.

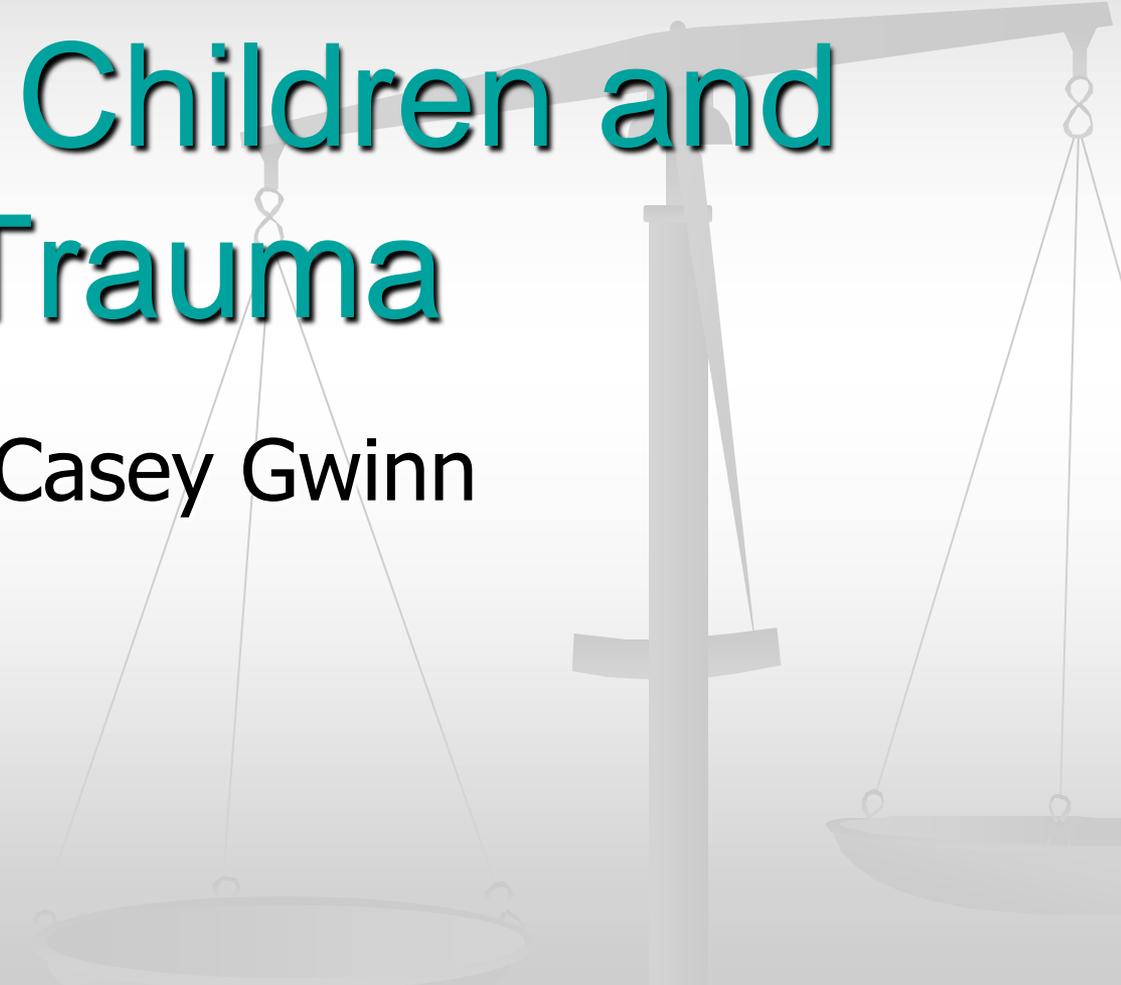
Strangulation is ...

[See all stories on this topic »](#)

Ruth

- *"Actually, when I came out of that [strangulation incident], I was more submissive – more terrified that the next time I might not come out – I might not make it. **So I think I gave him all my power from there** because I could see how easy it was for him to just take my life like he had given it to me."*

Link to Children and Trauma

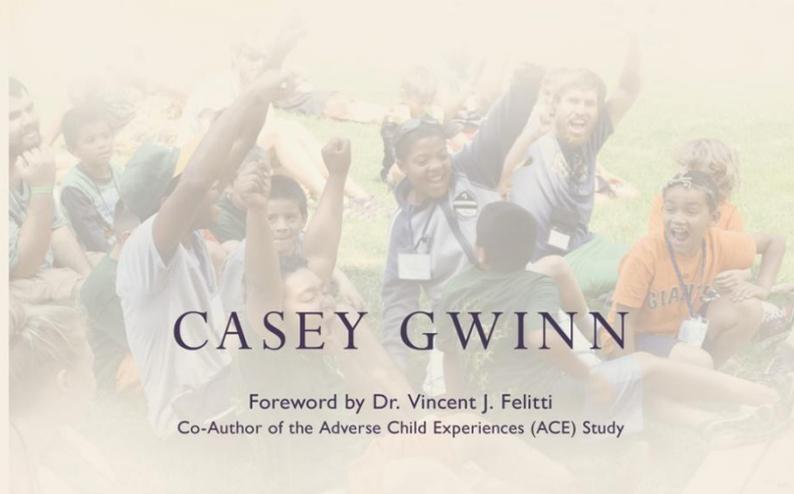


Casey Gwinn

CHEERING FOR THE CHILDREN
CASEY GWINN

CHEERING FOR THE CHILDREN

Creating Pathways to HOPE
for Children Exposed to Trauma



CASEY GWINN

Foreword by Dr. Vincent J. Felitti
Co-Author of the Adverse Child Experiences (ACE) Study

Latest Research on the Children of Domestic Violence Homes

- Study was based on the National Youth Survey Family Study, a national sample of 1,683 families, and followed 353 second-generation parents and their third-generation offspring over a 20-year period.
- 78.8% of children ended up becoming victims as adults
- 76.2% ended up becoming perpetrators as adults
- <http://dev.cjcenter.org/files/cvi/Generation%20Cycles%20IPVforweb.pdf>
- [http://dev.cjcenter.org/files/cvi/Gang Crime Victimization_final.pdf](http://dev.cjcenter.org/files/cvi/Gang_Crime_Victimization_final.pdf)

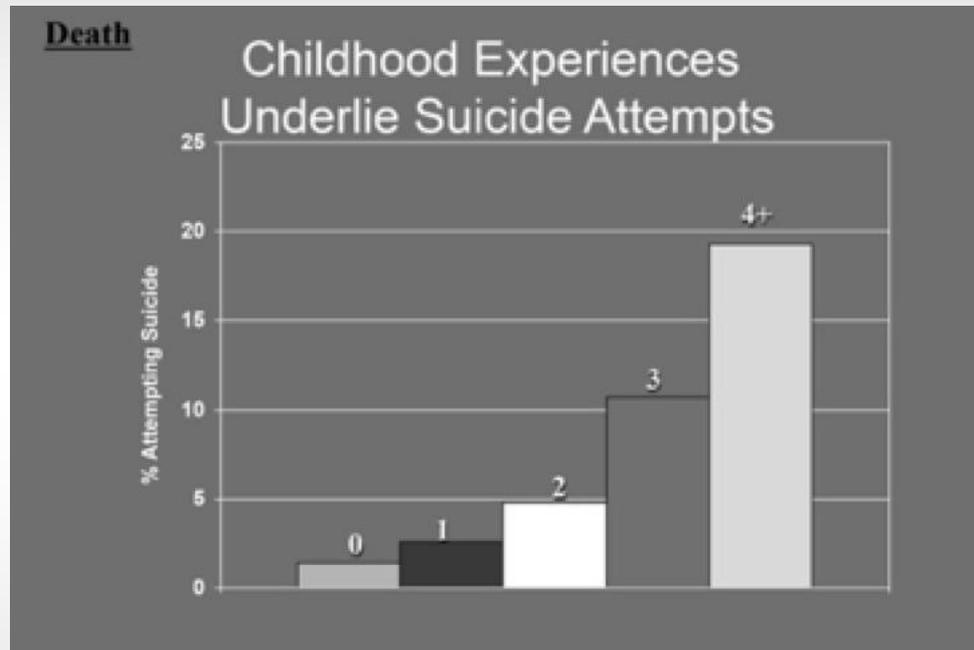
Adverse Childhood Experience Study (ACE)

- Ten questions/ten trauma experiences
- Predictive of adult illness, disease, and criminality
- www.cestudy.org
- www.cestoohigh.org

ACE Questionnaire Categories

- Physical Abuse
- Sexual Abuse
- Verbal/Emotional Abuse
- Neglect
- Witnessing Domestic Violence
- Drug or Alcoholic Abuse By Parent
- Absent/Divorced/Separated Parent
- Mental Health Issues
- Incarcerated Parent

Example of one ACE Finding...



Suicidality is 1200% greater with an ACE Score of 4 versus an ACE Score of Zero

ACE-Related Correlations

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death (miscarriage or pregnancy)
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Autoimmune disease
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Centers for Disease Control and Prevention. (n.d.) About ACE. Retrieved October 20, 2013 from <http://www.cdc.gov/ace/findings.htm>.

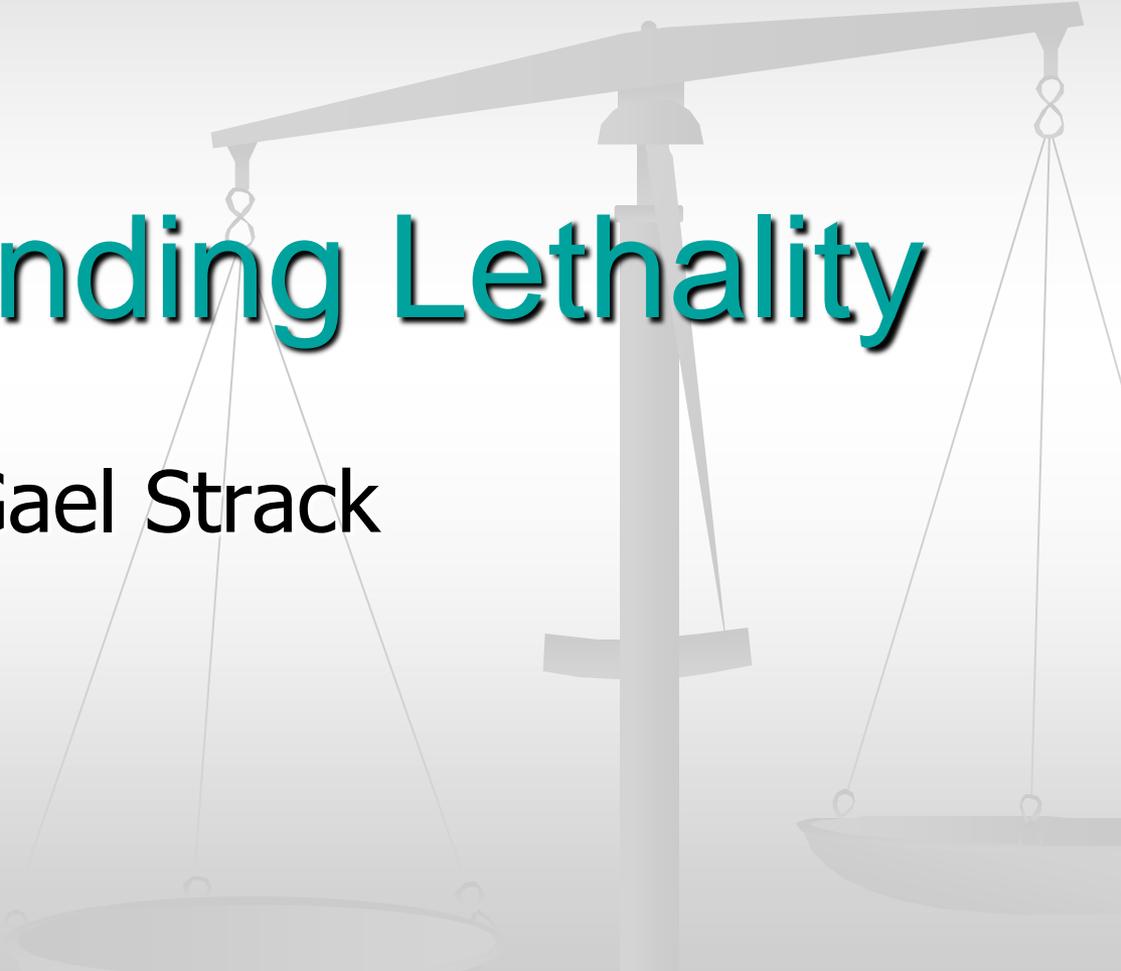
New Chapter on Elder Strangulation

Dr. Dean Hawley and Candace Heisler



- Strangulation as the cause of death increases in frequency with the victim's age.
- Strangulation actually becomes more difficult to detect in death investigations of older adults.
- A study of elder homicide found only 2 strangulation deaths among 50 successive elder homicides.

Understanding Lethality



Gael Strack



doi:10.1016/j.jemermed.2007.02.065

Violence: Recognition, Management and Prevention

NON-FATAL STRANGULATION IS AN IMPORTANT RISK FACTOR FOR HOMICIDE OF WOMEN

Nancy Glass, PHD, MPH, RN,* Kathryn Laughon, PHD, RN,† Jacquelyn Campbell, PHD, RN,*
Carolyn Rebecca Block, PHD,‡ Ginger Hanson, MS,§ Phyllis W. Sharps, PHD, RN,*
and Ellen Taliaferro, MD, FACEP||

*School of Nursing, Johns Hopkins University, Baltimore, Maryland, †School of Nursing, University of Virginia, Charlottesville, Virginia,
‡Illinois Criminal Justice Information Authority, Chicago, Illinois, §School of Nursing, Oregon Health and Science University, Portland,
Oregon, and ||Health After Trauma Project, Creekside Communications, Half Moon Bay, California

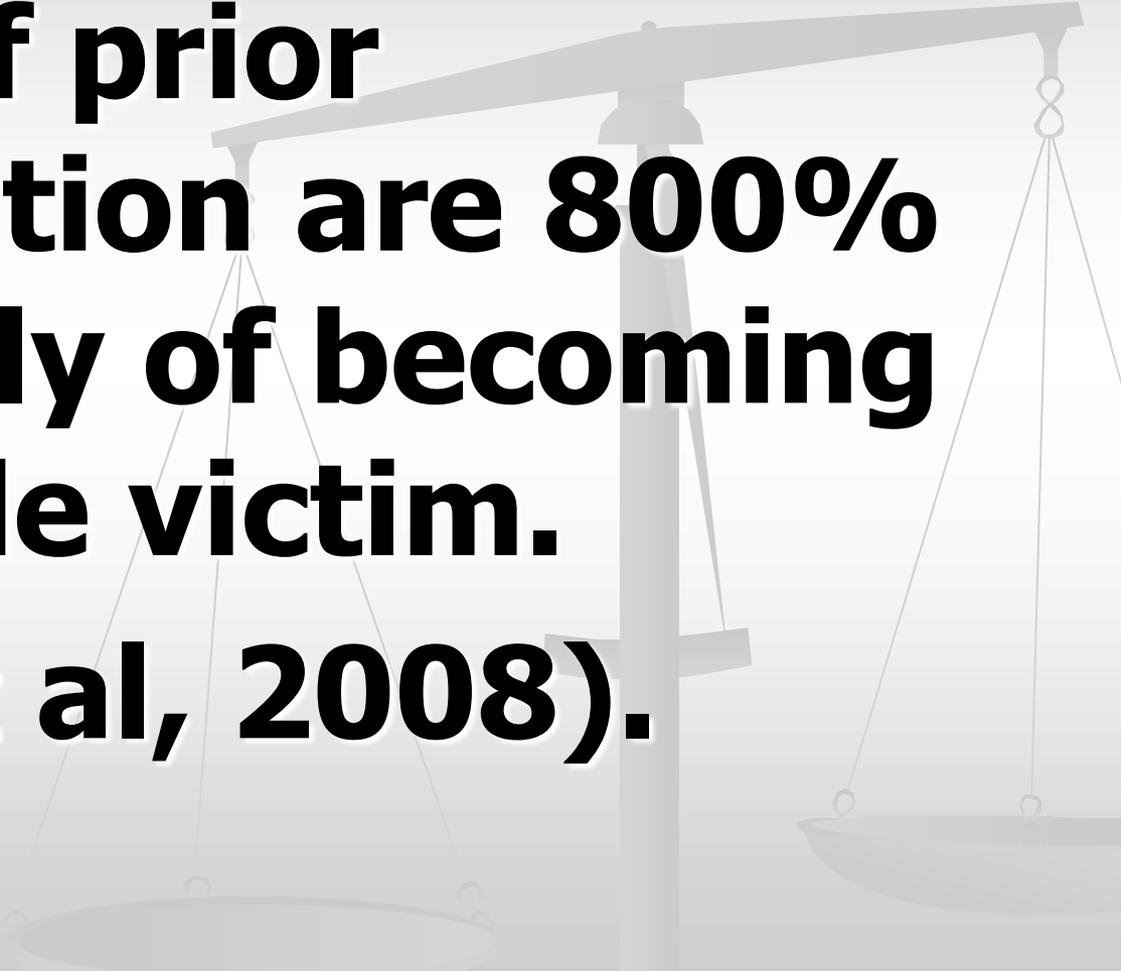
Reprint Address: Nancy Glass, PHD, MPH, RN, School of Nursing, Johns Hopkins University, 525 N. Wolfe Street, Room 439, Baltimore,
MD 21205

Abstract—The purpose of this study was to examine non-fatal strangulation by an intimate partner as a risk factor for major assault, or attempted or completed homicide of women. A case control design was used to describe non-fatal strangulation among complete homicides and attempted homicides (n = 506) and abused controls (n = 427). Interviews of proxy respondents and survivors of attempted

Keywords—intimate partner violence; strangulation; risk of homicide

INTRODUCTION

The 1993 National Mortality Followback Survey of

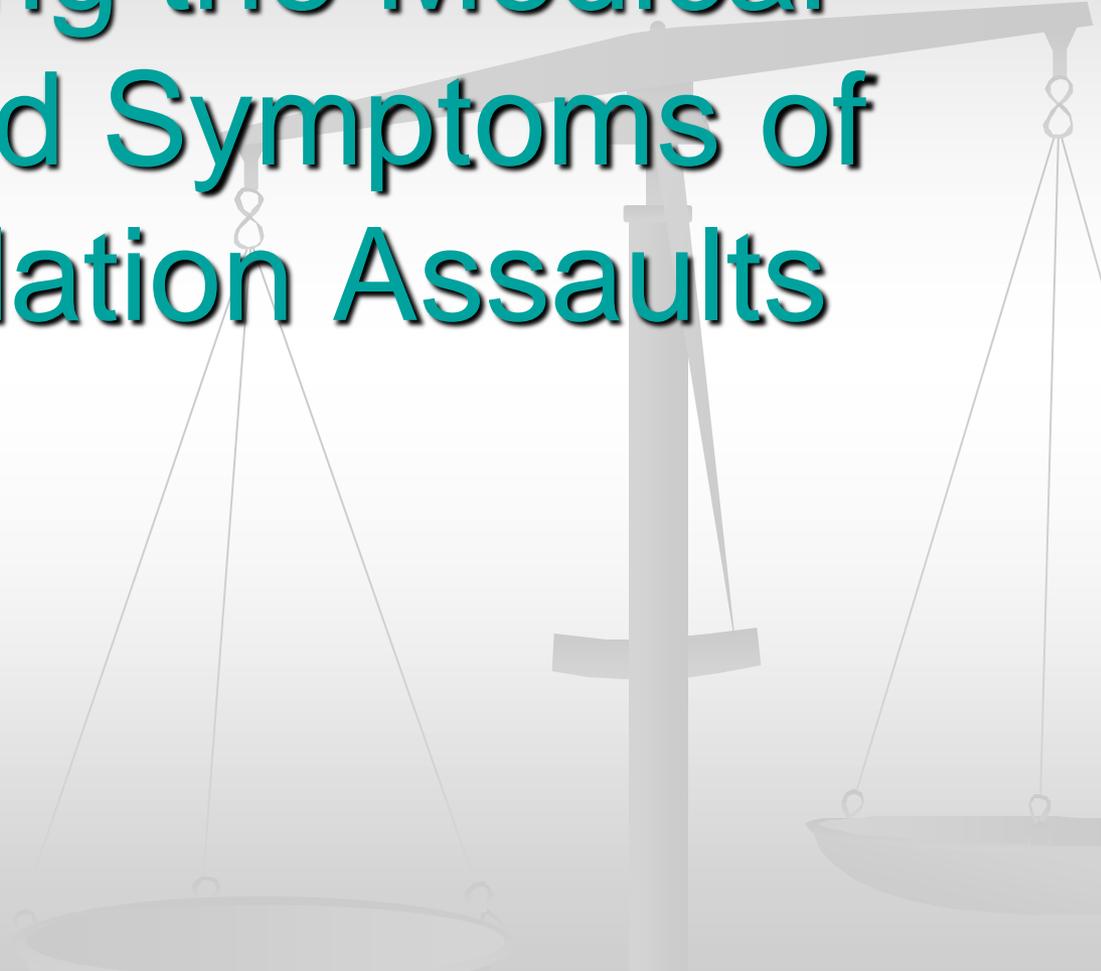
- 
- **Victims of prior strangulation are 800% more likely of becoming a homicide victim.**
 - **(Glass, et al, 2008).**

Violence Policy Center

- Most women are killed by someone they know and most likely with a gun.
 - 393 women killed with a gun
 - 3 out of 4 were handguns
- Large majority of victims of strangulation who are later murdered are killed with a legally possessed handgun.



Identifying the Medical Signs and Symptoms of Strangulation Assaults



FL Strangulation Statute (2007)

(F.S.A. § 784.041)

- (2)(a) A person commits domestic battery by strangulation if the person:
- knowingly and intentionally,
- against the will of another,
- **impedes the normal breathing or circulation of the blood**
- of a family or household member
- or of a person with whom he or she is in a dating relationship
- so as to create **a risk of or cause great bodily harm** by
- applying pressure on the throat or neck of the other person or
- by blocking the nose or mouth of the other person.
- This paragraph does not apply to any act of medical diagnosis, treatment, or prescription which is authorized under the laws of this state.

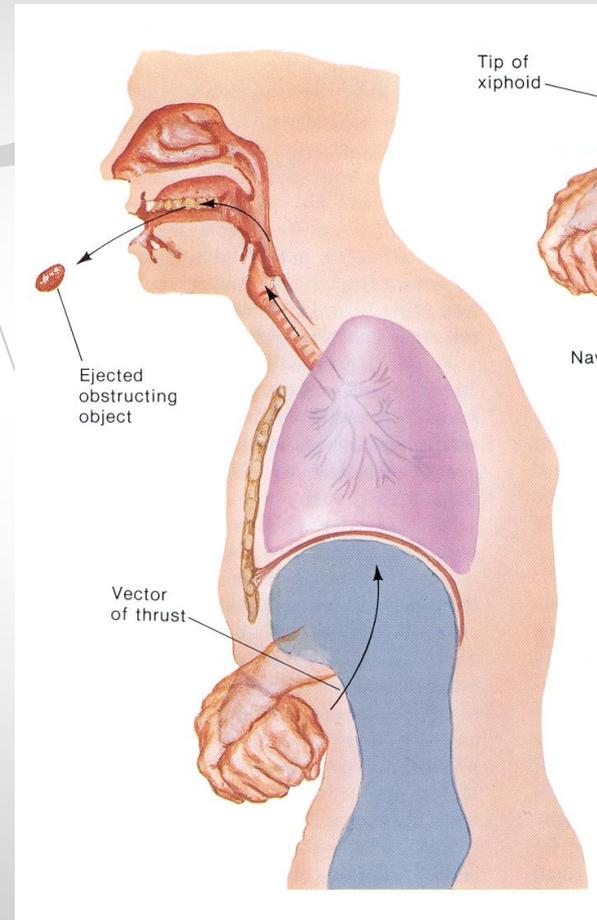
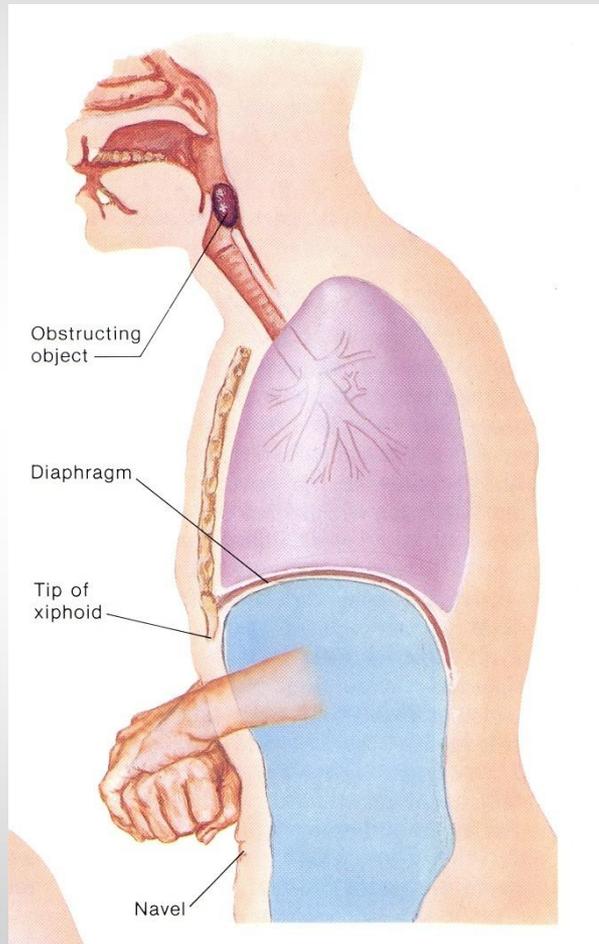
Definition

- Strangulation is a form of asphyxia characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck

Key Terms

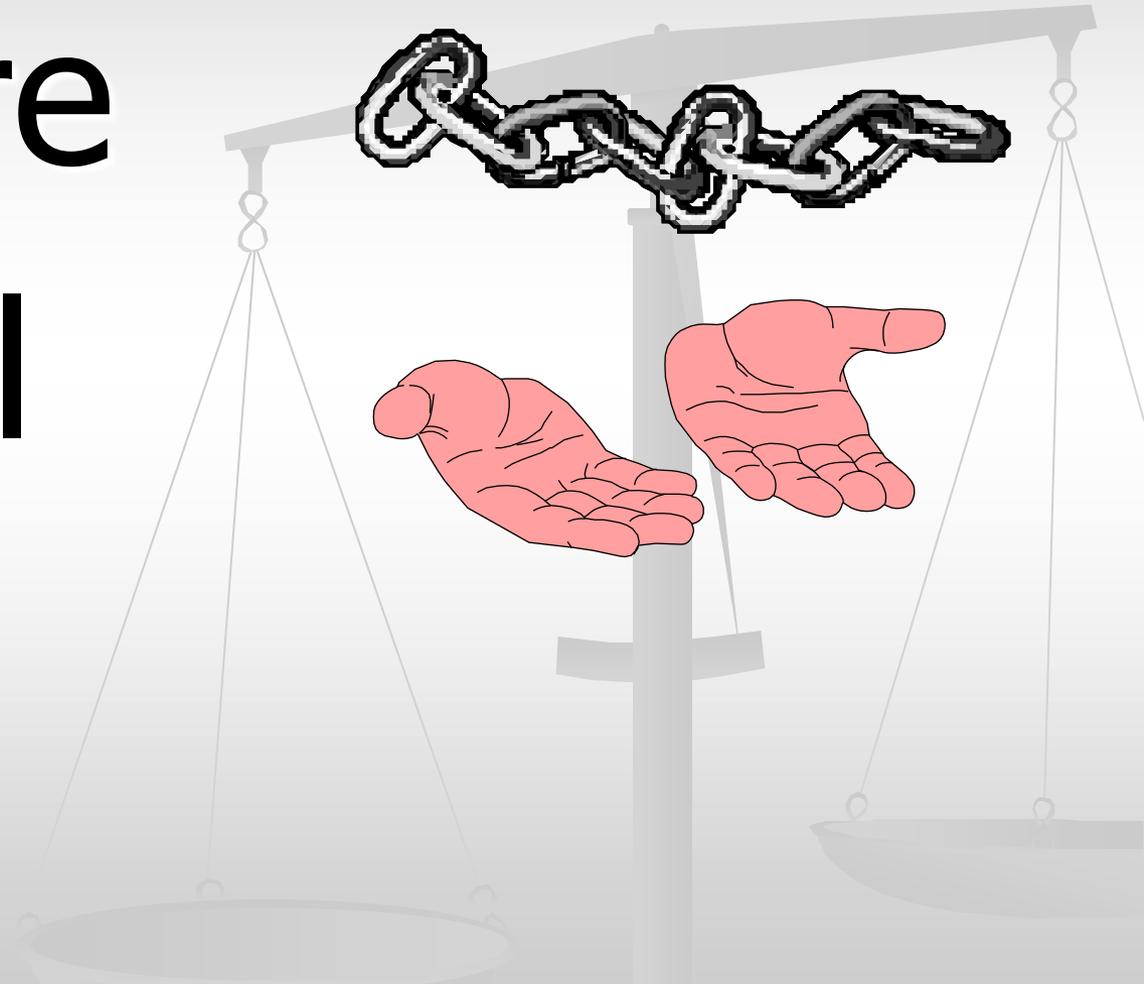
- **Asphyxia (as-phyx-i-a):**
 - A condition arising when the body is deprived of oxygen causing unconsciousness or death; suffocation.
- **Hypoxia (hy-pox-i-a):**
 - Deficiency in the amount of oxygen reaching the tissue.

Strangulation is not “CHOKING”



2 Forms of Strangulation

- Ligature
- Manual



ANATOMY



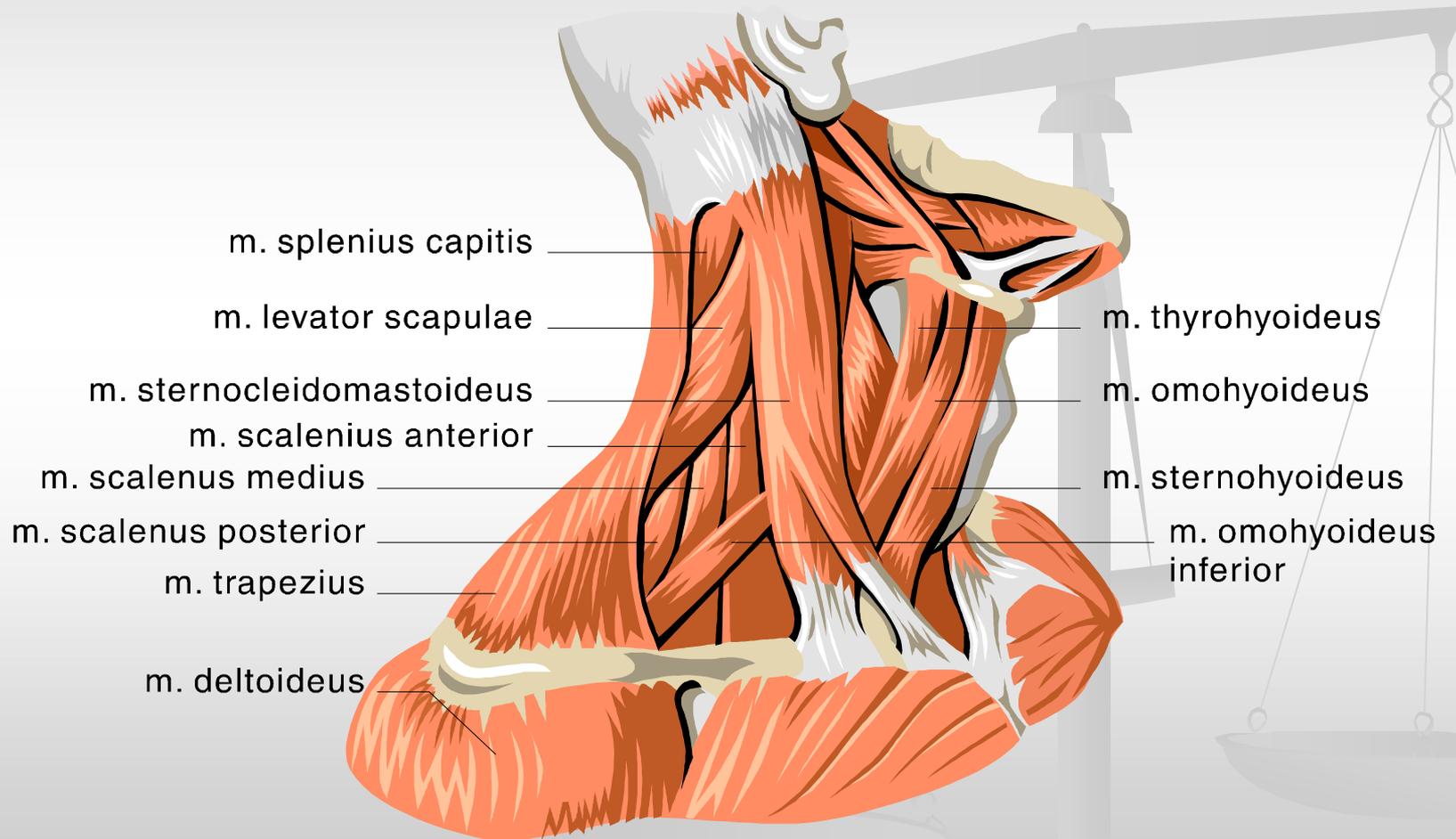
4 Important Structures

- Muscles
- Vessels
- Bones
- Cartilage

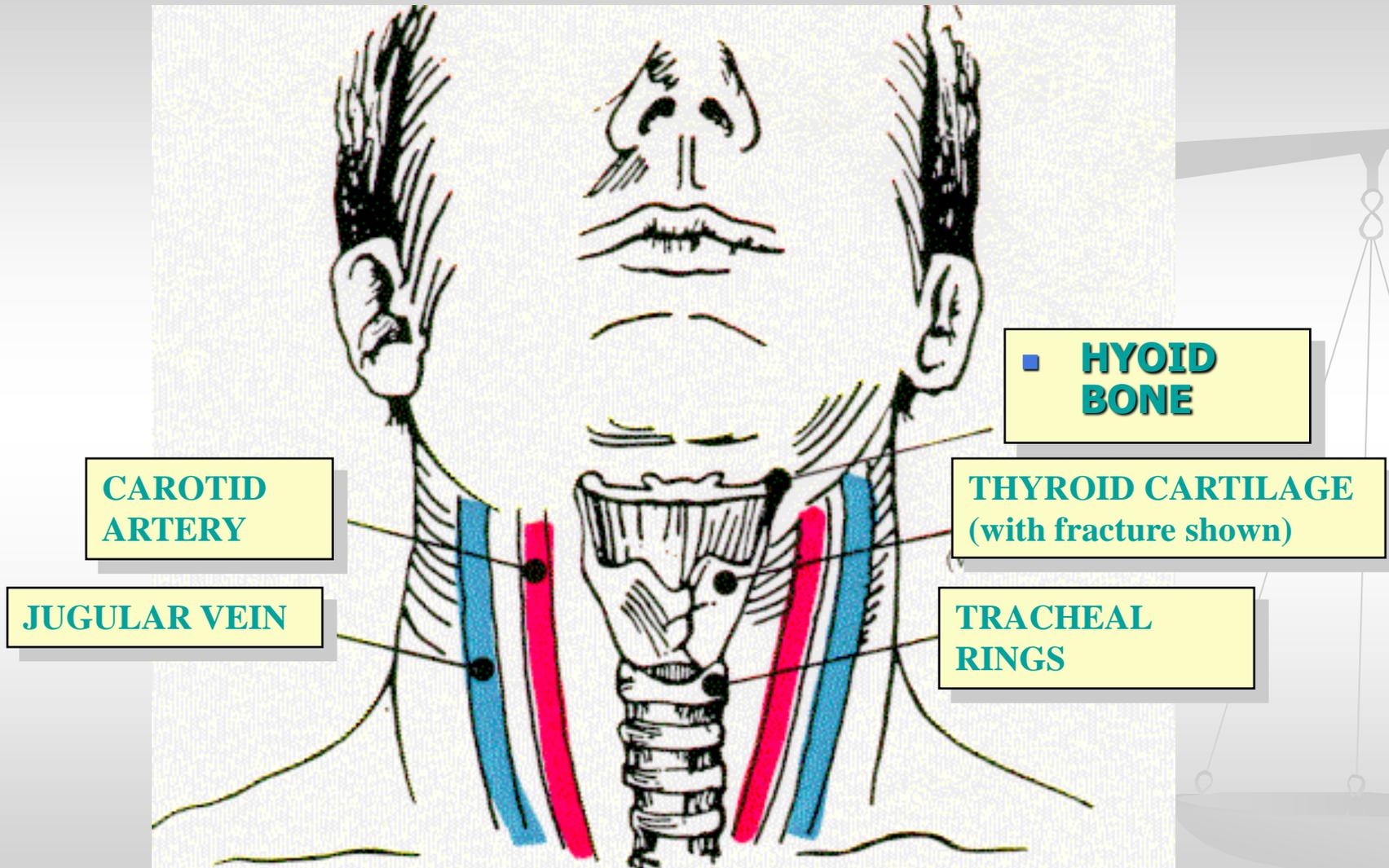


FOUR

Muscles



Vessels: arteries & veins



Unconsciousness & Death



Brain Death

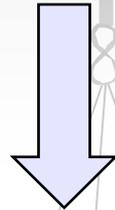
4

Minutes or less ...

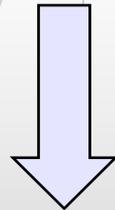


SEQUENCE:

- Consciousness

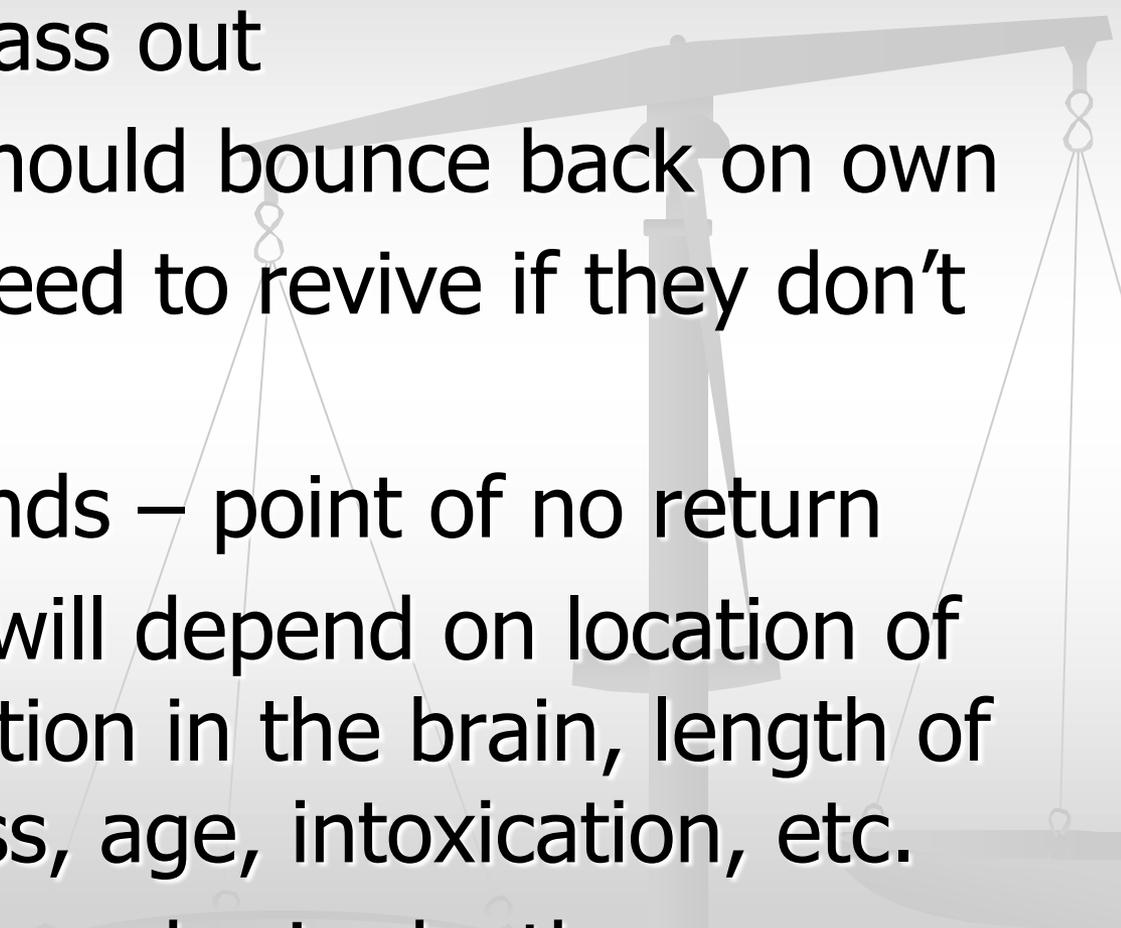


- Unconsciousness



- Death

Lethal Progression



- 10 seconds – pass out
- 20 seconds – should bounce back on own
- 30 seconds – need to revive if they don't bounce back
- 50 to 100 seconds – point of no return
- Consequences will depend on location of oxygen deprivation in the brain, length of unconsciousness, age, intoxication, etc.
- 4 minutes or less – brain death

Unconsciousness Defined

- A severe lack of consciousness is referred to as being *unconscious*.
- Victims are usually considered unconscious if they can't wake up enough to interact normally with the rescuer.
- Consciousness is being aware of -- and capable of interacting with -- your surroundings.
- Consciousness is not an all or nothing state.
- Healthcare providers look at levels of consciousness, usually assessing a patient's ability to follow instructions, communicate verbally, and track objects with his eyes.

What did you see?



Rossen Study 1942
Red Wing, MN
*Acute Arrest of Cerebral
Circulation in Man*



Visual Changes

Thank you Mike Agnew

- **Blurred vision**
- **Narrowing field of vision**
- **Streaks or spots**
- **Twinkling lights**
- **Inability to move their eyes**

Rossen Study 1942; Redwing MN.

“I saw the room going black.”

“I saw stars, then white.”

“I saw anger, madness and hatred in his eyes.”

“He had the eyes of a demon. They were full of hate.”

Visual Changes

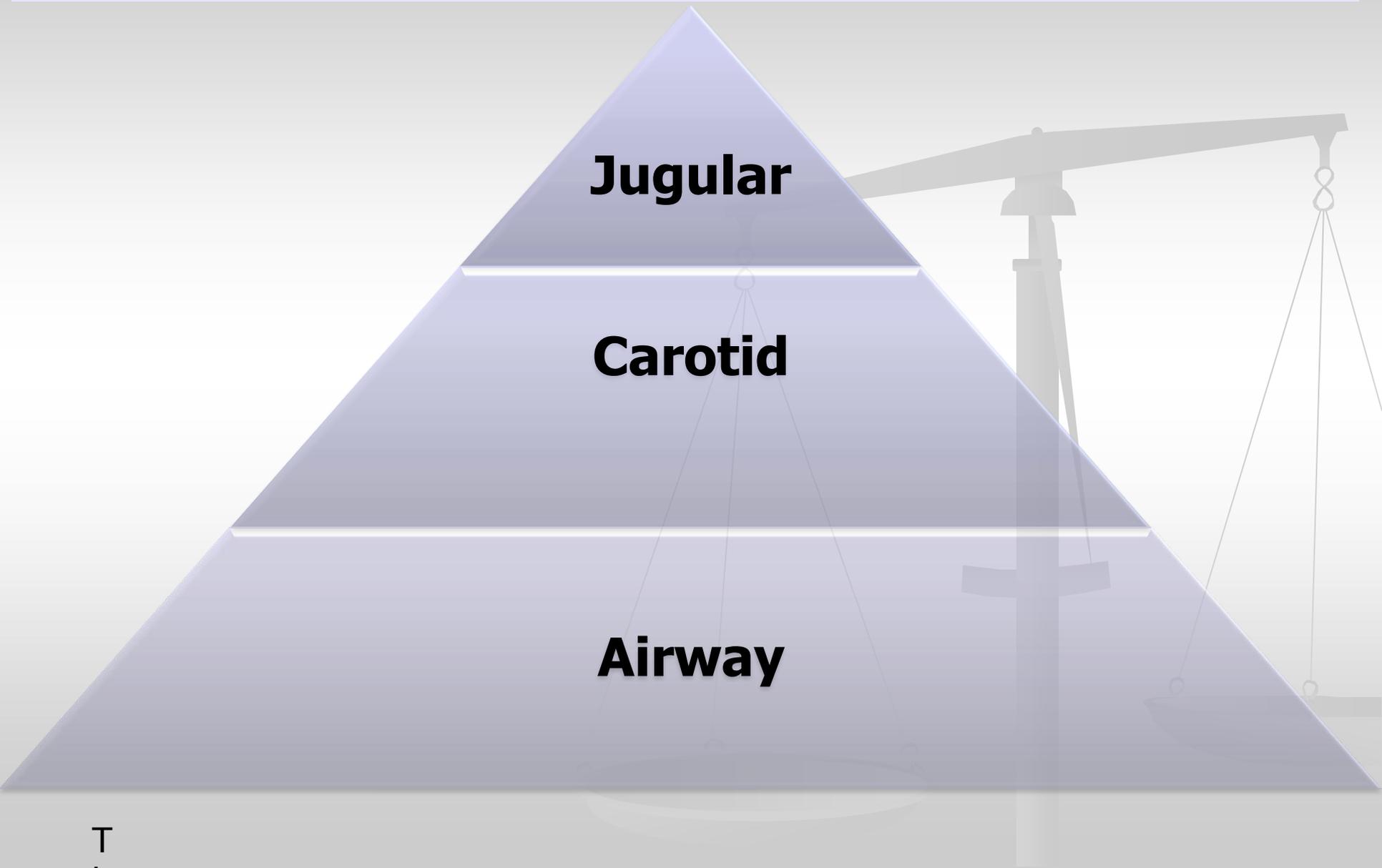
Thank you Mike Agnew

Pressure for Occlusion

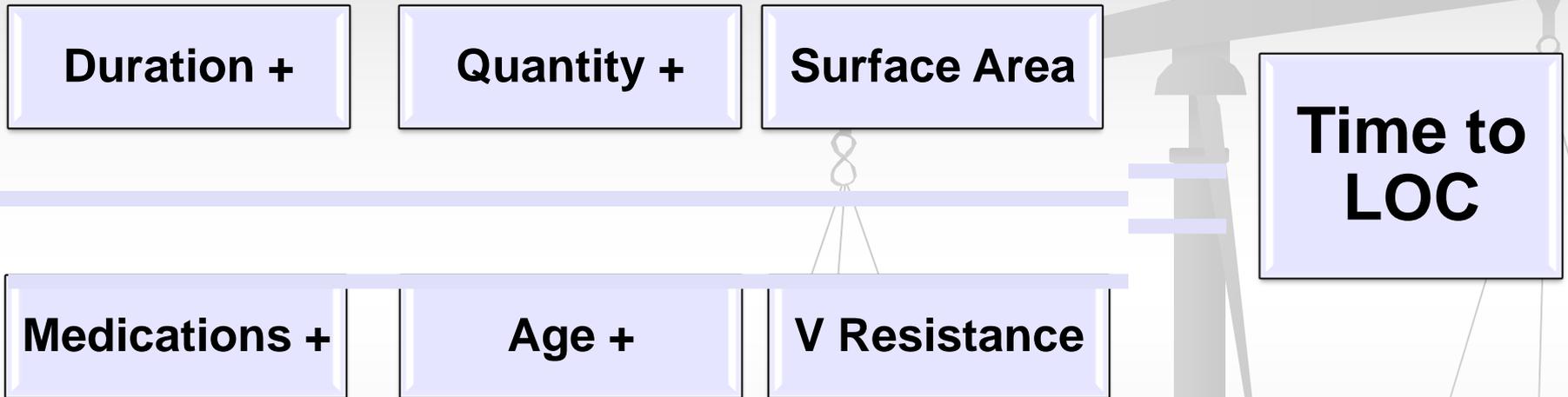
Jugular

Carotid

Airway

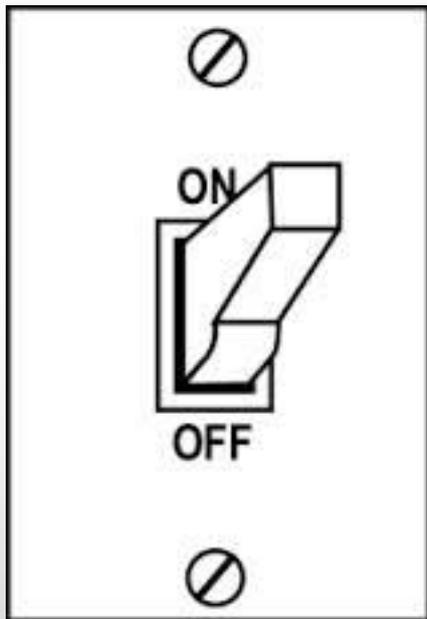


Factors



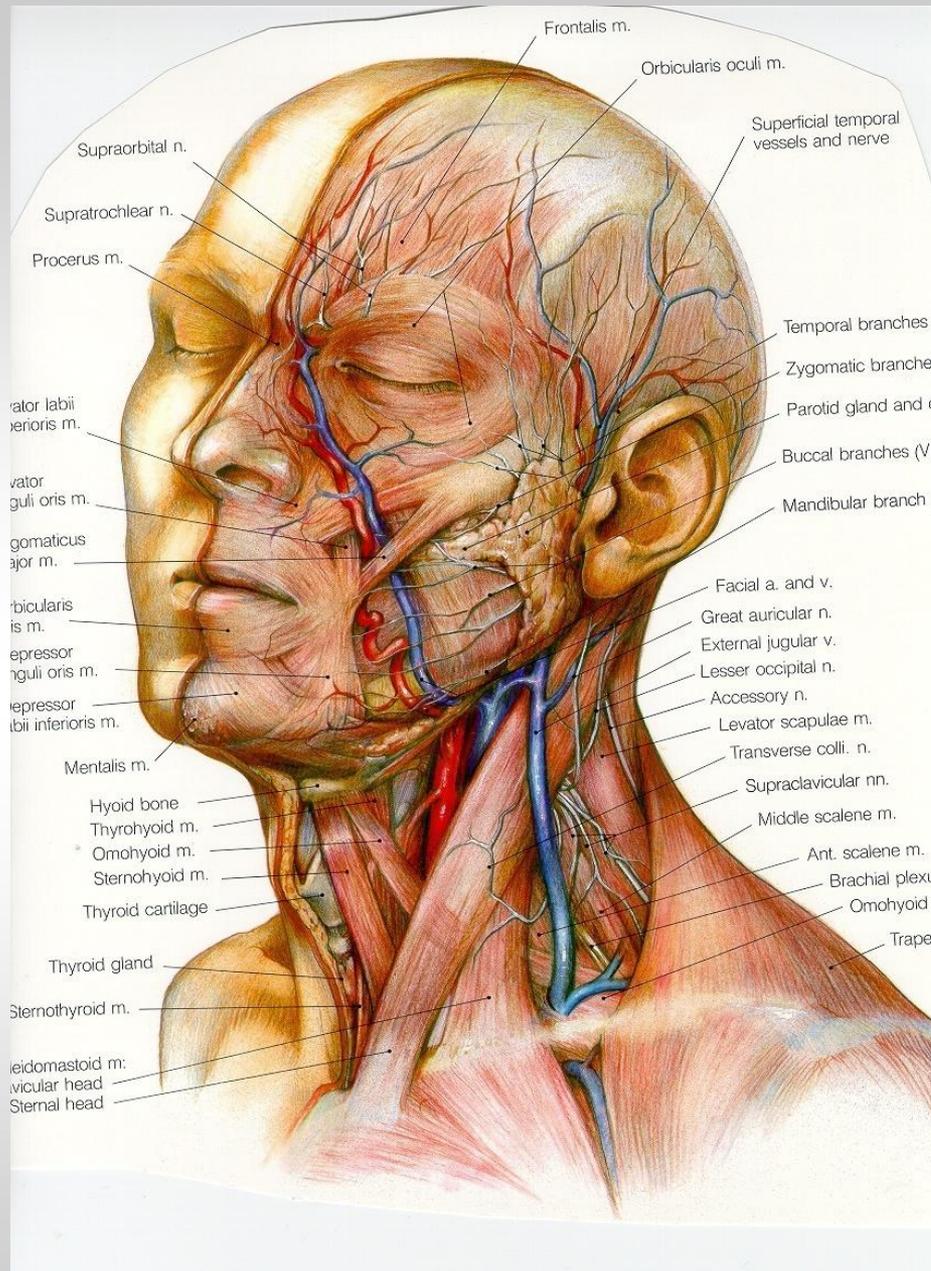
Unconsciousness

- It's not an on or off switch



- It's more of a dimmer switch



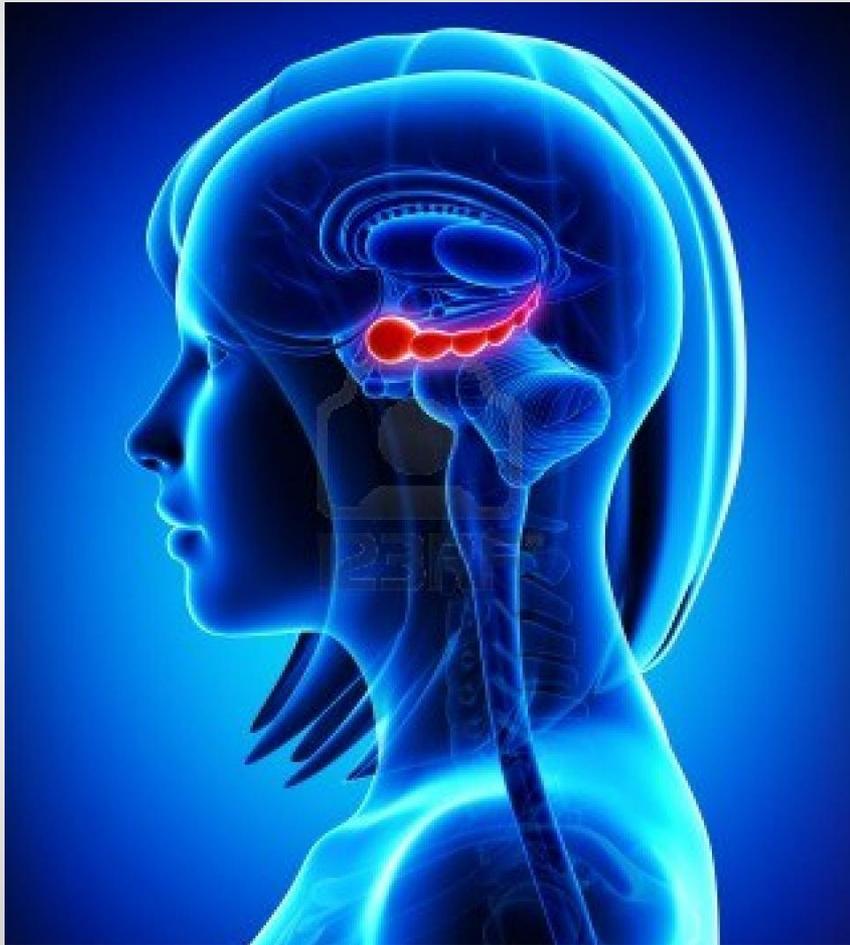


Evidence of Alterations of Consciousness = Anoxic Injury

Brain Injury in Battered Women, Journal of Consulting and Clinical Psychology, 2003, Vol. 71, No. 4, 797-804

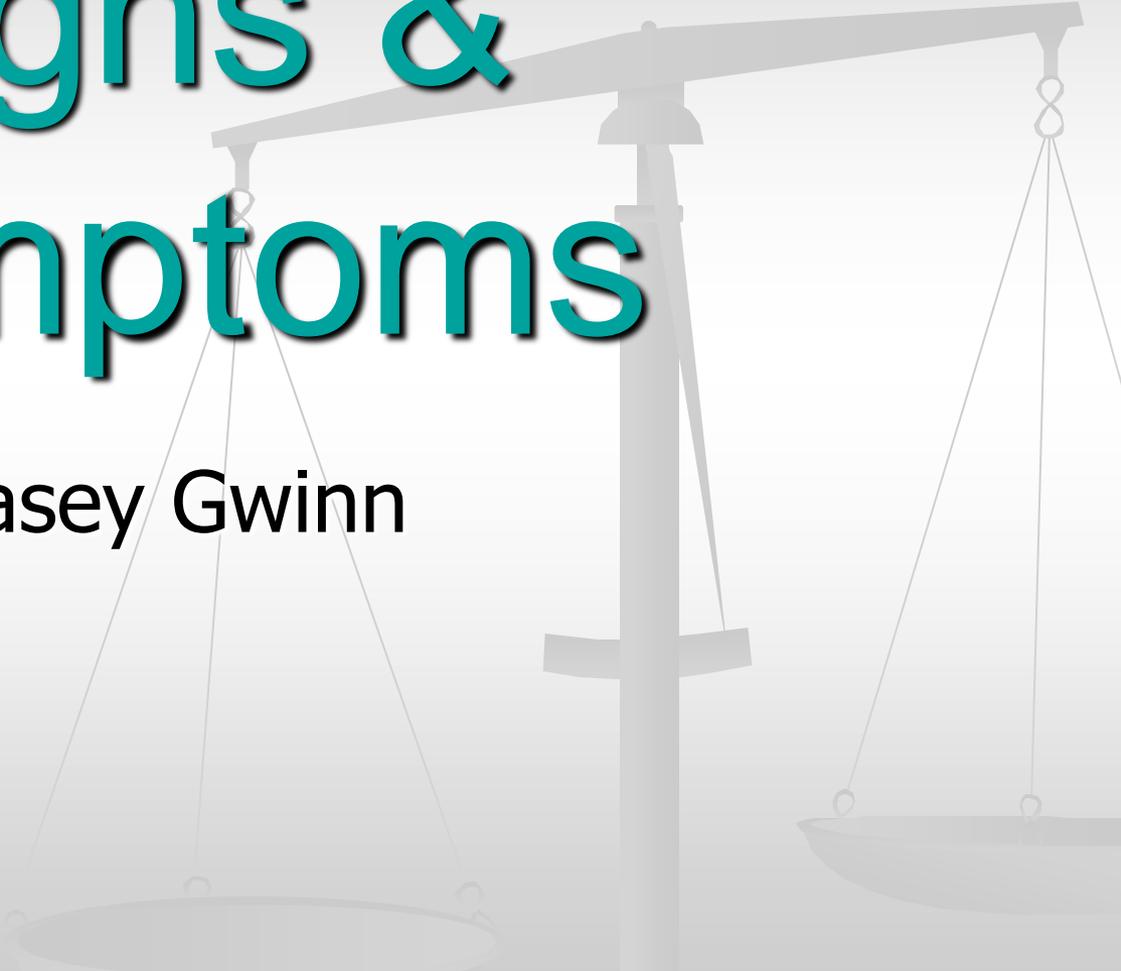
- A period of dizziness
- Felt stunned or disoriented
- Seen stars or spots (visual impairment)
- Loss of consciousness or blacked out
- Loss of memory, lapse of time or location
- Standing up one minute then waking up on the floor
- Bowel or bladder incontinence
- Unexplained bump on head

Hippocampus



- The hippocampus is critical for forming memory, organizing and storing.
- Hippocampus is most sensitive to lack of oxygen.
- If no blood flow, the brain is working.
- No blood flow. No memory.
- No memory means damage to hippocampus.

Signs & Symptoms



Casey Gwinn

SIGNS (WHAT YOU MAY SEE OR HEAR):

BLOOD RED EYES

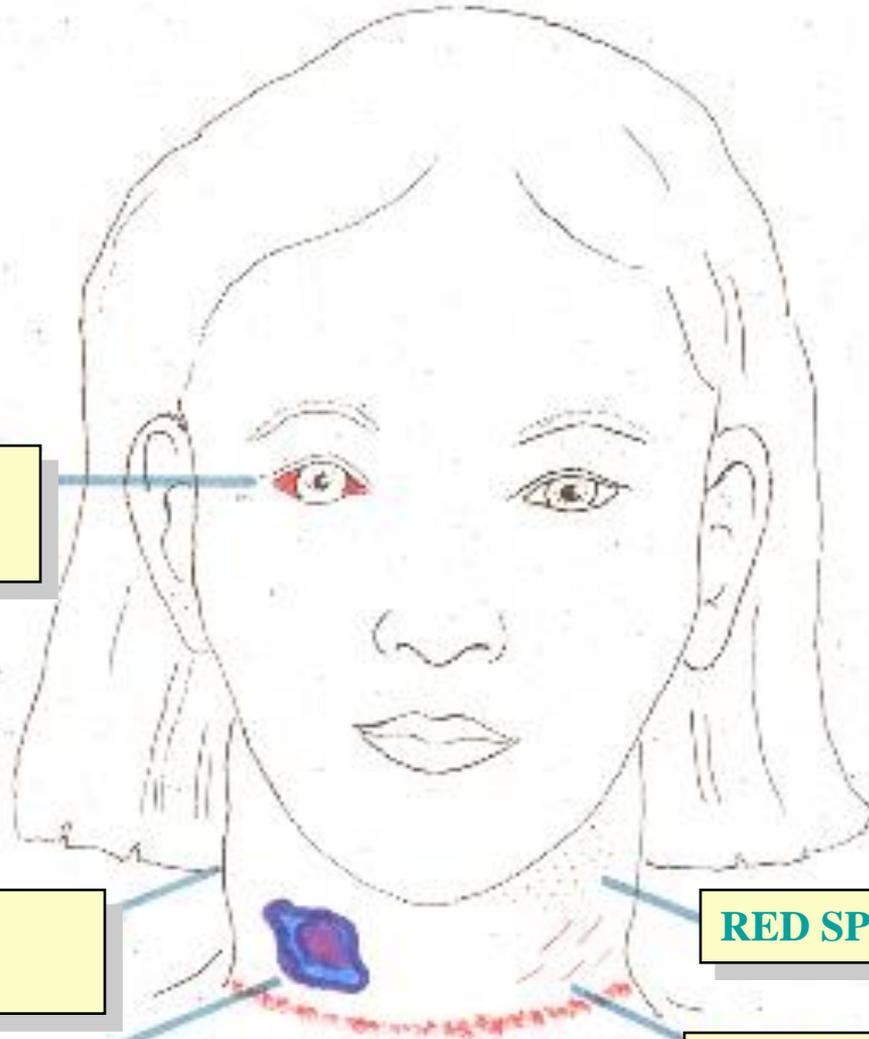
NECK SWELLING

BRUISING

ROPE BURNS

RED SPOTS

SCRATCHES



“Survey Results of Women Who Have Been Strangled While in an Abusive Relationship”

Dr. Wilbur

■ Medical symptoms experienced by victims

- Difficulty breathing: 85%
- Scratches on neck: 44%
- Dysphagia: 44%
- Voice change: 45%
- Loss of consciousness: 17%
- **Ptosis: 20%**
- **Facial palsy: 10%**
- **L or R sided weakness: 18%**
- Memory deficit: 31%
- Suicidal ideation: 31%

“Survey Results of Women Who Have Been Strangled While in an Abusive Relationship”

JEM

- Ptosis: 20%
- Facial palsy: 10%
- L or R sided weakness: 18%



Facial drooping

ADAM.

Ptosis (drooping of the eyelid)



ADAM.

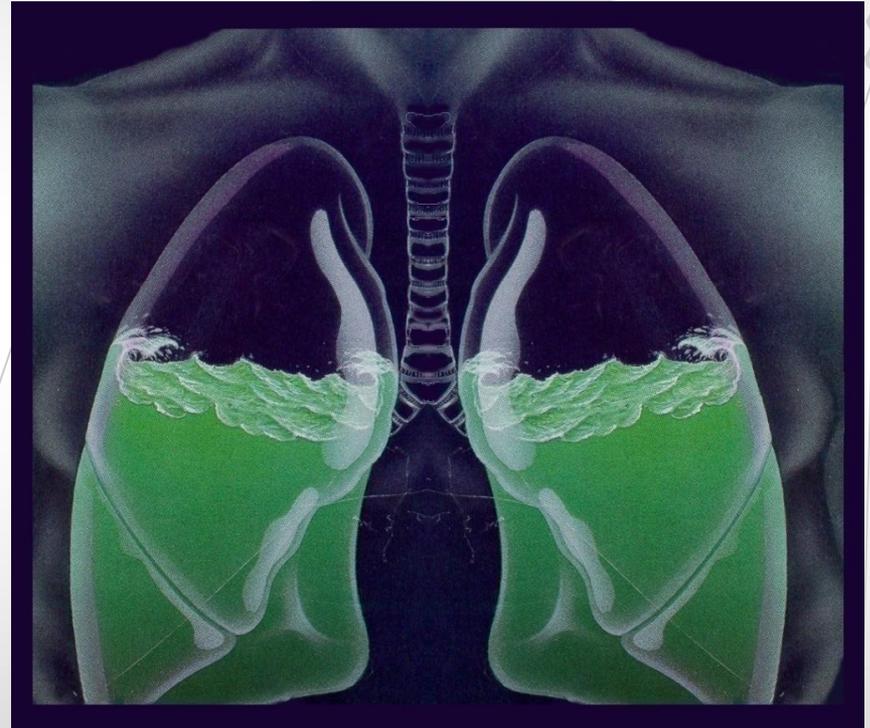
Neck swelling (edema): Laryngeal fracture - (subcutaneous emphysema)



***Courtesy of DDA Derrick Ewin and Ian McIvor from
Contra Costa County***

Internal/External Signs

- Coughing up blood (hemoptysis)
- Lung (pulmonary) damage
 - Pulmonary edema
 - Aspiration pneumonitis
 - Pneumonia



Internal/External Signs

- Involuntary urination or defecation (sphincter incontinence)



Internal/External Signs

- Miscarriage
(spontaneous abortion)
 - Anecdotally reported
 - Hours or days later

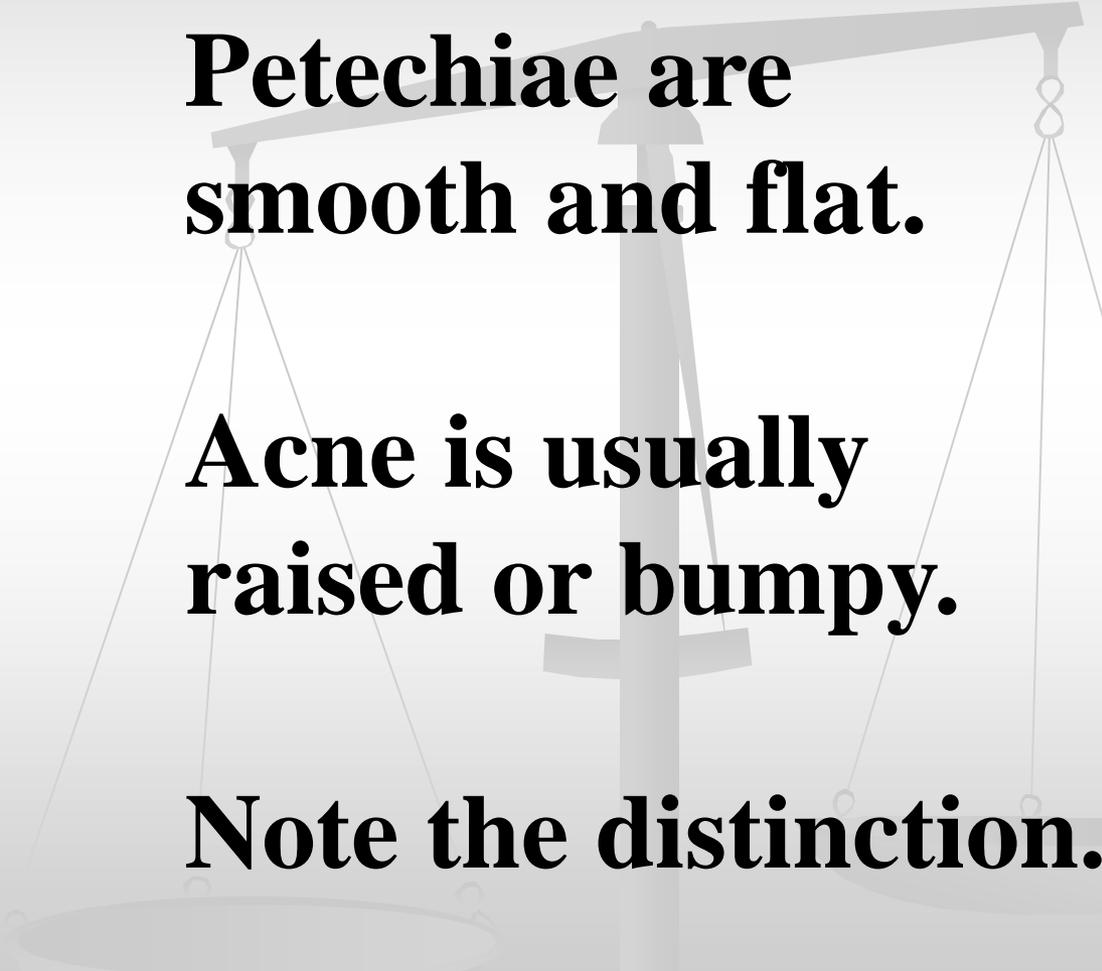


Massive tongue swelling (edema)



Petechiae



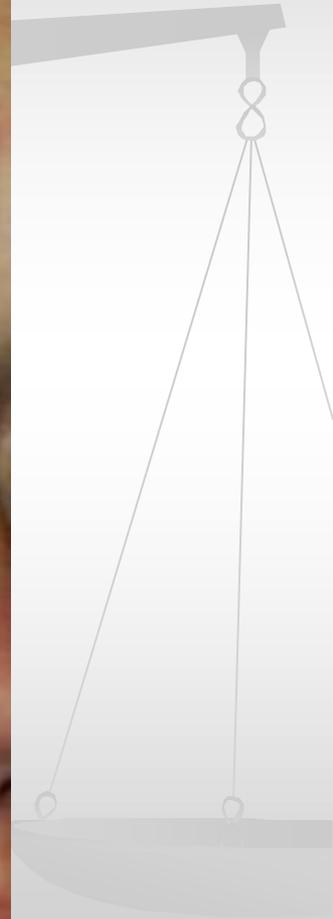
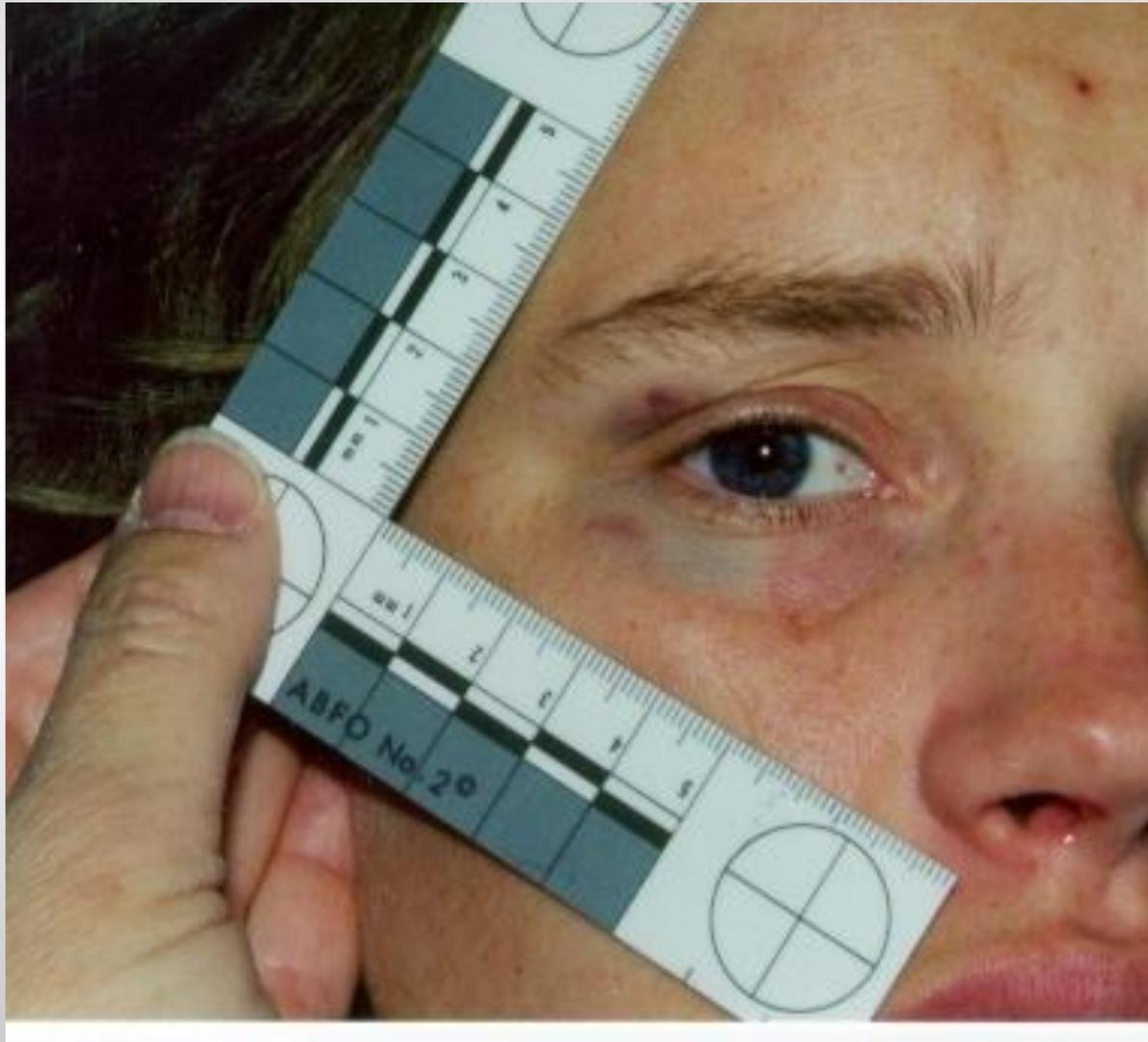


**Petechiae are
smooth and flat.**

**Acne is usually
raised or bumpy.**

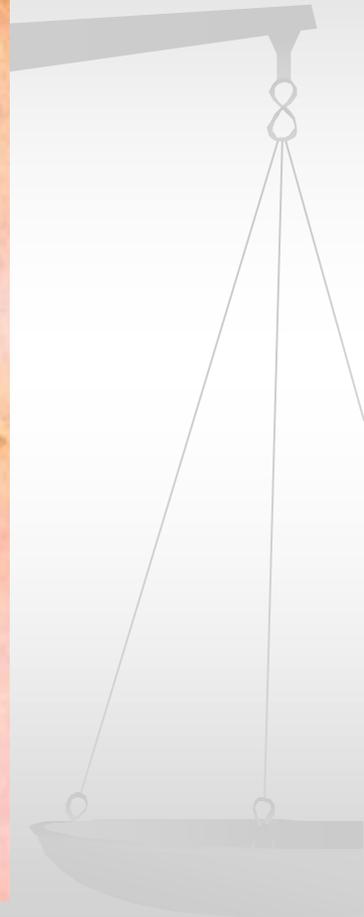
Note the distinction.

Petechiae - one red spot in eye

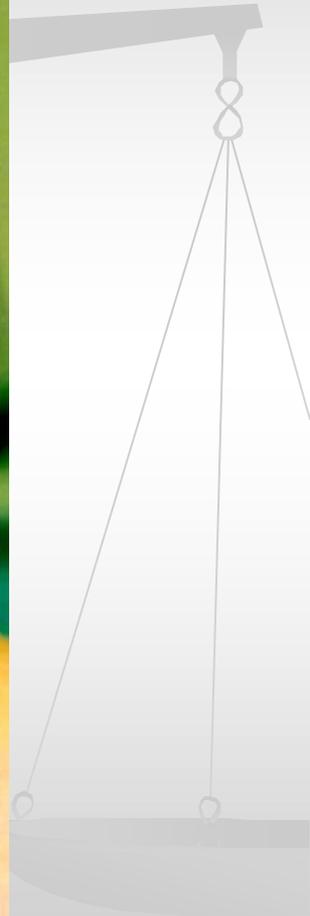




Over the Eyelid



Neck

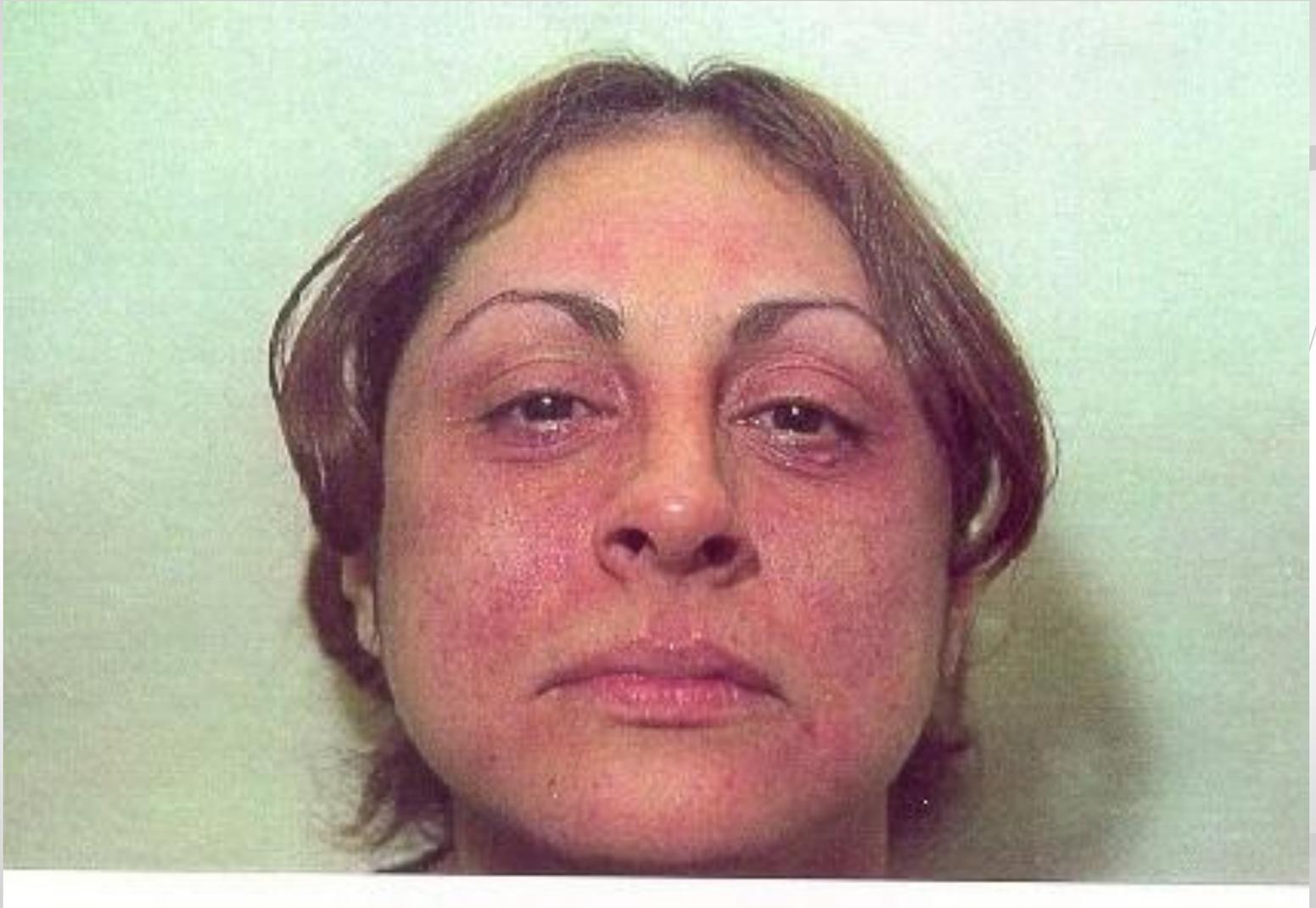




Courtesy of Dr. Smock

Petechial Hemorrhage-Uvula

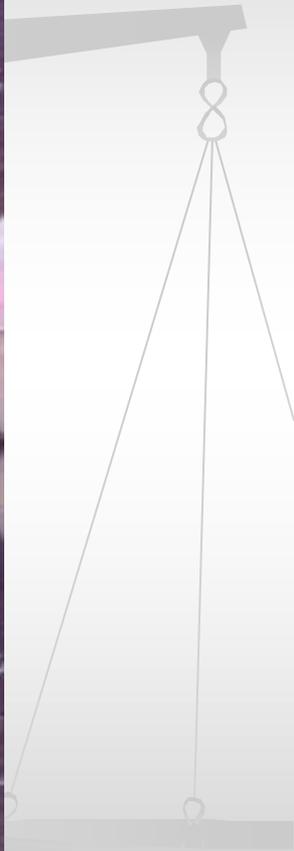
Florida Petechiae – Day 1



Courtesy of Fresno Police Department, Mike Agnew

Day 2





Day 2

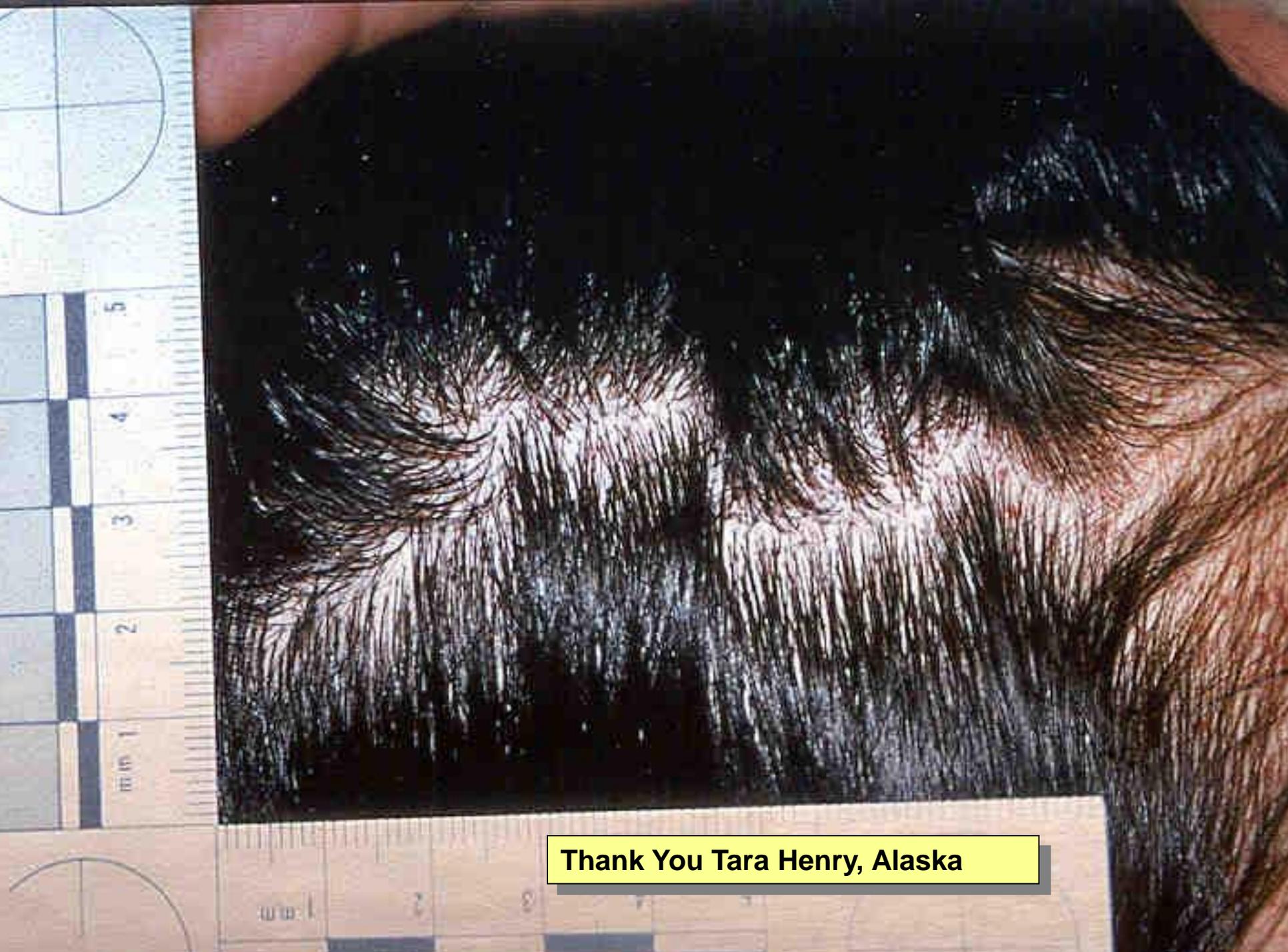


Day 30



Comparison Photos





Thank You Tara Henry, Alaska



Subconjunctival Hemorrhage



A faint, light gray background image of a balance scale is visible. The scale is positioned on the right side of the frame, with its vertical post and horizontal beam extending across the middle. Two pans are suspended from the beam by thin lines. The scale is slightly tilted, with the right pan being lower than the left pan. The overall image has a soft, out-of-focus appearance.

**Are there other causes
for petechiae?**

Yes!

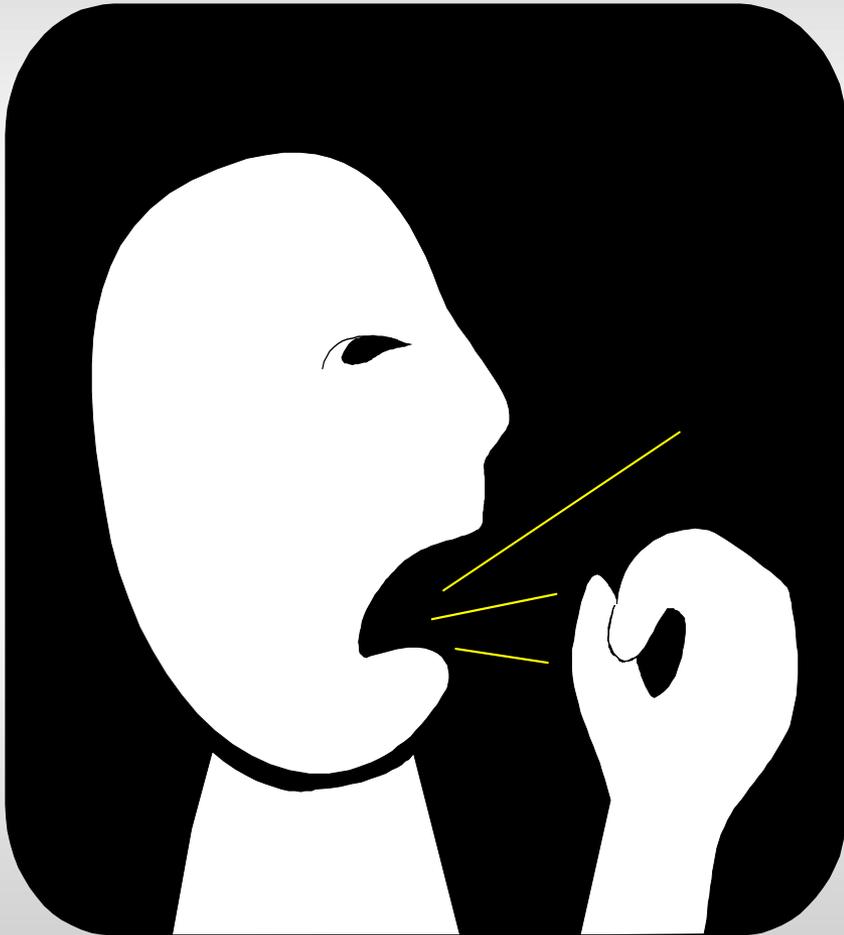


- Strenuous labor
- Scuba diving
- Severe coughing or vomiting
- What else?

Symptoms (subjective)



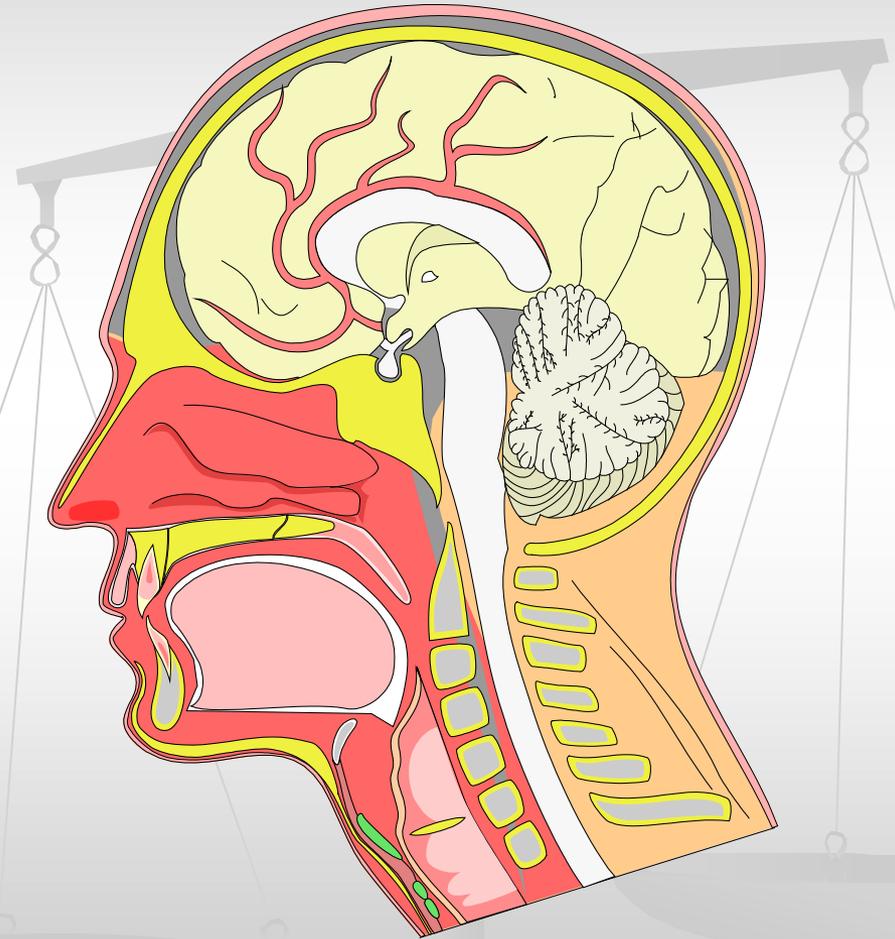
Symptoms of Laryngeal Injury



- Voice changes
 - 50% of victims
 - Nerve (recurrent laryngeal nerve)
 - Hoarseness (dysphonia)
 - May be permanent
 - Loss of voice (aphonia)

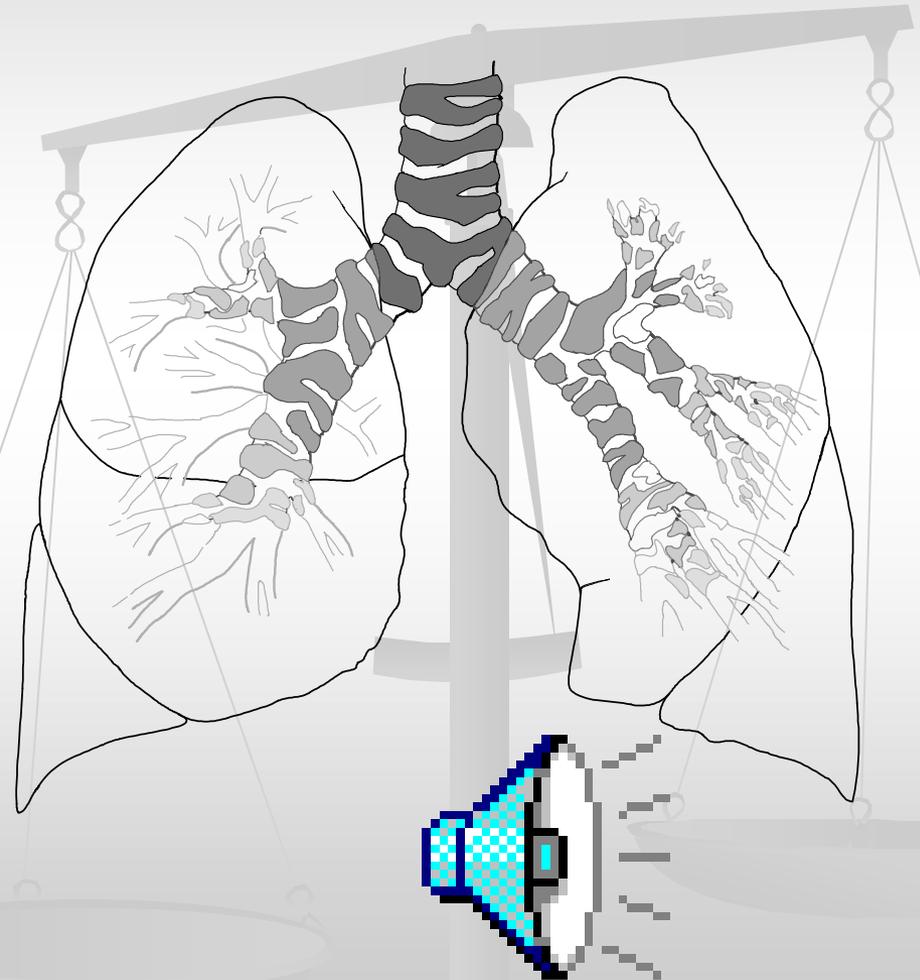
Symptoms of Laryngeal Injury

- Swallowing Changes
 - Due to larynx injury
 - Difficult to swallow (dysphagia)
 - Painful to swallow (odynophagia)



Symptoms of Laryngeal Injury

- Breathing Changes
 - Due to laryngeal fracture or swelling
 - Difficult to breathe (dyspnea)
 - Inability to breathe (apnea)
 - May appear mild but may kill within 36 hours



Symptoms of (asphyxia or hypoxia)

- Behavioral Changes
 - Early: Restlessness and violence
 - Hostile toward officers at the scene
 - "She woke up fighting"
 - Long term:
 - Psychosis
 - Amnesia
 - Changes in personality
 - Progressive dementia



Symptoms of (asphyxia or hypoxia)

- Evidence of brain Injury from strangulation will include problems with:
 - Memory
 - Concentration
 - Sleep
 - Headaches
 - Depression and
 - Anxiety



Traumatic Brain Injury

By Mayo Clinic staff

- Traumatic brain injury usually results from a violent blow or jolt to the head or body. An object penetrating the skull, such as a bullet or shattered piece of skull, also can cause traumatic brain injury.
- Mild traumatic brain injury may cause temporary dysfunction of brain cells.
- More serious traumatic brain injury can result in bruising, torn tissues, bleeding and other physical damage to the brain that can result in long-term complications or death.

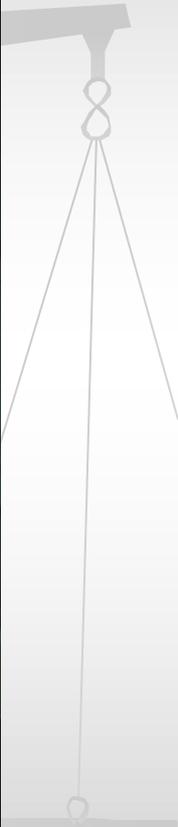
Seizure may be triggered by Hypoxia

- All seizures are caused by abnormal electrical disturbances in the brain.
- Signs/Symptoms of a seizure:
 - Loss of consciousness
 - Muscle spasm or twitches
 - spasm of the jaw muscles
 - Biting of the lips or tongue
 - Vomiting
 - Face may be livid, with veins of the neck swollen,
 - Breathing may be loud and labored with a peculiar hissing sound.

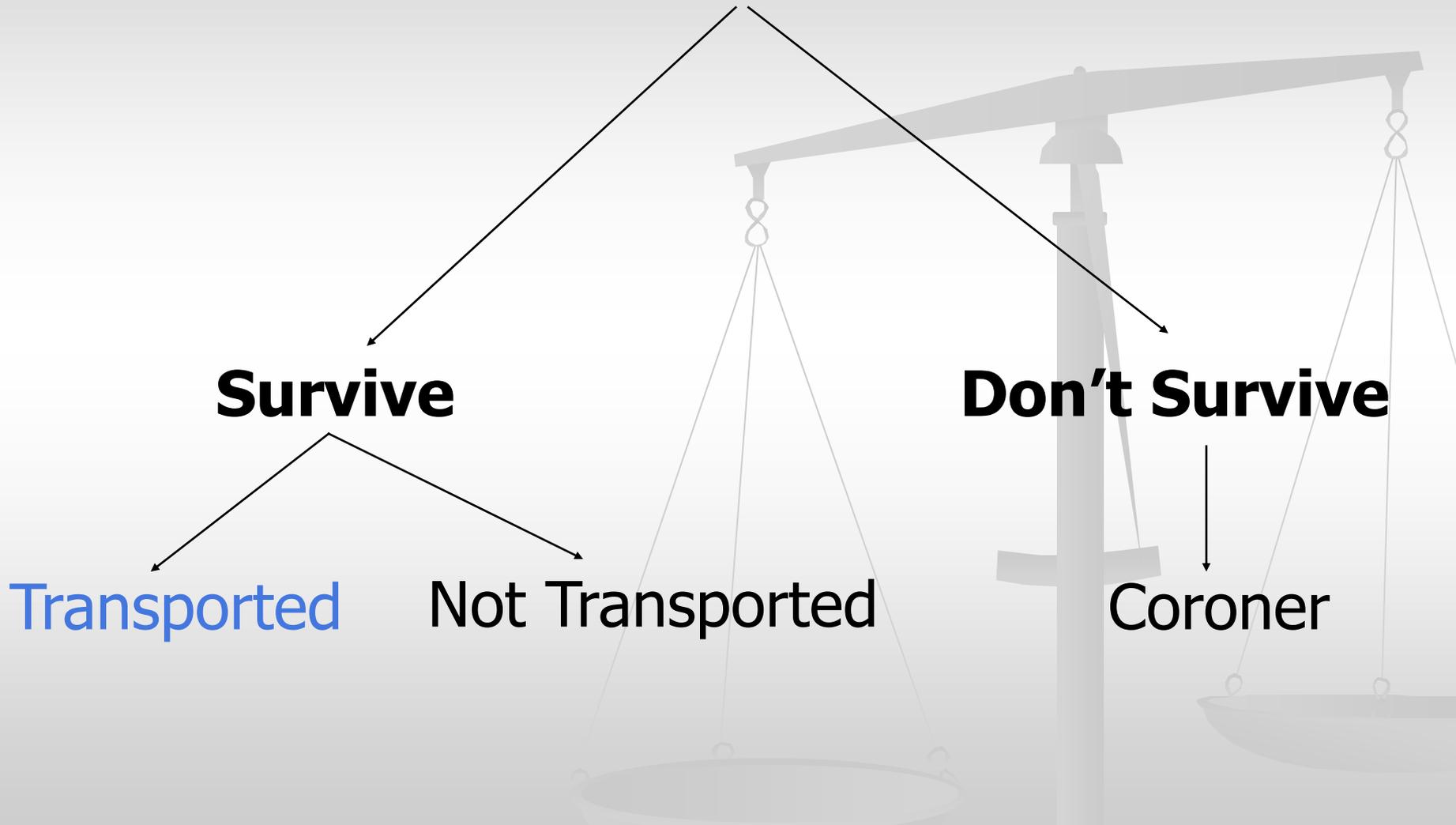
PTSD

- PTSD symptoms typically start within three months of a traumatic event.
- In a small number of cases, symptoms may not appear until years after.
- PTSD symptoms are generally grouped into three types:
 - intrusive memories,
 - avoidance and numbing, and
 - increased anxiety or emotional arousal (hyperarousal).

Medical Examination - Gael Strack



Strangulation



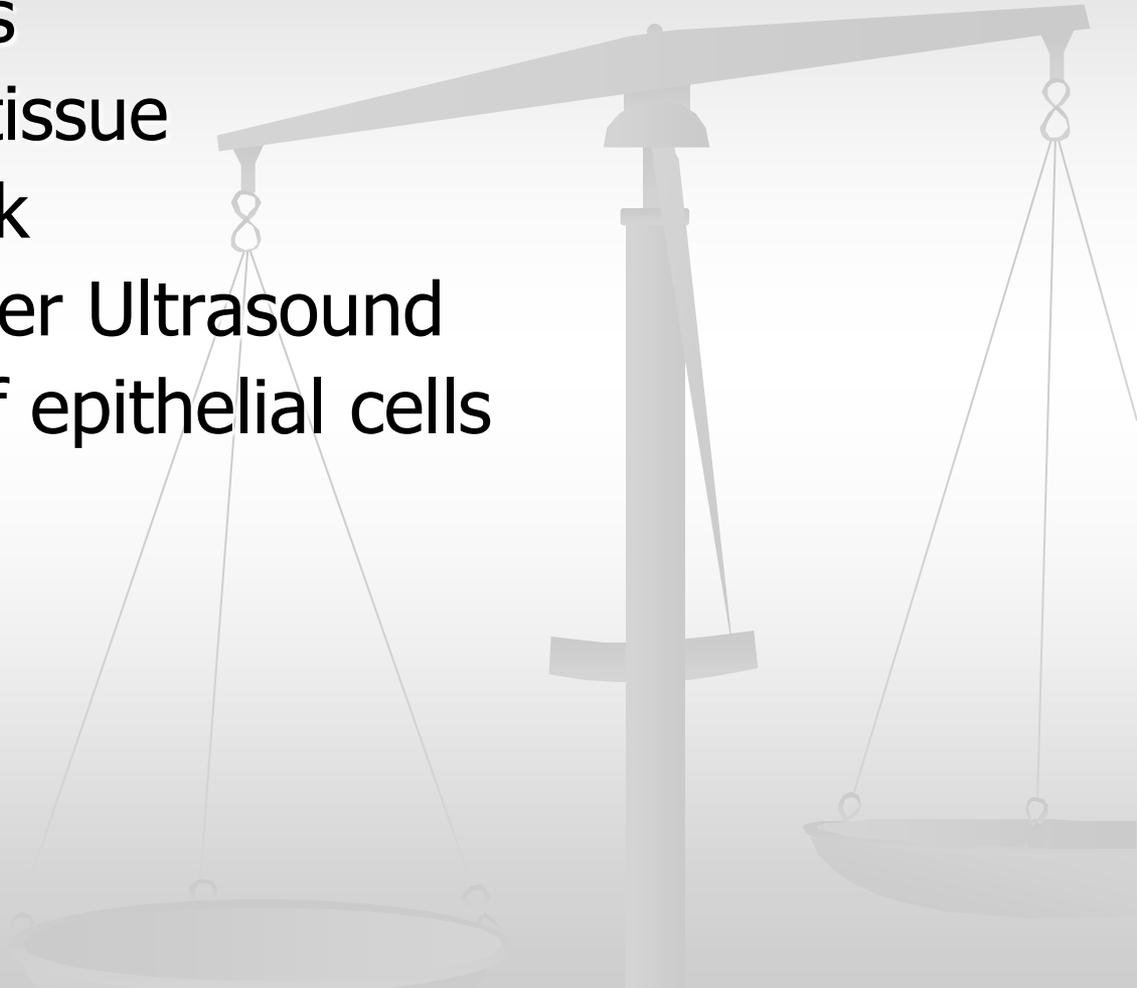
Transported: Medical Examination

- ABCs
- Serial neuro check
- Check for other injuries & cause
- Check for stridor
- C-Spine Clearance & Precautions (+/-)
- Inspect neck, face, eyelids, mouth, head, shoulder, chest, chin
- Evaluate for sexual assault



Medical Documentation

- Pulse Oximetry
- C-spine x-rays
- X-ray of soft tissue
- CT of the neck
- Carotid Doppler Ultrasound
- DNA typing of epithelial cells



Medical Documentation

- MRI of the neck

During magnetic resonance (MRI) scan, a narrow table moves the patient through a tunnel-like structure which creates a magnetic field through which radio waves are sent, creating a 3-D image of the internal structures



ADAM.

What Does HIPPA Say Regarding Release of Information to Law Enforcement?

**45 CFR
164.512**

- (Permitted disclosures. Except for reports of child abuse or neglect permitted by paragraph (b)(1)(ii) of this section, a covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a **victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence!**

45 CFR 164.512

- “Permitted Disclosures:
 - Name and address
 - Date and place of birth
 - Social security number
 - ABO blood type and rh factor
 - Type of injury
 - Date and time of treatment
 - Date and time of death
 - Description of distinguishing physical characteristics including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos
 - **Full-face photographic images and any comparable images**

Great Article – Dr. Riviello

From Hippocrates to HIPAA: Privacy and Confidentiality in Emergency Medicine—Part I: Conceptual, Moral, and Legal Foundations

John C. Moskop, PhD
Catherine A. Marco, MD
Gregory Luke Larkin, MD,
MSPH
Joel M. Geiderman, MD
Arthur R. Derse, MD, JD

From the Department of Medical Humanities, The Brody School of Medicine at East Carolina University, Bioethics Center, University Health Systems of Eastern Carolina, Greenville, NC (Moskop); the Department of Emergency Medicine, St. Vincent Mercy Medical Center, Toledo, OH (Marco); the Departments of Surgery, Emergency Medicine, and Public Health, University of Texas Southwestern, Dallas, TX (Larkin); Ruth and Harry Roman Emergency Department, the Department of Emergency Medicine, Cedars-Sinai Center for Health Care Ethics, Burns and Allen Research Institute, Cedars-Sinai Medical Center, Los Angeles, CA (Geiderman); and the Center for the Study of Bioethics and the Department of Emergency Medicine, Medical College of Wisconsin, Milwaukee, WI (Derse).

Respect for patient privacy and confidentiality is an ancient and a contemporary professional responsibility of physicians. Carrying out this responsibility may be more challenging and more important in the emergency department than in many other clinical settings. Part I of this 2-part article outlines the basic concepts of privacy and confidentiality, reviews the moral and legal foundations and limits of these concepts, and highlights the new federal privacy regulations implemented under the Health Insurance Portability and Accountability Act of 1996. Part II of the article examines specific privacy and confidentiality issues commonly encountered in the ED. [Ann Emerg Med. 2005;45:53-59.]

0196-0644/\$-see front matter
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doi:10.1016/j.annemergmed.2004.08.008

SEE RELATED ARTICLE, P. 60.

INTRODUCTION

Respect for patient privacy and confidentiality has been affirmed as a professional responsibility of physicians since antiquity. In the famous oath attributed to Hippocrates, ancient Greek physicians pledged to respect confidentiality in these words: "What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about."¹

Privacy and confidentiality are no less significant in Western medicine today, and contemporary medical oaths echo the Hippocratic principle of respect for confidentiality. The World Medical Association's Declaration of Geneva, for example, contains the statement "I will respect the secrets which are confided in me, even after the patient has died."² In the United States, a variety of state and federal statutes and common law rules establish legal obligations of physicians to protect patient confidentiality.³ Potential threats to patient confidentiality from electronic health care transactions were the impetus for US federal regulations recently implemented under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These regulations require physicians and health care institutions

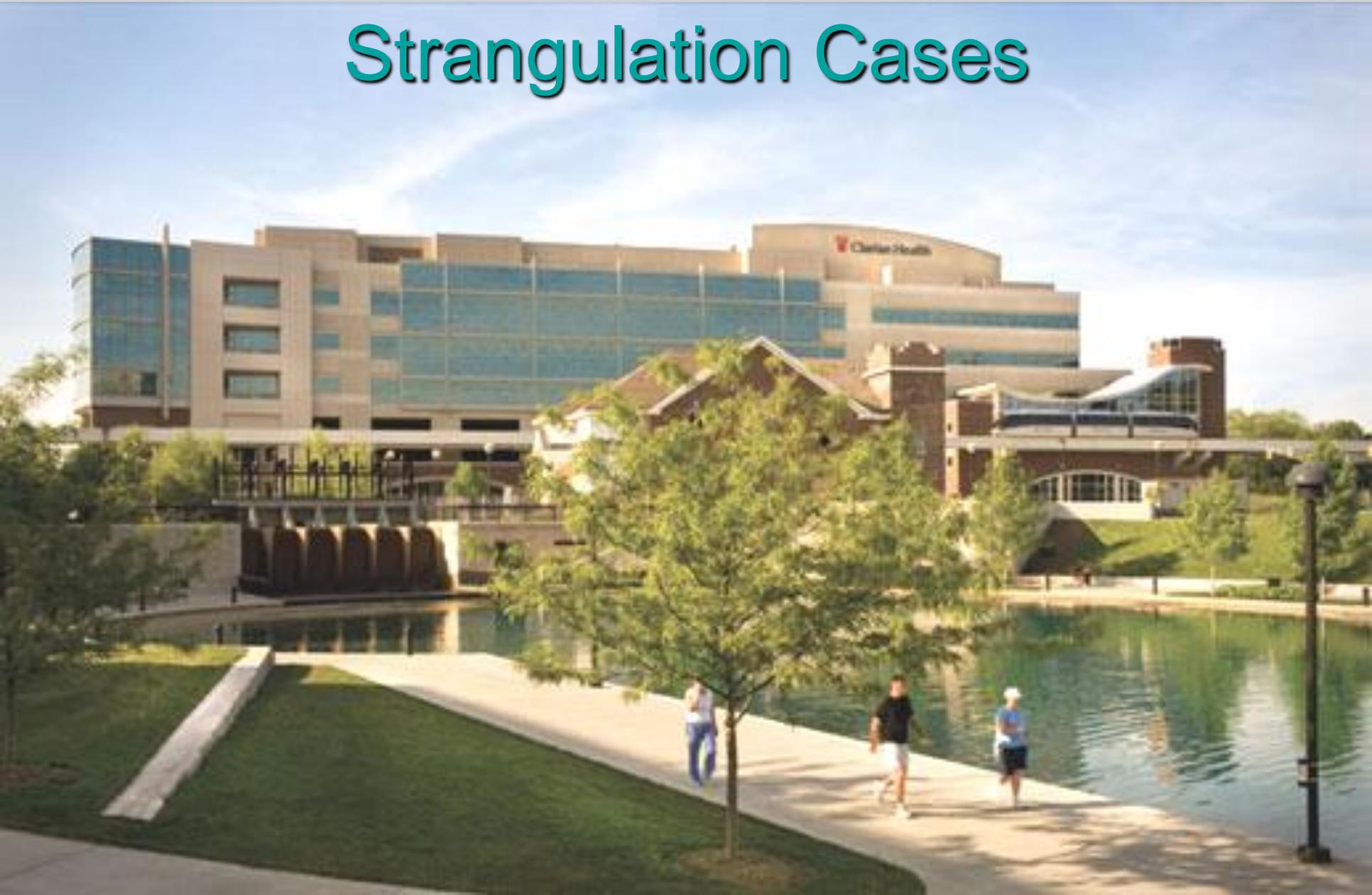
to adopt a variety of new procedures to protect patient information.^{4,5}

Privacy and confidentiality also figure prominently in the "Principles of Ethics for Emergency Physicians," part of the Code of Ethics of the American College of Emergency Physicians. Principle 5 states: "Emergency physicians shall respect patient privacy and disclose confidential information only with consent of the patient or when required by an overriding duty such as the duty to protect others or to obey the law."⁶ Because respect for privacy and confidentiality is a basic professional responsibility, it is essential that emergency physicians understand how to protect patient interests in the distinctively open setting of the emergency department (ED).

For a variety of reasons, protecting privacy and confidentiality may prove more difficult and more important in the ED than in most other practice settings. It is particularly difficult to ensure privacy and confidentiality in the ED because the ED is typically a public, crowded environment in which many people are present, including multiple patients, physicians (attending physicians, consultants, and residents), nurses, emergency medical technicians, students, family, friends, law enforcement officers, and others. Until recently, many EDs recorded patient information on a "status board" in plain view of passersby and other patients.⁷ Endemic crowding in today's EDs also interferes with protection

- There are exceptions:
 - Duty to Warn
 - Medical Mandated Reporting
 - Certain Health Conditions
 - Minors & Incompetent Patients
 - Criminal Investigations related to domestic violence

What We Can Learn From Fatal Strangulation Cases

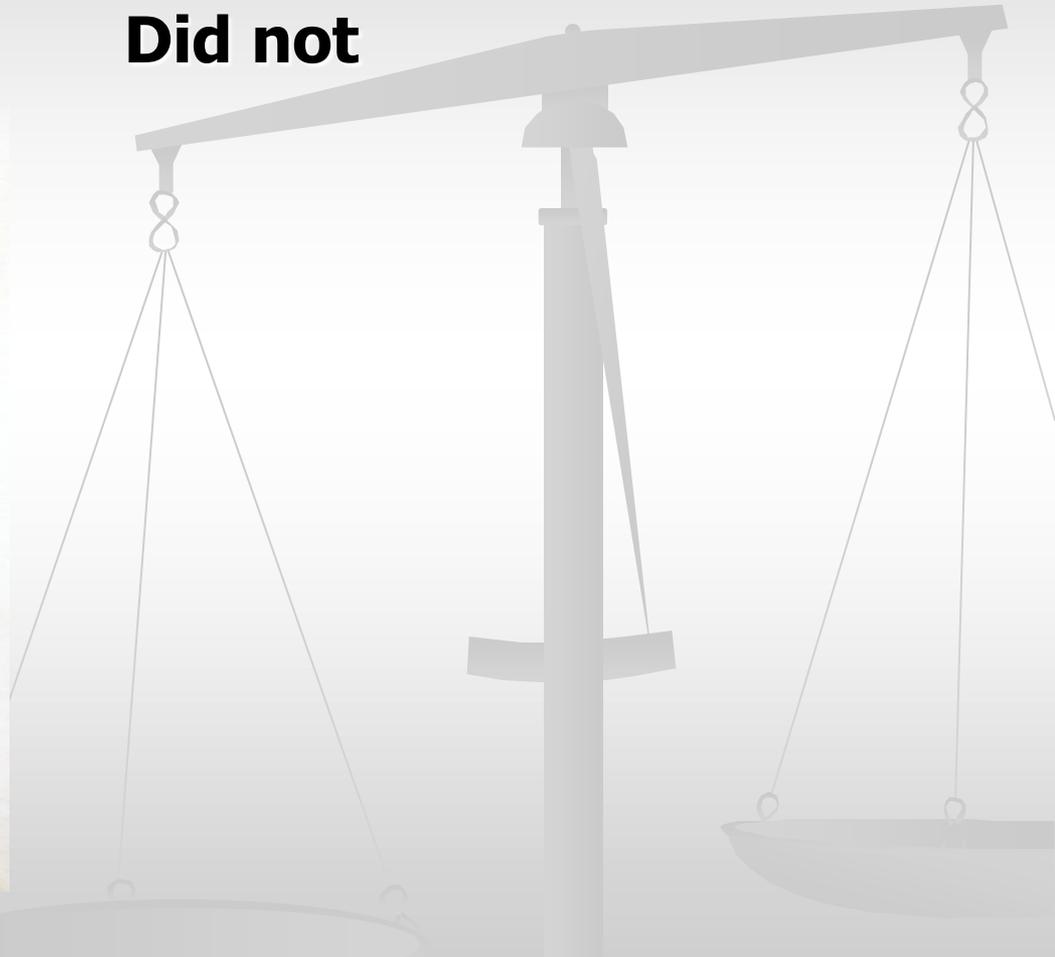


Abrasion under chin due to “chin drop” posture

Survived



Did not



Contusion over mastoid bone

Survived



Did not



Injuries to the Neck/Shoulder



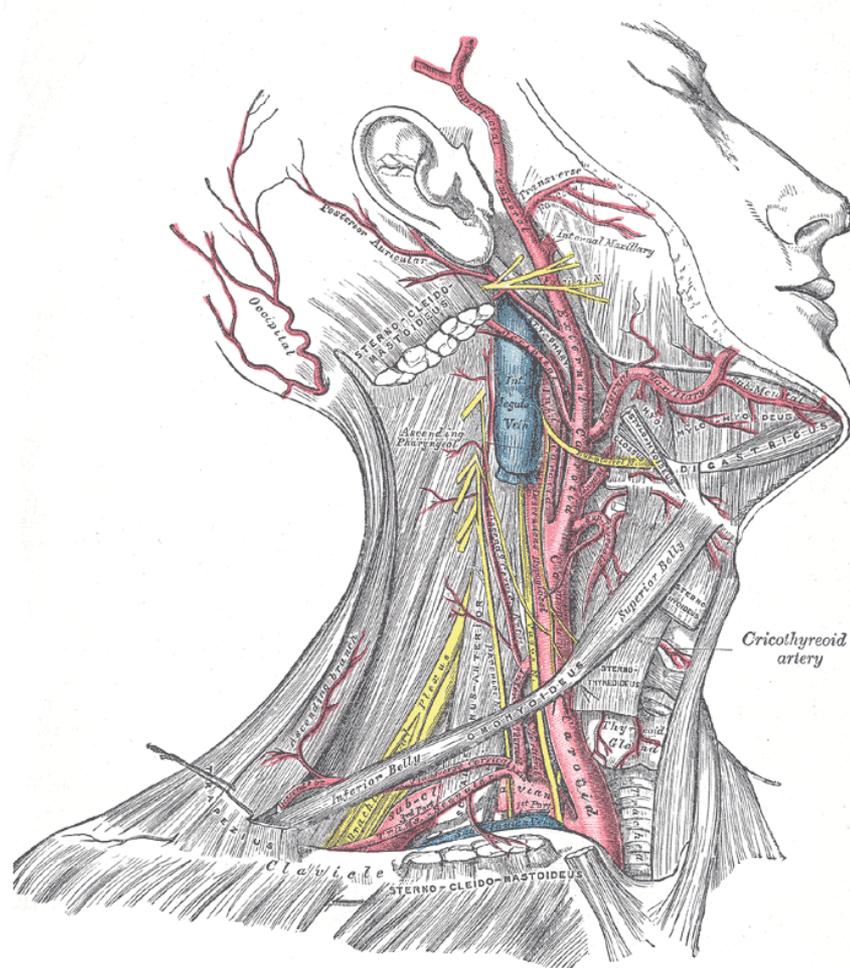
Subconjunctival Hemorrhage



Survived



Did Not Survive



Examination of the Neck: Injury of Veins and Arteries

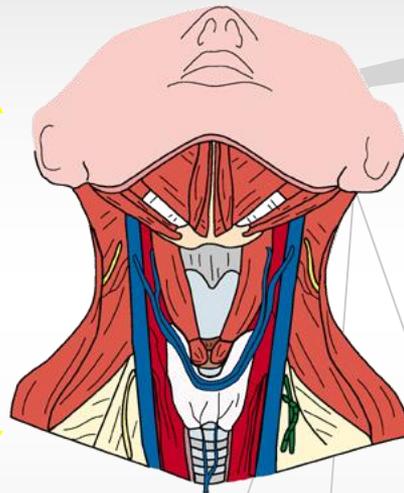
Examination of the Neck:

Injury of Veins and Arteries

**VESSELS are the MOST
IMPORTANT PART, not the
trachea, the laryngeal
cartilage, or the hyoid bone.
Especially NOT the hyoid
bone.**

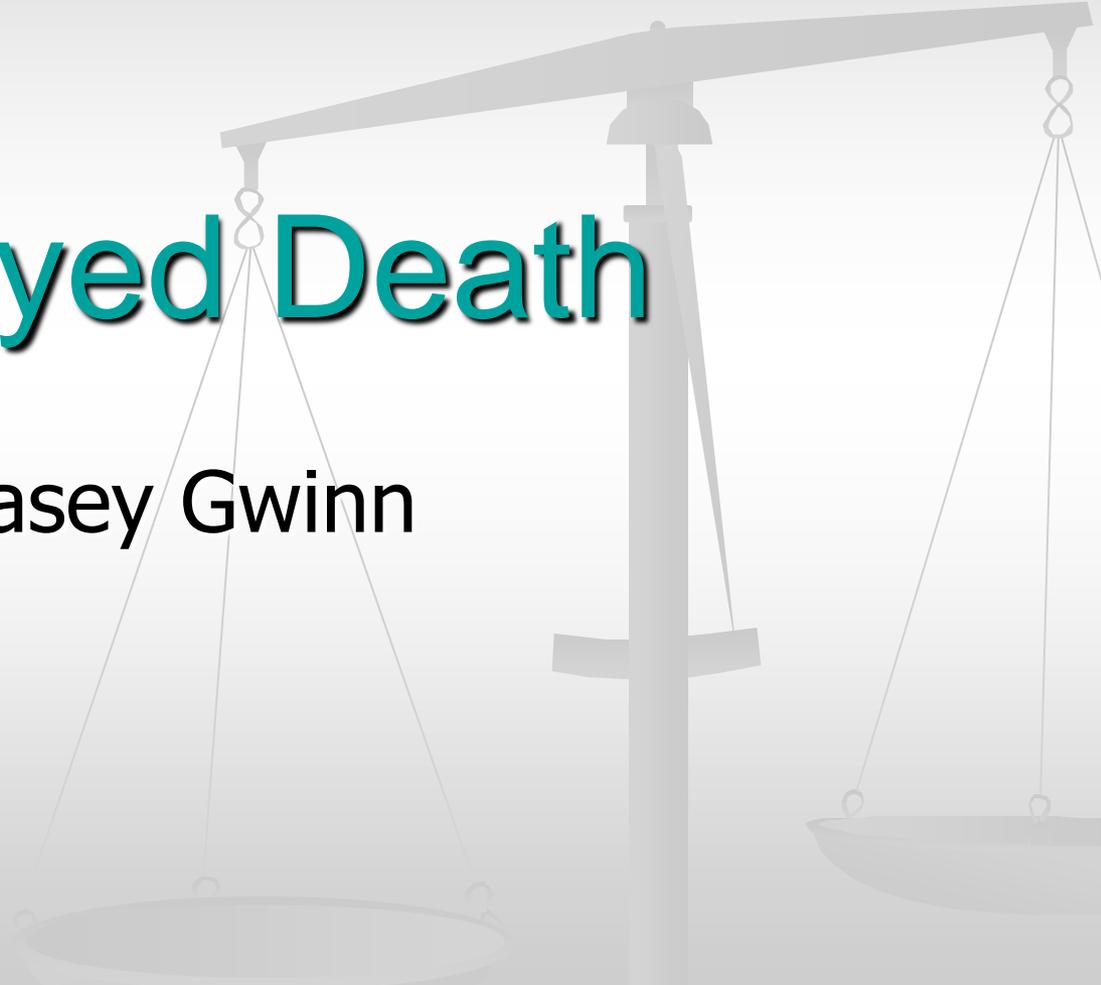
**Exact Anatomic
Location of
Applied Force**

**Quantity of
Applied Force**



**Duration of
Applied Force**

**Surface Area
Of
Applied Force**



Delayed Death

Casey Gwinn

If Not Death, Vegetative State

- On occasion, instead of immediate death, cerebral hypoxia results in a vegetative state causing death on a later date.
- An Uncommon Delayed Sequela After Pressure on the Neck: An Autopsy Case Report by Dayapala, Samarasekera, and Jayasena, www.amjforensicmedicine.com

For victim of strangulation, life poses endless battle

May 4, 2013 , By R. Sujatha, R. Sivaraman | 1 comment



On Friday, Chief Minister Jayalalithaa gave Subashree's family a cheque for Rs. 5 lakh. Her son (left) was 18-months-old when she was attacked.

Brain Death

Corrections
Officer
declared
brain dead
following

strangulation -
kotanow.com- Scottsbluff
Area ...

Kota

A Corrections Officer has been declared brain dead, and a 15-year-old inmate is facing possible attempted murder charges, following an early ...



- Four explanations:
- Cerebral damage caused by arterial obstruction which stops blood flow to the brain;
- Cerebral hypoxemia provoked by congestion of the brain vessels due to venous blood flow return obstruction, which is related to pressure on the jugular veins;
- Asphyxia due to obstruction pressure on the larynx;
- Cardiac dysrhythmia by pressure on the CA node nerve (carotid body reflex) causing cardiac arrest.

If not vegetative, some form of brain injury, delayed death or carotid dissection

Baby Died 3 Weeks Later

Hawks.

She appeared in court Wednesday, clenching her sleeves. She was previous charged in the case with aggravated battery to a child.

Investigators say the DeKalb boy bit Breuer's chest while she held him, prompting her to squeeze his neck for more than 10 minutes in late April. The boy's mother was sleeping nearby.

He died more than three weeks later from a brain injury at Rockford Memorial Hospital.

It wasn't immediately clear if Breuer had a lawyer. She remains in jail on \$2.5 million bond

Wife Died 3 Days later

Husband faces homicide charge after wife dies

Jan. 10, 2013 | Comments

A A



SLEEPY HOLLOW — A man accused of choking his wife Saturday is facing homicide charges after she died Wednesday, authorities said.

Theresa Gorski, 47, was taken off life support

Wednesday afternoon at Phelps Memorial Hospital Center.

Christopher Howson, 49, who was charged with second-degree attempted murder and first-degree strangulation, will now face a homicide charge, authorities said. He is being held in the Westchester County jail.

Howson, hands cuffed behind his back, made no comment during his brief appearance Monday. He was returned to

Written by
Shawn Cohen

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News
Westchester County,
New York

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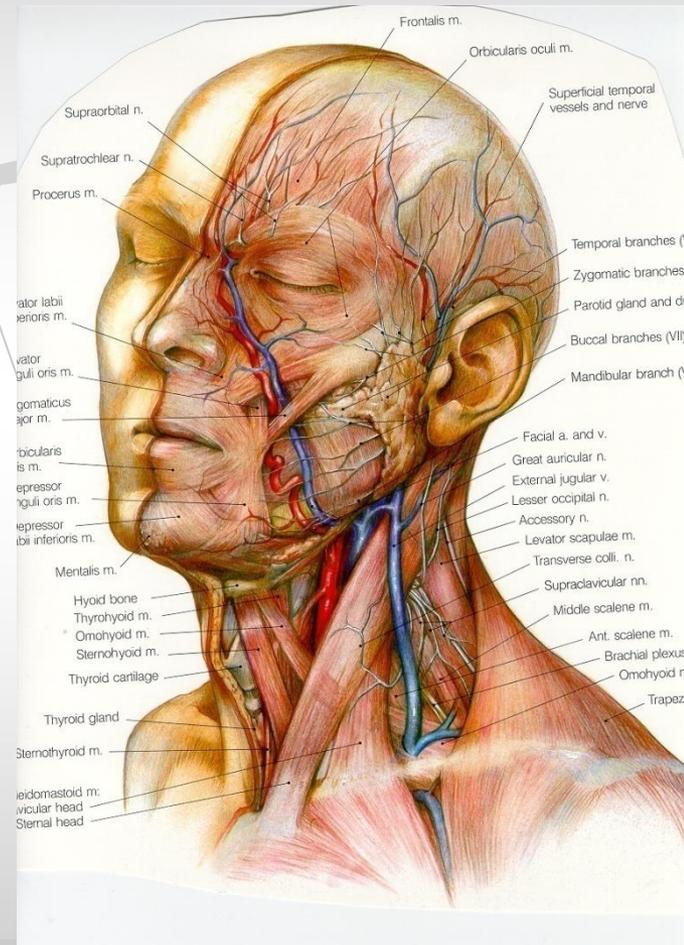
- 1 One-car crash on Central Park Avenue in Yonkers kills man
- 2 6 charged with DWI in Westchester, Rockland, Putnam
- 3 5 school districts face crucial 2nd votes on budgets
- 4 2 Rye officers hurt saving man, 50, during carbon monoxide rescue
- 5 Mahopac restaurant fire quickly doused

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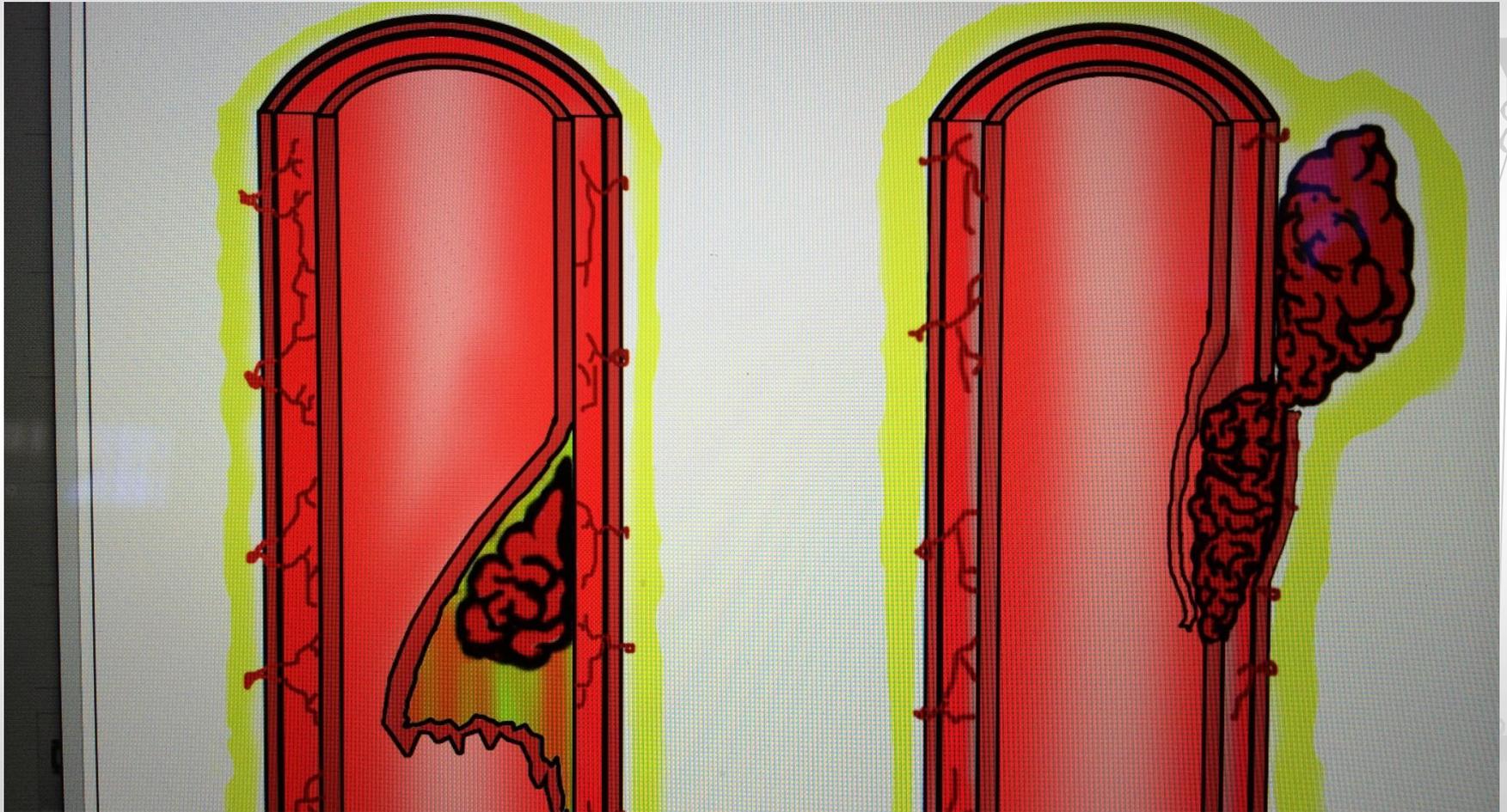
Internal/External Signs

“A Strangled Wife” Lancet 1999 Apr 17;353(9161):1324
Malek AM, Higashida RT, Phatouros CC, Halback VV.

- Cryptogenic strokes among young women
 - Carotid dissection
 - Jugular vein thrombosis
- Maybe connected to prior strangulation



Carotid Dissection



Understanding Traumatized Victims & What They Are Experiencing



Neuroscience and Victim Behavior

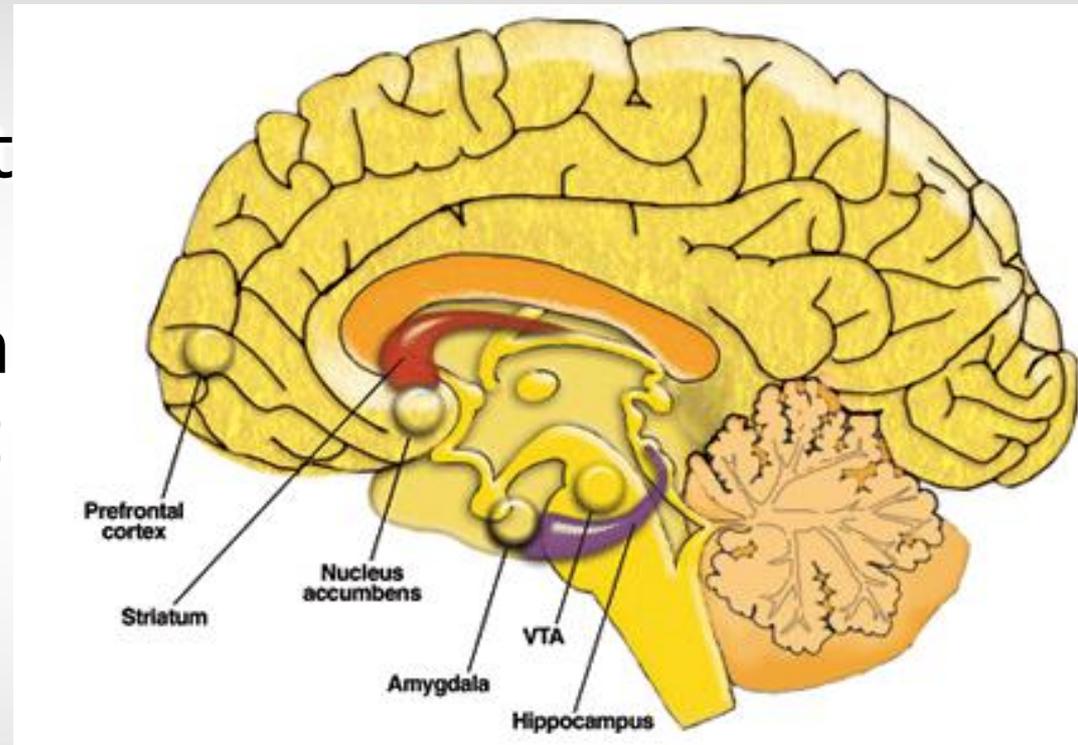
Credit: David Lisak, PhD



<http://www.davidlisak.com/biography/>

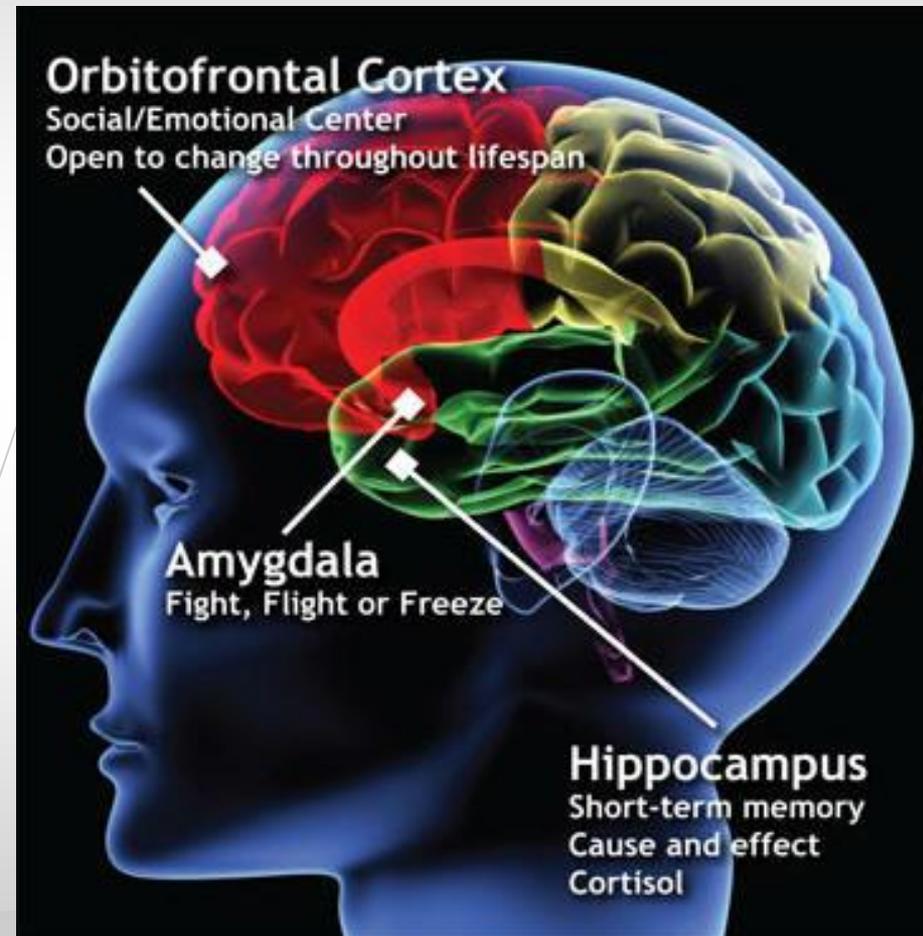
The Neurobiology of Traumatic Experiences

- Loss of pre-frontal regulation (we don't think well)
- Bottom up attention (focus only on what threatens us)
- Emotional reflexes (amygdala takes over)

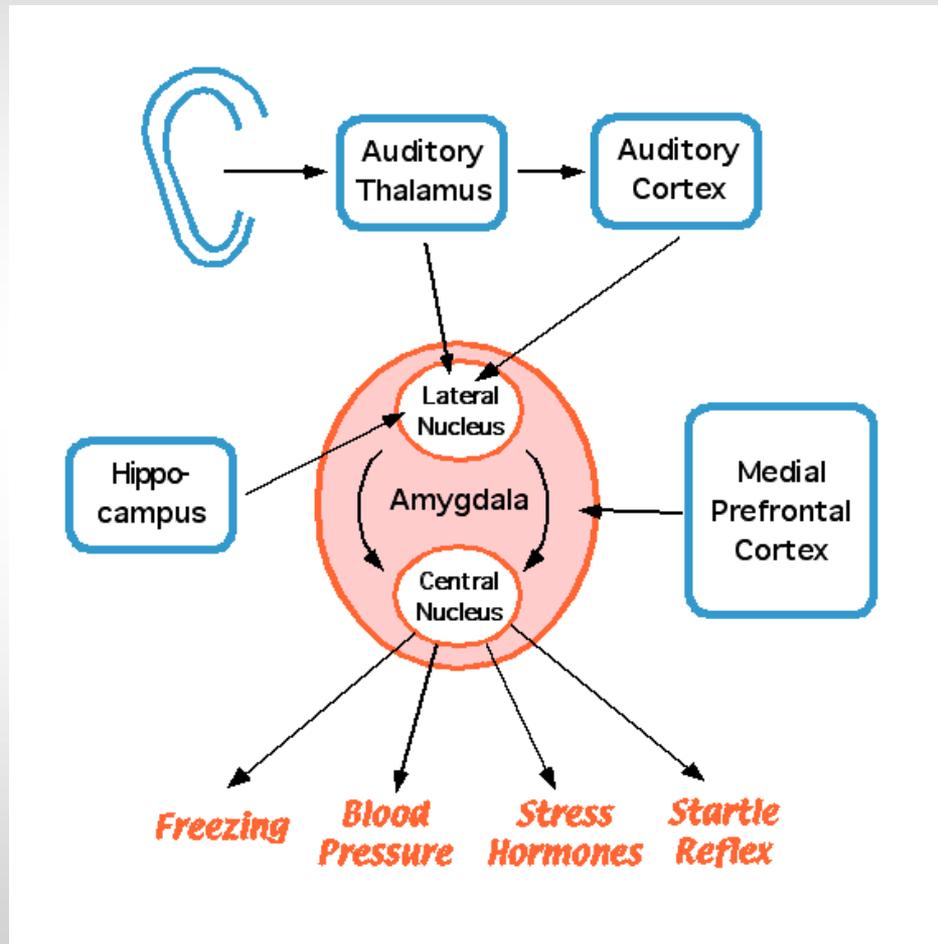


Impact of Trauma on Memory

- Amygdala activated
- Stress hormones are released
- Functioning of hippocampus impeded



Amygdala



Body's Reaction to Trauma

- Fight, Flight or Freeze
- Tonic Immobility or “rape-induced paralysis”
 - Uncontrollable
 - Mammalian response to survive
 - Happens in near-death situations

Stages of Death

pavtn.net

Training for **officers by officers.**

INVESTIGATING STRANGULATION

Help

Signs and Symptoms | VICTIM MINDSET

Disbelief

Victim cannot believe their air or blood supply is being stopped.

Realization

The victim realizes they are losing air and/or blood supply, often their thoughts are of survival, their family or children.

Primal

Victim fights with whatever means they have available to them to get air and/or blood flow back.

Resignation

The victim gives up, feeling they can do nothing and go limp.



STAGES of
STRANGULATION



PAUSE/PLAY



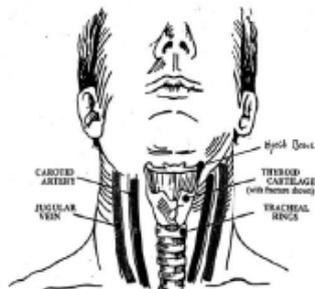
Back

Continue >

Victim Brochure 2

Strangulation has only recently been identified as one of the most lethal forms of domestic violence: **unconsciousness may occur within seconds and death within minutes.** When domestic violence perpetrators choke (strangle) their victims, not only is this a felonious assault, but it may be an attempted homicide. Strangulation is an *ultimate form of power and control*, where the batterer can demonstrate control over the victim's next breath; having devastating psychological effects or a potentially fatal outcome.

Sober and conscious victims of strangulation will first feel terror and severe pain. *If strangulation persists, unconsciousness will follow.* Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant, and frequently also producing injury on the face or hands to their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault.



Losing Consciousness

Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.

Very little pressure on both the carotid arteries and/or veins for ten seconds is necessary to cause unconsciousness. However, if the pressure is immediately released, consciousness will be regained within ten seconds. To completely close off the trachea (windpipe), three times as much pressure (33 lbs.) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.

Observing Changes

Observation of the changes in these signs over time can greatly facilitate determination of the nature and scope of internal damage produced

during the assault, and lend credibility to witness accounts of the force and duration of the assault.

Documentation by photographs sequentially for a period of days after the assault is very helpful in establishing a journal of physical evidence.

Victims should also seek medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, light headedness, headache, involuntary urination and/or defecation.

Although most victims may suffer no visible injuries whatsoever and many fully recover from being strangled, all victims, especially pregnant victims, should be encouraged to seek immediate medical attention. A medical evaluation may be crucial in detecting internal injuries and saving a life.

Use face and neck diagrams to mark visible injuries:



Victim Impact Statements

- One woman revealed that she still *"doesn't feel safe, has bad dreams,"* that *"the incident has made her suicidal, and she strongly desires justice."*
- *Another victim told the judge about "how the husband I loved tried to murder me. My spirit was broken with the abuse...I kept all the violence a secret...my children are deeply affected."*

Use of Risk Assessment Tools



Gael Strack

DA Assessment is available by App from the One Love Foundation

DOMESTIC VIOLENCE: App offers 20 questions to assess risk



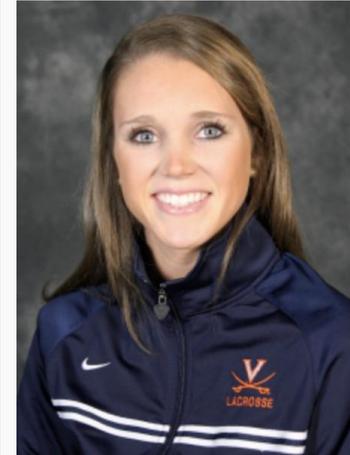
Posted: Oct 08, 2013 8:15 PM PDT
Updated: Nov 05, 2013 8:15 PM PST

posted by [Shelby Capacio - email](#)
video report by [Scott Wasserman - bio](#) | [email](#)



There are plenty of helpful apps that promise to boost personal safety, but a

Murder of Yeardeley Love



Date	May 3, 2010
Location	222 14th Street, Charlottesville, Virginia, USA
Coordinates	38.035568°N 78.498778°W
Cause	Blunt force trauma
Deaths	Yeardeley Love
Burial	Baltimore, Maryland
Suspect(s)	George Wesley Hugueley V
Charges	First degree murder, felony murder, robbery of a residence, burglary, entering a house with an intent to commit a felony, grand larceny
Verdict	Guilty, sentenced to 23 years in prison (release date of 2029)

Dr. Jackie Campbell's Danger Assessment Tool

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN
 Copyright 2004 Johns Hopkins University, School of Nursing
www.dangerassessment.org

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. Has the physical violence increased in severity or frequency over the past year? |
| _____ | _____ | 2. Does he own a gun? |
| _____ | _____ | 3. Have you left him after living together during the past year?
3a. (If have never lived with him, check here: _____) |
| _____ | _____ | 4. Is he unemployed? |
| _____ | _____ | 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
5a. (If yes, was the weapon a gun? _____) |
| _____ | _____ | 6. Does he threaten to kill you? |
| _____ | _____ | 7. Has he avoided being arrested for domestic violence? |
| _____ | _____ | 8. Do you have a child that is not his? |
| _____ | _____ | 9. Has he ever forced you to have sex when you did not wish to do so? |
| _____ | _____ | 10. Does he ever try to choke you? |
| _____ | _____ | 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures. |
| _____ | _____ | 12. Is he an alcoholic or problem drinker? |
| _____ | _____ | 13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car)?
(If he tries, but you do not let him, check here: _____) |
| _____ | _____ | 14. Is he violently and constantly jealous of you?
(For instance, does he say "If I can't have you, no one can.") |
| _____ | _____ | 15. Have you ever been beaten by him while you were pregnant?
(If you have never been pregnant by him, check here: _____) |
| _____ | _____ | 16. Has he ever threatened or tried to commit suicide? |
| _____ | _____ | 17. Does he threaten to harm your children? |
| _____ | _____ | 18. Do you believe he is capable of killing you? |
| _____ | _____ | 19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to? |
| _____ | _____ | 20. Have you ever threatened or tried to commit suicide? |

Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN
 Copyright 2004 Johns Hopkins University, School of Nursing
 Corrections to calendar scale 2/3/2010

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

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4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage, choking
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

www.dangerassessment.org

Court Tool

Judicial Guide to Domestic Violence Risk Factors

Risk Factor	What to Look For	Legal Context
Context of Violence	<ul style="list-style-type: none"> Was this the first time that something like this happened? If not, what happened before? How long ago? What was the worst or most serious thing that happened? Medical treatment needed? Has the physical violence increased in frequency or severity over the past year? Is there a recent loss of employment? Is the respondent a veteran? Is there a history of substance abuse or mental health concerns? 	See esp. F.C.A.Sec. 842: medical costs can be allocated as per §828(h); substance abuse/mental health programs can be ordered under §842(g).
Criminal and Family Court History	<ul style="list-style-type: none"> Criminal and Family Court check, OP registry, SORA Pending or prior Orders for Protection Pending order of Support 	§814 provides for comm. bet. crime and civil; prior orders are relevant under §827
Relationship Status	<ul style="list-style-type: none"> When did the relationship begin? When did it end? Where does each party live? Did they live together, if so when? Are they recently separated? 	§828 allows court to order support on TOP which can be critical after recent separation; can also order rent
Firearms/ Weapons	<ul style="list-style-type: none"> Does respondent have access to a firearm or weapon? Is there a firearm or weapon in the home? Has the respondent ever used or threatened to use a weapon against the petitioner 	§842-a includes firearms restrictions
Strangulation	<ul style="list-style-type: none"> Has respondent ever attempted to strangle or choke the petitioner? 	Obstruction of breathing, PL §121.11/12/13
Threats to Kill	<ul style="list-style-type: none"> Has respondent ever threatened to or tried to kill the petitioner? 	Harassment, §240.20/25/30
Sexual Violence	<ul style="list-style-type: none"> Has respondent forced the petitioner to have sex? 	Sexual misconduct, §130.20/52/55/60
Controlling Behavior	<ul style="list-style-type: none"> Does respondent try to control most or all of petitioner's daily activities? Is respondent constantly or violently jealous? Who has access to bank accounts, the car, etc.? 	Stalking §120.45-60
Stalking	<ul style="list-style-type: none"> Does the respondent repeatedly call, text, or email the petitioner? Send unwanted gifts or other items to the petitioner? Monitor petitioner's phone calls, computer use, or social media? Use technology, like hidden cameras or global positioning systems (GPS), to track the petitioner? Drive by or hang out at the petitioner's home, school, or work? Follow or show up wherever the petitioner is? 	Stalking §120.45-60
Petitioner Belief	<ul style="list-style-type: none"> Does the petitioner believe that the respondent will re-assault or attempt to kill the petitioner? 	§812(b) Purpose of protective order is to stop the violence
Children	<ul style="list-style-type: none"> Has there been direct physical abuse? Threats to harm children? Child sexual abuse? What is the biological relationship of respondent and children? Where children present during the incident? Have the children witnessed violence between the parties? 	§842(b)(c) and following: court may limit access or custody on OP; <i>Annie C. v. Marcellus W.</i> , court may include child as protected party on OP
Safety Planning	<ul style="list-style-type: none"> Are there safety measures in place? Petitioner service referral? Is the petitioner eligible for an attorney? 	§821-a requires court to inform petitioner of right to attorney; §844 covers modification



New 2014 Study from Victims Seeking Protection Orders

- Method of Strangulation: Manual 100%
 - Two hands – 38%
 - Victims approached from the front – 79%
- Location: Bedroom 33% - Bed (MFA)
- How Long: less than 30 seconds - 39%
- Suffocation Involved – 66%
- Unable to breathe – 69%
- How much pressure – Severe (7,8,9) 48%

2014 Study from Victims Seeking Protection Orders

- What did you think was going to happen?
 - “I thought I was going to die”
- How did it stop?
 - “Because he was calming down”
- **Call Police? Yes – 62%**
- Seek medical attention? Yes – 21%
- Is your breathing any different now?
 - Difficulty breathing – 37%

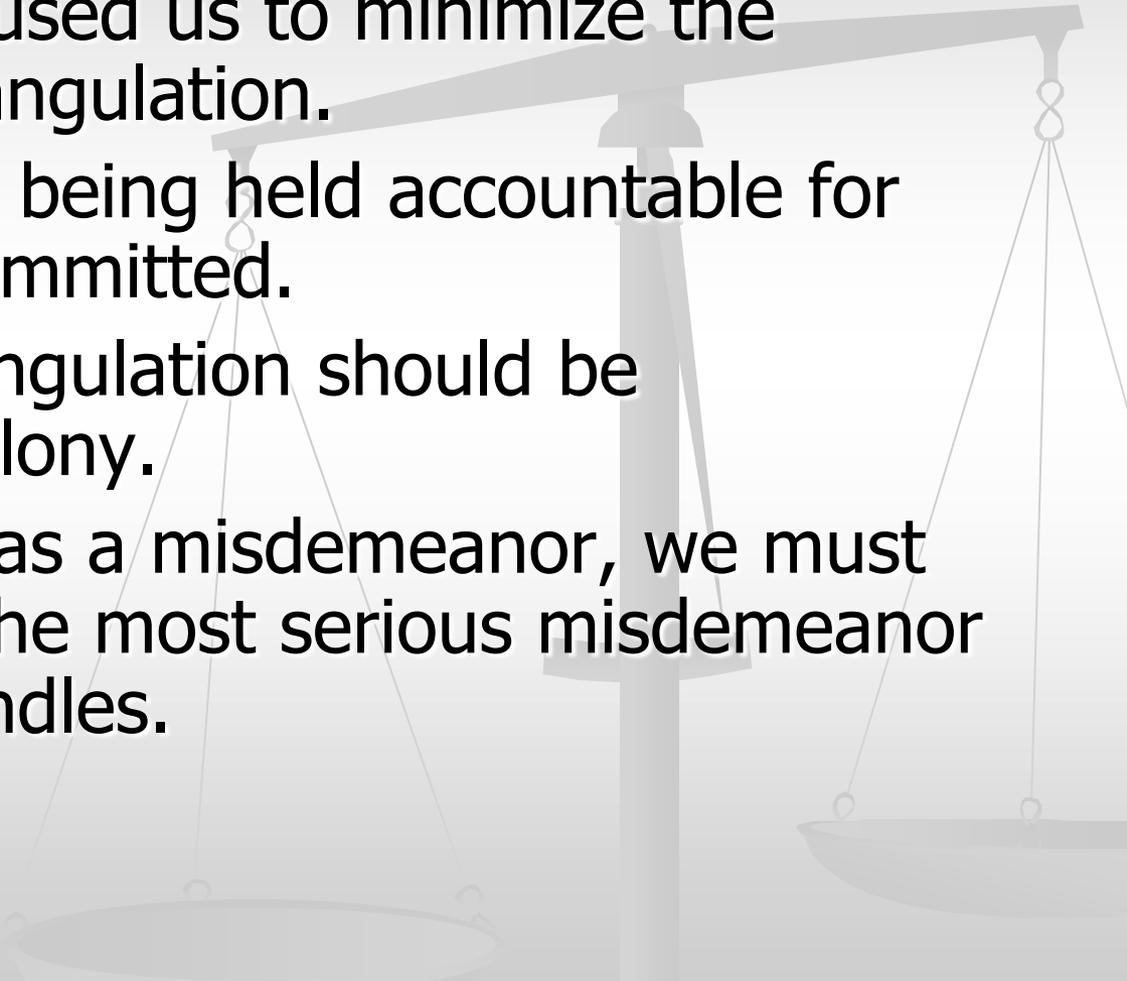
2014 Study from Victims Seeking Protection Orders

- Does your voice sound different?
 - **Yes – 45%**; Coughing/Gagging 22.%
 - “Needs water to eat because food not going down throat”
- Trouble swallowing? **Yes – 44%**
- Loss of consciousness? Yes – 16%
- Loss of bodily functions?
 - **Urination (42%); Defecation (17%); Cannot Remember (41.7%)**

2014 Study from Victims Seeking Protection Orders

- What did you experience?
 - **Headaches (28%)**; Dizziness (18%); Shaking/Seizure (12%); Weakness (12%)
Visual changes (8%); Difficulty walking (7%)
- What have you experienced since?
 - Restlessness (26%); Agitation (17%); Amnesia (12%); Combativeness (12%); PTSD (6%)
Hallucinations (2%)

Significant Findings:



- Lack of injuries caused us to minimize the seriousness of strangulation.
- Suspects were not being held accountable for the crimes they committed.
- An attempted strangulation should be prosecuted as a felony.
- When prosecuted as a misdemeanor, we must treat it as one of the most serious misdemeanor case our office handles.

How to Find our Materials



Casey Gwinn

Strangulationtraininginstitute.org



STRANGULATION TRAINING
INSTITUTE

WHAT WE DO

RESOURCES

TRAINING

IMPACT OF STRANGULATION CRIMES



Updates

**US Department of Justice
Funds National
Strangulation Training Institute**

**Domestic Violence
Strangulation Law
Passed in California!**

**Investigating Strangulation
Online Course**

Free On Line Training for the First Responder

The screenshot shows the website's navigation structure. At the top, there is a dark brown header with four buttons: "Home", "About Us", "Media", and "Join". Below this is a large white banner with the text "Training Institute on Strangulation Prevention" in purple. Underneath the banner is a purple navigation bar with five buttons: "WHAT WE DO", "RESOURCES", "TRAINING", "IMPACT OF STRANGULATION CRIMES", and an unlabeled button. The main content area is divided into two columns. The left column is titled "Training" and contains three links: "Upcoming and Recent Trainings", "Online Strangulation Training" (highlighted in a dark grey box), and "Training Tracker". The right column is titled "INVESTIGATING STRANGULATION TRAINING" and features a video player. The video player has a black background with the "pavtn.net" logo in the top left corner and the text "INVESTIGATING STRANGULATION" in the top right corner. The video content shows a police officer in uniform standing next to a text box. The text box is titled "Introduction | STRANGULATION—OBJECTIVES" and contains the following text: "This module will enhance your response to calls involving strangulation by providing methods to:" followed by a bulleted list: "• Explain the dangers of strangulation", "• Recognize the various signs and symptoms of strangulation", "• Apply victim interview questions to your investigation of strangulation", and "• Identify and implement the actions to help a strangulation victim". The video player also has a "Back" button on the left and a "Continue" button on the right.

Home About Us Media Join

Training Institute on Strangulation Prevention

WHAT WE DO RESOURCES TRAINING IMPACT OF STRANGULATION CRIMES

Training

- ▶ Upcoming and Recent Trainings
- Online Strangulation Training**
- ▶ Training Tracker

INVESTIGATING STRANGULATION TRAINING

pavtn.net INVESTIGATING STRANGULATION Help
Training for officers by officers.

Introduction | STRANGULATION—OBJECTIVES

This module will enhance your response to calls involving strangulation by providing methods to:

- Explain the dangers of strangulation
- Recognize the various signs and symptoms of strangulation
- Apply victim interview questions to your investigation of strangulation
- Identify and implement the actions to help a strangulation victim

Back Continue

FAUSEPLAY

To view the Investigating Strangulation Course, click [here](#).

To take the Investigating Strangulation test, click [here](#).

Thanks to pavtn.net for providing this training.

Family Justice Center Alliance



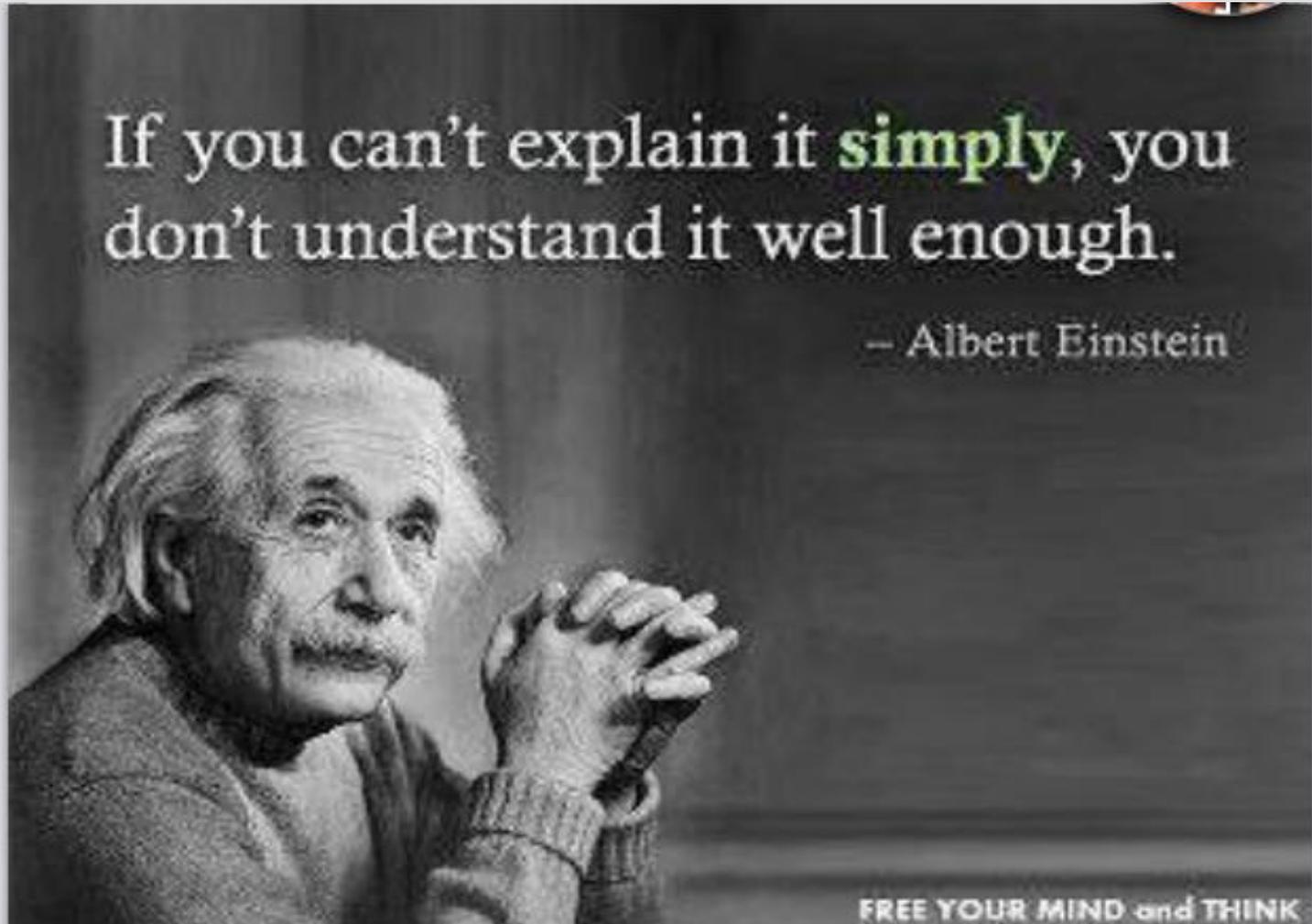
An aerial photograph of a resort island. The island is surrounded by a large body of blue water. In the foreground, there is a sandy beach and a cluster of buildings, likely the Paradise Point Hotel and Spa. The island is lush with greenery and palm trees. In the background, a golf course is visible, and further back, a city and hills can be seen under a clear sky.

SAVE THE DATE!

**15th Annual International
Family Justice Conference**

Join Us:
April 21-23, 2015
Paradise Point Hotel and Spa
San Diego, CA

Any Questions?



If you can't explain it **simply**, you don't understand it well enough.

– Albert Einstein

FREE YOUR MIND and THINK

How to Reach Us:

■ casey@nfjca.org



■ gael@nfjca.org





Gael B. Strack, JD
Chief Executive Officer and Co-Founder
Family Justice Center Alliance
gael@nfjca.org or 760-445-3559
Biographical Information

Gael B. Strack is the Chief Executive Officer and Co-Founder of the Family Justice Center Alliance which provides technical assistance to over 100 existing and pending Family Justice Centers across the world (www.familyjusticecenter.com). Gael also oversees the Training Institute on Strangulation Prevention, launched in 2011, which provides specialized training and consulting services to professionals on the identification, documentation and prosecution of non-fatal strangulation cases (www.strangulationtraininginstitute.com).

Prior to this position, Gael served as the Director of the San Diego Family Justice Center from October 2002 through May 2007. In that capacity, she worked closely with 25 on-site agencies (government and non-profit) who came together in 2002 to provide services to victims of domestic violence and their children from one location. The San Diego Family Justice Center was featured on Oprah in January 2003, recognized as a model program by President Bush in October 2003 and was the inspiration for the President's Family Justice Center Initiative which launched 15 Centers across the nation.

Prior to her work at the Family Justice Center, Gael was a domestic violence prosecutor for 17 years at the San Diego City Attorney's Office. She joined the office in 1987 and served in many capacities including an Assistant City Attorney for former City Attorney Casey Gwinn and Head Deputy City Attorney responsible for the Child Abuse and Domestic Violence Unit. Gael has also worked as a deputy public defender and a deputy county counsel for the San Diego County Counsel's office handling juvenile dependency matters. She graduated from Western State College of Law in December 1985.

Gael is a former board member of the California Partnership to End Domestic Violence, past President of the San Diego Domestic Violence Council and former commissioner of the ABA's Commission on Domestic Violence. In her spare time, Gael is an adjunct law professor for California Western School of Law teaching "Domestic Violence and the Law." Gael has been honored with numerous awards, including San Diego Attorney of the Year for 2006 and most recently by United States Attorney General Eric Holder as the 2010 Recipient of the National Crime Victim Service Award for Professional Innovation in Victim Services.

Gael has also co-authored a series of strangulation articles in the Journal of Emergency Medicine, the National College of District Attorney's Practical Prosecutor, and the Journal of the California Dental Association. Gael has co-authored five books with Casey Gwinn, JD, on the Family Justice Center movement including a Guide to Co-Located Services in the Middle East and in Mexico. Gael has also co-authored a book with Judi Adams, called "The Big Girls Club – Little Girl Rules for the Big Girl Workplace" which describes the ten rules of friendship that can help women thrive and succeed in the changing workplace.



Casey Gwinn, JD
President
Family Justice Center Alliance
Phone: (888) 511-3522
Casey@nfjca.org

Casey Gwinn, J.D. serves as the President of the National Family Justice Center Alliance. Casey has been recognized by *The American Lawyer* magazine as one of the top 45 public lawyers in America.

Casey served for eight years as the elected City Attorney of San Diego from 1996 to 2004. Prior to entering elected office, Casey founded City Attorney's Child Abuse and Domestic Violence Unit, leading the Unit from 1986 to 1996 – prosecuting both misdemeanor and felony cases. In 1993, the National Council of Juvenile and Family Court Judges recognized his Child Abuse/Domestic Violence Unit as the model domestic violence prosecution unit in the nation. During Casey's tenure, the Unit's work was honored for playing a major role in the 90 percent drop in domestic violence homicides in the City of San Diego over the last twenty years. San Diego now has the lowest domestic violence homicide rate of any major city in the nation. In 1986, Casey co-founded the San Diego Task Force on Domestic Violence. In 1991, he founded the San Diego Domestic Violence Council.

In 2002, Casey saw his vision of a comprehensive, "one stop shop" for services to victims of family violence become a reality in San Diego. In partnership with former San Diego Police Chief David Bejarano and current Chief Bill Lansdowne, he led the effort to open the nationally acclaimed San Diego Family Justice Center. The Family Justice Center opened its doors in downtown San Diego on October 10, 2002.

In January, 2003, Casey and the San Diego Family Justice Center were profiled on the Oprah Winfrey Show as leading the way for other communities in its coordinated approach to co-locating services for victims of domestic violence, child abuse, elder abuse, and sexual assault. In October, 2003, President George W. Bush announced a national initiative to begin creating Family Justice Centers across the country and asked Casey to provide leadership to the effort. Casey currently oversees a national technical assistance team that supports all existing and developing Family Justice Centers in the United States and around the world, speaks in communities across America, and provides leadership to the YWCA of San Diego County.

Casey also serves on the Board of the YWCA of San Diego County which manages the Becky's House shelter, transitional, and affordable housing programs for victims of

domestic violence and their children and programs for homeless women and families, legal services for domestic violence victims, after school programs, a city school for children housed in shelter, and other social service and support programs for women and children. He is currently focused on assisting in redeveloping the YWCA's historic downtown building at 10th and C to create a unique 55,000 square foot building full of services for women, children, and families.

Casey has served on the U.S. Attorney General's National Advisory Committee on Violence Against Women and the American Bar Association Commission on Domestic Violence. He chaired the California Attorney General's Task Force on Domestic Violence (See the report at www.safestart.org). He also served on the congressionally created Department of Defense task force, studying the handling of family violence throughout the Department of Defense. He has authored a host of articles on domestic violence and has authored two books on the Family Justice Center movement and co-authored two more. The first book entitled "Hope for Hurting Families" calls for the creation of Family Justice Centers across America to help hurting and violent families. His second book, co-authored with Gael Strack, was released in April 2007, "Hope for Hurting Families II: How to Start a Family Justice Center in Your Community." The first two books are available at www.familyjusticecenter.org. Gael and Casey authored a third on-line book, published in Arabic, focused on developing co-located service centers in the Middle East (www.familyjusticecenter.org/ebook). Casey's newest book, "Dream Big: A Simple, Complicated Idea to Stop Family Violence" was published in 2010 by Wheatmark and is available at www.amazon.com and many other retail outlets.

Casey has received many local and national awards, including the L. Anthony Sutin Civic Imagination Finalist Award, Stephen L. Lewis Lecturer of Merit Award from the National College of District Attorneys, the San Diego Domestic Violence Council's Lifetime Achievement Award, the Women's International Living Legacy Award, the Men's Leadership Forum Hometown Hero Award, Sharp Healthcare's Excellence in Education Award, the San Diego Press Club's Diogenes Award, the San Diego Mediation Center's Peacemaker Award, the San Diego Ecumenical Council's Christian Unity Award, Lifetime Television's Times Square Salute Award, Advocate of the Year Award presented on Disability Independence Day from the disabled community in San Diego, the California Peace Prize from the California Wellness Foundation, New York's Abely Award for Leading Women and Children to Safety, and the Avon Foundation's Community Advocate of the Year Award.

One of Casey's great personal passions is Camp HOPE, the unique camping initiative he founded at the San Diego Family Justice Center. Camp HOPE is the first specialized camp in America focused exclusively on children exposed to domestic violence.

Casey and his wife, Beth, have three grown children: Kelly; Karianne; and Chris.

Casey is an honors graduate of Stanford University and UCLA School of Law.