



# FIRST RESPONDERS TO THE LAST WARNING SHOT: THE CRITICAL ROLE OF DISPATCHERS IN NON-FATAL STRANGULATION CASES



Gael Strack, CEO, Alliance for HOPE International

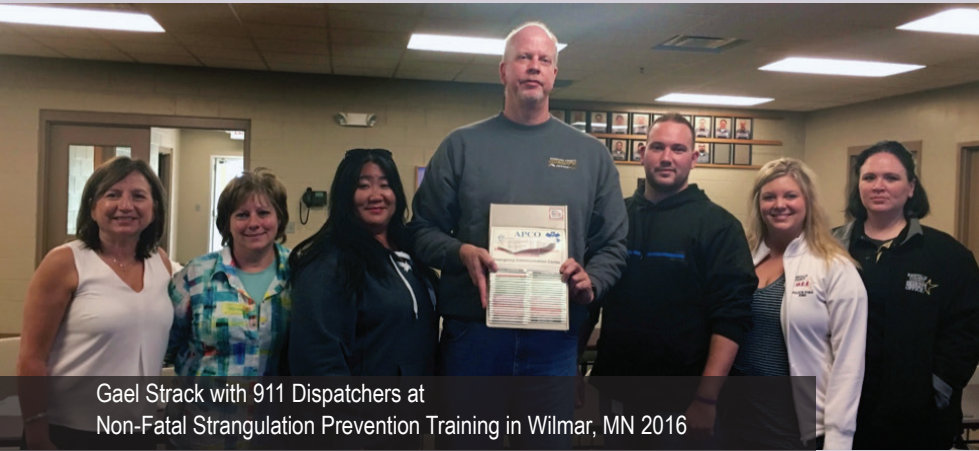
Casey Gwinn, President, Alliance for HOPE International

Sarah Sherman Julien, Program Manager, Training Institute on Strangulation Prevention

Yesenia Aceves, Graphic Designer, Alliance for HOPE International

*This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.*

## DISPATCHERS: THE TRUE FIRST RESPONDERS



Gael Strack with 911 Dispatchers at Non-Fatal Strangulation Prevention Training in Wilmar, MN 2016

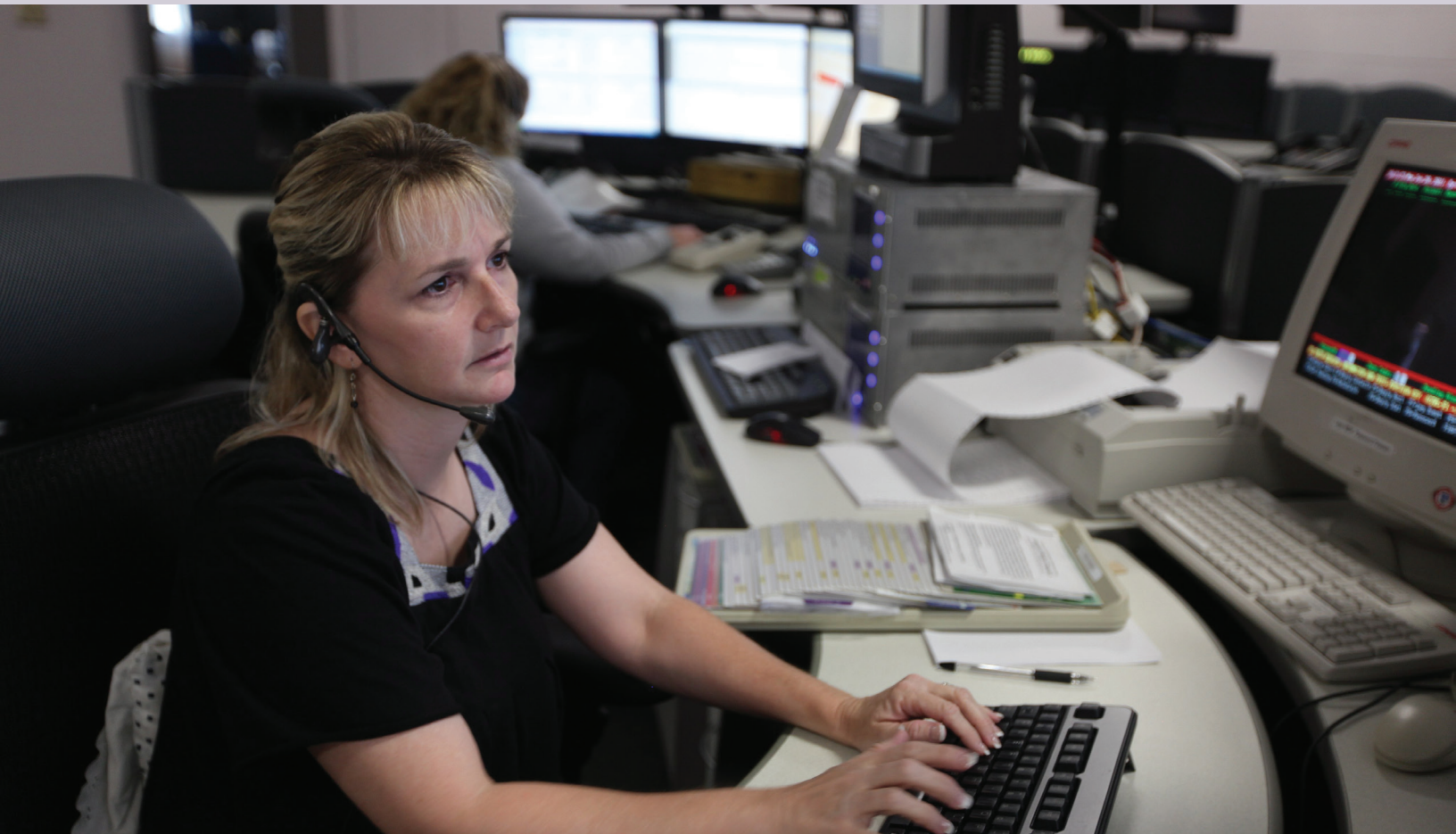
**T**he Training Institute on Strangulation Prevention is a program of Alliance for HOPE International that provides the most current and up-to-date curriculum on strangulation crimes from a multi-disciplinary perspective.

**W**e are honored to provide a chapter for dispatchers, the true first responders.

**D**ispatchers work evenings, weekends, and holidays – often working long shifts. They have to respond quickly and calmly in alarming and horrific situations. They tend to be underpaid and underappreciated. Yet they play such a vital role in the handling of domestic violence calls. According to the Bureau of Labor Statistics, there are approximately 102,000 public safety telecommunicators in the United States.

**D**ispatchers are often the pathway to the safety of victims, children, and officers. 911 dispatchers can make the difference between life or death situations.

**I**t is our hope that you will share this chapter with dispatchers and also extend your appreciation for the significant role they play in handling 911 calls.



## Kyle's Tape

In San Diego, California, 40% of 911 calls are domestic violence related. Here is an excerpt from a call from 9-year old Kyle reporting to police that his mother was being beaten and strangled. [Listen to the full call here.](#)

**911:** Caller what is your Emergency?

**Caller:** My dad is beating my mom.

**911:** What is your name?

**Caller:** Kyle

**911:** How old are you?

**Caller:** Nine

**911:** Does your dad have any weapons at all?

**Caller:** No

**911:** Where is your mom right now?

**Caller:** They are fighting right now in the other room.

**911:** Like the living room or bedroom?

**Caller:** They were in the living room just a minute ago.

**911:** Could you stay on the phone with me Kyle until we get the police there?

**Caller:** Sure. My father doesn't want to leave. My mom wants him to leave but he doesn't want to. I saw him kick her. He grabbed her. He almost broke her neck. He's done this before. I've called the police a couple of other times, long times ago.

**911:** When you say he almost broke her neck, was he choking her?

**Caller:** Yeah. Well, not choking her, but he was grabbing her really hard and hitting her.

**911:** Was that around her neck?

**Caller:** Yeah. Around her neck, he didn't it on her hand and he hurt her.

**911:** Do you know if you father has been drinking or using any drugs?

**Caller:** No. Not really. No. Mom says she's going to press charges.

**911:** Ok.

**Caller:** How long until the police get here?

**911:** They are driving there now. They are trying to get there as fast as they can. Just stay on the phone. You are doing really good. You have a lot of information for me. It really helps a lot. It helps us get officers out there really fast.

## 911 Tapes Win Cases

The case involving Kyle never went to trial. The Defendant plead guilty once he heard the 911 tape from his stepson, Kyle. Kyle's mother recanted and refused to testify against her husband. If it wasn't for the quick and calm thinking of our San Diego Dispatcher, the case may not have been provable.

We use the Kyle Tape for training to show the impact of domestic violence on children, how to prove cases without the victim's testimony, and the important role dispatchers play in answering 911 calls. In most jurisdictions, some portion of 911 calls are admissible as an exception to the hearsay rule through spontaneous or contemporaneous statements or contemporaneous statements ([Davis v. Washington](#), 2005).

Prosecutors across the United States routinely win domestic violence cases with a thorough investigation and a 911 tape – even without the victim's testimony. Why? **911 tapes are powerful.** 911 tapes are the microphone into a domestic violence home. They record, spontaneously or contemporaneously, the painful and raw emotions of victims, children, family members, friends, neighbors or strangers. They offer compelling evidence and corroboration of violent crimes such as non-fatal strangulation.



## Need for Training on Non-Fatal Strangulation

**T**raining dispatchers about the medical signs and symptoms of non-fatal strangulation cases is critical. A great webinar to watch is “[What Paramedics Need To Know About Strangulation](#)” with Dr. Ralph Riviello. This webinar was originally designed for paramedics but it is also perfect for any front-line professional. (See 2017 Study on [Identification of Nonfatal Strangulation by 911 Dispatchers](#), Reckdenwalk, Nordham, Pritchard and Francis). We know that victims often minimize being strangled or may not remember being strangled or suffocated. Lack of oxygen to the brain can prevent the brain from creating memories. The trauma of being strangled alone can cause memories to be jumbled as the victim is trying to survive with a **fight (to stay alive)**, **flight (to escape the assault)**, or **freeze (from terror)** response.

**A**s a result, strangulation can be easily missed by well-meaning dispatchers and patrol officers, especially since most law enforcement protocols on domestic violence today don’t address how dispatchers should handle domestic violence or sexual assault 911 calls involving strangulation and/ or suffocation.

**T**raining for dispatchers is further complicated by the fact that dispatchers tend to be located off-site, often at some mysterious and confidential location. They are isolated from other disciplines. As such, they can easily be forgotten and unintentionally not invited to training.

**Y**et, dispatchers need the same training as any professional working on domestic violence, child abuse, sexual assault or elder abuse cases, maybe even more so, given the utter volume of 911 calls on any given day in any city in America. There is no doubt that dispatchers are handling hundreds and thousands of calls from terrified victims of violent crimes. They are also experiencing trauma themselves.

## Vicarious Trauma

**I**n a [2012 Study](#) from the National Center on Domestic Violence, Trauma and Mental Health, it was determined that domestic violence calls caused dispatchers the most fear and the most stress. Participants in the study were asked whether they had received certain calls and whether they had experienced fear, helplessness or horror in reaction to calls. Domestic violence calls were among the most common type of call received with nearly all (95.3%) survey respondents reporting that they had received these calls.

**F**eelings of fear, helplessness, or horror cause vicarious trauma. We all know that trauma without mitigation can cause burnout and tremendous turnover. But trauma can also be mitigated in many ways, including training and gratitude. The International Association of Chiefs of Police (IACP) created a [Vicarious Trauma Toolkit](#) to raise awareness around the importance of officer mental wellness and provides corresponding resources to help officers and dispatchers.

## Training is Available

**W**ith training, dispatchers can understand the trauma they and 911 callers are experiencing. Dispatchers can play an important role in assessing the traumatized and strangled victim for life-threatening injuries. They can ask important questions related to victim safety, officer safety, injuries, and determine if there is a medical emergency that necessitates that paramedics be immediately dispatched to the residence.

**F**rom the protocols the Institute has reviewed, we have found that most protocols include a question about injuries but often fail to ask specific follow-up questions about non-fatal strangulation assaults.

**T**o help fill this gap, the Training Institute has developed training for dispatchers and questions to ask 911 callers. To find out more, please contact Sarah Sherman Julien at [sarah@allianceforhope.com](mailto:sarah@allianceforhope.com).



# SIGNS AND SYMPTOMS OF NON-FATAL STRANGULATION

The Institute has also created a toolkit of resources for dispatchers and officers, provided below. Here are some highlights from our favorite materials:

## Recognizing Signs of Strangulation - Modified from [Praxis International's 2H Training Memo](#)

### *Why is it important for call takers to recognize signs of strangulation?*

- Abused victims are generally traumatized and may not remember everything that happened to them.
- Recognize that it may be difficult for the caller to understand questions and communicate clearly.
- A lack of oxygen to the brain will impact a victim's ability to record information or remember what happened.
- Individuals who strangle women are more likely to be involved in other crimes including assaults on officers and others.
- Strangulation is associated with an increased risk of lethality. A victim who is strangled even one time is 750% more likely to be killed by her abuser.
- The victim may be terrified to even call 911 for help.
- Dispatchers play a critical role in a safety-oriented response for victims, witnesses, family members, neighbors, paramedics and officers.
- Help determine the nature of the emergency and the correct priority response.
- Strangulation may cause life-threatening injuries such difficulty breathing, swelling to the neck or narrowing of the airway, difficulty swallowing, oxygen deprivation, vision changes, hearing changes, petechiae, internal bleeding, loss of consciousness causing urination or defecation which requires medical attention.
- In addition to the consequences of strangulation, the victim may be pregnant and also require immediate medical attention.
- Provide accurate information to the responding officer about events at the scene, including the signs and symptoms of strangulation.
- Understand caller's need for reassurance, police assistance, personal safety, safety for others and medical assistance.

### *What is involved?*

Because 911 callers may not remember what happened or understand the life-threatening danger of strangulation and/or suffocation, dispatchers need to be attentive to signs and symptoms of strangulation. Listen carefully to how the caller sounds and communicates. Is there any:

- Difficulty speaking
- Raspy or hoarse voice
- Difficulty breathing, literally "out of breath" or "gasping for air" or hyperventilating
- Difficulty swallowing
- Coughing
- Difficulty hearing
- Difficulty understanding or a delayed response
- Sounds frightened or panicky
- Complaints of weakness, numbness or difficulty moving arms or legs



## PROTOCOLS AND QUESTIONS TO ASK

Once it is determined the caller may have been strangled and/or suffocated, here are some questions to ask (Modified from [IACP's Domestic Violence Policy](#)):



Gael Strack trained San Diego 911 Dispatchers on Non-Fatal Strangulation Prevention Training in 2017

### Questions for Dispatchers to Use with 911 Callers

- Did anyone apply any pressure to your neck by any means?
- Did anyone try to prevent you from breathing, talking or screaming for help?
- Do you have any current pain or discomfort?
  - Where, and to what extent?
- Have you noticed any changes in your voice or speech?
- Any visual or hearing changes?
- Are you having difficulty speaking or breathing now?
- Did you feel faint or dizzy?
- Do you think you may have passed out?
- Are you having any trouble with your balance or coordination?
- Did you urinate or defecate?
- Did you vomit or feel nauseous?
- Are you pregnant? (If victim is a female)

IACP also recommends that **officers should always summon EMS** if (1) the victim requests medical attention (whether the officer believes EMS should be summoned or not) or (2) **if it appears that strangulation has occurred.**

The 2017 [San Diego County Strangulation Protocol](#) states, "Strangulation, regardless of whether visible injuries are initially apparent, should be treated as a serious condition. Paramedics may need to be requested and medical evaluation should be strongly encouraged." On pages 6-7, there is a section just for dispatchers.

California POST has developed an excellent 8-hour domestic violence course, which includes non-fatal strangulation. For a copy for a course description and a topical outline to train your dispatchers, you can contact Detective Mike Agnew (Ret.) at [magnew341@att.net](mailto:magnew341@att.net), from the Fresno Police Department. Please also consider inviting your dispatchers to local trainings and sharing the following resources with them.



# RESOURCES FOR DISPATCHERS

- [New Study on 911 and Strangulation](#)
- IACP, [Response to Violence Against Women](#)
- IACP, [Domestic Violence Policy](#), Revised 2006
- IACP, [On Scene Response video](#)
- 2017 [San Diego Protocol on Strangulation](#)
- [Strangulation Assessment Card](#)
- [Signs and Symptoms \(Esperanza\)](#)
- [30-minute online course](#) for law enforcement
- Best 8-min video on [Trauma and the Brain](#)

- Fresno PD: [Quick Reference Guide Brochure](#)
- [Advisal for CA Penal Code Section 13701\(I\)](#)
- 90-minute [webinar on medical signs and symptoms of strangulation](#): Dr. Ralph Rivello
- [2012 Study](#) - Dispatchers Frequently Experience Trauma in Response to DV Calls
- IACP, [Vicarious Trauma Toolkit](#)
- [Praxis Training Memo on Recognizing Signs](#)
- [Praxis Blueprint Chapter 2 – 911 Emergency Communications Center](#)

## Featured Resource

The Strangulation Assessment Card was inspired by paramedics from the San Diego Fire Department. After attending the Advanced Course on Strangulation Prevention, Joe Russo, Daniel Bebee, and Mitch Mendler drafted a tool paramedics could use to assess the strangled victim/patient. The tool was then modified and reviewed by survivors, faculty, and staff from the Alliance.

The Strangulation Assessment Card is a small tool designed to help first responders, including dispatchers, quickly determine the signs and

symptoms of strangulation by keeping it handy in their front pockets. It is currently being used by patrol officers to determine when to call the paramedics and used by paramedics to evaluate when the strangled victim should be transported.

It is also a tool any professional can give to strangled victims to assess their own injuries, especially hours after being strangled. And if the victim needs to seek subsequent medical attention, the victim can share the Strangulation Assessment Card with medical providers to alert them her strangulation assault and the imaging recommendations from the Medical Advisors of the Training Institute.

STRANGULATION ASSESSMENT CARD			
SIGNS	SYMPTOMS	CHECKLIST	TRANSPORT
<ul style="list-style-type: none"> <li>• Red eyes or spots (Petechiaie)</li> <li>• Neck swelling</li> <li>• Nausea or vomiting</li> <li>• Unsteady</li> <li>• Loss or lapse of memory</li> <li>• Urinated</li> <li>• Defecated</li> <li>• Possible loss of consciousness</li> <li>• Ptosis – droopy eyelid</li> <li>• Droopy face</li> <li>• Seizure</li> <li>• Tongue injury</li> <li>• Lip injury</li> <li>• Mental status changes</li> <li>• Voice changes</li> </ul>	<ul style="list-style-type: none"> <li>• Neck pain</li> <li>• Jaw pain</li> <li>• Scalp pain (from hair pulling)</li> <li>• Sore throat</li> <li>• Difficulty breathing</li> <li>• Difficulty swallowing</li> <li>• Vision changes (spots, tunnel vision, flashing lights)</li> <li>• Hearing changes</li> <li>• Light headedness</li> <li>• Headache</li> <li>• Weakness or numbness to arms or legs</li> <li>• Voice changes</li> </ul>	<p><b>S Scene &amp; Safety.</b> Take in the scene. Make sure you and the victim are safe.</p> <p><b>T Trauma.</b> The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?</p> <p><b>R Reassure &amp; Resources.</b> Reassure the victim that help is available and provide resources.</p> <p><b>A Assess.</b> Assess the victim for signs and symptoms of strangulation and TBI.</p> <p><b>N Notes.</b> Document your observations. Put victim statements in quotes.</p> <p><b>G Give.</b> Give the victim an advisal about delayed consequences.</p> <p><b>L Loss of Consciousness.</b> Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?</p> <p><b>E Encourage.</b> Encourage medical attention or transport if life-threatening injuries exist.</p>	<p>If the victim is <b>Pregnant</b> or has life-threatening injuries which include:</p> <ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• Difficulty swallowing</li> <li>• Petechial hemorrhage</li> <li>• Vision changes</li> <li>• Loss of consciousness</li> <li>• Urinated</li> <li>• Defecated</li> </ul> <p><b>DELAYED CONSEQUENCES</b></p> <p>Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.</p> <p><small>Taliaferro, E., Hawley, D., McClane, G.E. &amp; Strack, G. (2009). Strangulation in Intimate Partner Violence. <i>Intimate Partner Violence: A Health-Based Perspective</i>. Oxford University Press, Inc.</small></p> <p><small>This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.</small></p>



## GRATITUDE

In addition to training, another way to mitigate trauma is gratitude. In 1991, Congress introduced “[National Public Safety Telecommunication Week](#)” (NPSTW). It is held during the second week of April. Plan now to share your gratitude for your local dispatcher in April. Here is a [sample proclamation](#).

[NPSTW.org](#) celebrates NPSTW all year long. Submit your stories to their regular feature “From the Frontline.” Get staff recognition ideas

and follow their twitter page [@APCOIntl](#) for the latest training events and stories.

After 43 years, Sergeant Dispatcher Irma Young from Marksville, LA retired from the only in-house dispatcher position. The Marksville City Police Department threw her a [surprise retirement party](#) and honored her service to the community.

Sgt. Irma Young and the Marksville PD.



Let's salute dispatchers everywhere. Let them know how grateful we are for their service, their compassion and ability to stay calm under the most stressful situations. Let's thank them for being the lifeline to many victims and helping to keep our officers safe.

Thank you for your commitment to this lifesaving work.