

Bail and Release Review Commission

Final Report



Office of the Governor
200 West Washington Street, Room 206
Indianapolis, Indiana 46204

October 29, 2025

Members of the Commission

Sen. Aaron Freeman

Co-Chairperson
Indiana Senate

Rep. Chris Jeter

Co-Chairperson
Indiana House of Representatives

Daniel Glass

Director, Public Safety Division
State Budget Agency

Justice Christopher Goff

Indiana Supreme Court

Sen. Rodney Pol

Indiana Senate

Judge Mark Spitzer

Grant Circuit Court
Indiana Judges Association

Rep. Matt Pierce

Indiana House of Representatives

Jarrold Holtsclaw

Greene Co. Prosecuting Attorney
Indiana Prosecuting Attorneys Council

Philip Lashutka

Deputy General Counsel
Office of the Governor

Betsy Baxter

Director of Victim Services
Madison County Prosecutor's Office

Al Williamson

Indiana State Police

Zach Stock

Legislative Council
Indiana Public Defenders Council

Lloyd Arnold

Commissioner
Indiana Department of Corrections

Daniel L. Mawhorr

Adams County Sheriff
Indiana Sheriffs Association

Howard Simms

Division of Mental Health & Addiction
Family and Social Services Administration

Larry Hesson

Indiana Association of Counties

The Commission was staffed by the Office of the Governor.

INTRODUCTION

Senate Joint Resolution 1 [SJR 1] passed both chambers in 2023. If passed again and ratified by voters, the Indiana Constitution would be amended in the following manner:

Current language:

Article 1, Section 17. Offenses, other than murder or treason, shall be bailable by sufficient sureties. Murder or treason shall not be bailable, when the proof is evident, or the presumption strong.

SJR 1 proposed change [in bold]:

Article 1, Section 17. Offenses, other than murder or treason, shall be bailable by sufficient sureties, **unless the accused poses a substantial risk to any other person or the community.** Murder or treason shall not be bailable when the proof is evident, or the presumption strong. **An offense other than murder or treason shall not be bailable if:**

- (1) the proof is evident or the presumption strong; and**
- (2) the state proves by clear and convincing evidence that no release conditions will reasonably protect the safety of any other person or the community.**

STATUTORY DIRECTIVE

The Bail and Release Review Commission was established by SEA 70 (2024), codified at IC 5-2-25. Indiana Code section 5-2-25-2 provides the following:

The bail and release review commission is established as a temporary executive branch commission to do the following:

- (1) Review data concerning the effect of bail reform measures on public safety, including violent crime and recidivism.
- (2) Review data concerning the effectiveness of pretrial release measures in ensuring a defendant's court appearance.
- (3) Review data concerning the effectiveness of pretrial release reform efforts in Indiana.
- (4) Review the effect of pretrial detention on defendants.
- (5) Review bail schedules and practices used statewide.
- (6) Review the effectiveness of bail and release measures used in other states.
- (7) Before November 1 of each year, issue a report containing its findings and recommendations to:
 - (A) the governor; and
 - (B) the legislative council.

The report to the legislative council must be in an electronic format under IC 5-14-6.

SUMMARY OF THE COMMISSION’S WORK

The Committee met two times during 2025: on October 1, 2025, in the State House, Indianapolis at 9:00 a.m. and October 29, 2025, in the State House, Indianapolis, at 9:00 a.m. A quorum was present at each meeting.

At the October 1 meeting, the Commission heard public testimony from the following:

Presentation 1

Jarrold D. Holtsclaw

Prosecuting Attorney – 63rd Judicial Circuit (Greene County)
Indiana Prosecuting Attorneys Council

Mr. Holtsclaw presented IPAC’s proposal for a statutory framework implementing preventive detention for violent or high-risk offenders, emphasizing judicial discretion, public safety, and harmonized definitions of violent crimes. A copy of Mr. Holtsclaw’s PowerPoint presentation can be found in Exhibit 1 attached to this Report.

Presentation 2

Zach Stock

Legislative Council
Indiana Public Defenders Council

Mr. Stock proposed due process protections for preventive detention hearings, including prompt hearings, right to counsel, the opportunity to present and cross-examine witnesses, and written findings. IPDC cautioned against reliance on cash bail and encouraged data-driven pretrial detention. A copy of this Presentation can be found in Exhibit 2 attached to this Report.

Presentation 3

Chris Biehn

Director of Justice Services
Indiana Office of Court Services

Judge Mark Spitzer

Grant Circuit Court
Indiana Judges Association

Mr. Biehn and Judge Spitzer, representing the Indiana Judges Association, argued bail system reforms were necessary due to limited jail space, trial delays, constitutional constraints, and the presumption of innocence. IJA asserted that cash bail often leads to inequitable outcomes and unintended consequences for those unable to pay. IJA also argued pretrial services and supervised release are a viable alternative. A copy of this Presentation can be found in Exhibit 3 attached to this Report.

In between the two meetings, the Commission received the following written submissions:

Exhibit 4: Indiana Prosecuting Attorneys Council Recommended Findings

Exhibit 5: Indiana Public Defenders Council Recommended Statutory Language

Exhibit 6: Joint Letter from 28 Indiana Trial Court Judges re: Opposition to Cashless Bail and Support for the Preventive Detention Constitutional Amendment

Exhibit 7: Letter from Judge David N. Riggins, Shelby Superior Court 2 re: Comments on the Preventive Detention Constitutional Amendment

Exhibit 8: Submission from Commissioner Betsy Baxter

At the October 29 meeting, Commissioner Judge Mark Spitzer clarified his presentation from the first meeting in light of the Joint Letter from 28 Trial Court Judges. A written version of his oral comments can be found in Exhibit 9 attached to this Report.

COMMISSION RECOMMENDATIONS

1. The Indiana General Assembly is encouraged to consider a statutory framework for preventive detention hearings consistent with SJR 1, incorporating both public safety and due process protections, for implementation in the event that SJR 1 is ratified.
2. The Indiana General Assembly should harmonize definitions of “crimes of violence” across Indiana statutes to promote clarity for pretrial release purposes.
3. Any implementing legislation should include victim-safety considerations, clear evidentiary standards, due process protections, and judicial discretion.
4. The Commission recommends continued study of pretrial release data, jail population trends, and outcomes related to crimes of violence and repeat violent offenders.

FINAL COMMISSION VOTE

At the October 29, 2025, meeting, the Commission unanimously adopted this report by consent. Senator Pol was not present for the vote. Justice Goff abstained.

Exhibit 1
Indiana Prosecuting Attorneys Council
Presentation

Senate Joint Resolution 1: *Implementing Language*

Jarrod D. Holtsclaw
Prosecuting Attorney
63rd Judicial Circuit (Greene County)

October 2025



The Amendment

Bail Reform's Second Step

Bail Reform's Second Step

- Senate Joint Resolution 1 (2023)
-

Bail Reform's Second Step

- Senate Joint Resolution 1 (2023)
 - Variance from current law

Bail Reform's Second Step

- 2025 Legislative Session



Bail Reform's Second Step

Implementing Language

Implementing Language

A proposal

Three Key Sections

Amend IC 35-33-8-2

New IC 35-33-8-3.7

Amend IC 35-33-8-3.8

Amend IC 35-33-8-2

Finding	Burden
Proof is evident or the presumption strong	Preponderance of the Evidence
Poses substantial risk...	Clear and Convincing Evidence
No release conditions will protect...	Clear and Convincing Evidence

SECTION 1. IC 35-33-8-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2027]: Sec. 2. **(a)** Murder is not bailable if the state proves by a preponderance of the evidence that the proof is evident or the presumption strong.

(b) Offenses other than murder are not bailable if the state proves at a hearing described in IC 35-33-8-3.7:

(1) by a preponderance of the evidence that the proof is evident or the presumption strong for the charged offense(s); and

(2) by clear and convincing evidence that:

(A) the arrestee poses a substantial risk to the safety of any other person or the community; and

(B) no conditions of release will reasonably protect the safety of any other person or the community.

(c) In all other cases, offenses are bailable.

Three Key Sections

Amend IC 35-33-8-2

New IC 35-33-8-3.7

Amend IC 35-33-8-3.8

New IC 35-33-8-3.7

1. Motion by the State or by the court itself
-

SECTION 2. IC 35-33-8-3.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2027]: Sec. 3.7. **(a) This section does not apply to a charge of murder. A person charged with murder shall be detained as provided in IC 35-33-8-2.**

(b) For charges other than murder, on motion of the state at or before an initial hearing or on the court's own motion, the court shall hold a hearing to determine whether an arrestee shall be denied bail. The state may request detention of the arrestee at a later date if it files a verified petition alleging the existence of new information that was unknown or unavailable at the time of initial hearing.

New IC 35-33-8-3.7

2. Prompt hearing

(c) A hearing on said motion shall be held as soon as practicable. A continuance requested by the accused may not exceed five (5) days. A continuance requested by the state may not exceed three (3) days.

New IC 35-33-8-3.7

3. Defendant has rights to:

- Counsel
 - Testify
 - Present evidence
 - Cross-examine witnesses
-

(d) At the hearing, the arrestee has the right to be represented by counsel and, if the arrestee is indigent, to have counsel appointed. Except as provided in subsection (e), the arrestee also has the right to testify, to present evidence, and to cross-examine witnesses.

New IC 35-33-8-3.7

3. Defendant has rights to:

- Counsel
 - Testify
 - Present evidence
 - Cross-examine witnesses*
-

(e) An arrestee may compel the victim to testify at a hearing under this section only if the arrestee files a verified petition requesting the victim's presence and the court grants the petition. The court may grant such a petition if the ends of justice so require and if the court finds the arrestee will be materially prejudiced if the victim does not appear. Cross-examination of the witness for the purpose of impeachment is insufficient to compel the presence of the witness. In deciding whether to compel the appearance of the victim, the court shall consider the emotional and physical well-being of the witness.

New IC 35-33-8-3.7

5. Rules of evidence and discovery would not apply for and at the hearing

(f) Rules of evidence and procedure (including those governing discovery) applicable to trials shall not apply to a hearing under this section.

New IC 35-33-8-3.7

6. Being detained without bail pending the hearing does not affect the burden of proof

(g) A court may order a person to be denied bail only if it finds that the proof is evident and the presumption strong on the charged offense(s) and finds by clear and convincing evidence that the arrestee poses a substantial risk to the safety of any other person or the community and no conditions of release will reasonably protect the safety of any other person or the community. If an arrestee was detained without bail after arrest and pending initial hearing, it does not affect the burden of proof at a hearing under this section.

New IC 35-33-8-3.7

7. Court shall consider a whole host of factors

(h) In making a determination of whether to deny bail, a court shall consider

(1) The nature and circumstances of the offense charged, including whether the offense is an offense of violence or involves alcohol or drug abuse;

(2) The weight of the evidence against the accused;

(3) The history and characteristics of the accused, including without limitation:

(A) The character, physical and mental condition, family ties, employment, financial resources, length of residence in the community, community ties, past conduct, history relating to drug or alcohol abuse, and criminal history of the accused;

(B) Whether, at the time of the current alleged offense or at the time of the arrest of the accused, the accused was on probation, parole, community corrections, or release pending trial, sentencing, appeal, or completion of sentence for the commission of an offense under the laws of this state, another state, or the United States.

(4) The nature and seriousness of the danger to any person or the community that would be posed by the person's release.

New IC 35-33-8-3.7

8. Evidence and findings treated similarly to CR 2.6 assessments

(i) No evidence or finding from a hearing under this section is admissible as substantive evidence at a trial concerning the offense(s) for which the hearing was conducted. Such evidence or findings may be admissible as impeachment or in a prosecution for perjury.

(j) If the court determines that an arrestee should not be denied bail, the court shall proceed to set terms of pretrial release for the arrestee in accordance with this chapter.

New IC 35-33-8-3.7

9. Expedited appeal process

(k) An order granting or denying bail pursuant to this section is a final appealable order. The court on appeal shall resolve the appeal expeditiously. The court on appeal shall not reverse, vacate, or otherwise alter an order under this section until both the arrestee and the state have been given the opportunity to brief the issue. The pendency of an appeal does not deprive a trial court of jurisdiction to conduct further proceedings in the case or to reconsider an order granting or denying bail.

New IC 35-33-8-3.7

10. Reconsideration of the Court's Order

(1) A court may reconsider an order granting or denying bail under this section if, at any time before trial, the court is made aware of information that was unknown or unobtainable at the time of a previous hearing and which information has a material bearing on the issue of whether there are conditions of release that will reasonably assure the safety of any other person or the community. The court may order a new hearing under this section upon motion of the state, the arrestee, or on its own motion.

Three Key Sections

Amend IC 35-33-8-2

New IC 35-33-8-3.7

Amend IC 35-33-8-3.8

Amend IC 35-33-8-3.8

SECTION 1. IC 35-33-8-3.8 IS AMENDED TO READ AS FOLLOWS

[EFFECTIVE JANUARY 1, 2027]: Sec. 8. (a) A court shall consider the results of the Indiana pretrial risk assessment system (if available) before setting, ~~or~~ modifying, **or denying** bail for an arrestee.

(b) If the court finds, based on the results of the Indiana pretrial risk assessment system (if available) and other relevant factors, that an arrestee does not present a substantial risk of flight or danger to the arrestee or others, the court shall consider releasing the arrestee without money bail or surety, subject to restrictions and conditions as determined by the court, unless one (1) or more of the following apply:

(1) The arrestee is charged with murder or treason.

(2) The arrestee is on pretrial release not related to the incident that is the basis for the present arrest.

(3) The arrestee is on probation, parole, or other community supervision.

The court is not required to administer an assessment ~~before releasing an arrestee~~ if administering the assessment will delay ~~the arrestee's release~~ **the setting, modifying, or denying bail for an arrestee.**

Exhibit 2
Indiana Public Defenders Council
Presentation

Preventative Detention and Due Process

October 1, 2025



Roadmap

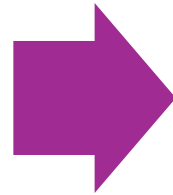
Preventative detention is coming.

What procedures are required to implement?

We give a few additional suggestions.

Constitutional Foundation: The 14th Amendment

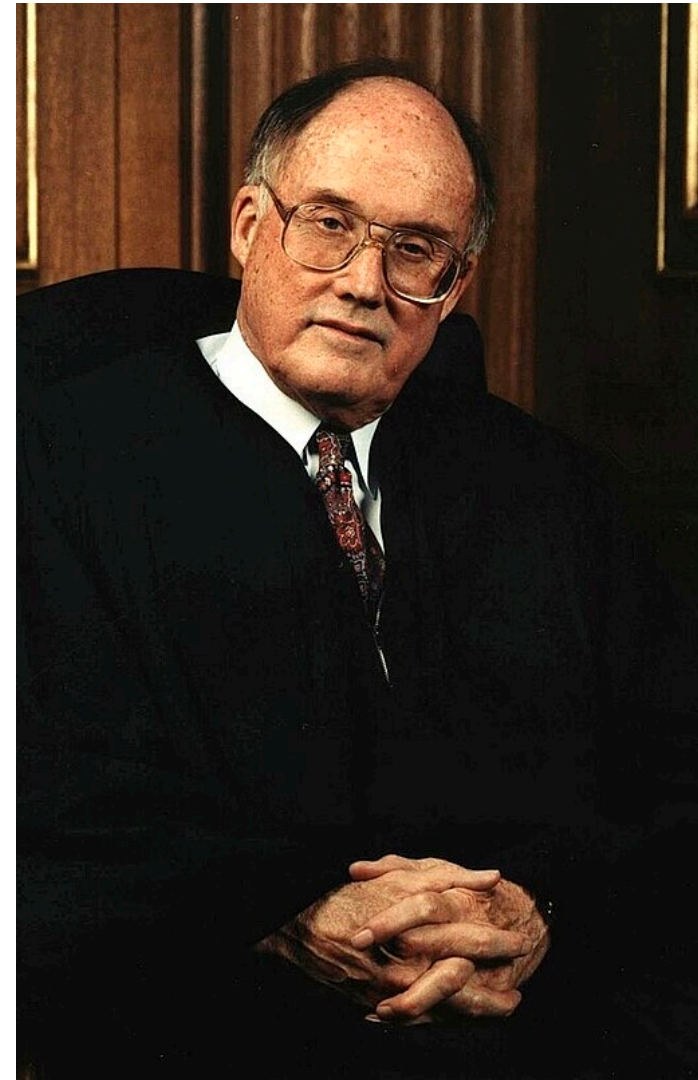
Liberty cannot be
deprived without
due process of law



Due process is
notice, hearing,
and an opportunity
to be heard


“In our society liberty is the norm, and detention prior to trial or without trial is the **carefully limited exception.**”

-- *United States v. Salerno*, 481 U.S. 739 (1987)



Constitutional Summary

Preventive detention is facially valid but **the interest in pretrial liberty is “fundamental.”**



Fundamental liberty interests cannot be deprived without due process.



Therefore, due process protections are required before a person is detained without bail.

Practical Reasons to Act in 2026

A system without rules risks arbitrariness and invites judicially crafted rules



This means litigation, delays, and inconsistent rules across counties.

The Required Procedural Safeguards

Prompt hearing

Right to counsel (appointed if indigent)

Right to present and cross-examine witnesses

Clear and convincing evidence

Written findings and reasons for decisions

Speedy trial protections

Right to appeal

Additional Recommendations

A Brave New World



Preventive
Detention

Ordinary
Pretrial Release

Double Down on Evidence-Based Decisions

Expand IRAS
and IYAS

Continuously
Refine

Create a Progression of Options

No Risk

- “Shall” release without bail

Some Risk

- Impose conditions accordingly

Unreasonable Risk

- Move to preventive detention

Questions?



Zach Stock

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317-234-9503

Exhibit 3
Indiana Office of Court Services & Indiana Judges Association
Presentation

Current Pretrial Practices and Proposed Policy Changes

Indiana Pretrial Outcome and Performance Measures

State Total Case Count

17,569

State Appearance Rate

88.5%

State Public Safety Rate

86.5%

Total Case Count

17,569

Appearance Rate

88.5%

Public Safety Rate

86.5%

Appearance Rate by Risk Level



Public Safety Rate by Risk Level



Appearance Rate by Release Type



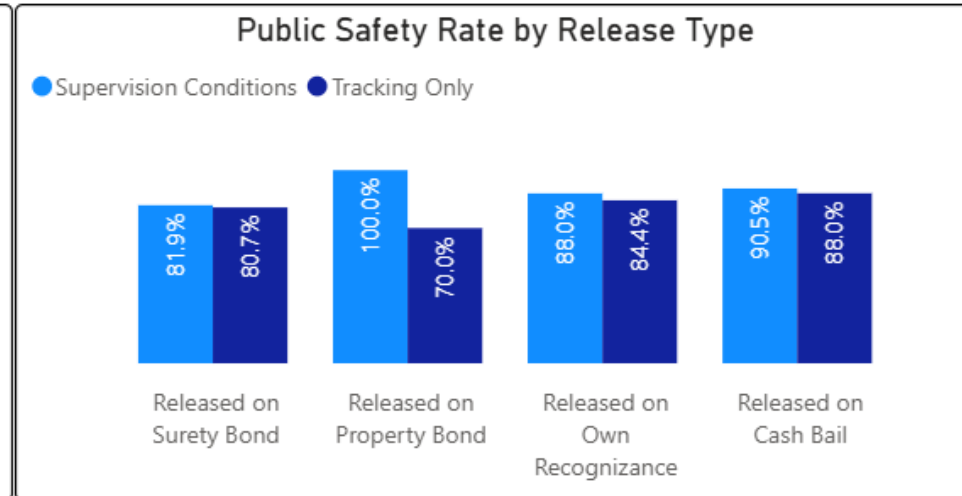
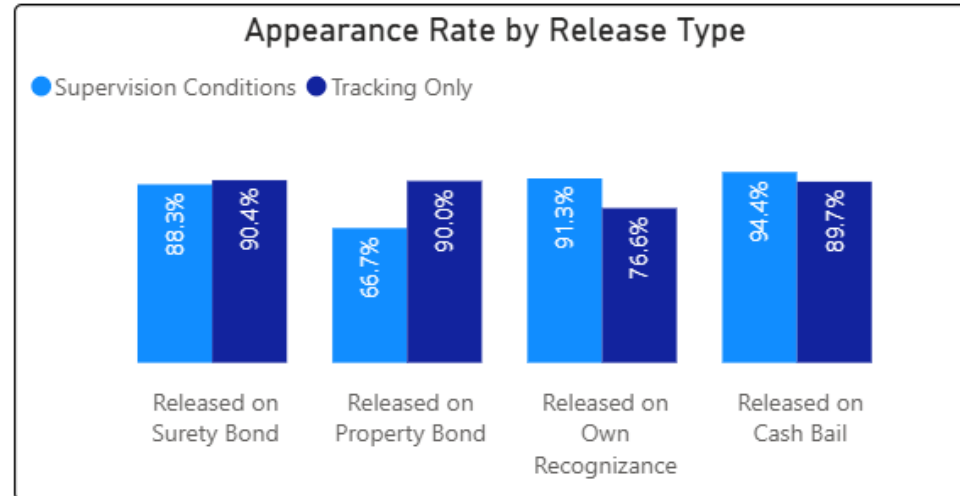
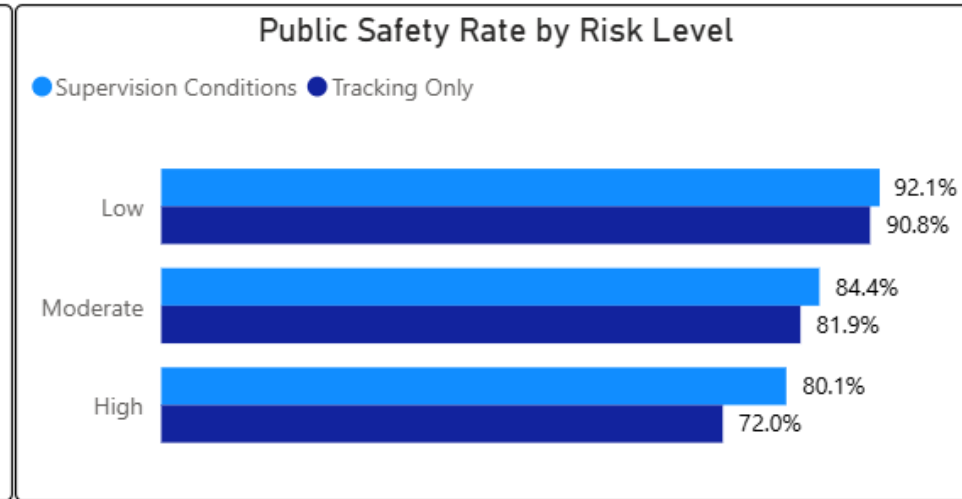
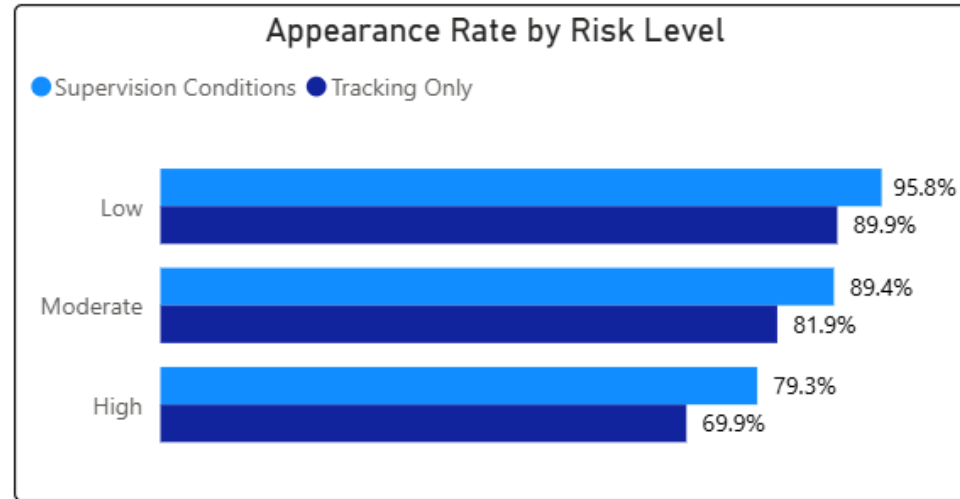
Public Safety Rate by Release Type



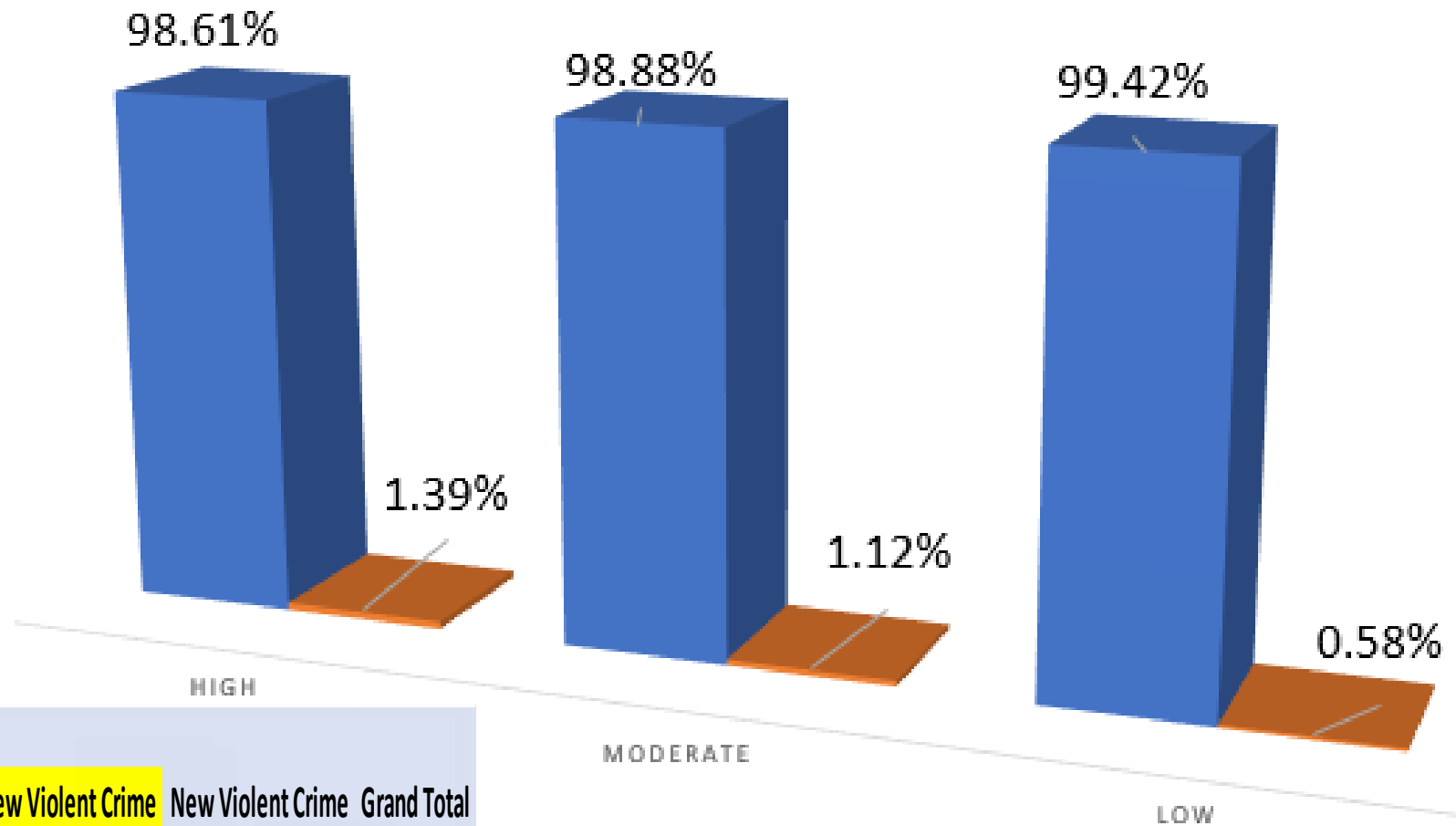
Indiana Pretrial Outcome and Performance Measures

State Total Case Count 17,569	State Appearance Rate 88.5%	State Public Safety Rate 86.5%	State Total Supervision Case Count 9,874	State Total Tracking Case Count 7,695
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Total Case Count 17,569	Appearance Rate 88.5%	Public Safety Rate 86.5%	Total Supervision Case Count 9,874	Total Tracking Case Count 7,695
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NO NEW VIOLENT CRIME RATE



No New Violent Crime Rate			
	No New Violent Crime	New Violent Crime	Grand Total
High	98.61%	1.39%	100.00%
Moderate	98.88%	1.12%	100.00%
Low	99.42%	0.58%	100.00%
Grand Total	99.13%	0.87%	100.00%

■ No New Violent Crime
 ■ New Violent Crime

Number of defendants who were assessed and who are not charged with a new violent offense that occurred during the pretrial stage
 Total number of released pretrial defendants who were assessed

Current Practice-Criminal Rule 2.6

Default: Release without money bond unless substantial risk of flight or danger

Exceptions:

- Murder or treason charges
- Already on pretrial release
- On probation/parole/supervision

Risk Assessment:

- Use evidence-based tools approved by the Office of Judicial Administration
- Court may consider additional relevant information
- Assessment not required if it delays release

Current Practice

Indiana Code § 35-33-8: Bail and bail procedure

35-33-8-3.2 allows a court to set conditions for bail after considering the results of the pretrial risk assessment.

35-33-8-3.8 requires the court to *consider* releasing an arrestee without money bail or surety if the assessment indicates they do not pose a substantial risk of flight or danger. This does not apply if the person is charged with murder or treason, or if they are already on probation, parole, or pretrial release.

Mandatory Minimum Bail for Repeat Violent Offenders



Judicial Discretion



Current practice assesses
each case individually



Implementation
considerations

Procedural Trailing Language for Preventive Detention

Offenses, other than murder or treason, shall be bailable by sufficient sureties unless the accused poses a substantial risk to any other person or the community. Murder or treason shall not be bailable when the proof is evident, or the presumption strong. An offense other than murder or treason shall not be bailable if: (1) the proof is evident or the presumption strong; and (2) the state proves by clear and convincing evidence that no release conditions will reasonably protect the safety of any other person or the community.

Constitutional Amendment Framework:

Allows detention if proof is evident **AND** no conditions protect safety

Required Implementing Legislation:

Core Elements:

- Define bail as release, not money
- Preserve judicial discretion
- Presumption of release for most defendants
- Clear standards of proof

Procedural Safeguards:

- Prompt hearings with counsel representation
- *Jones v. State*: Right to counsel attaches at arrest
- Due process protections throughout the detention process

Statewide Bail Schedule

- Would create uniform bail amounts statewide
- Currently use individualized assessment and risk factors
- Implementation considerations:
 - Limits judicial discretion
 - Economic differences
 - Rural counties face increased jail costs
 - Inconsistent with an evidence-based system
 - Bond type is less important than supervision

Exhibit 4
Indiana Prosecuting Attorneys Council's
Recommended Findings

Subject: Submission for Bail and Release Review Commission
Date: Thursday, October 16, 2025 at 4:24:05 PM Eastern Daylight Time
From: Naylor, Christopher W (Chris)
To: Lashutka, Philip
CC: Jarrod D. Holtsclaw
Attachments: 2025 - Final Report Bail and Release Review Commission - Recommended by IPAC.pdf

Phil – Attached please find the submission on behalf of Prosecutor Holtsclaw and the Indiana Prosecuting Attorneys Council for the Bail and Release Review Commission as requested by Chair Freeman at the first meeting of the Commission on October 1, 2025.

I also want to let you know that due to the strong likelihood that Prosecutor Holtsclaw will be in trial on October 29, I plan to participate in the second meeting of the Commission in place of Prosecutor Holtsclaw on behalf of IPAC and prosecutors on that date.

Let me know if you have any questions.
Best regards,
Chris

Chris Naylor
Executive Director
Indiana Prosecuting Attorneys Council
302 W. Washington St., Room E205
Indianapolis, IN 46204
317-232-1836
cnaylor1@ipac.in.gov

COMMISSION FINDINGS

The Commission makes the following findings:

- 1. In response to this Commission's Recommendation # 1 last year, the Indiana General Assembly passed Public Law 197-2025, which directs that arrestees for crimes of violence or those who are repeat violent arrestees are to be detained until a hearing is held by the court to set bail individually and in open court. See IC 35-33-8-3.4.**
- 2. The passage of a statutory framework should Senate Joint Resolution 1 pass and become part of the State Constitution remains an important concern of this Commission and is one that must both preserve the rights of the accused but also, as a fundamental feature, be designed to protect public safety. That is, the protection of victims and communities as a whole, is a critical purpose to the bail and release system.**
- 3. The pretrial release system created by Criminal Rule 26 remains an imperfect system but one that addressed important injustices for non-violent offenders.**
- 4. Empowering a trial court judge with the tools, including preventative detention, to accomplish the needs of a particular situation is a more reliable means of protecting rights and ensuring public safety than what currently exists.**

COMMISSION RECOMMENDATIONS

The Commission approves of the following recommendations:

- 1. The Indiana General Assembly is encouraged to consider the statutory framework found in Appendix A, which incorporates these additional recommendations:**
 - a. As a matter of judicial economy, the framework should be limited to the singular goal of determining the requisite findings.**
 - b. The framework should not treat different courts or counties differently but instead establish statewide standards and requirements.**
 - c. The framework should not remove tools from a trial court but, instead, provide the court with flexibility to address each situation as required.**
- 2. The Indiana General Assembly is encouraged to consider whether the various definitions of crimes of violence should be harmonized.**

Appendix A – Statutory Framework

1 SECTION 1. IC 35-33-8-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JANUARY 1, 2027]: Sec. 2. **(a)** Murder is not bailable if the state proves by a
3 preponderance of the evidence that the proof is evident or the presumption strong.

4 **(b) Offenses other than murder are not bailable if the state proves at a hearing**
5 **described in IC 35-33-8-3.7:**

6 **(1) by a preponderance of the evidence that the proof is evident or the**
7 **presumption strong for the charged offense(s); and**

8 **(2) by clear and convincing evidence that:**

9 **(A) the arrestee poses a substantial risk to the safety of any other person**
10 **or the community; and**

11 **(B) no conditions of release will reasonably protect the safety of any**
12 **other person or the community.**

13 **(c)** In all other cases, offenses are bailable.

14

15 SECTION 2. IC 35-33-8-3.7 IS ADDED TO THE INDIANA CODE AS A NEW
16 SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2027]: Sec. 3.7. **(a)**
17 **This section does not apply to a charge of murder. A person charged with murder**
18 **shall be detained as provided in IC 35-33-8-2.**

19 **(b) For charges other than murder, on motion of the state at or before an initial**
20 **hearing or on the court’s own motion, the court shall hold a hearing to determine**
21 **whether an arrestee shall be denied bail. The state may request detention of the**
22 **arrestee at a later date if it files a verified petition alleging the existence of new**
23 **information that was unknown or unavailable at the time of initial hearing.**

Appendix A – Statutory Framework

1 (c) A hearing on said motion shall be held as soon as practicable. A continuance
2 requested by the accused may not exceed five (5) days. A continuance requested by
3 the state may not exceed three (3) days.

4 (d) At the hearing, the arrestee has the right to be represented by counsel and, if
5 the arrestee is indigent, to have counsel appointed. Except as provided in subsection
6 (e), the arrestee also has the right to testify, to present evidence, and to cross-examine
7 witnesses.

8 (e) An arrestee may compel the victim to testify at a hearing under this section only
9 if the arrestee files a verified petition requesting the victim's presence and the court
10 grants the petition. The court may grant such a petition if the ends of justice so
11 require and if the court finds the arrestee will be materially prejudiced if the victim
12 does not appear. Cross-examination of the witness for the purpose of impeachment is
13 insufficient to compel the presence of the witness. In deciding whether to compel the
14 appearance of the victim, the court shall consider the emotional and physical well-
15 being of the witness.

16 (f) Rules of evidence and procedure (including those governing discovery)
17 applicable to trials shall not apply to a hearing under this section. Credible hearsay
18 evidence is admissible in a hearing under this section.

19 (g) A court may order a person to be denied bail only if it finds that the proof is
20 evident or the presumption strong on the charged offense(s) and finds by clear and
21 convincing evidence that the arrestee poses a substantial risk to the safety of any other
22 person or the community and no conditions of release will reasonably protect the
23 safety of any other person or the community. If an arrestee was detained without bail

Appendix A – Statutory Framework

1 after arrest and pending initial hearing, it does not affect the burden of proof at a
2 hearing under this section.

3 (h) In making a determination of whether to deny bail, a court shall consider the
4 following factors, in addition to any other fact or circumstance relevant to reasonably
5 assuring appearance and the safety of any other person or the community:

6 (1) The nature and circumstances of the offense charged, including whether the
7 offense is an offense of violence or involves alcohol or drug abuse;

8 (2) The weight of the evidence against the accused;

9 (3) The history and characteristics of the accused, including without limitation:

10 (A) The character, physical and mental condition, family ties,
11 employment, financial resources, length of residence in the community, community
12 ties, past conduct, history relating to drug or alcohol abuse, and criminal history of
13 the accused;

14 (B) Whether, at the time of the current alleged offense or at the time of
15 the arrest of the accused, the accused was on probation, parole, community
16 corrections, or release pending trial, sentencing, appeal, or completion of sentence for
17 the commission of an offense under the laws of this state, another state, or the United
18 States;

19 (4) The nature and seriousness of the danger to any person or the community
20 that would be posed by the person's release; and

21 (5) The availability, suitability, and effectiveness of less-restrictive alternatives
22 to detention and specific conditions of release that could reasonably mitigate the
23 identified risk.

Appendix A – Statutory Framework

1 **(i) No evidence or finding from a hearing under this section is admissible as**
2 **substantive evidence at a trial concerning the offense(s) for which the hearing was**
3 **conducted. Such evidence or findings may be admissible as impeachment or in a**
4 **prosecution for perjury.**

5 **(j) If the court determines that an arrestee should not be denied bail, the court**
6 **shall proceed to set terms of pretrial release for the arrestee in accordance with this**
7 **chapter.**

8 **(k) An order granting or denying bail pursuant to this section is a final appealable**
9 **order. The court on appeal shall resolve the appeal expeditiously. The court on appeal**
10 **shall not reverse, vacate, or otherwise alter an order under this section until both the**
11 **arrestee and the state have been given the opportunity to brief the issue. The**
12 **pendency of an appeal does not deprive a trial court of jurisdiction to conduct further**
13 **proceedings in the case or to reconsider an order granting or denying bail.**

14 **(l) A court may reconsider an order granting or denying bail under this section if,**
15 **at any time before trial, the court is made aware of information that was unknown or**
16 **unobtainable at the time of a previous hearing and which information has a material**
17 **bearing on the issue of whether there are conditions of release that will reasonably**
18 **assure the safety of any other person or the community. The court may order a new**
19 **hearing under this section upon motion of the state, the arrestee, or on its own motion.**

20
21 SECTION 3. IC 35-33-8-3.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
22 JANUARY 1, 2027]: Sec. 8. (a) A court shall consider the results of the Indiana pretrial
23 risk assessment system (if available) before setting, ~~or~~ modifying, **or denying** bail for an
24 arrestee.

Appendix A – Statutory Framework

1 (b) If the court finds, based on the results of the Indiana pretrial risk assessment system
2 (if available) and other relevant factors, that an arrestee does not present a substantial risk
3 of flight or danger to the arrestee or others, the court shall consider releasing the arrestee
4 without money bail or surety, subject to restrictions and conditions as determined by the
5 court, unless one (1) or more of the following apply:

6 (1) The arrestee is charged with murder or treason.

7 (2) The arrestee is on pretrial release not related to the incident that is the basis for the
8 present arrest.

9 (3) The arrestee is on probation, parole, or other community supervision.

10 **(4) The arrestee is a violent arrestee as defined in section 3.4.**

11 **(5) The arrestee is a sexually violent predator defendant as defined in section 3.5.**

12 **(6) The arrestee has been denied bail pursuant to section 3.7.**

13 **(7) The arrestee is a foreign national who is unlawfully present in the United States**
14 **as described in section 4.5.**

15 The court is not required to administer an assessment ~~before releasing an arrestee~~ if
16 administering the assessment will delay ~~the arrestee's release~~ **the setting, modifying, or**
17 **denying bail for an arrestee.**

18

Exhibit 5
Indiana Public Defenders Council's
Recommended Statutory Language

Subject: Draft Recommendation and Proposed Statutory Language
Date: Friday, October 17, 2025 at 3:03:43 PM Eastern Daylight Time
From: Stock, Zachary
To: Lashutka, Philip
CC: Corley, Bernice A
Attachments: 2025 Trailing Language Proposal for SJR 1 (IPDC's Version).pdf, Outlook-50hg2lsv.png, Outlook-Title_Lin.png, Outlook-wrf3hknz.png

Hi, Philip.

Attached is our suggested trailer bill language.

If you are following the format of last year's report (which seems like a good idea to us), we would suggest the following recommendations:

- 1. The Indiana General Assembly is encouraged to codify due-process protections for any preventive-detention regime, including a prompt adversarial hearing, the right to counsel (appointed if indigent), the opportunity to testify, present evidence, and cross-examine witnesses, a clear-and-convincing standard, written findings with reasons, speedy-trial protections, and a right to expedited review.
 2. The Indiana General Assembly is encouraged to continue the study of a statewide bail-schedule, with attention to uniformity, individualized assessment of the ability to pay, and current practices across counties.
 3. The Indiana General Assembly need not adopt minimum bail amounts in a legal environment where preventive detention is available; instead, policy should prioritize evidence-based detention for those posing an unreasonable risk and release (without money bail) or tailored conditions for others, recognizing cash bail's limits and inequities.

Thanks for doing the hard work of tying together all these loose threads. Let me know if we can be helpful in any way as you work on the draft of the final report.

- Zach



Zach Stock

Legislative Counsel

Phone 317-234-9503 Mobile 317-697-7201

Web www.in.gov/ipdc/ Email zstock@pdc.in.gov

309 W. Washington St., Suite 401, Indianapolis, IN 46204



1 SECTION 1. IC 35-33-8-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 JANUARY 1, 2027]: Sec. 2. **(a)** Murder is not bailable if the state proves by a
3 preponderance of the evidence that the proof is evident or the presumption strong.

4 **(b) Offenses other than murder are not bailable if the state proves by clear and
5 convincing evidence at a hearing described in IC 35-33-8-3.7:**

6 **(1) that the proof is evident or the presumption strong for the charged
7 offense(s); and**

8 **(2) that:**

9 **(A) the arrestee poses a substantial risk to the safety of any other person or
10 the community; and**

11 **(B) no conditions of release will reasonably protect the safety of any other
12 person or the community.**

13 **(c) In all other cases, offenses are bailable as provided in this chapter.**
14

15 SECTION 2. IC 35-33-8-3.7 IS ADDED TO THE INDIANA CODE AS A NEW
16 SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2027]: Sec. 3.7. **(a) For
17 charges other than murder, on motion of the state at or before an initial hearing, the
18 court shall hold a hearing to determine whether an arrestee shall be denied bail. The
19 state may request detention of the arrestee at a later date if it files a verified petition
20 alleging the existence of new information that was unknown or unavailable at the time
21 of initial hearing.**

22 **(c) A hearing on said motion shall be held within 48 hours. A continuance
23 requested by the accused may not exceed five (5) days. A continuance requested by
24 the state may not exceed three (3) days.**

25 **(d) At the hearing, the arrestee has the following rights:**

1 **(1) To be represented by counsel and, if the arrestee is indigent, to have counsel**
2 **appointed.**

3 **(2) To present witnesses, to cross-examine witnesses, and to testify on the**
4 **defendant's own behalf.**

5 **(e) In making a determination of whether to deny bail, a court shall consider**

6 **(1) The nature and circumstances of the offense charged, including whether the**
7 **offense is an offense of violence or involves alcohol or drug abuse;**

8 **(2) The weight of the evidence against the accused;**

9 **(3) The history and characteristics of the accused, including without limitation:**

10 **(A) The character, physical and mental condition, family ties, employment,**
11 **financial resources, length of residence in the community, community ties, past**
12 **conduct, history relating to drug or alcohol abuse, and criminal history of the**
13 **accused;**

14 **(B) Whether, at the time of the current alleged offense or at the time of the**
15 **arrest of the accused, the accused was on probation, parole, community corrections,**
16 **or release pending trial, sentencing, appeal, or completion of sentence for the**
17 **commission of an offense under the laws of this state, another state, or the United**
18 **States.**

19 **(4) The nature and seriousness of the danger to any person or the community**
20 **that would be posed by the person's release.**

21 **(5) The availability, suitability, and effectiveness of less-restrictive alternatives**
22 **to detention and specific conditions of release that could reasonably mitigate the**
23 **identified risk, including but not limited to electronic or GPS monitoring, alcohol**
24 **monitoring, firearm surrender, travel restrictions, or any other tailored condition**
25 **reasonably calculated to address the risk.**

1 **(6) The factors listed in this subsection are non-exclusive. A court may consider**
2 **any other fact or circumstance relevant to reasonably assuring appearance and the**
3 **safety of any other person or the community.**

4 **(f) If the court denies bail under this section, it shall issue brief written findings**
5 **and conclusions contemporaneous with the ruling that following the factors described**
6 **in subsection (e).**

7 **(g) No evidence or finding from a hearing under this section is admissible as**
8 **substantive evidence at a trial concerning the offense(s) for which the hearing was**
9 **conducted. Such evidence or findings may be admissible as impeachment or in a**
10 **prosecution for perjury.**

11 **(h) If the court determines that an arrestee should not be denied bail, the court**
12 **shall proceed to set terms of pretrial release for the arrestee in accordance with this**
13 **chapter.**

14 **(i) An order granting or denying bail pursuant to this section is a final appealable**
15 **order.**

16 **(j) A court may reconsider an order granting or denying bail under this section if,**
17 **at any time before trial, the court is made aware of information that was unknown or**
18 **unobtainable at the time of a previous hearing and which information has a material**
19 **bearing on the issue of whether there are conditions of release that will reasonably**
20 **assure the safety of any other person or the community. The court may order a new**
21 **hearing under this section upon motion of the state, or the arrestee.**

22
23 SECTION 3. IC 35-33-8-3.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24 JANUARY 1, 2027]: Sec. 8. (a) A court shall consider the results of the Indiana pretrial
25 risk assessment system (if available) before setting, or modifying, bail for an arrestee.

1 (b) If the court finds, based on the results of the Indiana pretrial risk assessment system
2 (if available) and other relevant factors, that an arrestee does not present a substantial risk
3 of flight or danger to the arrestee or others, the court shall ~~consider releasing~~ release the
4 arrestee without money bail or surety, subject to restrictions and conditions as determined
5 by the court, unless one (1) or more of the following apply:

6 (1) The arrestee is charged with murder or treason.

7 (2) The arrestee is on pretrial release not related to the incident that is the basis for the
8 present arrest.

9 (3) The arrestee is on probation, parole, or other community supervision.

10 **(4) The arrestee is a violent arrestee as defined in section 3.4.**

11 **(5) The arrestee is a sexually violent predator defendant as defined in section 3.5.**

12 **(6) The arrestee has been denied bail pursuant to section 3.7.**

13 **(7) The arrestee is a foreign national who is unlawfully present in the United States**
14 **as described in section 4.5.**

15 The court is not required to administer an assessment ~~before releasing an arrestee if~~
16 administering the assessment will delay ~~the arrestee's release.~~

Exhibit 6

Joint Letter from 28 Indiana Trial Court Judges

October 17, 2025

Indiana Bail and Release Commission Co-Chairs:

Senator Aaron Freeman and Representative Chris Jeter

Indiana Statehouse Indianapolis, IN 46204

Re: Opposition to Cashless Bail and Support for the Preventive Detention
Constitutional Amendment

Dear Senator Freeman, Representative Jeter, and Commission Members:

The undersigned Judges write collectively to offer perspective on some of the testimony you received at the October 1 meeting of the Indiana Bail and Release Commission. Specifically, we seek to offer counter information regarding cashless bail.

We understand the Indiana Judges Association presented to the Commission advocating for cashless bail. With great respect to the Association, this position does not reflect the views of many Indiana trial court judges who handle criminal dockets. While some judges may support cashless bail, many of us have serious concerns about these policies and their impact on our communities and on public safety. Cash bail is not the only tool we need, but it remains a legitimate and necessary component of ensuring public safety and appearance at court. The complete elimination of financial conditions for most crimes would remove the single most important option from our discretionary toolkit.

The Association's position was not fully defined at the commission meeting, but under a typical cashless bail system, the release of criminal defendants is based on the level and nature of offense he or she has committed, rather than individualized dangerousness. In such a model, a judge could not adequately consider a defendant's dangerous past actions and may be forced to release defendants the judge knows are dangerous.

The Association's position also comes at a time when support for cashless bail is at an all-time low nationwide. After cashless bail and other criminal justice reforms were implemented across the country several years ago, including here in Indiana, crime, predictably, rose. Just recently, the public has become fed up with rising crime, and the pendulum is starting to swing back in a responsible direction. To illustrate, last year, New York and California repealed much of their cashless bail regime after an explosion in crime and backlash from the public.

At this point, the Indiana Judges Association is asking Indiana lawmakers to adopt crime policies that are being rejected by New York and California.

Finally, we are concerned about the cost to local counties if cash is removed from the process. While indigent defendants should not be penalized for lack of resources, those who can help pay the costs of the criminal justice system should pay, rather than the taxpayers bearing the entire cost.

For these reasons, the undersigned judges do not believe the Indiana Judges Association's testimony reflects the opinion of a large number, perhaps most, Indiana trial court judges. We do not believe it reflects the opinions of the voters of Indiana. We believe if cashless bail is implemented, it will make our communities less safe and more costly to taxpayers. We urge the commission to recommend passage of the preventive detention constitutional amendment, and to reject the notion of cashless bail.

Thank you for your service to Indiana and for your consideration of our views. We will gladly provide additional information or testimony as needed.

Respectfully submitted,



Judge Aaron Negangard
Dearborn/Ohio Circuit Court

| s | *Jerry Charls*

Magistrate Jerry Charls
Dearborn/Ohio Circuit Court

| s | *James Worton*

Judge James Worton
Bartholomew Superior Court 1

| s | *Nicholas Karaffa*

Judge Nicholas Karaffa
Clark Circuit Court 1

| s | *Sally McLaughlin*

Judge Sally McLaughlin
Dearborn Superior Court 2

| s | *Kelly Benjamin*

Judge Kelly Benjamin
Bartholomew Circuit Court

| s | *Justin Mills*

Judge Justin Mills
Crawford Circuit Court

| s | *Kyle Williams*

Judge Kyle Williams
Clark Circuit Court 6

| s | *Daniel Murrie*

Judge Daniel Murrie
Daviess Superior Court

| s | *Justin Brown*

Judge Justin Brown
Floyd Circuit Court

| s | *AmyMarie Travis*

Judge AmyMarie Travis
Jackson Superior Court 1

| s | *D.J. Mote*

Judge D.J. Mote
Jefferson Circuit Court

| s | *Steven Owen*

Judge Steven Owen
Orange Circuit Court

| s | *Samuel Swaim*

Judge Samuel Swaim
Parke Circuit Court

| s | *Denny Bridges*

Judge Denny Bridges
Putnam Superior Court

| s | *Carrie Stiller*

Judge Carrie Stiller
Floyd Superior Court 1

| s | *Richard Poynter*

Judge Richard Poynter
Jackson Circuit Court

| s | *Bruce MacTavish*

Judge Bruce MacTavish
Jackson Superior Court 2

| s | *Blaine Goode*

Judge Blaine Goode
Jefferson Superior Court

| s | *Debra Andry*

Judge Debra Andry
Orange Superior Court

| s | *Matthew Headley*

Judge Matthew Headley
Putnam Circuit Court

| s | *Stephen Creason*

Judge Stephen Creason
Marion County Superior Court

| s | *Ryan King*

Judge Ryan King
Ripley Circuit Court

| s | *Jeffrey Sharp*

Judge Jeffrey Sharp
Ripley Superior Court

| s | *Kent Apsley*

Judge Kent Apsley
Shelby Superior Court 1

| s | *Hugh R. Hunt*

Judge Hugh R. Hunt
Sullivan Superior Court

| s | *Larry Medlock*

Judge Larry Medlock
Washington Circuit Court

| s | *Duston Houchin*

Judge Dustin Houchin
Washington Superior Court

Exhibit 7
Letter from Judge David N. Riggins
Shelby Superior Court 2



SHELBY SUPERIOR COURT NO. 2 16TH JUDICIAL CIRCUIT

1st Floor Courthouse
407 South Harrison Street, Shelbyville, Indiana 46176
(317) 392-6340; 317-392-6499 FAX
www.co.shelby.in.us



Indiana Bail and Release Commission Co-Chairs:
Senator Aaron Freeman and Representative Chris Jeter
Indiana Statehouse Indianapolis, IN 46204

October 16, 2025

Re: Comments on the Preventive Detention Constitutional Amendment

Dear Senator Freeman, Representative Jeter, and Commission Members:

After watching the hearing on October 1, 2025, I write you to offer my perspective of the current bail/release system as it operates in Shelby County Superior Court 2 in the hopes that it might provide helpful information to you as you consider an amendment to the Indiana Constitution regarding bail and the trailing statutes implementing any such amendment.

My entire professional career has involved the criminal justice system, 2 years as a federal habeas corpus law clerk, 1 year as a criminal defense attorney, 14 years as a deputy prosecutor in Shelby County, and now 14 years as a judge that does all the misdemeanors, ½ of the lower-level felonies, and 10% of major felonies. Perhaps undeservedly so, it is my hope that you might find my experience sufficient to at least consider my views on the proposed amendment and on cash bail.

As to the amendment itself, I am generally hesitant to amend our bedrock document when well-crafted legislation can accomplish the same thing. I'm not aware of any successful constitutional challenges to our current practice. Even a casual observer can see that our current practice includes considering the safety of others in setting bail. I would defer amendment until it is necessary to do so. As to the language itself, "clear and convincing" is probably a higher standard than current practice and if implemented, it might well cause persons to be released that might otherwise be held today.

At the hearing, there was significant discussion of cash bail. To the extent that the hearing contemplated eliminating all cash-based release, such elimination goes too far. Cash bail is not perfect, but it still has a meaningful place in our system of release. An older attorney once remarked to a younger me, "If someone doesn't love you enough to post a bond for you, you are probably right where you need to be." Of course, Tina Turner might counter "What's love got to do with it?", but the sentiment bears some reflection.

At the hearing there was a lot of discussion about Granny raiding her retirement account and how it affects poor Granny. Yet not every Granny is going to raid her retirement. Granny, who changed her grandson's diaper, who knows him best, now must make a judgment call. I call this the Granny filter. Granny will have to ask herself, "Is my grandson worth the risk?" If Granny dips into her savings, she is telling me as a judge that my grandson is worth the risk. If she doesn't dip into her savings that could mean A. She doesn't have the money, or B. he's not

DAVID N. RIGGINS, JUDGE



SHELBY SUPERIOR COURT NO. 2 16TH JUDICIAL CIRCUIT

1st Floor Courthouse
407 South Harrison Street, Shelbyville, Indiana 46176
(317) 392-6340; 317-392-6499 FAX
www.co.shelby.in.us



worth the risk. If it is A, then certainly I can reconsider the bond and lower it or adjust it and see if Granny acts on that, or I can always just release him.

If the concern is languishing in jail, procedures, software, and systems can address that concern. For example, perhaps the new INJail system could flag offenders if they have been in custody on a low or standard bond after x days. But if it turns out that the family has access to the money, but they don't think he is worth the risk, then maybe he is where he needs to be.

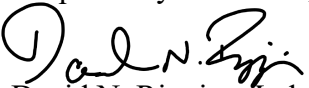
In my mind, the pre-trial release program is a formal Granny filter. Shelby County doesn't have a formal certified pre-trial program in part because we don't want the administrative headaches that accompany a formal certified program and in part because what we do seems to work. I do accept the premise that people don't always have to post a cash bond. With Criminal Rule 26 and our pre-trial services program, I have substantially increased my release on recognizance or with just conditions of supervision. Our declining jail population shows it works as well. I am convinced that the previous one-sized-fits-all practice of pay or stay in jail was not the best practice. But that doesn't mean we should toss out cash bonds completely.

For example, sometimes I will set a cash bond knowing that it might be stretch now and that it will take some time to get the money together. I do this because in his current agitated state of mind, the defendant is at a higher safety/flight risk than he will be in a few days after cooling off in the jail. As anyone who listens to jail calls knows, family members will be calling the defendant during this time, talking about bail, talking about his behavior, and counseling him on how to behave while he is out. Cash bail allows this cooling off to occur without the need for the court to have multiple hearings over a short period of time.

Finally, the general anathema to money in the criminal justice system is not served by eliminating cash bail entirely. Such proponents may trumpet pre-trial release programs, but that only shifts the costs. It costs money to run a pre-trial release program and that in turn means user fees under the current system. Which is more intrusive on liberty, one time posting of a cash bond with no supervision, or release to supervision with no cash bond? I would venture that one could argue either side.

To the extent that legislation is being contemplated to remove cash bonds entirely, such legislation would deprive my court of a flexible and effective tool that I use every day to try to craft safe and effective conditions of release. If I have mistakenly presumed discussion equals proposed actions regarding cash bail, please forgive my obtuseness. Thank you for your service to Indiana and for your consideration.

Respectfully submitted,


David N. Riggins, Judge
Shelby Superior Court 2

DAVID N. RIGGINS, JUDGE

Exhibit 8

Submission from Commissioner Betsy Baxter

Subject: RE: [EXTERNAL] October 1, 2025 Meeting Materials for Bail and Release Review Commission
Date: Friday, October 17, 2025 at 6:07:20 PM Eastern Daylight Time
From: Betsy Baxter
To: Lashutka, Philip
Attachments: image001.png, INDVFRT DV Fatality Report 2020.pdf, ICADV Fatality Infographic 2024.pdf, ICADV Strangulation Response Protocol.pdf, TIOSP Strangulation Fact Sheet.pdf, TIOSP Physiological Consequences of Strangulation.pdf, TIOSP From Stranglers to Cop Killers.pdf

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Hi Philip,

I wanted to communicate support of an expansive list of crimes that consistently define a “crime of violence / violent crime / violent offense / violent offender / serious violent felon / violent criminal with the hopes of including domestic violence, confinement, intimidation, sexual assault, stalking, and strangulation crimes. The words “low level” and “low risk” are tossed around in conversation frequently, but the statistics in the attached reports and tip sheets explain why these crimes couldn’t be further from such. As I’ve reviewed our statutes, I can see that we’ve taken steps in the right direction to include sexual battery and level 6 and even misdemeanor domestic crimes in some statutes and would like to encourage greater consistency among all statutes in any way possible.

Additionally, after considering discussion at the Commission meeting, considering the effects that the various proposals would have on the entire state, and discussing with my colleagues, I would like to communicate lack of support for both mandated release and cashless bail, as these options would result in prosecutors consistently asking for preventative detention and only worsening the issues of jail overcrowding. I fully anticipate this being a topic of discussion in our next meeting, am glad to share opinions at the next meeting, and do not feel obligated to be added to the agenda to discuss but did want to communicate such in writing.

I recognize I am pushing the deadline and maybe even the scope of the agenda and am glad to discuss further as needed.

Please let me know if you have questions or need further.



Betsy A. Baxter

Director of Victim Services
Madison County Prosecutor’s Office
16 E 9th St., Anderson, IN 46016
(765) 641-9591



REPORT ON 2020 DOMESTIC VIOLENCE FATALITIES



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INTRODUCTION

The Indiana Domestic Violence Fatality Review Team (INDVFRT) confirmed a total of 91 fatalities from 72 incidents that occurred between January 1 and December 31, 2020. It is imperative to establish from the beginning of this report that it is likely there were more deaths in Indiana due to intimate partner violence during 2020 than those 91 this multidisciplinary team has confirmed. One of the ongoing challenges regularly encountered by the INDVFRT is the lack of a reliable method or system for identifying and reporting deaths due to intimate partner violence. It must also be noted that the review period encompassed the initial response to the COVID-19 pandemic and the resulting restrictions.

During this time, both the nature and perception of services available to survivors of intimate partner violence changed swiftly and radically. It was a common misconception that shelters and advocacy programs had closed or stopped providing services. It was also a common misconception that law enforcement

departments and prosecutors' offices were not intervening in domestic violence cases. Survivors, already subject to isolation and lack of support due to the actions of the partner causing them harm, were further isolated from the help and support available to them because of actions taken to protect the wider public health at a very dangerous time.

Ultimately, during the initial months of the pandemic, Indiana saw a 180% increase in deaths due to intimate partner violence. We went from averaging just over 47 deaths per year in the five years prior to 2020, to 91 in the calendar year of 2020. With these facts in mind, the Indiana Coalition Against Domestic Violence (ICADV) and the INDVFRT believe the number of actual deaths due to intimate partner violence is always higher than the number of reported deaths, but especially for this time period. However, the team only reviews and reports on fatalities where the circumstances can be confirmed through some official means.



180%

INDIANA SAW A **180% INCREASE**
IN DEATHS DUE TO INTIMATE
PARTNER VIOLENCE

DEFINITIONS

In generating this report, we use the terms “domestic violence” or “intimate partner violence” to characterize forms of abuse perpetrated within the context of a current or former romantic relationship. “Intimate partner violence” and “domestic violence” are used interchangeably. ICADV defines domestic violence as a pattern of coercive or abusive behavior in a relationship that is used to gain and/or maintain power and control over an intimate partner. It includes emotional, psychological, economic, physical, or sexual actions or threats of action used to influence the thoughts, feelings, or actions of another person. This includes behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, or injure the target.

DOMESTIC VIOLENCE RELATED FATALITY —

For the purposes of this report, the INDVFRT reviews those deaths occurring in the context of, resulting from, or motivated by violence in a relationship between current or former intimate partners.

DECEDENT —

Individual who died as a result of the incident.

INTIMATE PARTNER —

Individual currently or previously engaged in an intimate relationship with predominant aggressor/partner causing harm; this person is also often referred to as the survivor or victim in relation to abusive incidents.

MANNER OF FATAL INJURY —

Summarizes the primary cause of death for those who died as a result of intimate partner violence.

PERPETRATOR —

In the context of this report, this term refers to the person who caused the fatality or fatalities in question.

PREDOMINANT AGGRESSOR/ PARTNER CAUSING HARM —

The individual in the relationship who exercises power and control over their partner using coercive or abusive acts to elicit a change in behavior from the survivor/victim; also referred to as partner causing harm.

CHILD —

Individual under the age of 18 either biologically related to or under the care of the intimate partner and/or predominant aggressor.

SINGLE FATALITY —

Incident where one individual dies, either by suicide or by the actions of another person—in domestic violence-related fatalities, typically the partner causing harm.

MULTIPLE FATALITY —

Incident where more than one individual dies due to the actions of another person—in domestic violence-related fatalities, typically the partner causing harm.

SUICIDE —

Incident where the predominant aggressor or intimate partner takes their own life in the context of an abusive relationship.

HOMICIDE/SUICIDE —

Incident where a predominant aggressor/partner causing harm kills victim before dying by suicide.

MULTIPLE HOMICIDE/SUICIDE —

Incident where predominant aggressor/partner causing harm kills more than 1 person before dying by suicide.

BYSTANDER DEATH —

Incident involving the death of individual(s) other than the intimate partner occurring in the context of an intimate partner assault—such deaths during the period of this report include deaths of strangers, friends, family members, and intervening law enforcement.

NEW PARTNER DEATH —

Incident where the decedent either was, or was believed by the perpetrator to be, the new partner of the perpetrator's former intimate partner.

ICADV DEFINES DOMESTIC VIOLENCE AS A PATTERN OF COERCIVE OR ABUSIVE BEHAVIOR IN A RELATIONSHIP THAT IS USED TO GAIN AND/OR MAINTAIN POWER AND CONTROL OVER AN INTIMATE PARTNER



METHODOLOGY

The Indiana Domestic Violence Fatality Review Team (INDVFRT) was created by statute in 2017 and officially convened in November of 2019.

THE INDVFRT IS TASKED, PER HOUSE ENROLLED ACT 1516, WITH THREE PRIMARY DUTIES;

- 1.** identifying trends and fact patterns concerning deaths due to domestic violence in Indiana,
- 2.** using the data gathered in identifying trends and patterns to recommend strategies for the prevention of injuries to and deaths of domestic violence victims, and
- 3.** to advise and educate the general assembly, governor, and public on the status of domestic violence fatalities in Indiana.

Membership on the INDVFRT is guided by state statute and appointed by the office of Governor Holcomb based on recommendations from the Indiana Coalition Against Domestic Violence (ICADV). A complete list of INDVFRT members is included in the acknowledgments of this report. It includes both current members and previous members whose appointment terms ended. The focus for this review period is fatalities occurring from January 1 through December 31, 2020.

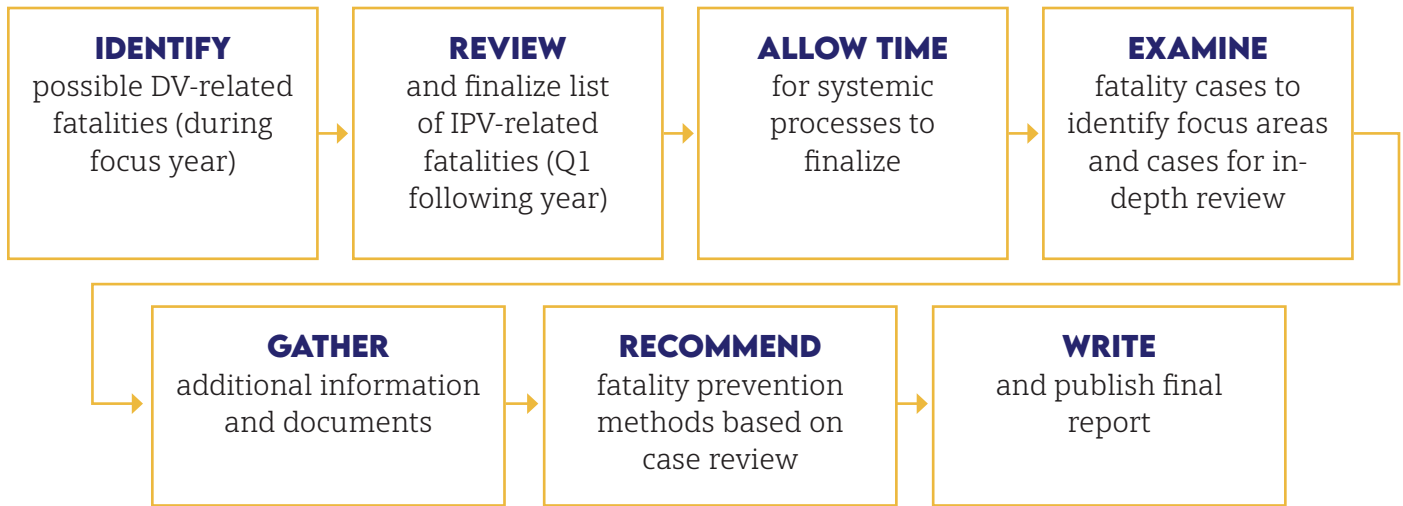
Deaths related to intimate partner violence occurring in 2020 were initially identified primarily through media research and stakeholder reports. ICADV utilizes a number of media search services, receiving regular notifications of all web-based reports that include keywords related to intimate partner or domestic violence. Additionally, community-based advocates working in domestic violence service provider agencies notify ICADV when deaths related to intimate partner violence are identified in their service areas. ICADV staff members

compile a list of these deaths annually and submit the draft list to service providers statewide for review, correction, and addition, if needed. The final list is reviewed and revised by ICADV staff and provided to the INDVFRT as an initial data-gathering tool.

Using that final list of domestic violence-related deaths, ICADV staff and INDVFRT members worked to collect official data sources to validate information about the dynamics and circumstances around each incident provided by media accounts. ICADV staff conducted internet searches for public records and solicited case information from key informants. Specific data sources used in the compilation of this report include coroner's verdicts, autopsy reports, law enforcement reports, court records, appellate records, community fatality review team records, and information provided by community domestic violence advocates.

Following comprehensive discussion focused on various trends and factors identified in the relationships and/or incidents, the INDVFRT selected certain incidents for in-depth review. Following case selection, additional information and documentation was collected to establish a robust record of each incident and the antecedent relationship for the team to examine and discuss. Case review was conducted with the sole intent to identify opportunities within the progression of circumstances that lead to the fatal incident where intervention may have changed the ultimate outcome. Discussion of those opportunities ultimately lead to the crafting of recommended actions at all levels of our public lives to prevent future fatalities. Based on the seven (7) cases from 2020 that were selected for in-depth review, the INDVFRT drafted a total of 19 recommended actions that cross multiple sectors of public response to intimate partner violence.

REPORT PROCESS



SUMMARY OF DATA

Looking broadly at the fatalities related to intimate partner violence during the calendar year 2020, the INDVFRT identified overarching similarities among the cases. These similarities can inform initial efforts to prevent future fatalities. The most glaring and consistent trend is that firearms are overwhelmingly the manner of death most often seen in intimate partner violence-related fatalities. In 2020, 72%, or 66 of 91 fatalities were due to firearms. These include both homicides and suicides; single and multiple fatality cases; the deaths of victims, partners causing harm, and bystanders. The Violence

Policy Center, a national nonprofit organization that researches trends in violence across the country, indicates that approximately 53% of intimate partner violence-related homicides across the country are committed with firearms. Indiana has consistently averaged 70-80% of our intimate partner violence-related fatalities due to firearms. Ours is 20% higher than the national average. More than any other broad trend, that is the most pervasive and most preventable. The included infographic provides a brief overview of other summarized data regarding the fatalities the INDVFRT identified and reviewed.

72% IN 2020, **72%**, OR 66 OF 91 FATALITIES WERE DUE TO FIREARMS

53% APPROXIMATELY **53%** OF INTIMATE PARTNER VIOLENCE-RELATED HOMICIDES ACROSS THE COUNTRY ARE COMMITTED WITH FIREARMS

20% INDIANA AVERAGES **20%** HIGHER THAN THE NATIONAL AVERAGE FOR FIREARM DEATHS DUE TO DOMESTIC VIOLENCE.

DOMESTIC VIOLENCE FATALITIES

JANUARY 1 - DECEMBER 31, 2020

The Indiana Coalition Against Domestic Violence and the Indiana Domestic Violence Fatality Review Team want to provide some brief insight into deaths related to intimate partner violence for the given time period. The authors acknowledge that this information represents only those deaths which are identified and known and that there are more losses that are not known to us. Particularly for the given time period, which includes the start of and height of the COVID-19 pandemic and public health crisis response that included lockdown and isolation measures to contain the spread of the virus, the authors strongly believe that the number of unidentified ipv-related fatalities is significant. We encourage the reader to use this information with compassion and empathy. Survivors of intimate partner violence continue to express that messaging around domestic violence death statistics can be triggering and harmful to their healing process. Statistically, fatal incidents are outliers; a tragic but small piece of the puzzle. When we discuss domestic violence only in the context of deadly incidents, we are minimizing the breadth and scope of non-lethal, non-physical forms of violence that survivors experience daily. Please view this graphic as one chapter of the full story.

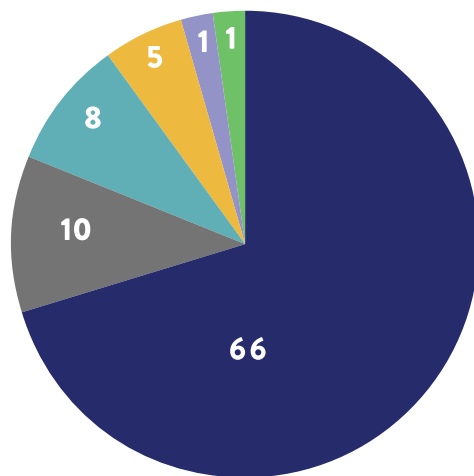
91 FATALITIES RESULTING FROM
72 INCIDENTS

GENDER OF DESCENDANT



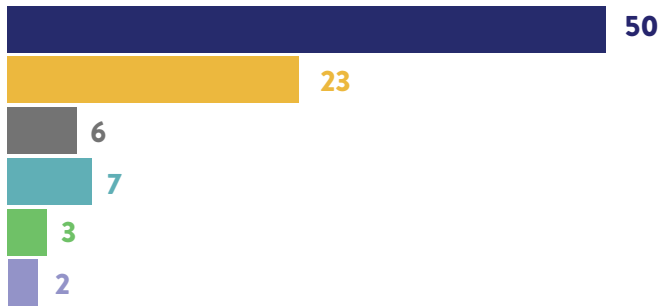
*Please note, the gender reported is based on publicly available sources and typically corresponds to the gender assigned at birth, not necessarily the gender identity each person may have been expressing at the time of their death.

MANNER OF FATAL INJURY



- Firearm 66
- Stabbing 10
- Strangulation/Asphyxia 8
- Blunt Force 5
- Poisoning 1
- Spinal Fracture 1

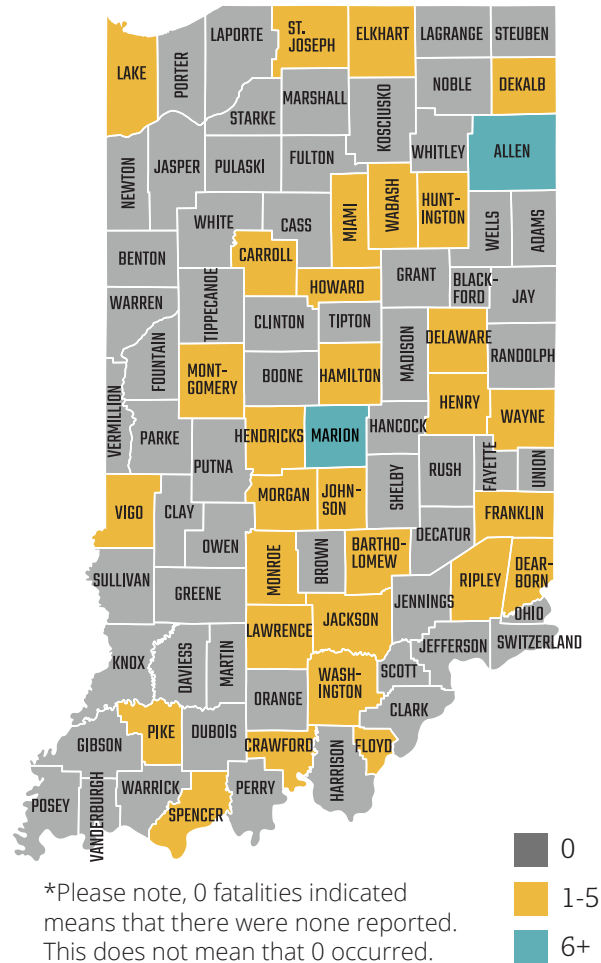
RELATIONSHIP TO PERPETRATOR



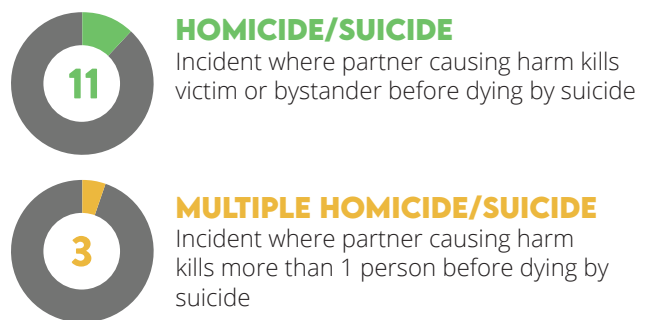
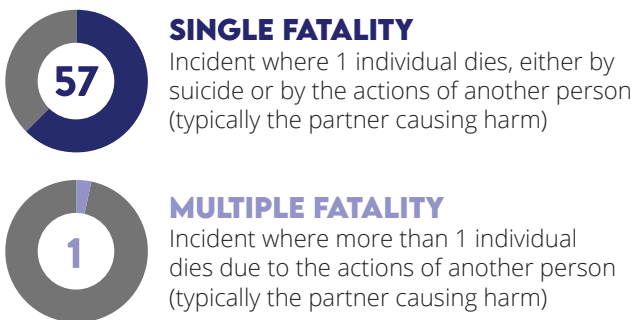
- Current Or Former Intimate Partner
- Self/Perpetrator
- Bystander
- Children
- Unknown/Undetermined
- New Partner (following separation)

*Unknown/Undetermined relationship to perpetrator indicates that, while the death occurred during the course of a confirmed incident of domestic violence, the authors could not find sufficient information to make an accurate determination of the decedent's relationship to any party and choose to err on the side of caution.

FATALITIES BY COUNTY



TYPE OF FATAL INCIDENT



RECOMMENDATIONS

During our 2023 review year, the INDVFRT not only reviewed broad data having to do with domestic violence-related fatalities, but also conducted in-depth reviews of specific cases that allowed us to examine particular factors that may have contributed to the death or deaths in those cases. Taking this holistic approach to attempting to understand how a relationship can end in the worst possible outcome allows the team to generate recommendations, written from our combined expertise, that could prevent future deaths related to intimate partner violence. When drafting and issuing these recommendations, we believe it is critical to uplift survivor-centered and trauma-informed approaches to addressing intimate partner violence. It is in creating community-level and systems-level change that we can provide safer and better options and outcomes for survivors of intimate partner violence. The recommendations below are categorized by the system or community in which the recommendation should be implemented or by which implementation should be led.

STATE LEGISLATURE

1. The Indiana legislature should provide additional appropriate funding to support staffing in designated domestic violence service programs to increase the collaborative on-scene service provision with hospitals/forensic exam programs and the Indiana Department of Child Services, among other possible partners.
2. The Indiana legislature should provide additional adequate funding to county prosecuting attorneys' offices to support the work of investigators specifically tasked with more complete investigation into the criminal history, status, disposition, and other risk factors involving those accused of or adjudicated as guilty of crimes of domestic violence.
3. The Indiana legislature should expand funding supporting the use of forensic exams to support conducting such exams in domestic violence assaults that do not include sexual assault.
4. The Indiana legislature should amend the statutes providing for civil Orders for Protection and criminal No Contact Orders to clarify and strengthen the speed and process of enforcement when those orders are violated.
5. The Indiana legislature should enact more effective statutes that address the epidemic of firearm violence in Indiana, particularly as it relates to access to firearms by those who pose an identified and adjudicated risk to their intimate partners.

STATE AGENCIES

1. The Indiana Department of Child Services should broaden the use of supportive service referrals, especially in informal adjustment and unsubstantiated cases, that would immediately connect survivors involved with Department of Child Services reports/interventions with direct survivor-centered and trauma-informed advocacy services.

DOMESTIC VIOLENCE SERVICE PROVIDERS

1. Domestic violence service providers should explore opportunities to collaborate with other crisis intervention and trauma support community agencies to offer increased support to the families and support systems of survivors of intimate partner violence.

WE BELIEVE IT IS CRITICAL TO UPLIFT SURVIVOR-CENTERED AND TRAUMA-INFORMED APPROACHES TO ADDRESSING INTIMATE PARTNER VIOLENCE.

CRIMINAL JUSTICE

1. Indiana Probation Departments should develop a protocol for identifying and prioritizing program violations committed by high-risk domestic violence offenders that includes immediate and adequate consequences for violation.
2. Indiana law enforcement departments and probation agencies should identify ways to increase data-sharing regarding cases involving identified high-risk domestic violence offenders.
3. Indiana law enforcement agencies should emphasize already-mandated ongoing training for all officers focused on effective and appropriate crisis de-escalation and response to mental health and/or substance use incidents.
4. Indiana law enforcement agencies should emphasize already-mandated ongoing training for all officers on intimate partner and sexual violence, focused on trauma-informed intervention skills.
5. Indiana county criminal justice systems should implement a domestic violence high-risk team or other collaborative response model that can assist in identifying cases where extremely high-risk lethality factors are present, and provide collaborative response services and intervention in those cases.
6. Indiana court systems should regularly review the Protection Order Deskbook for information on best practices surrounding the handling of Orders for Protection.
7. Indiana court systems should review their policies and procedures regarding civil Orders of Protection to ensure there are no barriers to filing petitions, no impediments in the court process to ruling on ex parte orders, no obstacles to service of the order, and that Orders for Protection are treated as emergencies and are addressed as quickly as possible.

8. Indiana court systems, prosecutors' offices, and law enforcement agencies should explore and implement models of streamlined collaborative response to violations of civil Orders for Protection and criminal No Contact Orders.
9. Attorneys employed in county prosecutor offices should receive both foundational and ongoing training in domestic violence and trauma-informed legal services.
10. Indiana courts should adopt formalized firearm surrender protocols for all cases where an individual is adjudicated as barred from possessing a firearm in order to facilitate the safe removal of firearms from those individuals' possession.

HEALTH CARE

1. Hospitals with forensic exam programs should explore collaborative relationships with local domestic violence service providers to support an immediate direct connection to survivor-centered advocacy services for patients seeking forensic exams who indicate a relationship with the person who (allegedly) assaulted them.
2. Health care systems should provide greater support on all fronts — financial, administrative, resources etc. — to sustain the implementation and ongoing provision of forensic exams in all intimate partner and sexual violence cases.



ACKNOWLEDGEMENTS

As the coordinating agency for the Indiana Domestic Violence Fatality Review Team, ICADV expresses our profound gratitude both to past members of the INDVFRT whose terms have expired and also to our continuing and current members for their contributions to the research, case reviews, and drafting of this report.

CURRENT TEAM MEMBERS

- **Melissa Arvin**, JD – Indiana Supreme Court, Office of Court Services – Chair
- **Barbra Bachmeier**, JD, MSN, APRN, NP-C – Medical Practitioner
- **Amy Blackett**, JD – Indiana Prosecuting Attorneys Council
- **Kim Bohman** – Safe Passage, Inc
- **Caryn C Burton**, MS – Indiana Coalition Against Domestic Violence – Team Coordinator
- **Ed Cripe** – Clinton County Coroner
- **Kelly Grey** – Indiana Coalition Against Domestic Violence
- **Kim Lambert** – Indiana Criminal Justice Institute – Victim Services Division
- **Nicholas Neal**, MLEA, MPA – Geminus, Corp
- **Kelly L Owens** – Indiana Department of Child Services
- **Jamie Smith** – Indiana Department of Health – Division of Fatality Review & Prevention
- **Cory Whaley** – Lawrence Police Department

FORMER TEAM MEMBERS

- **Jon M Frain** – Pulaski County Coroner
- **Melissa Haaff** – Hope’s Voice
- **Terri Lee**, MPH – Indiana Department of Health – Office of Women’s Health
- **Tiffany Woods** – Indianapolis Metropolitan Police Department

ACKNOWLEDGEMENTS

The Indiana Domestic Violence Fatality Review Team expresses its gratitude to all of the stakeholder agencies who provided records and reports to the team to aid in our compilation, review, and drafting of this report

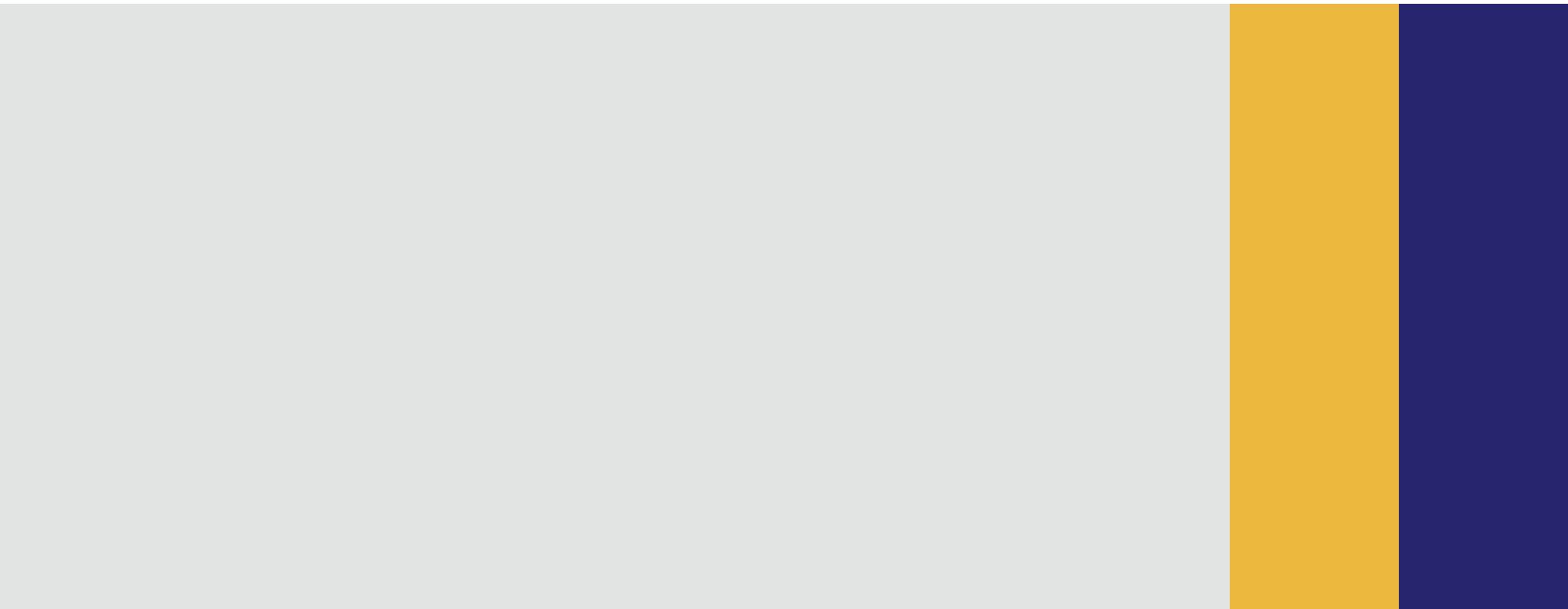
THOSE AGENCIES INCLUDE

- Bartholomew County Coroner's Office
- Delaware County Coroner's Office
- Hamilton County Coroner's Office
- Huntington County Coroner's Office
- Lake County Coroner's Office
- Marion County Coroner's Office
- Vigo County Coroner's Office
- Columbus Police Dept
- Fishers Police Dept
- Huntington Police Dept
- Indianapolis Metropolitan Police Dept
- Muncie Police Dept
- South Bend Police Dept
- Terre Haute Police Dept
- Vigo Co Sheriff's Dept
- Indiana State Police Dept – Jasper Region
- Indiana Department of Child Services

ICADV also wishes to acknowledge the work of community-based fatality review teams throughout the state of Indiana. The dedication and collaboration of all team members is crucial to our ability as a community to end the trauma of intimate partner violence.

And, finally, a very heartfelt and profound thank you to ICADV Operations Coordinator Kelly Grey for her indispensable help at every stage of researching and creating the 2020 Indiana Domestic Violence Fatality Review Report. Without her intelligence, compassion, and three extra sets of hands, this report would not exist.

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DOMESTIC VIOLENCE FATALITIES

January 1 - December 31, 2024

83 FATALITIES
resulting from 61 INCIDENTS

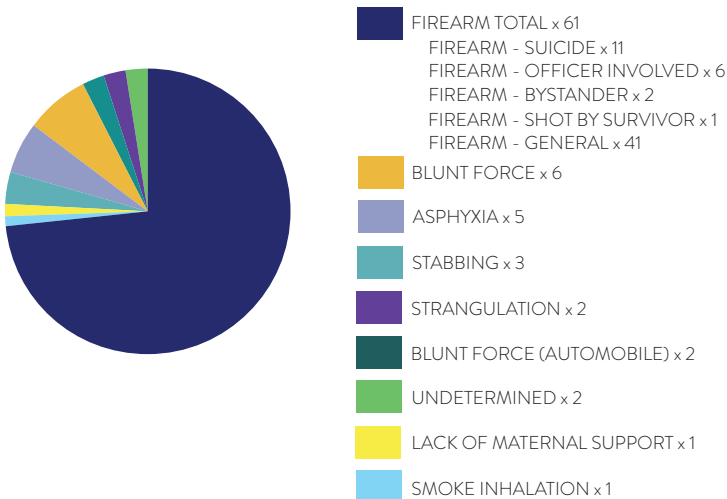
The Indiana Coalition Against Domestic Violence and the Indiana Domestic Violence Fatality Review Team work to provide insight into deaths related to intimate partner violence for a given time period. Over the last 18 months, the Coalition has transitioned from tracking fatalities on a fiscal year basis (July 1 – June 30) to a calendar year basis (January 1 – December 31) which is reflected in this infographic, which presents the information for calendar year 2024. The authors acknowledge that this information represents only those deaths which are identified and known, and also acknowledges that there are more losses that are not known to us. The information that forms the foundation of this report comes from a combination of media, programmatic and criminal justice system sources. We encourage the reader to use this information with compassion. Our conversations with survivors give us an understanding that that survivors can find the messaging of domestic violence death statistics triggering and harmful to their healing process. Statistically, fatal incidents are outliers; a small but tragic part of the much larger whole of harm done. When we discuss domestic violence only in the context of deadly incidents, we minimize the coercive control, non-lethal and non-physical forms of violence that survivors experience every day.

SEX OF DECEDENT

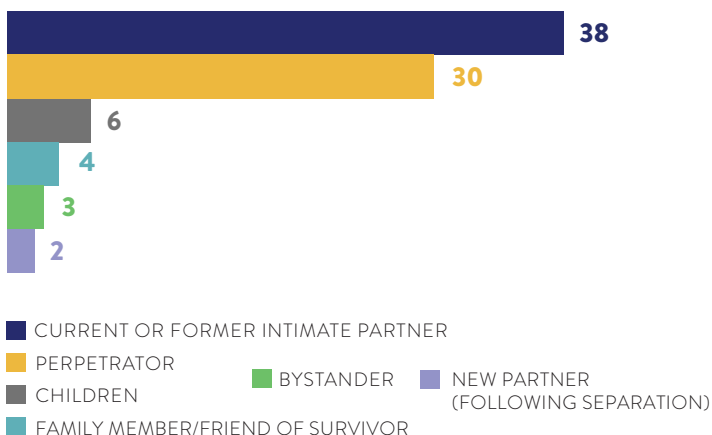


* The unknown sex is of a fetus who died when mother was killed.

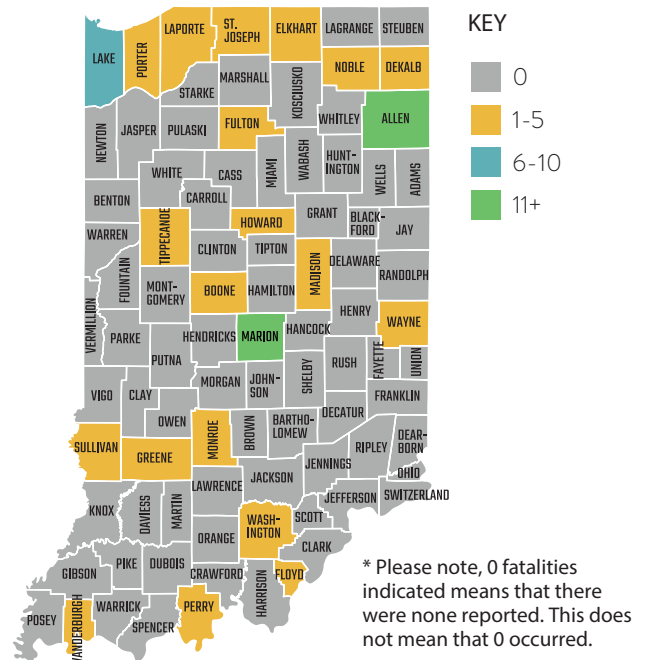
MANNER OF FATAL INJURY



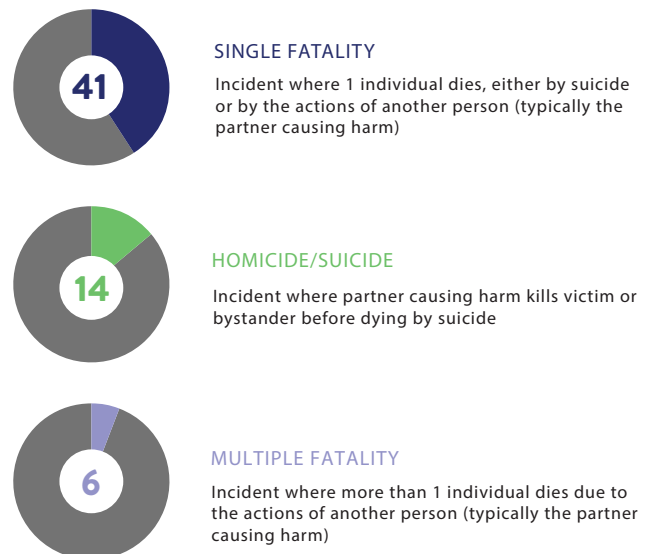
RELATIONSHIP TO PERPETRATOR



FATALITIES BY COUNTY



TYPE OF FATAL INCIDENT





MODEL COLLABORATIVE
**STRANGULATION
RESPONSE
PROTOCOL**
FOR INDIANA JURISDICTIONS



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THIS MANUAL IS DEDICATED TO THE COUNTLESS SURVIVORS OF STRANGULATION WHOSE LIVES WILL BE IMPROVED AND PERHAPS EVEN SAVED BECAUSE OF THEIR OWN COURAGE. WE ALSO RECOGNIZE AND APPRECIATE THE APPRECIATE THE COLLABORATIVE EFFORTS OF THE AGENCIES WHO HELPED AUTHOR THIS MANUAL.

This model protocol is based on the collaborative work of:

- Marion County Prosecutor’s Office, Indianapolis Metropolitan Police Department, Marion County Centers of Hope Forensic Units and The Julian Center
- Amended with permission by members of Indiana Domestic Violence Fatality Review Team — Spring 2023

The Indiana Domestic Violence Fatality Review Team gratefully acknowledges Alliance for HOPE International for their guidance in developing this model protocol and for allowing us to reproduce, in part or in whole, identified documents included in the appendices.

A NOTE ABOUT LANGUAGE

It is first critical to note that because Indiana's strangulation statute (IC 35-42-2-9) includes suffocation, specifically the acts of impeding a person's breathing by covering their nose or mouth or by applying pressure to their chest or torso, the authors have chosen to address any and all acts of violence that impede the flow of oxygen to a person's brain under the umbrella term "strangulation." This is done not to diminish the trauma or injury done using those forms of violence, but for the flow and focus of the narrative and because the statute allows us to. They are different acts of violence with different modalities. However, they ultimately have the same physiological outcome — depriving the brain of oxygen — which, in turn, carries the same risk for lethality. There will be points within this document where the individual acts might be addressed. However, the model protocol should be understood as addressing both when the singular term "strangulation" is used.

Additionally, this model protocol is drafted as a response to strangulation specifically in the context of intimate partner violence, or IPV. Throughout this document, the terms "intimate partner violence" and "domestic violence" are used interchangeably. This is because, while the advocacy community uses the more specific term "intimate partner violence" to refer to a pattern of coercive and abusive acts throughout a relationship between emotionally intimate partners used to gain and exercise power and control over a partner, the criminal justice community often still uses the slightly broader "domestic violence," which can be broadened to include violence between family or household members. The authors are very aware that strangulation can and often does also happen in the context of both sexual violence committed by an individual other than an intimate partner and of child abuse. However, because of the repetitive

THE AUTHORS HAVE WORKED DILIGENTLY TO ENSURE THE MOST CLARITY FOR THE GIVEN AUDIENCE WHILE STILL HONORING OUR COMMITMENT TO RECOGNIZING AND SPEAKING TO SURVIVORS' EXPERIENCES AND REMAINING TRAUMA-INFORMED.

and cyclical nature of IPV-related strangulation, as well as the elevated risk of future homicide, the authors have drafted this protocol as a strategy specifically focused on prevention of intimate partner violence-related homicide.

Finally, it is important to note that this model protocol is written with a survivor-centered and trauma-informed focus. To that end, the words and language used reflect that focus. Survivor-centered and trauma-informed language focuses on putting the person first, and on empowering those who have suffered trauma to guide their individual journey of healing.

Accordingly, where it is appropriate:

- Terms such as "survivor" and "person causing harm" are used.
- The terms "victim," "suspect," "defendant" or "perpetrator" are used in the discussions of criminal acts as that is how they are identified and differentiated in those contexts.
- The term "client" is used in discussions of advocacy response.
- The term "patient" is used during discussion of medical response.

INTRODUCTION

Strangulation and suffocation are violent physical acts that occur when the flow of oxygenated blood traveling to or from the brain becomes interrupted; thereby depriving the brain of the oxygen it needs to carry out the body's functions. The brain — and therefore the body — cannot survive without oxygen. A mere eight seconds of oxygen deprivation to the brain can result in a loss of consciousness and death shortly thereafter. For victims of strangulation who survive, the physiological and psychological effects, such as strokes, seizures, post-traumatic stress disorder and short or long-term memory loss, can have **profound effects that can last a lifetime**. It is not uncommon for acts of strangulation to be a component of intimate partner violence, sexual violence and child abuse cases. These crime types are driven by a perpetrator's need to have power over and to control a victim; determining whether or not a person will take a next breath is the **ultimate form of control**. Although always dangerous and potentially lethal, strangulation rarely leaves any injury on the victim's face or neck that is visible to the naked eye or detectible by unaided digital photography. In light of this, it is imperative that our advocates, first responders — law enforcement and medical professionals — and criminal justice system representatives — prosecutors and corrections professionals — are aware of the signs and symptoms of strangulation so that survivors/victims receive the trauma response services and medical attention needed, and perpetrators are held accountable for this violent crime.

750%

A SURVIVOR OF NON-FATAL STRANGULATION IS APPROXIMATELY **750% MORE LIKELY** TO BECOME THE VICTIM OF AN ATTEMPTED OR COMPLETED DOMESTIC HOMICIDE.

¹ Glass, N., et al. (2008). "Non-fatal Strangulation is an Important Risk Factor for Homicide of Women," *The Journal of Emergency Medicine*, 35(3). 329-335.

In the state of Indiana, strangulation is a felony offense and is defined under IN Code §35-42-2-9 (2020) *as a person who in a rude, insolent or angry manner, knowingly or intentionally*

- (1) applies pressure to the neck or throat of another person;*
- (2) obstructs the nose or mouth of another person; or*
- (3) applies pressure to the torso of another person in a manner that impedes the normal breathing or blood circulation of the other person.*

Survivors who experience a single episode of strangulation at the hands of a partner causing harm are 750% more likely to become victims of attempted or completed homicide by that partner.¹ The Lethality Assessment Protocol — Maryland Model is an on-scene research-based assessment tool utilized by law enforcement jurisdictions across Indiana. This tool is designed for use by first responders with the goal of identifying survivors at elevated risk of dying at the hands of their partner causing harm and making an immediate connection between survivors and trained advocates. The protocol uses a screen derived from the Danger Assessment as created by Dr. Jacqueline Campbell and includes a question regarding the use of strangulation. Of the over 2,000 survivors screened with the tool just since January 2019, roughly 57% report surviving at least one act of strangulation. When one views these facts through the lens of research which clearly demonstrates that more than half of all intimate partner violence-related homicides or attempted homicides involve at least one incident of

strangulation prior to the fatal act, it is clear that targeting incidents of strangulation for effective collaborative inter-agency intervention strategies can save lives.

The history of intimate partner violence intervention work has taught us that a collaborative multi-disciplinary approach is the most effective at reducing retraumatization of survivors and holding partners causing harm accountable for their actions. This model strangulation response protocol is designed to involve critical partners — medical response, advocacy, criminal justice and select others — in every step of the response to non-fatal strangulation. The model protocol is written in such a way as to provide **minimum standards** and response practices that should be added to existing agency protocols and procedures to improve the response to non-fatal strangulation incidents. It is crafted with the intent that counties, cities and jurisdictions across the state of Indiana can utilize it as the basis for a strong collaborative response to strangulation within their own boundaries. The authors encourage agencies, counties, cities and jurisdictions to view the included practices as a foundation on which more robust protocols can be built, ultimately improving outcomes for survivors and saving lives.

57% OF THE OVER 2,000 SURVIVORS SCREENED WITH THE TOOL JUST SINCE JANUARY 2019, ROUGHLY **57% REPORT SURVIVING** AT LEAST ONE ACT OF STRANGULATION.

LAW ENFORCEMENT AGENCIES

A critical role in the community effort to seek accountability for partners causing harm and safety for survivors is that of the law enforcement agency that responds to a crime of violence. Strangulation ranks alongside ownership and/or possession of firearms as a predominant predictor of future homicide. Given the level of lethality associated with such cases, survivors of strangulation may be even less likely to cooperate with prosecution than survivors of non-strangulation domestic violence cases. Therefore, when strangulation is alleged, it is critical that every representative of the responding law enforcement agency respond appropriately and take full advantage of the small window of opportunity given to locate, properly document and preserve evidence related to the strangulation crime. It is recommended that each individual law enforcement agency have a policy and response protocol in place specifically focused on non-fatal strangulation incidents. This model protocol recognizes that the manpower, technology and funding resources vary from one law enforcement agency to another. This section is designed to assist law enforcement agencies in utilizing the resources they have to develop a protocol for responding to strangulation cases in a way that is most likely to increase survivor safety and perpetrator accountability.

ROLE OF THE DISPATCHER

- All dispatchers should participate in specialized training focused on strangulation and appropriate response. One easily accessible option is to watch the most current version of the recorded webinar *Investigating Strangulation* produced by the Alliance for HOPE International. The webinar and related reference materials are available on the Alliance for Hope website at www.strangulationtraininginstitute.com/training/online-strangulation-training/. For agencies wishing to provide in-person training for their staff, the Indiana Coalition Against Domestic Violence can assist in identifying other appropriate and qualified training resources.
- Dispatchers should be specifically alert during domestic violence calls — including “domestic disturbance” and “invasion of privacy” calls — for callers who are relaying indicators of a potential strangulation. Audible signs to be aware of include the following:
 - Gasping for breath or difficulty breathing
 - Frequent swallowing
 - Difficulty speaking
 - A raspy voice
 - Regular coughing or clearing the throat
 - Reporting gaps in memory or an inability to recall parts of the incident
 - Reporting that their partner in any way made it difficult to breathe, specifically placing hands around the throat, covering the nose and/or mouth in any way, or placing pressure on the chest or torso.
- Suggested best practice for response to all domestic violence calls, but particularly to calls where possible strangulation is reported or

recognized by the dispatcher, is to dispatch a two-officer team to the incident.

- If a caller reports any of the signs or symptoms listed above, Responding Officer(s) should be informed and emergency medical services dispatched to conduct medical assessment and provide treatment if necessary.

ROLE OF RESPONDING OFFICER

- All law enforcement officers — including public assistance officers and evidence technicians — should participate in specialized training focused on strangulation and appropriate investigation and response. One easily accessible option is to watch the most current version of the webinar *Investigating Strangulation* available on the Alliance for Hope website at www.strangulationtraininginstitute.com/training/online-strangulation-training/, along with related reference materials. For agencies wishing to provide in-person training for their officers, the Indiana Coalition Against Domestic Violence can assist in identifying other qualified and appropriate training resources.
- Responding Officer(s) should be aware that lack of visible injury to the neck or throat does not negate the possibility of strangulation and/or strangulation-related injury, and should understand that it is common for victims of strangulation to have no visible marks or injuries.
- The Responding Officer(s) should document all signs and symptoms, visible and not visible, associated with the act of strangulation either reported by or observed of the victim. Model strangulation documentation forms are provided in the Resource Appendices to this document. Signs and symptoms to take notice of include but are not limited to the following:
 - Loss of bladder or bowel control

- Loss of or altered state of consciousness — It is particularly important to document the process and recognition of loss of or altered state of consciousness, ie gaps in memory and loss of time, change of location, etc.
- Petechiae (red spots) or pooling of blood in the eyes
- Nausea or vomiting
- Injury to the lips or tongue
- Difficulty breathing
- Difficulty swallowing
- Vision (spots or flashing lights) or hearing (rushing or ringing) changes
- Light headedness or headache
- Unsteady on feet
- A more complete list of signs and symptoms can be found on the Strangulation Assessment Card in the Resource Appendices.
- The Responding Officer(s) should always request assistance from Emergency Medical Services (EMS) personnel when strangulation is alleged. In jurisdictions where that may not be feasible, EMS response should be standard when a victim of strangulation has lost consciousness or shows signs of altered consciousness, has experienced the loss of bowel or bladder control during the act of strangulation, or has any visible sign of injury resulting from strangulation such as petechiae, marks or bruising. Additionally, the Responding Officer(s) should encourage the victim to seek treatment at a hospital and with a forensic nurse examiner (FNE) to assist with further treatment and documentation of injuries.
- The Responding Officer(s) should provide an immediate (and where possible direct) referral to victim assistance or local domestic violence service provider agency advocate.
- The Responding Officer(s) should properly document any and all alleged acts of strangulation or suffocation by preparing an incident report and/or officer information sheet, regardless of whether the victim indicates intent to cooperate with criminal investigation

and/or prosecution, and regardless of whether or not there are visible signs of injury present. Model strangulation documentation and report forms are available in the Resource Appendices.

- The Responding Officer(s) should request the assistance of an Evidence Technician to:
 - Ensure that the crime scene is photographed and evidence is collected. Critical evidence to document and collect includes but is not limited to:
 - Clothing worn by victim — especially if urine or feces-stained, or stretched or torn around the collar/neck
 - Objects reportedly or possibly used to strangle (for example necklaces, cords, scarves, towels, blankets, clothing items) or suffocate (for example pillows, pillowcases, blankets) the victim
 - Photograph the victim when injury (no matter how slight) is visible to the naked eye. Photographs should be taken with the Alternative Light Source (ALS) camera whenever possible, where and how protocol and staffing permits or requires. If photographs are taken with the ALS camera, pictures should first be taken without ultraviolet light source. A second set of identical pictures should then immediately be taken with the ultraviolet light source.
 - Photograph the suspect (hands, forearms, face, neck, etc.) to preserve evidence of what may be defensive or offensive injuries.
- If the suspect is on scene, Responding Officer(s) should take appropriate law enforcement action to ensure the safety and wellbeing of the victim, *including removal of firearms and weapons pursuant to Mandate to Prevent Further Violence (IC 35-33-1-1.5) and the Laird Law (IC 35-47-14)*.
- If applicable, the Responding Officer(s) should contact an appropriate investigating detective if a victim alleging strangulation has experienced any of the following symptoms, which are indicative of use of greater / more extreme force and greater level of lethality:
 - Loss of or altered state of consciousness
 - Vomiting

- Loss of bladder or bowel control
- Petechiae (red spots) in eyes or on skin, or pooling of blood in eyes
- Changes in voice — raspy, breathy, weak, failing
- Changes in vision — spots, “floaters,” clouded or tunnel vision
- ANY marks on the neck

If none of these signs or symptoms are present, Responding Officer(s) may still contact a detective if the officer determines it to be appropriate given all surrounding circumstances. Further, if Responding Officer(s) does not work in a law enforcement jurisdiction that has an investigating detective, the Responding Officer(s) may have to take on the role of the Investigating Officer (see below) themselves.

- The Responding Officer(s) should contact a victim assistance advocate whenever strangulation is alleged if available.
- The Responding Officer(s) must provide the victim with information regarding their rights as the victim of a crime and should also provide information regarding local advocacy resources and a strangulation intervention card or information brochure. Model templates are available in the Resource Appendices.

ROLE OF INVESTIGATING DETECTIVE

- All law enforcement officers — including public assistance officers and evidence technicians — should participate in specialized training focused on strangulation and appropriate investigation and response. One easily accessible option is to watch the most current version of the webinar *Investigating Strangulation* available on the Alliance for Hope website at www.strangulationtraininginstitute.com/training/online-strangulation-training/, along with related reference materials. For agencies wishing to provide in-person training for their officers, the Indiana Coalition Against Domestic Violence can assist in identifying

other qualified and appropriate training resources.

- Incidents of strangulation involving intimate partners should be investigated by a Domestic Violence Unit, or a Domestic Violence Detective if available, unless otherwise directed by protocol.
- Detectives should record all statements of victims of non-fatal strangulation. This can assist in documenting vocal changes over the pendency of the case.
- Detectives should make a best effort to interview first non-law enforcement persons contacted (as noted on the incident report/officer information sheet) by the victim during or after the act of strangulation. Questions should include inquiries about strangulation signs and symptoms experienced by the victim and observed by the witness.
- Detectives should recognize the signs, symptoms, and physiological effects of strangulation and the severity and potential lethality of the crime.
- Detectives should ensure that the crime scene is processed and evidence is collected — including photos of the victim and of the suspect, collection of weapons and objects used, and general crime scene corroborating evidence.
- Detectives should request any medical records that may be related to the investigation and any photographs taken during treatment. If a victim does not seek medical treatment, detectives should encourage the victim to seek treatment.
- Detectives should acquire at least one set of follow-up photographs of injuries to the victim where injuries may have further developed or where they have become more pronounced over time. A minimum of 24-48 hours should elapse following the incident. Additional follow-up photographs can be helpful to detail the progression of any visible injuries.
- Where an Alternate Light Source (ALS) camera was used to take pictures of the victim and bruising has since become visible to the naked eye (or has become more pronounced), where staffing and protocol permit, detectives should

arrange for follow-up photographs to be taken by an ALS camera trained evidence technician. As described above in Role of the Responding Officer, Paragraph 6 d., photos should be taken first without the ultraviolet light source and then with the ultraviolet light source. If the victim is unwilling to allow photographs to be taken, this should be noted in the detective's case notes.

- Detectives should make all reasonable effort to interview the following individuals:
 - The victim
 - All named witnesses, including children
 - The first non-law enforcement individual contacted by the victim
 - The suspect; On all outright cases, and on warrant cases where it is possible to conduct an interview without compromising the safety of the victim. If an interview of the suspect is not conducted, the reason why should be noted in the detective's case notes.
 - Note; victims/witnesses under the age of 14 or having cognitive, learning or communicative disabilities should be interviewed by a professional trained in forensic child interviewing or in interviewing those with compromised cognitive or communication abilities if at all possible. Arrangements for such an interview should be made promptly to reduce the likelihood that someone may seek to influence the child's / witness' account of what happened. In the event that an interview is not or cannot be conducted by an appropriately trained individual, the child/witness should be interviewed separately from other witnesses and without either the alleged victim or suspect present. Additionally, children who have been interviewed already pursuant to a Department of Child Services (DCS) investigation should not be reinterviewed. Notes or recordings of those interviews can and should be obtained by detectives.
- If the victim's medical condition is noted as Critical, the Detective should notify Homicide.

COLLABORATING COMMUNITY ADVOCATES

Community advocates — those advocates working outside of the criminal justice system — play an important role in offering survivors information, support, resources and assistance — all of which is tailored to each survivor’s individual circumstances. Even though all physical violence is a possible precursor to homicide, this protocol focuses on adequately addressing the unique needs of strangulation survivors. The following recommendations are made for service provider advocates, including those advocates in jurisdictions where law enforcement does not have ready access to advocates or victim assistants.

-
- Every Advocate should receive basic training on strangulation. One possible resource is the webinar *Investigating Strangulation*, available on the Alliance for Hope website at www.strangulationtraininginstitute.com/training/online-strangulation-training/. Agencies wishing to provide more in-depth in-person training for their staff can reach out to the Indiana Coalition Against Domestic Violence, who can assist in identifying appropriate training resources.
 - When survivor contact originates through a law enforcement report or other referral source such as hospital staff, every strangulation report should receive prompt attention from an Advocate.
 - Assessment or intake questions regarding the use of strangulation as a form of physical violence within the relationship should be included for ALL new clients.
 - If a safe(r) contact phone number has been provided, that should be the primary form of initial contact.
- If the survivor cannot be reached via phone, a standard contact letter should be sent.
 - Once a survivor of strangulation is contacted or if the original contact happens because of survivor outreach, it is important to ask if they are in a safe environment and whether it is safe to speak. Once it is safe to talk, below are some important questions and/or discussion points to share with survivors:
 - Ask the survivor about their symptoms of strangulation. Signs and symptoms to take notice of include but are not limited to the following:
 - Loss of bladder or bowel control
 - Loss of or altered state of consciousness — It is particularly important to discuss the process and recognition of loss of or altered state of consciousness, i.e., gaps in memory and loss of time, change of location, etc.
 - Petechiae (red spots) or pooling of blood in the eyes
 - Nausea or vomiting
 - Difficulty breathing
 - Difficulty swallowing
 - Vision (spots or flashing lights) or hearing (rushing or ringing) changes
 - Light headedness or headache
 - Unsteadiness on their feet
 - A more complete list of signs and symptoms can be found on the Strangulation Assessment Card in the Resource Appendices.
 - Discuss the seriousness of any possible injuries or future injuries that can result from strangulation.

- Encourage survivor to receive medical attention — preferably from a trained Forensic Nurse if possible — if they have not yet done so. Emphasize medical danger and long-term consequences of strangulation / repeated strangulation.
- With any survivor of non-fatal strangulation, Advocates should provide specific and detailed information regarding the immediate and long-term risks of strangulation. A model is provided in the Resource Appendices.
- Advocates should complete a danger assessment — either formal or informal — that examines the potential for reassault or lethality.
- Advocates should discuss safety planning, including assistance with shelter or other safe(r) housing options, protective orders, lock changes, lease termination and other services that may help the survivor to feel safe(r).
- If available, and if the partner that caused harm was arrested, Advocates should offer information about the partner’s bond, future hearing dates and what to expect during the criminal process.
- If criminal charges are pending against the partner who caused harm, Advocates should discuss how to contact the assigned deputy prosecutor and/or victim assistance staff, as well as information about what services those individuals can or should be providing to the survivor.
- Advocates should Inform the survivor of their rights according to IC 35-40-5 (see appendices) and other applicable statutes and, if requested, advocate for them to ensure that their rights are respected.
- All Advocates should maintain updated information regarding services available through their program as well as through affiliated or collaborating programs to share with survivors. Additional services of interest to survivors may include individual counseling, support group, services for child(ren), economic justice assistance, housing assistance, as well as others.
- In situations where it might be necessary to discuss survivor’s case with other service providers or agencies, Advocates should discuss the benefits and risks of sharing information with other providers with the survivor and, if appropriate, assist the survivor in reviewing and signing a Release of Information. A signed release of information must be obtained before sharing any information about the survivor or the survivor’s situation with any agency, including law enforcement, prosecutor’s office or medical professionals. Guidance and model release forms are provided in the Resource Appendices. Releases of information must be:
 - Informed; it is critical to discuss at length the possible benefits and challenges regarding whatever information is being requested or authorized for sharing
 - Specific; what information can be shared and the agency or professional with whom that information can be shared should be clearly stated and understood
 - Time-limited; it is recommended that releases of information be in effect for no more than 30-45 days at a time and regularly revisited to ensure the survivor’s continued understanding and authorization to share information
- Advocates should discuss with the survivor the benefits, possible drawbacks and process for petitioning for a civil Protective Order. This can be done regardless of whether a criminal No Contact Order may be or has been enacted as a result of a criminal case. Petitions for a civil Protective Order can be filed in several ways;
 - In person at the local courthouse, usually at the office of the Clerk of Courts
 - Remotely using the web-based electronic filing portal, available at <https://public.courts.in.gov/porefsp/>

While the online e-filing portal includes specific instructions and helpful information, it is always recommended that survivors work with a local advocate in filing a petition for a protective order.

Not all strangulation survivors contact law enforcement. There may be times when survivors call or walk into domestic violence programs directly to request assistance. It is important to make survivors feel safe and welcome. Below are some suggested steps for advocates in engaging survivors regarding strangulation;

- Before beginning any in-depth discussion regarding their situation, Advocates should always inform survivors about their requirements around confidentiality and mandatory reporting of suspected child abuse or neglect.
- All assessment / intake forms or protocols for new clients encountering domestic violence service provider programs should include questions about incidents or a history of strangulation.
- With any survivor of non-fatal strangulation, Advocates should provide specific and detailed information regarding the immediate and long-term risks of strangulation. A model is provided in the Resource Appendices.
- Advocates should discuss the option of making a police report with the survivor, including the benefits and drawbacks, while making it clear that that decision remains with the survivor.
- Advocates should encourage survivors to seek medical attention. Inform the survivor that hospitals can offer additional services beyond medical care.
- Advocates should encourage survivors to seek counseling for themselves and for their children who may have heard or seen violence in the home. Strangulation is a particularly intimate form of violence that can increase the level of trauma experienced by the survivor as well as any children who may have witnessed the act. Counseling may help survivors understand that they are not to blame for the partner's abusive actions and to process and cope with the trauma in healthier and more productive ways.

Although strangulation is not always associated with intimate partner violence cases, the majority of strangulation cases are likely to be intimate partner violence related. Advocates can and should advocate for survivors on a systems level to help provide a better, more trauma-informed experience overall. Advocates can do this by helping educate law enforcement, prosecutors and other collaborative partners regarding the unique nature of intimate partner violence, and specifically strangulation cases. They can do this by:

- Training new and existing collaborative partners on strangulation, survivor experience and behavior, and resources available through your agency.
- Speaking at community functions and meetings about the realities of intimate partner violence and the dangers of strangulation.
- Other activities that advocates should engage in which are beneficial to a collaborative response include the following:
 - Data Collection — Utilize a spreadsheet or other tracking method, to record the numbers of strangulation survivors with whom you work in order to accurately reflect for law enforcement, grant reports and systemic advocacy on behalf of those survivors.
 - Collaboration — Advocates should make and continue to strengthen relationships with hospitals, police departments, prosecutors offices and other social service organizations. It is important for all community agencies to know of all resources available for survivors of violent crime. Specifically, advocates should participate, where appropriate, in local and/or regional collaborative response teams addressing intimate partner violence and strangulation.

EMERGENCY MEDICAL SERVICES

Emergency Medical Service (EMS) and first responders may be the first, and sometimes only, interaction a survivor of strangulation has with the healthcare system. They play a vital role in the care of the survivor patient by assessing, treating and documenting injuries, and (where immediate transport is not involved) encouraging the survivor to pursue proper medical follow-up by explaining the potential health-related issues that can accompany strangulation injuries. The following protocols should be followed in every case involving an ambulance run where strangulation or suffocation is reported in order to promote the safety and wellbeing of survivors of strangulation and/or suffocation.

- Every Emergency Medical Provider (EMP) should receive basic training on strangulation. One possible resource is the webinar ***EMS & Paramedic Response to Strangulation***, which is posted on Alliance for Hope, International's website at www.familyjusticecenter.org/resources/ems-and-paramedic-response-to-strangulation-webinar/. Agencies wishing to provide more in-depth in-person training for their staff can reach out to the Indiana Coalition Against Domestic Violence, who can assist in identifying appropriate training resources.
- ALL patients who have experienced intimate partner violence should be asked specifically about strangulation and suffocation. The current incident(s) of strangulation should be documented, as should the approximate number and frequency of prior incidents. This documentation can provide crucial information to medical professionals who ultimately treat the patient.
- All patients who disclose strangulation should be strongly encouraged to seek further medical evaluation and treatment, given the potential lethality associated with strangulation cases, as well as the potential for serious short-term and long-term health effects.
- Patients should be transported to a facility with a Forensic Nurse Examiner (FNE) available if at all possible. One task the collaborative response team can take on is to create and maintain a list of trained forensic nurses in their jurisdiction/county. A county-by-county list updated annually is available in the online Resource Appendices.
- If the patient declines transport by ambulance, the responding EMS professional should educate the patient about signs and symptoms of strangulation which, if experienced, should cause the patient to call for and/

or seek immediate medical attention. A model document is provided in the Resource Appendices.

- Even if a patient signs a Statement of Release, detailed documentation of the patient's condition should still be completed and should include the elements listed below.
 - Assessment should include determining the presence of the following:
 - Petechiae — including eyes, inside mouth, throat, behind the ears, at the hairline
 - Chin rub — abrasion on chin
 - Tongue injuries
 - Frenulum injuries
 - Bruising behind ears
 - Neck pain or injuries
 - Changes in voice
 - Pain when swallowing
 - Evidence on clothing of bowel or bladder void. If not seen, ask patient whether they have changed clothes since assault.
 - Any other injuries
 - Documentation should include (at a minimum):
 - Manner of strangulation/suffocation (one hand, two hands, ligature, etc.) based on patient's report; if patient cannot recall details, please note the inability to recall in documentation.
 - All injuries
 - Notation of any statements made by patient about what they were thinking/feeling during assault; where possible include direct quotes
- Loss of consciousness or indicators of altered state of consciousness
- Bowel or bladder void (ask patient specifically as they may not volunteer this information)
- Position of patient and perpetrator during assault (patient lying down with perpetrator on top, facing each other, etc.)
- Vomiting
- Voice changes
- Pain or difficulty swallowing
- Petechiae
- Presence of children in the house should be noted and children should be assessed for any potential injuries. If children were injured, confirm with law enforcement whether the Department of Child Services has been notified.
- It is important that the responding law enforcement officers have all the correct contact information for members of the responding EMS crew(s) in case of need for later contact.
- For incidents where transport for additional treatment is done, a run sheet MUST be left at the hospital where the patient is transported.

THE FORENSIC NURSE

The Forensic Nurse Examiner (FNE) plays an essential role in ensuring the medical care and safety of the survivor through proper evaluation and treatment of the patient. In performing their healthcare duties, FNEs can provide essential information in their notes and as experts at trial that promotes the goal of patient safety and healing from the trauma they have experienced. The following practices detail how the FNE can properly document and handle the exam in a way that will maximize the effort to assist the medical provider in diagnosis and treatment of the non-fatal strangulation survivor patient. The FNE documents the findings of the medical forensic exam on an institution-specific strangulation chart, model templates of which are available in the Resource Appendices.

Discussion of the consent process is focused on the adult patient (18 years old and having adequate capacity to determine their own well-being). Children and adolescents still need to assent to the Medical Forensic Exam (MFE), but the parent, legal guardian or custodian must sign consent prior to examination and medical care. It is important that the FNE follows the state-mandated reporting and informed consent statutes (see appendices) when obtaining consent and when it is appropriate to notify law enforcement or other mandated agencies.

- The qualified health care provider, based on the institution's policies or procedures of medical screen exams, performs the medical screening upon the patient's arrival to the Emergency Department (ED). The purpose of the medical screening is to determine whether any of the following are needed:
 - Further evaluation/testing/imaging
 - Further medical care by emergency medicine provider
 - Additional consults to specialist due to medical findings on exam
- The FNE should discuss with the patient their role in the medical care of the patient while they are in the ED. The FNE should explain their role as a collaborative partner with the emergency medicine provider to determine a plan of care of the patient.
- The FNE should offer a Medical Forensic Exam (MFE) and available support resources while the patient is receiving care in the ED. The FNE should provide an explanation of a medical exam versus a Medical Forensic Exam (MFE), and discuss the risks, benefits and alternatives to the MFE. The exam is conducted along with the provider's medical exam for the purpose of treatment and diagnostic needs of the patient.
 - The patient will have the option of receiving or declining all or any part of the Medical Forensic Exam. The FNE should document what services the patient consents to and/or declines.
 - The FNE should request the patient sign the treating institution's consent form that will allow for the Medical Forensic Exam, and the consent form for the release of medical records, EMS records, and MFE report generated on the day of patient's visit to law enforcement and/or prosecution.

- If the patient declines to sign the consent for release of records, then the medical records, EMS record and MFE report are NOT released to law enforcement and/or prosecution without a subpoena. A medical exam is necessary before medical providers discharge the patient from the ED.
- If the patient consents to the Medical Forensic Exam, the FNE should obtain a medical history, a history of events, and perform a physical exam to document clinical signs and symptoms, and should include body mapping and photo documentation. The FNE may obtain photo documentation even if patient reports law enforcement already obtained pictures of injuries at the scene unless patient specifically declines additional photos at the hospital by the FNE.
- The FNE should be very specific in documenting clinical signs and symptoms, especially noting petechiae, loss of consciousness, loss of bowel or bladder control, and marks anywhere around the neck, face or chest.
- The FNE should document voice changes and/or swallowing issues reported by patient following strangulation.
- The FNE should ask the patient about the presence of children at the time of the assault for the purposes of determining if there was child abuse / neglect, which would mandate a report to the Indiana Department of Child Services.
- The FNE should discuss exam findings with the emergency medicine provider and provide recommendations for further diagnostics, such as CTA of the neck, MRI/MRA, etc., if indicated, and collaboratively develop a plan of care with the provider. The FNE will document the collaborative medical plan of care in their documentation and educate the patient on long-term effects of strangulation. Medical Radiographic Imaging Guidelines are included in the Resource Appendices as a reference for all medical providers.
- Where the community or collaborative domestic violence service provider agency does not have a trained advocate or victim assistant that responds to the hospital, it is recommended that the FNE conduct a danger assessment to assess the patient's current and future risk of lethality. If the FNE conducts a danger assessment, it is recommended that a discussion of lethality of the situation is documented in the chart. It is imperative the patient is aware of risk of lethality in the relationship and is provided resources to seek and address their safety. FNEs who conduct and discuss the results of a danger assessment should/can access training on the assessment tool and the process of discussing it with patients at www.dangerassessment.org.
- Where the community or collaborative domestic violence service provider agency does have a trained advocate or victim assistant that responds to the hospital, the FNE should discuss contacting that agency/advocate in order to provide immediate advocacy services, including danger assessment, safety planning, accessing community resources such as emergency shelter, counseling and other resources to assist the patient in seeking safety. FNEs and hospitals can identify and locate their local domestic violence service provider via the website for the Indiana Coalition Against Domestic Violence at www.icadvinc.org/domestic-violence-programs/.
- In facilities where an advocate does not respond to the hospital, discharge instructions related to strangulation, safety planning, community resources such as emergency shelter, counseling, and where to obtain a civil protection order should be provided to the patient. The discharge instructions should include the contact information for the local community or collaborative partner domestic violence service provider agency.
- The FNE should obtain the EMS record for inclusion as part of the Medical Forensic Exam documentation. The FNE should scan the record into the institution's electronic records system

as it may be helpful for the patient's plan of care and corroborate a patient's history of strangulation.

- If law enforcement is involved, they and/or prosecutor can obtain medical records by contacting the health care institution health information management (HIM) department where the patient received their medical care. The patient MUST sign a medical release form before the institution can release the requested documents.
- With the patient's written consent, the medical records of the emergency department visit, the Medical Forensic Exam report and the EMS run sheet may be released to law enforcement and/or prosecution.
- Per institution protocol, the FNE should discuss, explain and/or initiate an application to the violent crime compensation fund with the patient if the patient meets eligibility requirements. The online filing portal can be found on the Indiana Criminal Justice Institute website at www.in.gov/cji/victim-compensation/.
- Per institution protocol, the patient may return to the ED for further care and documentation of new injuries.

It is common for Forensic Nurse Examiners (FNE) to be asked to testify in criminal cases regarding their care of the survivor. If asked to testify in court proceedings, below are some suggested steps to prepare for that process.

- The FNE should ask to meet with the prosecutor at least one week before set trial date to discuss testimony, needed documents and photos (if taken at the time of the emergency department visit).
- The FNE should obtain and review all relevant documents regarding the patient's encounter in the ED.
 - Prosecutors will be responsible for obtaining necessary releases for medical records and photographs prior to meeting with the FNE.

PROSECUTING ATTORNEY

The role of the prosecuting attorney on strangulation cases is critical in holding partners who cause harm accountable for their violence. Successful prosecution of strangulation cases depends in part on the identification and preservation of evidence of signs and symptoms of strangulation and/or suffocation, which must be gathered early by both the responding officer and the detective. The use of a medical professional (trauma physician, forensic nurse, etc.) who can testify about (a) the connection between the act of strangulation and the signs and symptoms and (b) what the signs and symptoms tell a trier of fact about the seriousness of the event and the physiology behind what has occurred is also a critical component. The prosecutor should also be able to explain, through testimony and argument, why strangulation may not have any external indication or corroborating evidence as well as the importance of holding persons who strangle their partner accountable.

- A Prosecutor working on domestic violence or sexual assault cases should seek out training on the medical aspects of strangulation prior to trying a case. Prosecutors should work with and train initial response and investigating law enforcement officers regarding what types of evidence are critical in strangulation prosecution. This should include but not be limited to proper documentation of and photograph techniques for strangulation injuries, documentation of secondary symptoms of strangulation such as raspy voice, altered mental state etc. One training resource available for Prosecutors is the recorded webinar ***What Attorneys Need to Know About Strangulation***, which can be found on the Alliance for Hope website at www.familyjusticecenter.org/resources/what-attorneys-need-to-know-about-strangulation/. Agencies can also reach out to the Indiana Coalition Against Domestic Violence for assistance in identifying appropriate training resources for their staff.
- Prosecutors responsible for reviewing charging information and filing cases should identify those cases where the elements of strangulation are present and documented and charge accordingly to ensure that the alleged perpetrator is held accountable for all acts of violence.
- In reviewing the case for filing, the Prosecutor should also consider all evidence from the investigation and determine whether or not a strangulation assault rises to the level of additional, more serious charges.
- During trial preparation, Prosecutors should also consider these areas of focus:
 - Prosecutors should review jail calls for further evidence including symptoms of strangulation in the victim, as well as indications of intimidation, forfeiture by wrongdoing, harassment or other additional crimes.

- Prosecutors should have at least one detailed pretrial meeting with the victim about their strangulation experience using trauma-informed interview techniques. It is critical for Prosecutors to remember that both trauma and strangulation can effect how victims recall and relay memories of the incident. Best practice suggests that multiple interviews with a victim will provide a more complete understanding of the incident. Information about trauma informed interviewing is included in the Resource Appendices, but brief notes on trauma-informed interviewing techniques are below:
 - Due to the neurobiology of trauma, the interview should not involve a battering ram of questions forced at the victim. Rather, a productive interview (involving any traumatic event) will begin by making the victim comfortable and then asking the victim to relay the incident as they remember it.
 - Begin the conversation with questions about sense memories, i.e. were there specific sounds, smells, images that stuck out, and then building around those memories.
 - The interview should attempt to elicit detailed information about how the victim was strangled or suffocated as well as any physical and psychological symptoms they experienced or may be currently experiencing as a result of the assault.
 - The interview should include questions for the victim about other signs and symptoms of strangulation that they may not have included in their initial report to the Responding Officer.
 - Be sure to ask the victim about any witnesses to the crime, or about signs or symptoms of strangulation displayed after the assault that may have now manifested.
 - Prosecutors should encourage the victim to seek medical treatment if they have not already done so. Encourage the victim to specify to a medical provider that they have been strangled and their medical evaluation and care should be specific to that.
 - For agencies that have a victim assistance program, Prosecutors should connect the survivor with that program and/or provide the survivor with the direct contact information for their assigned victim assistant.
 - Prosecutors should provide the victim with contact information for a local community advocate or advocacy program as well. Community advocates and criminal justice system victim assistants have different roles and different resources that can benefit the victim.
 - Prosecutors should meet with any and all witnesses who are medical providers to ensure that you understand the medical information and their ability to give testimony on the issues pertinent to strangulation. If the victim did not seek medical care and therefore you do not have a medical witness, consider adding a subject matter witness who can testify regarding the basic dynamics of strangulation and why there may not be external indicators of a strangulation assault. Work with the witness(es) to determine what visuals or demonstrative exhibits will best support their testimony at trial. An example of medical visual aids for trial are included in the Resource Appendices.
 - As with all cases involving domestic violence, pretrial monitoring via GPS or community corrections is important if maintaining the defendant in custody is not an option.
 - Pre-trial motions including forfeiture by wrongdoing, 404(b), and rulings for admissibility of evidence should be utilized when appropriate.
- Whether the defendant is convicted or not, advocates should play a key role in safety planning and in educating the victim about the dangers of being in a relationship where strangulation is used as a tool of abuse. Victims should be encouraged to work with victim assistance programs and community advocates or domestic violence service providers both during the case as well as after its conclusion.

CONCLUSION

A survivor of non-fatal strangulation is approximately 750% more likely to become the victim of an attempted or completed domestic homicide. For individuals who survive a strangulation attack, many will suffer temporary, protracted or even permanent physiological, neurological and/or psychological injury that will have profound impacts on their families and, by extension, our community. Recent studies also show that 30-50% of the suspects in officer-involved shootings have a criminal background involving non-fatal strangulation.

All these facts strongly suggest that homicide prevention efforts and a safer, healthier community can both be supported through the development of effective protocols both within and between agencies who provide services to

either survivors or perpetrators of the crime of strangulation. This model protocol represents the first steps in creating communities across the state of Indiana that take the threat of strangulation as seriously as it must be taken. The authors encourage all jurisdictions and agencies who respond to these cases, as well as the communities they serve, to use this template to draft and implement their own collaborative strangulation response protocol with the ultimate outcome being fewer victims lost to intimate partner homicide.

A large, bold, orange percentage '750%' is displayed next to a grey rectangular bar on the left side of the page.

A SURVIVOR OF NON-FATAL STRANGULATION IS APPROXIMATELY **750% MORE LIKELY** TO BECOME THE VICTIM OF AN ATTEMPTED OR COMPLETED DOMESTIC HOMICIDE.

A large, bold, orange percentage '30-50%' is displayed next to a grey rectangular bar on the left side of the page.

RECENT STUDIES ALSO SHOW THAT **30-50% OF THE SUSPECTS** IN OFFICER-INVOLVED SHOOTINGS HAVE A CRIMINAL BACKGROUND INVOLVING NON-FATAL STRANGULATION.

RESOURCE APPENDICES

REFERENCES & RESOURCES FOR INDIANA MODEL COLLABORATIVE STRANGULATION RESPONSE PROTOCOL

TRAINING VIDEOS & RESOURCES



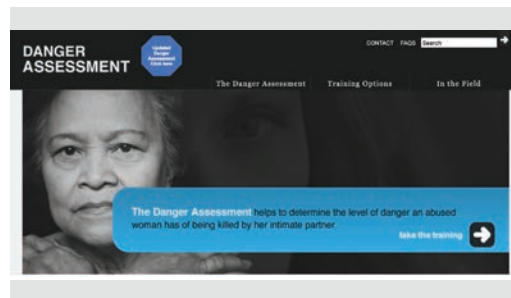
Strangulation Intervention and Prevention e-training video (Law Enforcement / Advocates) — www.strangulationtraininginstitute.com/training/online-strangulation-training



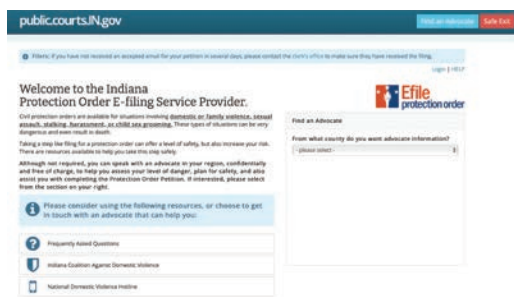
EMS & Paramedic Response to Strangulation e-training video — www.familyjusticecenter.org/resources/ems-and-paramedic-response-to-strangulation-webinar/



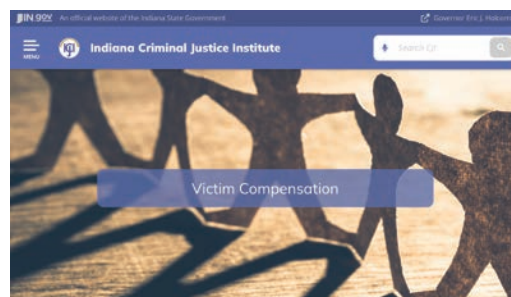
What Attorneys Need to Know About Strangulation e-training video — www.familyjusticecenter.org/resources/what-attorneys-need-to-know-about-strangulation



Danger Assessment Training — www.dangerassessment.org



Protective Order Efiling Portal — www.public.courts.in.gov/porefsp#



Crime Victim Compensation Fund — www.in.gov/cji/victim-compensation

APPENDICES BY CHAPTER



All of the below listed resources are available for download at the following link or by scanning the QR code. <https://rebrand.ly/m6w8f2x>

INDIANA LEGISLATION

rebrand.ly/90o70rz



- IC 35-31.5-2 Definitions of Crimes of Domestic or Family Violence, Serious Violent Felon
- IC 35-42-2-9 Strangulation
- IC 31-33-5 Mandatory Reporting of Child Abuse or Neglect
- IC 12-10-3-9 Reporting Abuse of Endangered Adults
- IC 35-47-7-1 Reporting Weapon Inflicted Injuries
- IC 35 40-5 Rights of Crime Victims

LAW ENFORCEMENT

rb.gy/yz1p4



- Intl Association of Chiefs of Police Model Policy on Strangulation
- IACP Strangulation Response Checklist
- Dispatchers
 - Alliance for Hope Strangulation Infographic
 - Alliance for Hope Strangulation Assessment Card
- Response & Investigation
 - Indianapolis Metropolitan Police DV Officer Information Sheet
 - San Diego Co Strangulation Supplemental Report Form
 - San Diego Co Strangulation Documentation Form
 - Lancaster Strangulation Supplemental Report
 - Alliance for Hope Strangulation / Suffocation Investigative Worksheet
 - Alliance for Hope Strangulation Assessment Card
 - Indiana Victims' Rights Summary
 - ICADV / Alliance for Hope Strangulation Resource Brochure

COLLABORATING COMMUNITY ADVOCATES

rb.gy/9c4oh



- ICADV / Alliance for Hope Strangulation Resource Brochure
- Indiana Victims' Rights Summary
- Alliance for Hope Safety Planning for Strangulation Brochure
- Release of Information Guidance
- Release of Information Model

EMERGENCY MEDICAL SERVICES

rb.gy/g2rze



- Signs & Symptoms of Strangulation Quick Reference
- Recommendations for Adult Medical / Radiological Evaluation of Non-Fatal Strangulation
- 2023 Medical Forensic Exam Providers List

FORENSIC NURSES

rb.gy/bfpqx



- IC 31-33-5 Mandatory Reporting of Child Abuse or Neglect
- IC 12-10-3-9 Reporting Abuse of Endangered Adults
- IC 35-47-7-1 Reporting Weapon Inflicted Injuries
- Intl Association of Forensic Nurses Non Fatal Strangulation Documentation Toolkit
- Recommendations for Adult Medical / Radiological Evaluation of Non-Fatal Strangulation

PROSECUTORS

rb.gy/4wduw



- Trial Visual Aide — Esperanza
- Trial Visual Aide — Vital Neck Structures
- Physiological Consequences of Strangulation
- Trauma Informed Interviewing Techniques — Office on Victims of Crime Training & Technical Assistance Center
- Successful Trauma Informed Interviewing — International Association of Chiefs of Police
- Trauma Informed Interviewing for the Justice System — Battered Women's Justice Project Recorded Webinar — <https://www.bwjp.org/resource-center/resource-results/trauma-informed-victim-informed-interview-for-the-justice-system.html>

GENERAL REFERENCES

rebrand.ly/jz6x3pg



- No Visible Bruises — Article discussing strangulation and traumatic brain injury
- Strangulation as an Important Risk Factor for Homicide of Women



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STRANGULATION

IN INTIMATE PARTNER VIOLENCE

STRANGULATION

is the obstruction of blood vessels and/or airflow in the neck resulting in asphyxia.



1 in 4

women will experience intimate partner violence (IPV) in their lifetime ¹

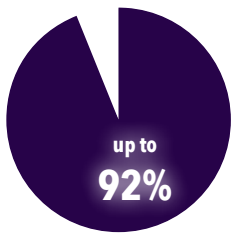
Of women at high risk, between **68-80%** will experience

NEAR-FATAL STRANGULATION BY THEIR PARTNER ²

Strangulation survivors have the **LOWEST HOPE** scores of all victims of domestic violence, with a **31% increase in suicidal ideation ³**



Strangulation is among the most lethal forms of Domestic Violence. Loss of consciousness can occur within **5 - 10 seconds**. Death within minutes ⁴



of women who have experienced IPV, including strangulation, are estimated to have suffered some type of a TBI ⁵



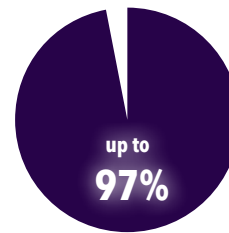
are strangled along with sexual assault/abuse ⁶
9% are also pregnant ⁵



of children witnessed their mothers being strangled
and **9%** were also strangled ⁷



of strangled women believed they were going to die ⁸



are strangled manually (with hands) ⁹



report losing consciousness ¹⁰

And odds for homicide increase **750%** for victims who have been previously strangled, compared to victims who have never been strangled ¹¹

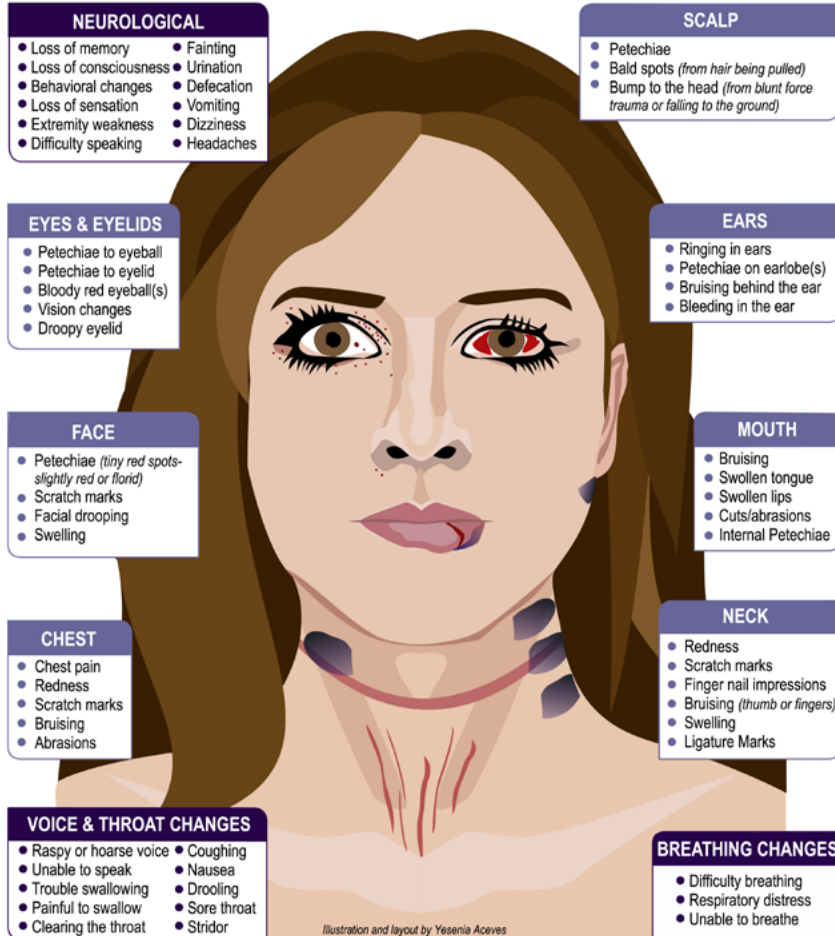
The majority of all **POLICE OFFICERS KILLED IN THE LINE OF DUTY** are killed by men who have strangled women ¹²

Today, **50 States, 22 Tribes** and **2 US Territories** have passed felony strangulation laws ¹³

Strangulation and **suffocation** are included in **Federal (2013)** and **Military (2019) Codes ¹³**

STRANGULATION

SIGNS AND SYMPTOMS ²



CONSEQUENCES ¹⁴

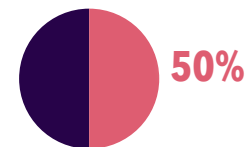
PSYCHOLOGICAL NEUROLOGICAL INJURY and TBI

PTSD, depression, suicidal ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia, and psychosis.

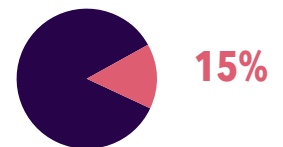
DELAYED FATALITY

Death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, acute respiratory distress syndrome, stroke due to the risk of blood clots traveling to the brain (embolization).

HOWEVER... Oftentimes, even in fatal cases, there are **NO EXTERNAL SIGNS** of injury ¹⁵



Only half of victims have visible injuries ⁵



Of these, only 15% could be photographed ⁵

¹ Breiding, et al (2011). Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States. MMWR 2014; 63(SS-8):1-18.

² Talianferro, et al (2009). Strangulation in Intimate Partner Violence. Intimate Partner Violence: A Health-Based Perspective. Oxford University Press, Inc., 217-235; Messing, et al (2018). Differentiating Among Attempted Completed and Multiple Non-Fatal Strangulation in Women Experiencing Intimate Partner Violence. Women's Health Issues, 28(3), 104-111.; Wilbur, et al (2001). Survey results of women who have been strangled while in an abusive relationship. 21J. Emergency Medicine 297.

³ Gwinn, et al (2018). Hope Rising: How the Science of Hope Can Change Your Life, 113; Wilbur, et al (2001). Survey results of women who have been strangled while in an abusive relationship. 21J. Emergency Medicine 297.

⁴ Patch, et al (2022). Emergency Evaluation of Nonfatal Strangulation Patients: A Commentary on Controversy and Care Priorities. Journal of Emergency Nursing, 48(3), 243-247.

⁵ Campbell, et al, (2018) The Effects of IPV and Probable Traumatic Brain Injury on Central Nervous System, Journal of Women's Health, 27 (6); Ziemann, et al (2017). Traumatic Brain Injury in Domestic Violence Victims: A Retrospective Study at the Barrow Neurological Institute. Journal of Neurotrauma, 876-880.

⁶ Zilkens, et al (2016). Non-Fatal Strangulation in Sexual Assault, Journal of Forensic and Legal Medicine, 43, 1-7.

⁷ Fitzgerald, et al (2022). The Prosecution of Non-Fatal Strangulation cases: An Examination of Finalised Prosecution cases in Queensland, 2017-2020; The University of Melbourne and The University of Queensland.

⁸ Thomas, et al (2014). Do You Know What It Feels Like to Drown. Psychology of Women Quarterly, 38, 124-137.

⁹ Strack, et al (2001). A review of 300 attempted strangulation cases: Part I: Criminal Legal Issues. Journal of Emergency Medicine, 21(3), 303-309; Brady, et al (2021). How Victims of Strangulation Survived. Violence Against Women, 1(26).

¹⁰ Shields, et al (2010). Living victims of strangulation: A 10-year review of cases in a metropolitan community. American Journal of Forensic Medical Pathology, 31, 320-325.

¹¹ Glass, et al (2008). Non-fatal strangulation is an important risk factor for homicide of women. The Journal of Emergency Medicine, 35(3), 329-335.

¹² Gwinn, et al (2018). Hope Rising: How the Science of Hope Can Change Your Life, 90.

¹³ Training Institute on Strangulation Prevention (2023). <https://www.strangulationtraininginstitute.com/resources/legislation-map/>

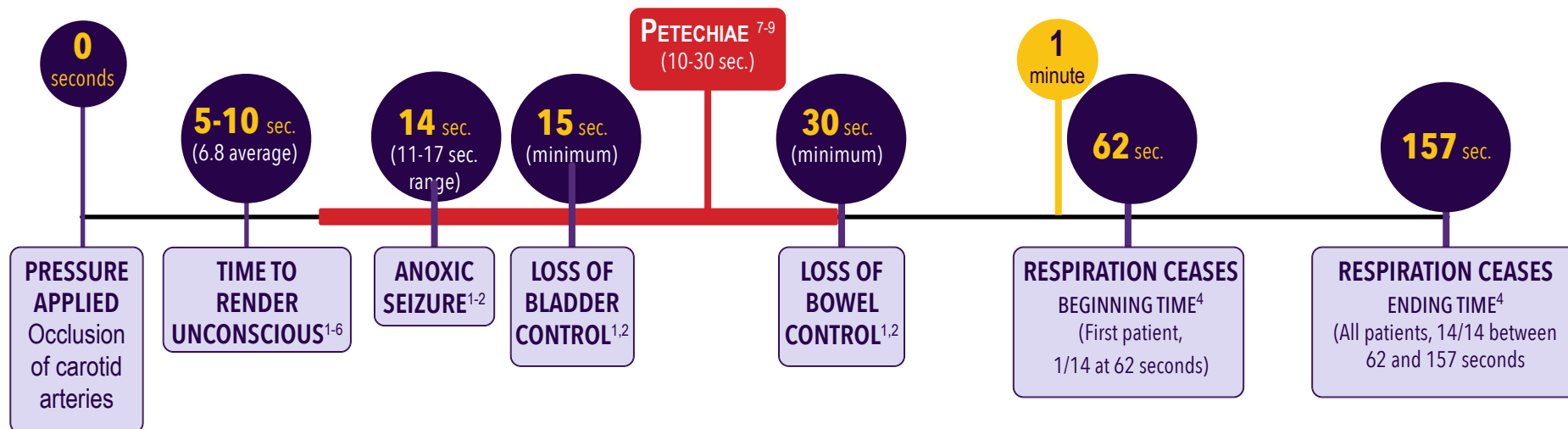
¹⁴ Bergin, et al (2022). Describing Non-Fatal Intimate Partner Strangulation Presentation and Evaluation in a Community-Based Hospital. Journal of Head Trauma Rehabilitation, 37(1),5-14.

¹⁵ DiPaolo, et al (2009). Unexpected Delayed Death After Manual Strangulation, Monaldi Arch Chest Cis, 71(3), 132-134; Luke (1966). Strangulation as a Method of Homicide, Arch Path, Vol. 83.

PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION

Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

CREATED BY: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Sean Dugan, MD; Marisol Martinez, MA ; Yesenia Aceves; and Ashley Peck



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A DANGEROUS

FROM STRANGLERS TO COP KILLERS

BY

Casey Gwinn, JD, President, Alliance for HOPE International; Gael Strack, JD, CEO, Alliance for HOPE International; and Craig Kingsbury, Chief, Twin Falls Police Department, Idaho

DEPUTY SHERIFF PETER HERRERA, 35, MADE A TRAFFIC STOP FOR A DRIVER'S FAILURE TO DIM HIGH BEAMS ON MARCH 22, 2019. After initiating the stop, he determined the car's registration was also expired. However, before Deputy Herrera could even write a citation, the driver got out of the car, said nothing, and opened fire, firing 15 times point blank at Deputy Herrera. Peter Herrera died hours later. His killer, Facundo Chavez, had a long history of domestic violence, including strangulation assaults, against women in his life. Deputy Herrera knew none of that when he made the traffic stop. Hours after the shooting, he would become one of the 23 law enforcement officers murdered in 2019 by men with a history of intimate partner violence and, often, strangulation assaults against women.

Men who assault and strangle women are the most dangerous men on the planet, but many professionals, including law enforcement officers, continue to be unaware of this threat.

Many news stories over the years have argued that domestic violence calls are the most dangerous of all calls for law enforcement. There is some truth to these stories. In 2017, there were more officers shot when responding to domestic violence calls than in any other type of incident involving firearms. Historically, this type of analysis does raise awareness about domestic violence dangers for law enforcement. From 1988 to 2016, 136 officers were killed responding to "domestic disturbances" according to the FBI. By comparison, 80 were killed during drug-related arrests for the same period. The National Law Enforcement Officers Memorial Fund, news outlets, and many other law enforcement organizations have highlighted this type of data over the years. But the dangers of responding to domestic violence calls pale in comparison to the dangers of being on ANY call where the criminal suspect has a history of domestic violence, particularly if he has a history of strangling a woman.



LINK

The FBI says approximately 7–10 percent of officers are killed responding to domestic violence–related or “domestic disturbance” calls, but this analysis is inadequate because it focuses on where the killing occurs and not the background of the killer. Deputy Herrera did not die because he witnessed a high beam violation and then learned of expired registration on the car. He died because he unknowingly ended up in the presence of a misogynistic, rage-filled strangler. The majority of men who kill police officers in the United States are also domestic violence perpetrators, and many of them have strangled at least one woman in an intimate relationship before they kill a law enforcement officer. A history of strangulation assaults with women is not only the purview of cop killers. The majority of mass shooters, domestic terrorists, and domestic violence killers

in the United States have two things in common: a history of childhood trauma and a prior history of domestic violence, often including strangulation assaults, before they kill women, police officers, or others. The list is long: John Muhammed, the DC sniper; Omar Mateen, the Pulse Night Club shooter; Devin Patrick Kelly, the First Baptist Church of Sutherland Springs shooter; Stephen Paddock, the Route 91 concert shooter; and many other notorious shooters were all stranglers of women before they became mass murderers.

When stranglers apply pressure to a woman’s neck, they are raising their hand and saying they are killers. Why? What is the connection between strangulation and the mass shooters and cop killers? The reasons are complex but the rage of stranglers, soaked in misogyny, appears to produce what the authors call a “loaded God complex.”

The most dangerous domestic violence offenders strangle their victims. The most violent rapists strangle their victims.

It used to be thought that all abusers were equal. They are not.

Research has now made clear that when a man puts his hands around a woman’s neck, he has just raised his hand and said, “I’M A KILLER.” He is more likely to kill police officers, to kill children, and to later kill his partner. So, when you hear “He choked me,” now you know... **you are at the edge of a homicide.**

“80 percent of the criminal suspects had a prior domestic violence history and 30 percent had a prior history of nonfatal strangulation against an intimate partner.”

Stranglers want their victims to know that the stranglers have complete control over whether their victims live or die. Stranglers literally hold victims' lives in their hands. It makes sense that such rage-filled entitlement increases the likelihood that a strangler will kill a police officer or attack others when his power is questioned or challenged. In failing to understand these complex connections, police officers, women, mass shooting victims, and others in the general public are dying because of failed interventions with stranglers.

Since 2013, the nonprofit organization, Alliance for HOPE International (the Alliance) has been identifying data that link men who strangle women with men who kill law enforcement officers. The early data analysis showed rates of nearly 50 percent. Then, in 2013, data began to emerge outside of the Alliance's own research. Then-Nampa Police Chief Craig Kingsbury agreed to look at the last 10 officer-involved critical incidents in Nampa, Idaho. Thankfully, no officers died in those incidents, but each involved the shooting of a criminal suspect by an officer or the shooting of an officer by a criminal suspect. Chief Kingsbury recruited a graduate student at Boise State University to pull and examine the last 10 such incidents. They asked two questions: (1) How many of the criminal suspects had a public record history of domestic violence before the incident? and (2) How many of the criminal suspects had a public record history of nonfatal strangulation against an intimate partner? The results corroborated the Alliance's early informal findings: 80 percent of the criminal suspects had a prior domestic

violence history and 30 percent had a prior history of nonfatal strangulation against an intimate partner. While a public records act search would miss many incidents, the data were easily accessible simply by searching all internet-based records and news stories. The Alliance's researchers did not have social or relationship histories of the perpetrators and did not have access to complete criminal background records. Nonetheless, Chief Kingsbury's research mirrored the Alliance's anecdotal findings—those willing to attack a police officer or pull a gun on an officer often had a substantial history of violence against women, frequently including strangulation.

Soon after the Nampa Police Department review was completed, Assistant District Attorney Jerry Fineman called to say he was going to conduct a similar public record search on killers of law enforcement officers in Southern California between 1993 and 2013. Assistant District Attorney Fineman's review found a similar 80 percent history of domestic violence in the background of cop killers and a 50 percent history of strangulation assault in the public record, leading him to conclude that there was a clear link between strangulation assaults of women and the intentional homicides of law enforcement officers.

The Idaho and California data were published in 2014 in the Civic Research Center's *Domestic Violence Report*. Though the trend of officers being killed by individuals with domestic violence histories continued, researchers did not publish again for a number of years. But, in 2018, they again began looking at the backgrounds

of cop killers more systematically. The approach was straightforward: (1) Identify all officers killed in intentional homicides in 2017 from the Officer Down Memorial Page; (2) Identify the suspected and or identified killer of each officer; (3) Search the internet for the killer's criminal history noted in the public record (newspaper articles, court filings, press releases, or social media posts); and (4) Look for any reference to domestic violence, choking, or strangulation of a prior intimate partner. It was difficult to identify specifically “choking” or “strangulation,” but the research team generally found references to prior “domestic abuse,” “domestic disturbance,” or “domestic violence.” In limited cases, if the team knew a local law enforcement officer or prosecutor in a jurisdiction where an officer had died, they made contact to see if the jurisdiction had any other information about the relationship history of the killer. In some cases, the contacts had seen the killer's criminal history, and in others, they had talked to family members or friends who had information about whether the perpetrator had ever assaulted or strangled a woman. In cases where this information was obtained, it was included, even though it was not always public record information.

The research found that 33 out of 44 (75 percent) officers killed in the line of duty were murdered by men with a history of domestic violence. It was not always possible to find strangulation assaults in the public record, but nearly every time additional information about the offenders was available, they often had not just domestic violence histories, but specifically histories of strangling or suffocating women in intimate relationship or sexual assault contexts.

This research is now performed annually by the staff at the Alliance. This analysis was replicated with officers killed in 2018 in intentional homicides and found 66 percent of the cop killers had domestic violence histories. The analysis of officers killed in 2019, 2020, and 2021 has recently begun, and the first public records show histories of domestic violence in over 50 percent of the killers of officers. However,

the Alliance is also finding less and less being written about the criminal history of the killers in news accounts, making it progressively more difficult to replicate the analysis from 2017. The media appears to be reporting less on the killers and endeavoring to honor the officers more. While this trend does offer honor to the victims and minimizes the glorification of the killers, it is hampering the organization's ability to continue to document the link between domestic violence perpetrators and the killers of police officers in the United States.

“The research found that 33 out of 44 (75 percent) officers killed in the line of duty were murdered by men with a history of domestic violence.”

Awareness is rising about strangulation assault among law enforcement leaders and its importance in predicting homicides of victims of domestic violence, but there is a long way to go in raising awareness about the relationship to officers killed in the line of duty. The International Association of Chiefs of Police passed a resolution in 2014 calling on law enforcement agencies to treat nonfatal strangulation more

seriously, including increasing training, implementing protocols, engaging emergency medical services personnel at the scene, and treating it as a felony offense. However, the resolution did not include findings about officers killed in the line of duty because the Alliance's data had not yet been published.

More research must be done, and the Alliance is seeking the support of the U.S. Department of Justice to run full criminal histories on each law enforcement officer killer in the United States in order to better identify past domestic violence and strangulation assault incidents.

Still, the data gathered to date should help drive public policy in the United States, and these findings challenge the inaccurate data being put out by FBI and, related to mass shootings, the Department of Homeland Security. In 2016, for example, the FBI said that seven officers were killed responding to “domestic disturbance calls.” In 2017, the FBI did not break out the data on “domestic disturbance calls” in their press release at all but noted one officer died on such a call. In 2018, the FBI said one officer was killed responding to a “domestic violence call.” And in 2019, the FBI said two officers were killed in “domestic disturbance calls.” These data fail on many levels to paint the full picture. First, the FBI is looking at where the incident happened instead of who the perpetrator is and what his relationship violence history is with intimate partners. And when the FBI does look at criminal history, it looks only at felony criminal history. In contrast, most domestic violence incidents are treated as misdemeanors by law enforcement professionals, and few end up with any criminal conviction to even be recorded on the perpetrator's record. Based on the Alliance's public records research, how many officers were killed by men with a history of domestic violence in 2017? 33. How many officers were killed by such men in 2018? 31. How many officers were killed by such men in 2019? At least 23.

Police chiefs themselves are dying at the hands of stranglers, not just their officers. Chief Steven Eric Disario in Kirkersville, Ohio, was killed by a domestic violence strangler while

responding to a radio call of a man with a gun outside of a nursing home in 2017. Chief Disario was a married father of six children with a baby on the way when he died. He did not know he was dealing with a strangler when he arrived. It took months for the system to determine that the killer, Thomas Hartless, had a history of domestic violence with strangulation assaults. Imagine the benefit of knowing Hartless was a strangler and the significance of that information before Chief Disario arrived at the scene. Could it have saved his life? Would it have mattered if strangulation, or “choking” as it was called by the victim, had been treated seriously by the criminal justice system before May 12, 2017? Perhaps Chief Disario's children, family, and friends would not have lost him if Hartless had been held accountable when he had raised his hand and said he was a killer.

Every law enforcement officer in the United States has a right to know when he or she is dealing with a man with a history of domestic violence, particularly a strangler. Officers are in more danger and are more likely to die when dealing with a misogynistic, rage-filled man, no matter the type of call or contact. Men who slap, punch, or kick women are abusers, men who strangle women are potential killers, and officers have a right to know when they are coming into contact with them in any setting. ♡

IACP RESOURCES

- Police Response to Violence Against Women
- Response to Non-Lethal Strangulation Report Review Checklist

theIACP.org

- Stalking, Strangulation, and Shootings: The Value of Domestic Violence Data in Predicting Officer-Involved and Mass Shootings

policechiefmagazine.org

Exhibit 9

October 29th Comments from Judge Mark Spitzer

Indiana Judges Association
Comments for Indiana Bail and Release Review Commission

Mr. Chairman, I would like to make a few preliminary observations regarding the public comments that were submitted prior to this meeting. As the Committee likely noted, there were several comments from judges expressing concern about positions that the Indiana Judges Association was perceived to be taking in its joint presentation with the Supreme Court at the last meeting. I've since had the opportunity to talk with several of the judges who signed the joint letter and I believe there was a misunderstanding as to the IJA's position on the issues.

IJA's request is to leave intact the discretion of judges to make decisions on a case by case basis with the best information that we can have. If a defendant is to be released, we want all of the tools in our toolbox to be available to us, not just financial conditions.

I also want to note that I have worn several hats with regard to pretrial in Indiana. I am the chair of the Judicial Conference's Pretrial Release Committee. I have also served on the State JRAC Council for many years, and before that served on the Statewide EBDM Committee, both of which played a big part in designing Indiana's Certified Pretrial Program. It has occurred to me that when I used the word "we" as I discussed the history of developing pretrial in Indiana, that was confusing. That made it sound like IJA was involved in developing Indiana's pretrial program. IJA was not involved in developing the Certified Pretrial Program, except to the extent that IJA has a seat on the Statewide JRAC Council.

The thing that I'm more concerned with is the assertion in the judges' letter that IJA was supporting "cashless bail" as they characterized it in the letter. By their writing, "cashless bail" means that "the release of criminal defendants is based on the level and nature of offense he or she has committed, rather than individualized dangerousness. In such a model, a judge would not adequately consider a defendant's dangerous past actions and may be forced to release defendants the judge knows are dangerous". IJA does not support a system of cashless bail as stated in the letter.

To be clear, every court in Indiana from time-to-time releases people on their own recognizance. In fact, in my conversations with judges who signed the letter, they acknowledge that they regularly release people on their own recognizance if the circumstances warrant it. This is a tool that judges, Sheriffs and prosecutors have in their toolbox to prevent jail overcrowding. However, it is used at the discretion of the judge presiding over the case, and a judge can always say "no" to a request for release.

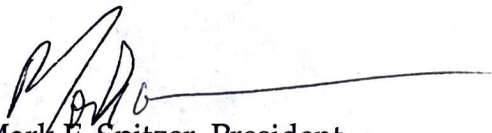
With respect to my comments on changing "bail" to "release", OR releases and cash bail are only a couple of the tools that we need in our toolbox to facilitate public safety. Bail has become synonymous with a financial condition, and judges also need the freedom to put reasonable conditions on release, like no-contact orders with victims, court date reminders, referrals to mental health and substance abuse treatment, electronic monitoring for appropriate cases, and appropriate supervision for those who need it.

The judges who I talked to who signed the letter, some of whom are here today, made clear that they don't oppose Criminal Rule 2.6 or the Certified Pretrial Program. In fact, four of the counties that these judges come from have a Certified Pretrial Program and others are in the planning stages to start one. To my knowledge, nobody, including IJA, is advocating that we abandon our Certified Pretrial Program. Counties who have adopted our Certified Pretrial Program provide their judges with much more detailed and extensive information about the defendants in front of them to allow them to make informed decisions to enhance public safety, and the data proves that.

My comments at the previous meeting were intended to describe the history of Indiana's pretrial innovations, to demonstrate with data that it works, and to ask that any statutory scheme moving forward not interfere with the progress that we have made so far. We don't intend to adopt systems from California, New York, or anywhere else. Ours works.

To be crystal clear, it is critical for public safety and appearance in court that cash bail remains a tool available for all Indiana judges in all criminal cases

I apologize if I didn't make that clear at our prior meeting, and I hope this eliminates any misunderstandings.



Mark E. Spitzer, President
Indiana Judges Association