


Atlanta Police Department Policy Manual		Standard Operating Procedure
Effective Date: September 7, 2021		APD.SOP.3083 Family Violence
Applicable To: All sworn employees		Review: 2025
Approval Authority: Chief Rodney Bryant		
Signature: Signed by RB		Date Signed: 9/7/2021

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1. PURPOSE

To establish uniform procedures for the answering of family violence calls for service and the management of those incidents.

2. POLICY

It is the policy of the Atlanta Police Department (APD) that officers dispatched to family violence calls for service provide police services necessary to ensure the safety of parties involved and to identify and arrest the predominant aggressor(s).

3. RESPONSIBILITIES

- 3.1 Unit commanders or his/her designee will ensure that vital information is communicated between watches and units by maintaining close liaison with the Domestic Violence Unit within the Criminal Investigations Division (CID) regarding cases involving family violence.
- 3.2 Watch supervisors will ensure that calls for service pertaining to family violence are answered and handled properly. Responding officers will notify the Domestic Violence Unit on all calls regarding family violence.
- 3.3 Investigators assigned to the Domestic Violence Unit will answer and respond to calls of family violence for assistance made by officers. Domestic Violence Unit Investigators will respond to the scene of significant incidents to immediately begin proper investigations.



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4. ACTION

4.1 Communications Section

1. Upon receiving a request for police services in a family violence incident, follow procedures set forth in APD.SOP.6010 "Communications" and prioritize the incident as necessary;
2. Notify the responding officer if there had been a prior call for service at that same location within the past year;
3. Provide updated information via radio to responding officers as it becomes available.

4.2 Officer Responsibilities

1. Will treat all parties involved with dignity and respect.
2. Will not use the relationship of the parties involved solely as a factor for determining if an arrest or successful prosecution can be made.
3. Will employ the same professional investigative techniques in this complaint as he or she would employ in any other crime of violence or potential crime of violence.
4. Will verify the welfare and safety of all children present in the home by visual inspection.
5. Will indicate the presence, name, and age of any children.
6. Will make an arrest in all incidents in which a felony has been committed by an involved party and probable cause exists.
7. Will make an arrest in non-felony incidents when legal cause for an arrest without a warrant exists. Refer to section 4.1.4 "Arrest without a warrant" of APD.SOP.3030 "Arrest Procedures."
8. Will, when legal cause for an arrest without a warrant does not exist, assist the victim in obtaining a warrant by:
 - a. Advising the victim of the location of the nearest available judicial officer authorized to issue a warrant.
 - b. Transporting the victim to the nearest available judicial officer when no other means of transportation is available and the potential for violence is high. The officer must have the permission of the immediate supervisor when such a transport is made.
9. Will make an arrest in all incidents where the complainant has a valid protection order, civil or criminal. The officer will verify that specific conditions of the order have been violated. The officer will execute such order when the subject of the order is at the location or has made contact with the complainant within a reasonable time frame and there is confirmation that the subject had been served.
10. If the subject had not been served with the valid protection order, then the following items will be documented:
 - a. The responding officer will serve the subject either in writing or orally with the valid protective order (in accordance to OCGA 17-4-24); transporting the subject to a safe



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location; and documenting all information in a report with the incident number given by dispatch for the incident.

- b. The officer will also notify the issuing court that the subject had been served by giving the court the incident number that was assigned to the incident.
11. Will complete an incident report on all incidents of family violence as instructed by the Domestic Violence Unit Investigator, attempt to obtain a statement from the victim and/or witnesses using their city issued Body Worn Camera, and have the victim complete a positive identification of the suspect while on scene. All information obtained will be documented with the Body Worn Camera.
12. Will, when appropriate, refer one or more of the disputants to a social agency or mental health clinic. (APD.SOP.3200 "Criminal Justice and Social Services Diversion Programs").

4.3 Arrest

1. Whenever a law enforcement officer responds to an incident in which an act of family violence has occurred, the officer will not base the decision of whether to arrest and charge a person on:
 - a. The specific consent of the victim or on a request by the victim solely, or
 - b. On consideration of the relationship of the parties.
2. No officer investigating an incident of family Violence will threaten, suggest, or otherwise imply that all parties will be arrested for the purpose of discouraging requests for police services.
3. When complaints of family Violence are received from two or more opposing parties, the officer will evaluate each complaint separately to attempt to determine the predominant aggressor. If the officer determines that one of the parties was the predominant physical aggressor, the officer will not be required to arrest any other person believed to have committed an act of family violence during the incident. In determining whether a person is a predominant aggressor, an officer will consider:
 - a. Prior family violence involving either party;
 - b. The relative severity of the injuries inflicted on each person, including whether the injuries are offensive versus defensive in nature;
 - c. Threats that created the fear of physical injury;
 - d. The potential for future injury;
 - e. Whether one of the parties acted in self-defense or in defense of a third party;
 - f. Prior complaints of family violence; and
 - g. Whether the person had reasonable cause to believe he or she was in imminent danger of becoming a victim of any act of family violence.



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4.4 Recognizing and Investigating Strangulation

4.4.1 Strangulation is difficult to identify. Below is a list of common visual signs that can assist the officer identifying strangulation:

1. Head- pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture, concussion.
2. Face- red or flushed, petechiae, scratch marks.
3. Eyes and Eyelids- petechiae to the left or right eyeball, bloodshot eyes.
4. Ear- petechiae (external and/or ear canal), bleeding from ear canal.
5. Nose- bloody nose, broken nose, petechiae.
6. Mouth- bruising, swollen tongue, swollen lips, cuts/abrasions;
7. Under the chin- redness, scratch marks, bruise(s), abrasions;
8. Neck- redness, scratch marks, fingernail impressions, bruise(s), abrasions, swelling, ligature marks; and
9. Chest and Shoulders- redness, scratch marks, bruise(s), abrasions.

4.4.2 Other symptoms that could be present as a result of a strangulation will not always be observable by the investigating officer. The victim will have to be asked if they are experiencing any of these symptoms, which are listed below:

1. Voice changes- raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.
2. Swallowing changes- trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.
3. Breathing changes- difficulty breathing, hyperventilation, unable to breathe.
4. Behavioral changes- restlessness or combativeness, problems concentrating, amnesia, agitation, Post-traumatic Stress Syndrome, hallucinations.
5. Vision changes- complete loss or black & white vision, seeing 'stars', blurry, darkness, fuzzy around the eyes.
6. Hearing changes- complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.
7. Other changes- Memory loss, unconsciousness, dizziness, headaches, involuntary urination or defecation, loss of strength, going limp.

4.5 Reporting

4.5.1 Whenever a law enforcement officer investigates an incident of Family Violence or Dating Violence, whether or not an arrest is made, the officer will prepare and submit to the supervisor an incident report. The report will include the following:



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1. Name of the parties;
2. Relationship of the parties;
3. Sex of the parties;
4. Date of birth of the parties;
5. Time, place, and date of the incident;
6. Whether children were involved or whether the act of family violence was committed in the presence of children;
7. Type and extent of the alleged abuse;
8. Existence of substance abuse;
9. Number and types of weapons involved;
10. Existence of any prior court orders;
11. Type of police action taken in disposition of case, the reasons for the officer's determination that one party was the predominant physical aggressor, and mitigating circumstances for why an arrest was not made; and
12. Whether the victim was apprised of available remedies and services; and
13. Any other information that may be pertinent.

4.5.2 This report must be completed regardless of whether:

1. A referral was made;
2. A warrant was advised; or
3. The victim did not wish to prosecute.

4.5.3 When reporting a strangulation, the incident report will include the following:

1. Use the word "strangulation" not choke, except when recording the victim's exact words.
2. Use the phrase, "consistent with strangulation" when describing visual or testimonial evidence.
3. All signs and symptoms observed, consistent with strangulation.
4. Record victim's description of injury even if there are no visible signs:
 - a. Include all complaints of pain;
 - b. Document the type and location of all injuries;
 - c. Document the victim's exact words (e.g., "he choked me").



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4.6 Supervisor Notification

1. Officers responding to family violence calls for service will notify his or her supervisor when one or more of the following conditions exist:
 - a. A repeat call for police services to the same location involving the same disputants within a 24-hour period, regardless of whether or not the original call for service was handled by the responding officer.
 - b. One or more of the disputants is a City of Atlanta employee.
 - c. The aggressor has left prior to arrival by the responding officer and the officer believes the victim is in grave danger of being seriously physically injured by the perpetrator.

4.7 Pull-in Codes

1. All calls for service which are family violence in origin must be identified by the following pull-in codes:
 - a. Code 5A Report has been made; or
 - b. Code 5B Report and arrest have been made.
2. When an arrest is made on a family Violence incident, an incident report will be made. All officers will clearly identify this incident as "Family Violence" on the incident report.
3. When an arrest is not made on a family violence situation and a follow-up investigation of a criminal offense is necessary, an incident report will be completed. On this report, the officer will clearly identify this incident as "Family Violence".

4.8 Victim Notification

- 4.8.1 Investigating officers will explain to victims and witnesses the procedures involved in the prosecution of their cases as well as their role in those procedures.
(CALEA 6th ed. Standard 55.2.4b)
- 4.8.2 Investigating officers will notify victims of their rights pursuant to the Georgia Crime Victim's Bill of Rights, § 17-17-5 Notification to victim of accused's arrest, release, judicial proceedings, escape, and violations of electronic release and monitoring program.

4.9 Victim-Witness Advocates

- 4.9.1 Investigating officers will refer to APD.SOP.3100 Victim / Witness Assistance for procedures pertaining to referrals and follow-up with the victim.
- 4.9.2 Victim-Witness Advocates may be available to follow up on referrals, participate in the training of officers and provide liaison with regard to the outcomes of their referrals.

4.10 Primary Domestic Violence Unit Investigator

The primary Domestic Violence Unit Investigator will continue their preliminary investigation or review the investigation initiated by the first responding officer and make a determination if



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additional investigation is needed as set forth in APD.SOP.5010 Criminal Investigations Divisions.

5. DEFINITIONS

5.1 Asphyxia: A condition caused by inadequate intake of oxygen.

5.2 Dyspnea: Shortness of breath. Difficult or labored breathing.

5.3 Family Violence: The occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, step-parents and step-children, foster parents and foster children, or other persons living or formerly living in the same household:

1. Any felony; or
2. Commission of offenses of battery, simple battery, simple assault, assault, and stalking, criminal damage to property, unlawful restraint, or criminal trespass.

The term "Family Violence" will not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint, or detention.

(OCGA § 19-13-1 "Family Violence Defined")

5.4 Strangulation: The act of strangling or the state of being strangled. (Medical) Inordinate compression or constriction of a part of the throat that causes a suspension of breathing of the passage of contents, or of the circulation.

5.5 Stridor: The harsh sound heard on inhalation caused by air passing through a constricted passage (raspy breathing).

5.6 Trachea: The windpipe. A fibrocartilaginous tube lined with mucous membrane passing from the larynx to the bronchi.

6. CANCELLATIONS

APD.SOP.3083 "Family Violence" dated June 4, 2019.

7. REFERENCES

APD.SOP.3100 Victim / Witness Assistance

APD.SOP.5010 Criminal Investigation Division

APD.SOP.6010 Communications

OCGA § 19-13-1, "Family Violence Defined"

O.C.G.A 17-4-20.1, "Investigation of Family Violence; preparation of written report; review of report by defendant arrested for Family Violence; compilation of statistics"

O.C.G.A 17-4-24, "Duty of law enforcement officers to execute penal warrants; summoning of posses"



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OCGA § 17-17-5, Georgia Crime Victim's Bill of Rights

Commission on Accreditation for Law Enforcement Agencies CALEA 6 th ed. Standard 55.2.4b

Strangulation Training Institute (Strangulationtraininginstitute.com)

The Office on Violence Against Women, U.S. Department of Justice.

8. SIGNIFICANT CHANGES

Extensive changes were made to the entire policy.

9. APPENDIX

9.1 Strangulation Assessment Card

STRANGULATION ASSESSMENT CARD			
SIGNS	SYMPTOMS	CHECKLIST	TRANSPORT
<ul style="list-style-type: none">Red eyes or spots (Petechiae)Neck swellingNausea or vomitingUnsteadyLoss or lapse of memoryUnurinatedDefecatedPossible loss of consciousnessPtosis – droopy eyelidDroopy faceSeizureTongue injuryLip injuryMental status changesVoice changes	<ul style="list-style-type: none">Neck painJaw painScalp pain (from hair pulling)Sore throatDifficulty breathingDifficulty swallowingVision changes (spots, tunnel vision, flashing lights)Hearing changesLight headednessHeadacheWeakness or numbness to arms or legsVoice changes	<p>S Scene & Safety. Take in the scene. Make sure you and the victim are safe.</p> <p>T Trauma. The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?</p> <p>R Reassure & Resources. Reassure the victim that help is available and provide resources.</p> <p>A Assess. Assess the victim for signs and symptoms of strangulation and TBI.</p> <p>N Notes. Document your observations. Put victim statements in quotes.</p> <p>G Give. Give the victim an advisal about delayed consequences.</p> <p>L Loss of Consciousness. Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?</p> <p>E Encourage. Encourage medical attention or transport if life-threatening injuries exist.</p>	<p>If the victim is Pregnant or has life-threatening injuries which include:</p> <ul style="list-style-type: none">Difficulty breathingDifficulty swallowingPetechial hemorrhageVision changesLoss of consciousnessUnurinatedDefecated <p>DELAYED CONSEQUENCES</p> <p>Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, blood clot, respiratory complications, or anoxic brain damage.</p> <p>Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009). Strangulation in Intimate Partner Violence: Intimate Partner Violence: A Health-Based Perspective. Oxford University Press, Inc.</p> <p><small>This project is supported at least in part by Grant No. 2014-1A-AK-R000 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.</small></p>

ADVISAL TO PATIENT
<ul style="list-style-type: none">After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms. These internal injuries can be serious or fatal.Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.The National Domestic Violence Hotline number is 1-800-799-SAFE.
NOTICE TO MEDICAL PROVIDER
<ul style="list-style-type: none">The Medical Advisory Board of the Training Institute on Strangulation Prevention has developed recommendations for the radiologic evaluation of the adult strangulation victim. In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. A list of medical references is available at www.strangulationtraininginstitute.comLife-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MR/MRI of neck and brain. Strangled patients with arterial injuries can present with strokes months or years post-strangulation.ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.

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