

Position Statement: “Choke Hold” policy in law enforcement

I have been involved in training police use of force since 1995 and setting policy for a major state agency since 2000 (I retired from that agency in late 2014 after almost 29 years of service). As Idaho POST Director from late 2014 to 2018, I was in charge of all training standards for police academy training and certification in our state. Although techniques, training, and policies vary widely nationwide (I am currently a national expert witness and consultant) the basic concept and accepted purpose of neck restraint techniques remains the same – To stop or prevent an immediate threat to officer or public safety. It is important to remember that a threat to officer safety is also a public safety risk because once an officer is overcome, all of his or her weapons are available to the person being restrained, including the officer’s handgun.

1. What is your position on the use of choke holds?

Choke holds are deadly force. The International Association of Chiefs of Police (IACP) defines Deadly Force as “Any use of force that creates a substantial risk of causing death or serious bodily injury” (International Association of Chiefs of Police [IACP], 2017, section III). The term “choke hold” has been improperly used to describe all techniques affecting the neck area of a person, but there are several. I won’t go over all of them here, but I will differentiate a “choke hold” from the vascular restraint technique, or “carotid control technique” as it was called when I was trained back in 1986, in the answer to the third question.

To directly answer this question, **choke holds should never be used in any situation where deadly force is not authorized or appropriate** – in other words, as a **last resort**, at the

same level of decision making as the use of a firearm. I have always been trained this, I have always taught this, and I have always held myself accountable, my peers, trainees, and Troopers under my command, to this standard. I agree with IACP (IACP, 2017, section IV.D.1.e) “Choke holds are prohibited unless deadly force is authorized.” Although this document came out in 2017, this has been my standard since 1986. And this national best practice was in place and published prior to the George Floyd incident and dozens of other less-publicized preventable deaths.

The proper definition of a choke hold is “a physical maneuver that restricts an individual’s ability to breathe for the purposes of incapacitation” (IACP, 2017, section IV.D).

2. What is the current policy on choke holds in Ada County, and is it one you support?

Policy. The current policy manual (Ada County Sheriff’s Office [ACSO], 2017), which was revised in 2022, does not contain the words “neck” or “choke,” and mentions “control techniques” just once as a general reference under “Use of Force” section (ACSO, 2017, section 2C.4). During a virtual town hall meeting, former Ada County Sheriff “Bartlett said the neck restraint is used only as a last resort and only when absolutely necessary to save a deputy’s life or a community member’s life. And he said it should never be escalated to a situation like the one that resulted in the death of George Floyd in Minneapolis” (KTVB-7, 2020). Bartlett resigned on Memorial Day 2021. The temporarily appointed sheriff Matt Clifford had the opportunity to weigh in on the policy before its revision date of July 1, 2022 but did not do so.

Do I Support of the Policy. No; not as a sufficient policy governing the use potentially deadly force. In my opinion, this policy is overly broad and provides insufficient direction,

guidance, and safeguards against abuse. While I agree with the content, it is overly wordy and lacks specific substance and accountability. Having personally drafted a use of force policy update for a state police agency and having been a member of the critical incident review board for that agency, my opinion is that this policy provides inadequate specific guidance related to the use of neck restraints (chokes or control techniques). Here is the most specific guidance given in policy (ACSO, 2017, section 2C.4):

Deputies shall also be trained to know when the use of deadly force is authorized. A deputy may use deadly force to protect him/herself or others from what he/she reasonably believes would be an imminent threat of death or serious bodily injury. Deputies are trained that imminent does not mean immediate or instantaneous, as an imminent danger may exist even if the suspect is not at that very moment pointing a weapon at someone. Deputies are authorized to use control techniques, restraint devices, control devices, and conducted energy devices (known commonly as Tasers) and weapons listed in procedures below in conjunction with the Use of Force Policy. (pp. 19-20)

A major policy review and revision for an agency of the size of ACSO, with its scope of responsibility, would easily be an 18-month to 2-year process – which I would initiate as one of my first actions as Sheriff. Not just use of force, the entire manual. The most critical sections, like use of force, would be revised, published, and implemented first, to align ACSO’s policy and practice with recognized, evidence-based best practices nationwide.

3. Are there feasible and effective alternatives to choke holds, and if so, what are they?

Yes. Several alternatives exist.

As I mentioned, the restraint techniques called vascular restraint technique or “carotid control technique” are alternatives to a “choke hold,” although they are similar. Where the goal of the choke hold is to restrict breathing, the goal of these restraint techniques is to restrict blood

flow to the brain, depriving the brain of oxygen for the purpose of rendering the person temporarily unconscious. Because this practice is referred to as “choking someone out,” it is often mistakenly called a choke hold. Here’s the danger, and why these techniques are also often listed as deadly force options. Without sufficient training, practice, and proper application, these techniques may cause permanent harm or death, either directly or as an aggravating factor to a person’s impairment, physical fragility, or acute or chronic medical condition. These may not be known to the officer or deputy at the time.

I agree with the IACP position: “Given the inherently dangerous nature of vascular neck restraints, the Consensus Policy allows their use only when deadly force is authorized” (IACP, 2017, section D).

I have the dual lens of being a certified Paramedic (1996-2014) in addition to a law enforcement official. I was the lead law enforcement first aid instructor at the academy for over a decade, and I trained new officers on the care of a person who had been restrained in this way or had been “choked out” by someone else before the officer’s arrival. It is certainly a situation of concern.

Beyond neck restraints, physical separation and verbal de-escalation techniques, TASERS, hard or soft limb restraints, impact weapons (batons), and any number of new devices may be used instead of a technique involving the neck. Keep in mind that the choice of technique is not always up to the officer. The other person may initiate aggression or ambush the officer, in which case the officer’s opportunity to plan their defense is taken away. For this reason, choke holds or neck restraints should not be condemned or banned in situations where deadly force is justified.

I will end by saying that choke holds and neck restraints must continue to be taught at the academy. Officers need to know two important things:

1. What to do if they or another officer intentionally or unintentionally, within or against policy, applies the technique. Right or wrong, immediate action will be needed to safeguard the health of the person. They have to be able to recognize the mechanics of the action, assess the condition of the person, and evaluate the need for emergency medical care. This takes training.
2. What to do if/when they are the victim of a choke hold or neck restraint. There are a few basic effective counters to a choke hold. For their own safety and the safety of fellow officers and the public, they need to be proficient in how to avoid or escape a potentially deadly control hold – this takes practice. Interestingly, even though I taught these counter techniques, my go-to escape is a skill I learned in high school wrestling (which illustrates that officers may be at risk from average assailants with average skills, not just martial artists, or trained fighters).

I appreciate the public's interest and concern about the use of these dangerous techniques in policing. I've addressed these topics, and other use of force issues, many times. I'd invite everyone to read my published article on Procedural Justice (link in references below) and listen to my July 15, 2020 interview on the podcast Career Blindspot (link in references below – go to timestamp 42:30 for my comments on George Floyd; whole episode is 50min).

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References

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