

Chokeholds and Other Neck Restraints

POLICY ASSESSMENT JANUARY 2021

Police officers employ a variety of physical restraint methods to control people, including various measures to restrict air passageways, with the chokehold being the most common method. The carotid or vascular restraint, which impedes blood flow to the brain and is designed to render a person unconscious for a brief period of time, is another method involving pressure on the neck. These techniques¹ often accomplish the goal of subduing people, but their use—and misuse—has been a flashpoint for public protests, and the phrase “I can’t breathe” has become a symbol of police brutality.

SUMMARY ASSESSMENT

- + Neck restraints have unique potential for harm to individuals and to police-community relations. Since the risks of neck restraints outweigh the benefits, jurisdictions should ban them in all forms and exclude them from training.
- + Chokeholds and other methods to restrict air flow have a greater risk of causing harm than carotid holds, but both measures involve compression of the neck and as such their misapplication could lead to serious harm. Both also may involve application over a sustained period of time.
- + Prohibitions should be codified in a written policy describing the nature of the ban, the reasons for it, how the ban will be enforced, and the consequences for violating it. Bans should be accompanied by revised academy instruction and new mandatory in-service training on safe alternative restraint mechanisms and other less lethal methods of control, along with duty to intervene policies
- + Deaths resulting from neck restraints are rare, accounting for less than 1% of estimated police killings. Therefore, eliminating them alone will have little impact on the total number of deaths involving police use of force.
- + It is unclear whether statutory or departmental bans on these techniques actually reduce their use, as the bans may not be effectively enforced and officers may resort to the holds in situations where they perceive significant threats.
- + Banning neck restraint holds does not preclude officers from employing any means necessary to protect themselves or others in the case of deadly threat, including applying pressure on a subject’s neck.



Current Practice and Research

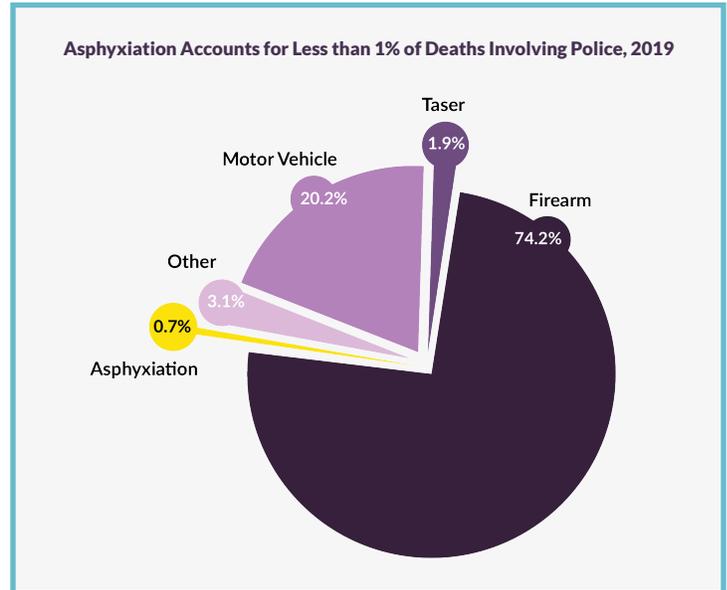
There is no reliable national data describing how often police use chokeholds, airway restrictions, or carotid holds.² The number of deaths caused by such airway compression and neck restraint methods is also unknown. The best available estimates, however, show that asphyxiation accounts for less than 1% of deaths where police are involved.³ While every fatality is tragic, the fact that such a small share of police-involved deaths are caused by asphyxiation means that banning neck and airway restraints can only prevent a correspondingly small share of fatalities.

A 2020 survey of use-of-force policies in the 65 largest U.S. police departments found that 46 of them ban chokeholds while 44 ban carotid holds, the latter mostly overlapping with the former.⁴ A more recent policy review of the 100 largest police agencies found that as of January 2021, 73 have prohibited or severely restricted the use of chokeholds and carotid holds; of those, over half (46) adopted such bans since June 5, 2021.⁵

The available empirical evidence on the effects of neck-restraint prohibitions is limited to comparisons of agencies that have bans to those that do not, with the former reporting a lower number of all types of police killings of members of the public per capita (Mckesson et al., 2016). Such cross-sectional analyses do not attribute causation, nor do they account for other relevant factors, such as differences among agencies in culture, policies, and practices. There is some evidence, from New York City, that enforcement of bans may be limited, thus curbing their effectiveness.⁴

Medical research emphasizes the potential for respiratory chokeholds to cause airway collapse and significant injury.⁵ Carotid holds cause loss of consciousness, but there is “not [a] medical reason to routinely expect grievous bodily harm or death following correct application in the general population”⁶ when applied by certified police officers trained in the technique. However, certain people (the elderly, people with Down syndrome, pregnant women) are at higher risk of injury from such holds and those individuals are not always visually identifiable.⁷ Unsuccessful application of a carotid hold during an ongoing struggle can shift into a prolonged neck restraint that compresses the airways, increasing the risk of injury or death.⁸ Moreover, the research on carotid hold safety is primarily derived from competitive martial arts applications used by people who have had extensive and ongoing training.

While choke and vascular holds are distinctly different techniques, training on the difference between the two may not be sufficient and officers may not apply vascular holds effectively in the heat of the moment, instead delivering chokeholds. Indeed, many agencies train officers to avoid the neck area altogether because of the vulnerability associated with neck compressions of all kinds.



Source: Fatal Encounters. Accounts for any death in which the police were involved in any way.



Critical Policy Elements

- + Agencies that ban neck restraints should prohibit both chokeholds and vascular restraints in order to avoid confusion, misapplication, misinterpretation, and noncompliance.
- + Banning both choke and vascular holds without offering alternative, less dangerous methods may lead officers to resort to more lethal ones. Bans should therefore be adopted in the context of a continuum of responses and an agency's overall use-of-force policy. This means bans should be accompanied by complementary changes to policy and training on de-escalation and alternative responses.
- + Departments should ensure that officers are held accountable for policy violations. Without such enforcement, compliance likely will be limited.

Expected Impacts

PREVENTING MISUSE OF FORCE

It is not clear whether prohibiting all forms of neck and airway restraints, including ensuring stringent enforcement of such prohibitions, banning all training on “proper” chokeholds, and prescribing training in less dangerous and more humane restraint methods, would deter the use of neck restraints and result in fewer injuries and fatalities to members of the public. In scenarios in which officers fear for their lives, it is highly likely that they will employ any means necessary to survive, regardless of policies or prohibitions.

ENHANCING TRANSPARENCY AND ACCOUNTABILITY

Regardless of changes to agency policy permitting or prohibiting neck restraints, agencies should publicly release cases in which officers use such restraints, even if no injury or death results. Doing so would enhance agency transparency and accountability.

STRENGTHENING COMMUNITY TRUST

The degree to which a neck restraint ban strengthens community trust in law enforcement rests on the degree to which the policy and related training are implemented with fidelity, the policy is enforced stringently and uniformly, violators are held accountable, and violations and their consequences are made public. However, if a neck restraint is used in accordance with a policy governing the use of deadly force and results in a fatality, the public may question the credibility of the policy. This in turn can further erode public trust in the police.

REDUCING RACIAL DISPARITIES

Available data is insufficient to determine the extent to which police may use neck restraints differently across races and ethnicities. The impact of this policy on racially disparate policing is unknown and difficult to predict and further underscores the importance of mandating the collection of comprehensive and detailed use-of-force data.

ENSURING OFFICER SAFETY

There is no research evidence on the degree to which banning neck restraints enhances or threatens officer safety, but officer safety is best served when such bans are accompanied by training on alternative and safer restraint methods that enable officers to maintain control.

PROMOTING PUBLIC SAFETY

The impact of neck restraint bans on public safety⁹ is uncertain. If bans are sufficiently enforced, they may reduce a very small number of policing killings of—and injuries to—members of the public. But if a ban is not accompanied by training on alternative methods, officers may resort to more deadly options and may be at greater risk of injury or death themselves if they are unable to control a person who is violent and armed.



References

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End Notes

- 1 The term for this method varies, and includes chokeholds, strangleholds, neck restraints, sleeper holds, vascular neck restraints, carotid neck restraints, and carotid holds. For the purpose of this brief, we employ the terms chokehold, carotid or vascular restraint, and, more generically, neck restraint.
- 2 The FBI established a National Use-of-Force Data Collection that, in time, could provide a measure of the prevalence of neck restraints. However, only 42% of agencies have participated to date and the first year of data release, 2019, is restricted to agency participation statistics. <https://www.fbi.gov/services/cjis/ucr/use-of-force>
- 3 www.fatalencounters.org
- 4 http://www.nyc.gov/html/ccrb/downloads/pdf/Chokehold%20Study_20141007.pdf
- 5 Vilke, 2006.
- 6 Hall & Butler, 2007.
- 7 Ibid.
- 8 Ibid.
- 9 The Task Force defines public safety as safety from harm from community members and harm from police officer misuse of force.

About The Task Force

The independent **Task Force on Policing** was launched in November 2020 by the **Council on Criminal Justice**. Its mission is to identify the policies and practices most likely to reduce violent encounters between officers and the public and improve the fairness and effectiveness of American policing. The **11 Task Force members** represent a diverse range of perspectives and experience and include law enforcement leaders, civil rights advocates, researchers, a former mayor, and community members who have lost loved ones to police violence. The Council staffs the Task Force, and the **Crime Lab** at the University of Chicago's Harris School of Public Policy is serving as its research partner.

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