Examining Non-Fatal Strangulation in Intimate Partner Violence Cases

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Objectives

- Provide an overview of the extant literature on non-fatal strangulation

- AIR
  - Assess power and control dynamics
  - Inquire about non-obvious signs
  - Remember to ask directly about strangulation and strangulation-specific signs
What is Non-Fatal Strangulation?

• Strangulation is defined by external compression of the blood vessels of the neck causing reduced blood flow to or from the brain.

• The application of only 4 pounds of pressure occludes jugular veins and 5-11 pounds occludes carotid arteries. Strangulation can occur in as little as 12 seconds, and the person may never stop breathing (Snyder, 2017).

• Resulting signs and symptoms can be from asphyxiation or blunt force injuries to the neck.

• It is estimated that only 50% of all strangulation survivors present with visible injuries, and some survivors may not remember the strangulation secondary to amnesia caused by cerebral hypoxia at the time of the assault.

Mcquown, Frey, Steer, Fletcher, Kinkopf, Fakler, & Prulhiere, 2016
What is Non-Fatal Strangulation?

• Strangulation is a form of mechanical asphyxia caused by direct pressure on the neck by one or two hands (manual strangulation), a constricting band (ligature strangulation) or arm (sleeperhold or chokehold). It may result in obstruction of the great veins and carotid arteries, stimulation of carotid sinus baroreceptors and airway obstruction. Injuries sustained depend on force, duration, and method and death may result.

• *Non-fatal strangulation (NFS) refers to those surviving an episode of strangulation*
What is Non-Fatal Strangulation?

• It is a deadly and little-studied form of severe interpersonal violence (IPV).

• An international meta-analysis estimated IPV strangulation prevalence among women at 0.4% to 2.4% (past-year) to 3.0% to 9.7% (lifetime), with the United States reporting the highest rates (Sorenson, Joshi, & Sivitz, 2014).

• Two small studies suggest that this form of IPV seems to be particularly high--well over 50%--among abused women seeking help in domestic violence shelters or an emergency department (Malek et al., 2000; Wilbur et al., 2001).
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What is Non-Fatal Strangulation?

• National Intimate Partner and Sexual Violence Survey (NISVS) - 10% of heterosexual women in general population reported having been strangled by an intimate partner; 61.3% of those recruited from a hospital or shelter; 68% of those interviewed by police after an IPV incident.

• According to Messing and colleagues (2018), strangulation was reported significantly more often in different-sex (9.8%) than in female and male same-sex couple cases (5.2% and 5.3%, respectively)

• Estimated cause of death for 10% to 19% of women and 1% to 9% of men in the U.S.
What is Non-Fatal Strangulation?

• High risk for additional injuries and death

• The existing literature suggests that strangulation increases risk for injury and is often repetitive. In two small studies that measured the number of strangulation events, one-half of IPV survivors reported being strangled 3 to 20 times (Vella, 2013; Wilbur et al., 2001).
What is Non-Fatal Strangulation?

Immediate and longer-term physical and mental health effects include:

- TBI
- Stroke
- Miscarriage
- Memory and neurological difficulties
- Neck, throat, and respiratory problems
- Depression, anxiety, fear, and other trauma-related symptoms

Ward-Lasher, 2018
What is Non-Fatal Strangulation?

• Women strangled five or more times have also reported significantly more dizziness, tinnitus, weakness, muscle spasm, red linear marks, scratches, sore throats, pain and voice changes, and nightmares within 2 weeks of the event than those reporting one strangulation (Smith, Mills, & Taliaferro, 2001).

• Additionally, few women seek care after IPV strangulation (Shields, Corey, Weakley-Jones, & Stewart, 2010; Smith et al., 2001; Strack, McClane, & Hawley, 2001; Wilbur et al., 2001); when they do, they may not disclose prior assaults or the mechanism of injury, leading to misdiagnoses and less appropriate treatment plans (Joshi, Thomas, & Sorenson, 2012).
What is Non-Fatal Strangulation?

• Because strangulation often occurs with other severe forms of violence (Brink, 2009; Thomas, Joshi, & Sorenson, 2013; Wilbur et al., 2001), clinicians may focus on readily apparent injuries to the head, face, and body but miss symptoms of strangulation that are less evident or delayed (Brink, 2009).

• Given the variety of challenging health care practice climates, including limited time for visits, high patient acuities and volumes, and complex multimorbidity issues, this research may support provider recognition of the potentially subtle presentation of IPV strangulation.

• **Overlooked by police officers in up to 17% of cases overall**

Glass et al., 2008; Medina-Ariza, 2007; Messing, Patch, Sullivan Wilson, Kelen, & Campbell, 2017; Ward-Lasher & Brewer, 2018
What is Non-Fatal Strangulation?

Among African-American women, strangulation was less of a risk factor for attempted and completed homicide than for white and Latina women. This finding may be a result of one or both of the following:

• Because African-American women were about four times as likely to be killed or to become the victim of an attempted homicide by an intimate partner than were women of other race/ethnicity groups, they were generally at greater risk regardless of whether or not they had experienced NFS.

• NFS was a far more common form of physical abuse for African-American women vs. other race/ethnic groups whether or not they were the victim of actual or attempted homicide (40% of African-American vs. 17% for white and 22% for Latina women).

Glass, Laughon, Campbell, Block, Hanson, Sharps, & Taliaferro (2008)
What is Non-Fatal Strangulation?

- Nonetheless, NFS still increases the risk of becoming an attempted or completed homicide by about four-fold among African-American women, and thus remains a significant independent risk factor for death in all the major race/ethnic groups.

- Given the significant sequelae associated with NFS, these findings indicate that it remains important to specifically screen for strangulation among African-American women, despite the smaller association between NFS and subsequent attempted or completed homicide

Glass, Laughon, Campbell, Block, Hanson, Sharps, & Taliaferro (2008)
What is Non-Fatal Strangulation?

Seen as highly gendered. The act of strangulation is a symbol of power and control, one that says, I have the power to take your breath away; your life is (literally) in my hands.

- When a man places his hands on a woman’s neck, he is demonstrating his ability to show he can kill (Busby, 2012).
- Strangulation is a common form of murder (Rao, 2013)
- The most lethal form of violence that men use against their female partners (Ortner, 2012)
What is Non-Fatal Strangulation?

Women are the most vulnerable to strangulation homicide, and strangulation presented early in the relationship can increase the likelihood of fatal-strangulation homicide.

- Women who experience NFS by their partner are at an 800% increase for becoming a homicide victim (Gwinn & Strack, 2012)

- Strangulation is a serious form of physical assault that can result in loss of consciousness within seconds and brain death within minutes (Strack & McClane, 1999).
SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL
- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Fatigue
- Difficulty speaking
- Dizziness
- Headaches

SCALP
- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EYES & EYELIDS
- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Dimples/sweat

FACE
- Petechiae (dry red spots, usually on or around the nose)
- Scratches
- Facial swelling
- Swelling

EARS
- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

MOUTH
- Rinsing
- Swollen tongue
- Swollen lips
- Cuts/damages
- Internal Petechiae

CHEST
- Chest pain
- Redness
- Scratches
- Bruising
- Abrasions

NECK
- Redness
- Scratches
- Finger nail impressions
- Bruising (bruises or lumps)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES
- Rasp or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Coughing/trachea
- Stridor

BREATHING CHANGES
- Difficult breathing
- Respiratory distress
- Unable to breathe


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# STRANGULATION ASSESSMENT CARD

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>SYMPTOMS</th>
<th>CHECKLIST</th>
<th>TRANSPORT</th>
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</thead>
<tbody>
<tr>
<td>- Red eyes or spots (Petechiae)</td>
<td>- Neck pain</td>
<td>Scene &amp; Safety. Take in the scene. Make sure you and the victim are safe.</td>
<td>If the victim is Pregnant or has life-threatening injuries which include:</td>
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<tr>
<td>- Neck swelling</td>
<td>- Jaw pain</td>
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<td>- Difficulty breathing</td>
</tr>
<tr>
<td>- Unsteady</td>
<td>- Sore throat</td>
<td>Reassure &amp; Resources. Reassure the victim that help is available and provide resources.</td>
<td>- Urinated</td>
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<tr>
<td>- Loss or lapse of memory</td>
<td>- Difficulty breathing</td>
<td>Assess. Assess the victim for signs and symptoms of strangulation and TBI.</td>
<td>- Defecated</td>
</tr>
<tr>
<td>- Urinated</td>
<td>- Difficulty swallowing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Defecated</td>
<td>- Vision changes (spots, tunnel vision, flashing lights)</td>
<td>Notes. Document your observations. Put victim statements in quotes.</td>
<td></td>
</tr>
<tr>
<td>- Possible loss of consciousness</td>
<td>- Hearing changes</td>
<td>Give. Give the victim an advisal about delayed consequences.</td>
<td></td>
</tr>
<tr>
<td>- Droopy face</td>
<td>- Headache</td>
<td>Encourage. Encourage medical attention or transport if life-threatening injuries exist.</td>
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<tr>
<td>- Seizure</td>
<td>- Weakness or numbness to arms or legs</td>
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<tr>
<td>- Tongue injury</td>
<td>- Voice changes</td>
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<td>- Lip injury</td>
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<td>- Mental status changes</td>
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<td></td>
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<tr>
<td>- Voice changes</td>
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</tbody>
</table>

**DELAYED CONSEQUENCE**

 Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.


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What is Non-Fatal Strangulation?

• Estimates from the National Intimate Partner and Sexual Violence (NIPSV) Survey indicate one in three U.S. women have been raped, physically assaulted, and/or stalked by an intimate partner in her lifetime (Black et al., 2011).

• One in five have experienced severe intimate partner violence (IPV) (beaten, intentionally burned, etc.), and nearly one in ten (11.6 million U.S. women) have been strangled by an intimate partner (Black et al., 2011).

• In an effort to prevent fatal strangulation homicide, it is critical to detect early IPV and relationship factors that may be predictive of strangulation.
What is Non-Fatal Strangulation?

• NFS in the context of domestic violence has only begun to be systematically investigated by criminological researchers in the past 15 years (Pritchard, Reckdenwald, & Nordham, 2016).

• One of the possible reasons for the paucity of prior research was that strangulation injuries are less visible and more difficult to detect by those that are untrained than are injuries from other forms of domestic violence; cuts and bruises resulting from strikes are often taken more seriously by both victims and service providers and are much easier to document as evidence by law enforcement (Klopfstein, Kamber, & Zimmermann, 2010; Thomas et al., 2014).

• In contrast to injuries from hitting, many strangulation injuries are not visible to the lay person and are often only detected in an autopsy, even when the cause of death was not strangulation (Pritchard, Reckdenwald, Nordham, & Holton, 2018).
What is Non-Fatal Strangulation?

• May require strategies such as using alternative light sources to detect

• Even visible symptoms may not appear until days after the assault

• Providers, law enforcement, and even those who were strangled may not associate delayed onset symptoms with the strangulation

• As with other aspects of IPV, some of the effects – such as confusion, memory loss, and panic – can be perceived as detracting from the credibility of the story; this can lead to delays in diagnosis, misdiagnosis, lack of appropriate documentation and referrals

Ward-Lasher & Brewer, 2018
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**Assessment**

- Changes to legal definitions and sentencing guidelines may have outpaced training for law enforcement and other responders
  - Well trained first responders can visibly detect and document signs of strangulation (e.g., redness, cuts, thumbprints, red marks, and defensive injuries), screen for invisible symptoms (e.g., confusion, slurred speech, involuntary urination, voice changes, agitation due to hypoxia), connect the victim to advocates who can provide resources and support, and be prepared to make referrals to experts (e.g., forensic nurse examiners) who can further document symptoms and injuries for legal evidence (Pritchard, Reckdenwald, & Holton, 2018)
  - Without the expertise of researchers to review and properly contextualize prior research, comprehensive training may be limited by the possibility of reinforcing misconceptions about strangulation
- Important to identify strangulation specifically within statutory language, because previously typically classified as misdemeanor and not generally prosecuted as attempted homicide

Pritchard, Reckdenwald, & Holton, 2018
Assessment

Lethality Assessment

• Identification of risk factors that may be linked to intimate partner homicide (Jurik & Winn, 1990)

• Most common risk factors for lethality in IPV relationships (Campbell, 2001)
  • Threats of lethality
  • Threats with weapons or use of weapons
  • Presence of a gun in the home
  • Obsessive jealousy
Assessment

- Colorado Domestic Violence Offender Management Board (DVOMB)
  - Domestic Violence Risk and Needs Assessment Instrument (DVRNA)
  - Strangulation and choking are listed under Safety Concerns (Domain H)

- Risk Assessment Measures
  - Danger Assessment (Campbell, 2004)
  - Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER; Kropp, Hart, & Belfrage, 2005)
  - Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 2000)
  - Ontario Domestic Assault Risk Assessment (ODARA; Hilton et al., 2005)

- Current literature and assessment measures may be imprecise (e.g., using “choke” instead of “strangle”)

Examining Non-Fatal Strangulation in Intimate Partner Violence Cases
Connection has been noted between strangulation attempts and acts of mass violence.

Examples:

- **2016**: Omar Mateen murdered 49 people at Pulse nightclub in Orlando. Previously choked both his ex-wives and was never charged.
- **2016**: Cedric Ford fatally shot 3 of his co-workers and injured 14 others in Kansas. His only prior charge was misdemeanor domestic violence for choking his ex.
- **2017**: Estaban Santiago killed 5 people and injured 6 in a shooting at the Fort Lauderdale airport. Previous misdemeanor charge for strangling his ex.
Non-fatal Strangulation and Mass Violence

- Everytown for gun safety—a nonprofit against gun violence—states 54% of mass shootings have their origins in domestic violence.

- In a majority of mass shootings (many which happen in individual’s residence and do not make national headlines) the perpetrator kills an intimate partner or family member.

- If IPV history is not present, many perpetrators of mass shootings have exhibited misogynistic behaviors and tendencies.
Non-fatal Strangulation and Mass Violence

• Commonalities between strangulation and “avenger” violence

• Desensitization (strangulation as “practice”)

• Non-fatal strangulation as last step before murder

• Lack of consequences can reinforce behavior

Adapted from Nicoletti & Morris, 2010
Future Directions: Public Policy

• In a 2014 report, the United States Sentencing Commission recommended increased prison time—up to 10 years—for individuals convicted of non-fatal strangulation.

• 45 states now recognize strangulation as a felony.

• Colorado Assault in the First Degree
  A person commits the crime of assault in the first degree if:
  (g) with the intent to cause serious bodily injury, he or she applies sufficient pressure to impede or restrict the breathing or circulation of the blood of another person by applying such pressure to the neck or by blocking the nose or mouth of the other person and thereby causes serious bodily injury.

• Colorado HB18-1398 Statute of Limitations for Domestic Violence Torts.
Examining Non-Fatal Strangulation in Intimate Partner Violence Cases

Future Directions: Public Policy

Ohio Senate Bill 207: Monica’s Law

• Monica Weber Jeter was the mother of 5 children and married to Andre Jeter when he first tried to strangle her in January 2014

• He was later convicted of murder and sentenced to 25 years in prison for stabbing her 29 times with a kitchen knife in October 2014

• Previously non-fatal strangulation was a misdemeanor
Pennsylvania Amendment to Crime Code

- Defines strangulation: If the person knowingly or intentionally impedes the breathing or circulation of the blood of another person by applying pressure to the throat or neck, or blocking the nose and mouth of the person

- Law also explicitly states that infliction of physical injury to a victim is not an element of the offense

- Strangulation is considered a **felony of the second degree** if committed:
  - Against a family or household member
  - By a caretaker against a care-dependent person
  - In conjunction with sexual violence or conduct constituting a stalking or human trafficking crime

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**Future Directions: Public Policy**
Future Directions: Public Policy

Pennsylvania Amendment to Crime Code (con’t)
Strangulation is considered a **felony of the first degree** if:

- At the time of the commission of the offense, the defendant is subject to an active Protection from Abuse order or Sexual Violence or Intimidation Protection order that covers the victim

- The defendant uses an instrument of crime in commission of the offense

- The defendant has previously been convicted of an offense of strangulation as a felony in the second degree or a substantially similar offense in another jurisdiction
Conclusion

• Need for more consistent and effective assessment, especially among traditionally underserved communities

• Need for better and more specific research (many studies combine strangulation with other forms of IPV), especially among traditionally underserved communities

• Ward-Lasher & Brewer (2018) called for “specialized training” to assess for strangulation in all cases with IPV injury, including same-sex couples.
Conclusion

AIR

• Assess power and control dynamics

• Inquiry non-obvious signs

• Remember to ask directly about strangulation and strangulation-specific signs
References and Resources

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