



Agenda

- Overview of Strangulation
- Common Symptoms of Strangulation (Graphic Images)
- Supported Findings from Reviewed Research
 - Non-Fatal Strangulation (NFS)
 - Fatal Strangulation
- Research Review
- Study Limitations
- Summary and Questions



Overview of Strangulation

Overview

- Frequently referred to as "choking"
 - Choking is air flow obstruction to the lungs by an object
- Compression of blood vessels caused by direct pressure on the neck, reducing blood flow to the brain
 - Manual one or both hands
 - Ligature constricting band
 - Sleeperhold/Chokehold arm as constricting device
- Suffocation can be a part of strangulation

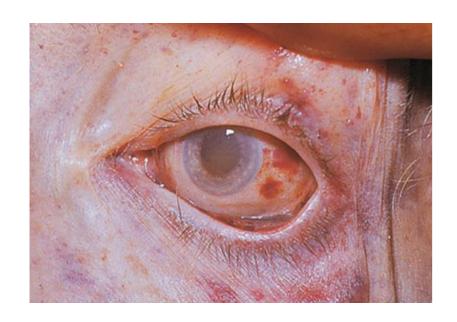
Common Symptoms Joshi et al (2012)

TABLE 1 Immediate and Persisting Post-Strangulation Physical, Neurological, and Psychological Health Problems

Physical and neurological problems	Psychological problems
Petechiae (tiny red dots)	Insomnia
Red marks on the neck	Nightmares
Scratches on the neck	Anxiety
Ligature marks	Depression
Bleeding	Suicidal ideation
Neck swelling	Extreme fear
Tongue swelling	Fear of being alone
Sore throat	Panic attacks
Difficulty swallowing	
Voice changes	
Hoarseness	
Neck pain	
Back pain	
Difficulty breathing	
Difficulty being in a supine position	
Vomiting	
Heartburn	
Loss of appetite	
Pain in pregnant abdomen	
Tinnitus (ringing in the ears)	
Dizziness	
Feeling nauseous	
Physical weakness	
Loss of consciousness	
Stroke	

Graphic Image Warning

The Faces of Strangulation











How much does it really take?

- Jugular vein obstruction
 - Requires 4 lbs of pressure
- Carotid artery obstruction
 - Requires 5-11 lbs of pressure
- Tracheal obstruction
 - Requires 33 lbs of pressure
- Average handshake is 80-100 lbs of pressure

Non-Fatal Strangulation

- Power and Control
 - Jealousy, sexual dominance, prevent victim from leaving
- Few external signs
 - Approximately 50% of strangulation events show no signs
 - Can present up to 36 hours after victimization
- Internal injuries can be severe
 - Can present weeks after the attack
- White women, ages 30-39 are at greatest risk

Non-Fatal Strangulation

- Sexual Assault by Intimate Partner
 - Sexual assault victims are over 8 times more likely to be victims of non-fatal strangulation
- Predictive factor of more severe future violence
- Frequently accompanied by
 - Verbal abuse (threats, accusations, directives)
 - Other physical abuse

Fatal Strangulation

- Predictive Factors
 - Presence of a firearm (even if no firearm was used)
 - Threat of suicide/homicide
 - History of significant bodily injury
 - History of losing consciousness during prior strangulation
- Strangulation is often present in the year prior to death
 - Estimated 43% of cases
 - Fatal strangulation victims 14 times more likely to be white

Legislative Overview

Where Strangulation Is A Felony Crime

Sta	State makes strangulation a felony										Maine
Alaska									Vt.	N.H.	Mass.
	Wash.	Mont.	N.D.	S.D.	Minn.	Wis.	Mich.		N.Y.	Conn.	R.I.
	Ore.	Idaho	Wyo.	Neb.	lowa	III.	Ind.	Ohio	Pa.	N.J.	
	Calif.	Nev.	Utah	Colo.	Kan.	Mo.	Ky.	W. Va.	Md.	Del.	
		Ariz.	N.M.	Okla.	Ark.	Tenn.	Va.	N.C.			
Hawaii			Texas	La.	Miss.	Ala.	Ga.	S.C.			
							Fla.				

Note: In Maryland, applies to sexual assault cases only.

Source: The Training Institute on Strangulation Prevention

THE HUFFINGTON POST





Research Findings

Wilbur et al (2001)

- 62 women in two DV shelters interviewed
- Findings
 - 68% strangled by IP (55% husband, 31% boyfriend, 5% fiancé)
 - 87% threatened with death
 - Average length of relationship prior to NFS event: 5.2 years
 - Average length of abuse prior to NFS event: 3.1 years
 - Average number of NFS events: 5.3
 - 88% experienced other abuse surrounding NFS event

Wilbur et al (2001)

- Characteristics of the abuser
 - 93% lived with the victim
 - 24% had record of abusing and strangling other partners in previous relationships
 - 77% had a history of abuse as children

Current Research

Authors	Sample	Strangulation (%)	Abuser	History of Abuse	Lethality
Armstrong et al (2016)	300 strangulation cases	97% manual strangulation	94% current partner	89% history of DV	7.5x more likely to be victims of homicide
Mcquown et al (2016)	1,542 medical records	23% NFS cases (93% manual)	38% current partner	36% history of strangulation	97% significant risk for homicide
Zilkens et al (2016)	1,064 women from DV shelter	7.6% NFS cases	58.2% current partner	NFS 8.4x more likely if DV history	7.5x more likely to be victims of homicide
Joshi et al (2012)	17 women from DV shelter who were strangled	88% experienced multiple events	100% Intimate partner at time of abuse	No data	No data
Glass et al (2008)	194 female homicide cases 427 control abuse cases	27% of homicide victims experienced NFS	Partner at time of abuse	No data	7x more likely to be victims of attempted or completed homicide



Study Limitations



Study Limitations

- Relied heavily on self-report and report by proxy
- Little information collected on the offender
 - General recidivism vs. domestic violence recidivism
 - Demographics
- Intimate partner violence and domestic violence grouped
- Mostly older studies

Summary

- External signs of strangulation are not always visible
- Frequently not reported, but common in domestic violence
- Non-fatal strangulation consistently increases the level of risk for serious injury and homicide

Why does it matter?

While the prevalence of strangulation has not been fully determined, current research suggests that when strangulation occurs, the offender's risk level and the victim's vulnerability increase drastically.





References

- Armstrong, M., & Strack, G. (2016). Recognition and documentation of strangulation crimes. *JAMA Otolaryngology Head & Neck Surgery Review*, 142(9), 891-897.
- Dobash, R. E., Dobash, R. P., & Cavanagh, K. (2009). "Out of the blue" Men who murder an intimate partner. *Feminist Criminology*, *4*(3), 194-225.
- Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide in women. *The Journal of Emergency Medicine*, *35*(3), 329-335.
- Joshi, M., Thomas, K. A., & Sorenson, S. B. (2012). "I didn't know I could turn colors": Health problems and health care experiences of women strangled by an intimate partner. *Social Work in Health Care*, 51(9), 798-814.



References

- Mcquown, C., Frey, J., Steer, S., Fletcher, G. W., Kinkopf, B., Falker, M., & Prulhiere, V. (2016). Prevalance of strangulation in survivors of sexual assault and domestic violence. *The Journal of Emergency Medicine*, 34, 1281-1285.
- Smith, D. J., Mills, T., & Taliaferro, E. H. (2001). Frequency and relationship of reported symptomology in victims of intimate partner violence: The effect of multiple strangulation attacks. *The Journal of Emergency Medicine*, 21(3), 323-329.
- Strack, G. (2017). Strangulation: The last warning shot [PowerPoint slides]. Alliance for Hope International.
- Strack, G., McClane, G. E., & Hawley, D. (2001). A review of 300 attempted strangulation cases part I: Criminal legal issues. *The Journal of Emergency Medicine*, 21(3), 303-309.



References

- Thomas, K. A., Joshi, M., & Sorenson, S. B. (2014). "Do you know what it feels like to drown?": Strangulation as coercive control in intimate relationships. *Psychology of Women Quarterly*, 38(1), 124-137.
- Wilbur, L., Higley, M., Hatfield, J., Surprenant, Z., Taliaferro, E., Smith, D. J., & Paolo, A. (2001). Survey results of women who have been strangled while in an abusive relationship. *The Journal of Emergency Medicine*, 21(3), 297-302
- Zilkens, R. R., Phillips, M. A., Kelly, M. C., Mukhtar, S. A., Semmens, J. B., & Smith, D. A. (2016). Non-fatal strangulation in sexual assault: A study of clinical and assault characteristics highlighting the role of intimate partner violence. *Journal of Forensic and Legal Medicine*, 43, 1-7.