

Intimate Partner Violence and Non-Fatal Strangulation

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Objectives

1. Define and understand the uniqueness of Intimate Partner violence (IPV)
2. List three mental health consequences of IPV
3. An increased understanding of Non-Fatal Strangulation
4. A deeper understanding the impact violence has on children in the home

- **Domestic Violence (DV), Intimate Partner Violence (IPV) defined as** violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common. They may be living together or apart
- **Intimate Partner Violence** refers to behavior by an intimate partner or ex-partner attempting to gain power or control over another person using abusive behaviors: physical, emotional or sexual.
- **Intimate Partner Sexual Violence (IPSV)**
 1. Intimate Partner Sexual Assault
 2. Intimate Partner Sexual Coercion
 3. Intimate Partner Sexual Abuse
 4. Intimate Partner Forced Sexual Activity

What Makes Intimate Partner Unique

Long term relationship

Built on love

Betrayal of trust

Violence builds gradually – the cycle of abuse

Self esteem destroyed

Family dynamics are skewed

Often times generational

Statistics

1 in 10 women have been raped by an intimate partner

- (NISVS: 2011 Summary Report)

16.9% of women and 8% of men have experienced sexual violence other than rape by an intimate partner in their lifetime (NISVS: 2011 Summary Report)

35% of victims are strangled along with sexual assault

58% of strangulation and sexual assault cases involve intimate partners

9% of victims are pregnant

36% of victims are strangled more than once during the assault

2021 Journal of Obstetrics & Gynecology found women who are pregnant or post partum are more than twice likely to die by homicide and is the leading cause of death of pregnant and post partum women

IPV homicides occur 2/3 at home and most involve firearms

Legislation repeals MN statute 609.349

Marital Rape Defense

Jenny Heger Teeson's ex-husband would drug her, rape her and record the assaults. MN was one of 12 states that still allowed an exemption from sexual assault charges when the suspect and victim were married.

The videos were used in his trial but because of the above statute, he was only charged with invasion of privacy. He was sentenced to 45 days in jail.

Over the next two years, Jenny testified over five times before congress to repeal this statute.

May 3rd, 2019 Governor Tim Walz signed the bill repealing the statute and effective July 1st 2019 marital rape became illegal.

MN Homicidal Statistics <https://www.vfmn.org/>

CAUSE OF DEATH

Key Homicide Statistics (2019-2021) for
Adult Women Murdered by a Current or Former Intimate Partner

2021

2021 VICTIMS : 20

STRANGULATION: 2

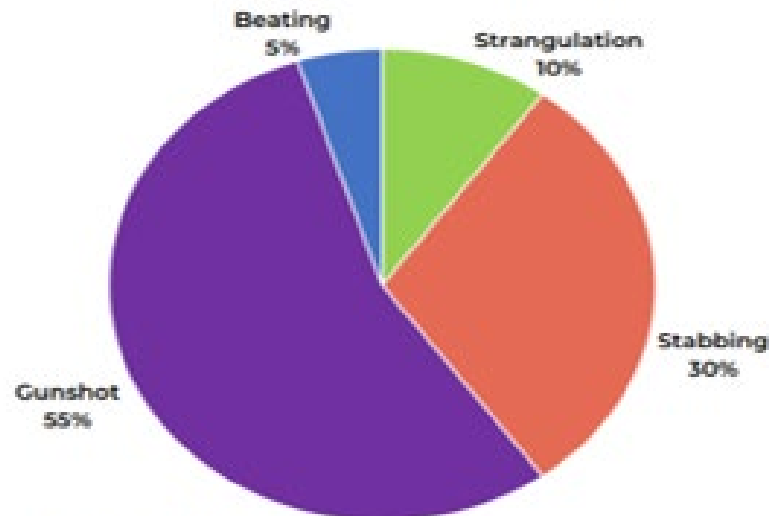
Jeanine Greyblood
Kelly Jo Marie Kocurek

GUNSHOT: 11

D'Zondria Deanternette Wallace
Regina Theresa Hughes
Bao Yang
Nada Rene Monique Fronk
Lauri Anne Deatherage
Cortney Grace Henry
Amanda Schroeder
Amanda Jo Vangrinsven
Caitlin Kelley Aldridge
Samantha Rose Columbus-Boshey
Tracy Ellen Julian

BEATING: 1

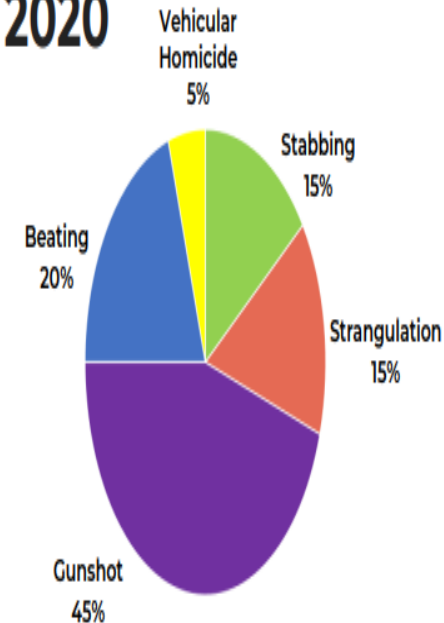
Lacy Jo Marie Krube



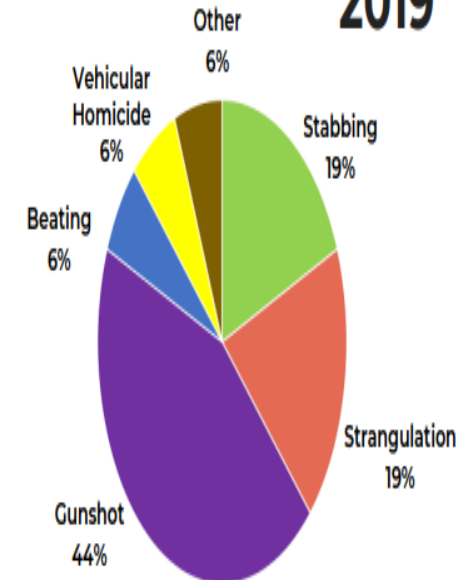
STABBING: 6

Nikkiya Swantay Robinson
Kristen Ann Bicking
Sha'Von N. Phillips
Lissette Reinbold
America Mafalda Thayer
Samantha Samih Farah

2020



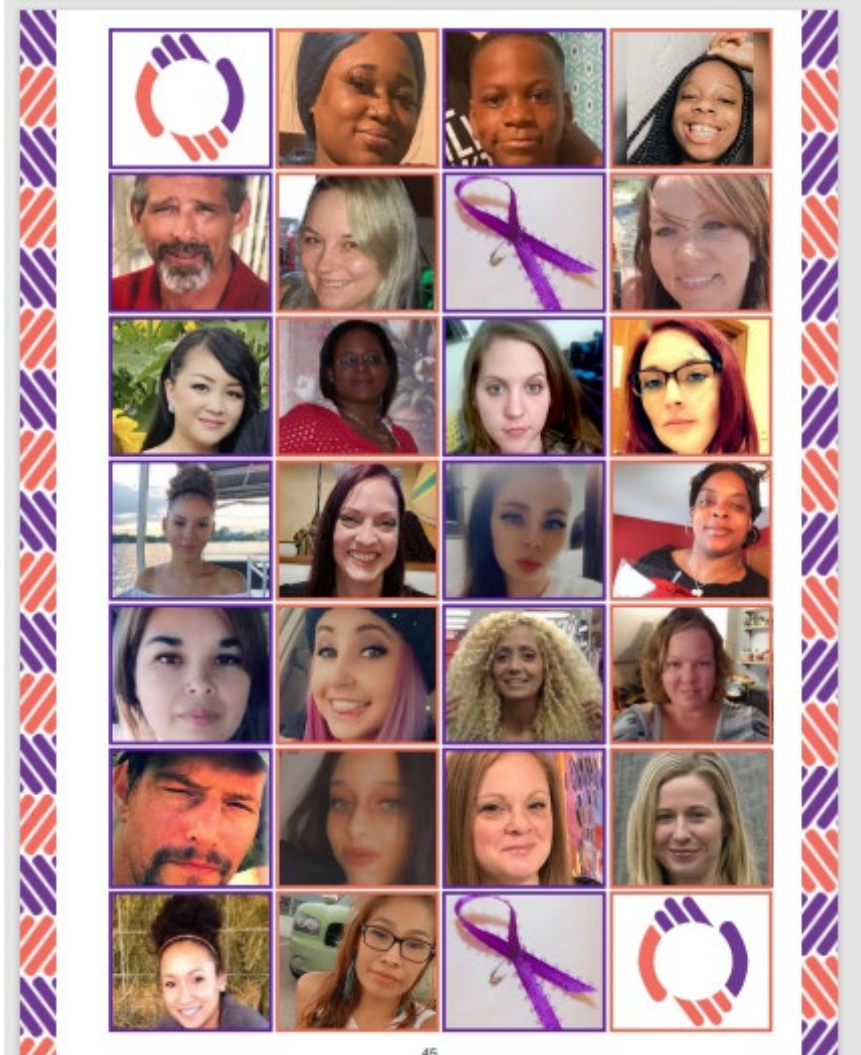
2019



8

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MN Homicidal Statistics <https://www.vfmn.org/>



- **2021 Partner Homicide Victims that faced houselessness:** 'DZondria Deanternette, Ja'Corbie Rashad, and La'Porsha Nashay Wallace: In 2020, less than a year prior to being killed, D'Zondria and her children were considered at risk of facing houselessness Nikkiya Swantay Robinson: Several times throughout 2018 and 2019 while fleeing relationship abuse Kristen Ann Bicking: In 2016 while fleeing relationship abuse
- **2021 Partner Homicide Victims that were evicted:** Lacy Jo Marie Krube: Evicted in 2012 Cortney Grace Henry: Evicted in 2013 Nikkiya Swantay Robinson: Evicted in 2014 Marquisha Doris Wiley: Evicted in 2019 Kelly Jo Marie Kocurek: Evicted in 2020, less than a year prior to being killed
- **The Presence of Children:** At, twelve children were present somewhere on the scene of the homicide or directly witnessed the homicide, and at least 28 minor children were left without a parent.

MN Homicidal Statistics <https://www.vfmn.org/>

Domestic violence is a leading cause of homelessness for women and their children.

Between January 1, 2005, and September 4, 2019, 46,961 individuals who had experienced homelessness in Minnesota had also experienced domestic violence.

Lack of affordable housing and economic insecurity – the biggest barriers to safety, according to victims themselves

In addition, studies show that approximately 80% of victims are afraid to call the police for assistance with the abuse they are experiencing.

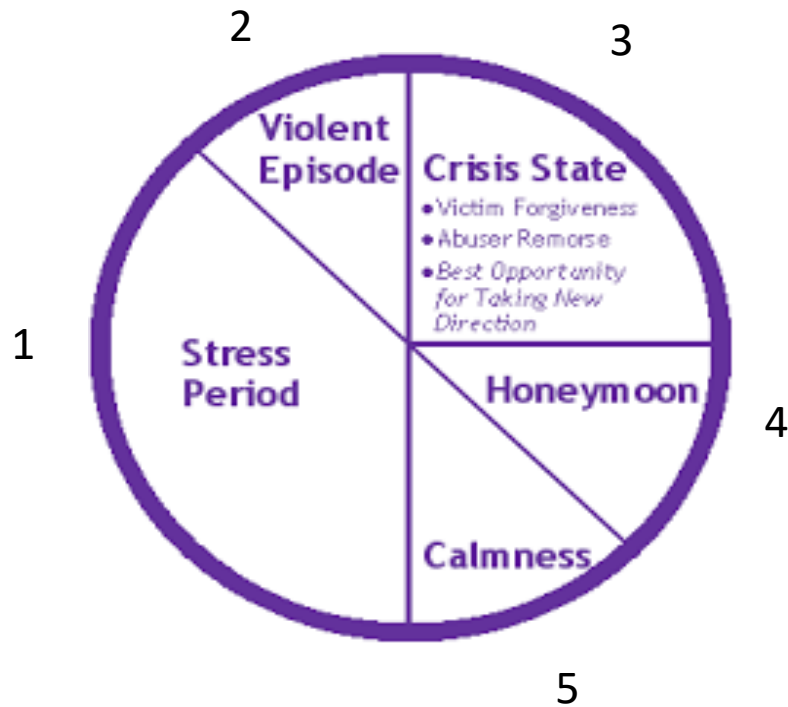
Mental health and Physical Health Consequences

Mental Health Outcomes; there is increased

- Shame
- Rates of PTSD
- Depression
- Risk for drinking problem
- Risk for suicidality 22% IPSV vs 4.2% IPV

Physical and Sexual Health are consistently associated with increased rates of miscarriages, stillbirths, STI's, UTI's, bladder leakage, PID and infertility.

Cycles of Abuse



1. **Stress Period** – External stressors begin to build, anger starts to build. Target tries to prevent abusive episode from occurring. Feelings of anxiousness, walking on eggshells, trying not to “set them off”

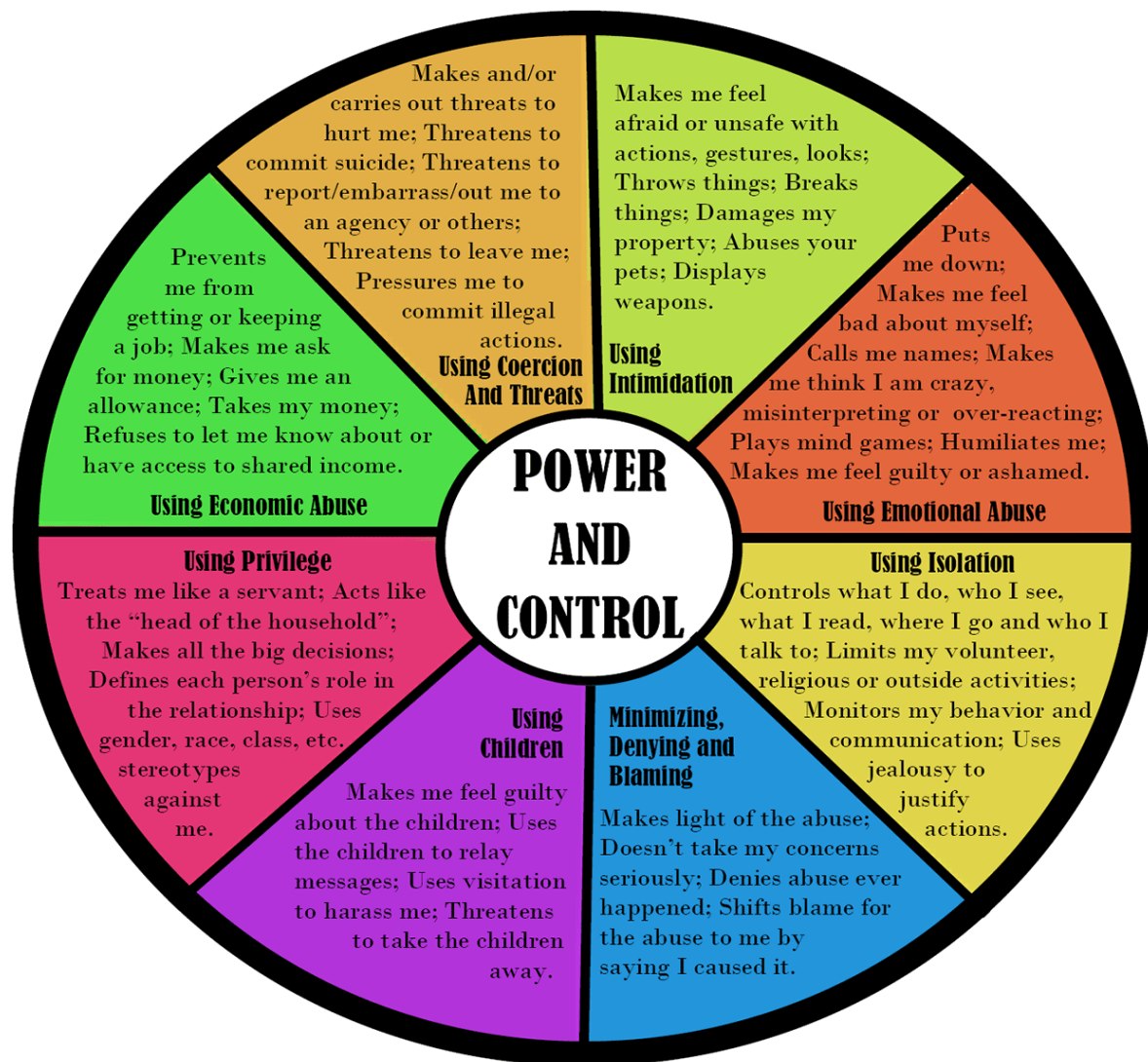
2. **Violent Episode**

3. **Crisis State** – Victim Forgiveness, abuser remorse. Best episode for taking new direction

4. **Honeymoon** – tension decreases, gift buying, kindness, extra love

5. **Calm** – Justifications for abuse, abuser may deny the event, minimize the severity, “victim exaggerating”

Power and Control



- Financial
- Children
- Self-esteem
- Career
- Family
- Spiritual
- Legal

Jackie Campbell, “Misogyny and Homicide of Women”

Jackie Campbell, PhD, RN, FAAN early in her career took a job in an inner-city high school. She states, “Many of the young girls would come into the office and speak of the violence they were seeing and experiencing in their homes. I looked at mortality tables to see what the biggest health problem was for these young women and the number one cause of death for Black women from ages 18-25 was homicide”

In 1981 she published her findings from her research in Dayton, OH. Reviewing 5 years of homicide records, she discovered most women who were murdered, regardless of race or background, died at the hands of a current or former spouse, domestic violence was a precursor.

Danger Assessment Tool

The original assessment was a series of yes or no questions aimed at determining an abused women's risk of being killed by her intimate partner, or ex partner.

The assessment also asked the women to write on a year long calendar the dates of abuse. What this would reveal is that danger increases in severity and frequency

What was frequently heard from women who are abused, “He’s likely to do this again”, but few ever believed that homicide was possible.

Today's Danger Assessment Tool

- Current form has 20 questions and is used in 48 states and nine foreign countries.
- www.dangerassessment.org/DATools.aspx
 - English
 - Brazilian Portuguese
 - French Canadian
 - Spanish
 - Female same-sex relationships
 - Immigrant
 - Strangulation Protocol
- Currently Jackie Campbell received a grant to research the risk of firearm related intimate partner homicide and homicide-suicide

(AJN, American Journal of Nursing: October 2021 – Volume 121 – issue 10 – pg 68-70:DOI 10.1097/01.NAJ.0000794292.30725.a1)

Scoring the Danger Assessment

18 or more – Extreme Danger

14 – 17 Severe Danger

8 – 13 Increased Danger

Less than 8 Variable Danger

Variable risk or low numbers does not negate the danger or change the precursor for increased violence.

Exam and Documentation

- Patient self identifies as a victim of abuse and **presents with injuries.**
- Patient does not self identify, however MD/RN/police have a high suspicion which warrants further evaluation.
- Any report of strangulation regardless of the presence of injury.
- A detailed written and photographic documentation of physical abuse and injuries. Thorough documentation of injuries both photographic and image documentation using rule of three.
- Danger Assessment on all DV patients
- Detailed strangulation documentation with picture demonstration of how they were strangled on a mannequin. Baseline strangulation photos and injury documentation.
- Collection of Touch DNA – regardless of shower
- “The greatest miss is to not collect evidence assuming it’s not there than to collect and be able to explain why it may or may not be there”
- Completion of any necessary mandated reporting
- Safety Planning

Non-Fatal Strangulation



Non-Fatal Strangulation

THE LAST WARNING SHOT



1 in 4 women will experience intimate partner violence (IPV) in their lifetime



Of the women who experience IPV up to 68% will experience near-fatal strangulation

The odds of homicide increases by 750%-1000% for victims who have been previously strangled, compared to victims who have never been strangled

We Know Men Who Strangle Are Different

And we honor so many...



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Mass Killings have a connection to IPV and strangulation

THE BODY POLITIC

What Mass Killers Really Have in Common

By Rebecca Traister



Photo: Getty, AP, Getty

In the wake of the terrorist attack in Nice, France, on Thursday, Republican Newt Gingrich, perhaps still hoping (in vain, it turns out) to be tapped by Donald Trump as a vice-presidential nominee, amplified Trump's past calls to round up Muslim suspects in an effort to stop future terrorist violence. Gingrich said that "Western civilization is in a war," and suggested that "we should frankly test every person here who is of a Muslim background, and if they believe in Sharia, they should be deported." Muslims who do not believe in Sharia law, Gingrich continued, would be welcome.

- Mohamed Lahouaiej Bouhlel- 80 killed in Nice – criminal history of DV (2016)
- Omar Mateen – 49 killed in Orlando, 53 injured. Ex-wife was strangled. (2016)
- Robert Lewis Dear – killed 3, wounded 9 at Colorado Springs Planned Parenthood. History of DV with 2 ex-wives; Arrest for Rape (2015)
- NYMag.com, July 15, 2016

Strangulation Myths

FIVE MYTHS ABOUT STRANGULATION

Prepared by Gerald Fineman, Assistant District Attorney, Riverside County, and Dr. William Green, Medical Director, California Clinical Forensic Medical Training Center/ CDA

<p>1</p> <p>MYTH</p> <p>STRANGULATION AND CHOKING ARE THE SAME THING</p> <p>FACT</p> <p>STRANGULATION is the <u>external</u> application of physical force that impedes either air or blood to or from the brain.</p> <p>CHOKING is an <u>internal</u> obstruction of the airway by a foreign object.</p> <p>SOLUTION</p> <p>Use a diagram.</p> <p>Compare to the flow of electrical current.</p> <p>Compare to the flow of air/water through a closed system (fish tank).</p>	<p>2</p> <p>MYTH</p> <p>STRANGULATION ALWAYS LEAVES VISIBLE INJURIES</p> <p>FACT</p> <p>Studies show that over half the victims of strangulation lack visible external injury. A victim without visible external injury can still die from strangulation.</p> <p>SOLUTION</p> <p>Demonstrate cutting off blood flow to your fingertips by squeezing your wrist with your other hand. Upon release of the grip, you will likely have no identifiable marks. If you do, they will be very short in duration.</p>	<p>3</p> <p>MYTH</p> <p>IF THE VICTIM CAN SPEAK, SCREAM, OR BREATHE, THEY ARE NOT BEING STRANGLER</p> <p>FACT</p> <p>Since strangulation involves obstruction of blood flow, a person can have complete obstruction and continue breathing until the moment they die from lack of oxygenated blood flow to the brain.</p> <p>SOLUTION</p> <p>Again, grab your wrist and squeeze. You can still breathe, yet blood flow is obstructed to the fingertips. If this was the victim's neck, they could still have an open trachea (windpipe) but have lack of blood flow to the brain.</p>	<p>4</p> <p>MYTH</p> <p>STRANGULATION CANNOT BE HARMFUL BECAUSE MANY PEOPLE PRACTICE IT (MARTIAL ARTS, MILITARY, LAW ENFORCEMENT)</p> <p>FACT</p> <p>Martial arts are a form of combat. The military and law enforcement use strangulation as a lethal form of force.</p> <p>RISK</p> <p>There are numerous incidents of death resulting from strangulation. This can even occur during otherwise supervised events, such as sporting events, law enforcement training, etc.</p>	<p>5</p> <p>MYTH</p> <p>STRANGULATION VICTIMS SHOULD BE ABLE TO DETAIL THEIR ATTACK</p> <p>FACT</p> <p><u>Trauma</u> impacts the brain's ability to store memory. In addition, the hippocampus (part of the brain where memory is stored) is the most sensitive to <u>oxygen deprivation</u>.</p> <p>When a victim is strangled, both factors can impact the ability to recall.</p> <p>SOLUTION</p> <p>Give the example of how limiting the flow of electricity to a digital recording device will prevent it from recording.</p>
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Minimization

- The healthcare system, criminal justice system, perpetrators, and victims all often minimize strangulation
- We MUST understand strangulation in order to effectively provide the care our patients need
- Documentation is essential to effectively prosecuting these cases and holding stranglers accountable
- “He didn’t really choke me, he just like picked me up by my neck and I couldn’t really breath.
- **WE MUST ASK THE RIGHT QUESTIONS**

Were You Strangled?

- Most people, even if strangled will not answer yes to this question and we can't rely on physical outward signs of strangulation injury. Only **50%** of strangulation cases have injuries present. How we ask the questions matter:

“At any point during the assault did you feel you could not breath?”

“At any point during the assault was anything put on or around your neck?”

“At any point during the assault was pressure applied to your neck or chest?”


“At any point during the assault, did (he/she) put their hands on your neck”

VISIBLE INJURY IS **NOT** AN ELEMENT

Often times, even in fatal cases, there are
NO EXTERNAL SIGNS of injury

Only 50% of victims have visible injury

- Of these, only 15% could be photographed



Strangulation is a form of asphyxia characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck (by any means)

Manual strangulation - 97% of cases victims are manually strangled with hands 1>2

Ligature strangulation

By means of another body part – Choke Hold with forearm

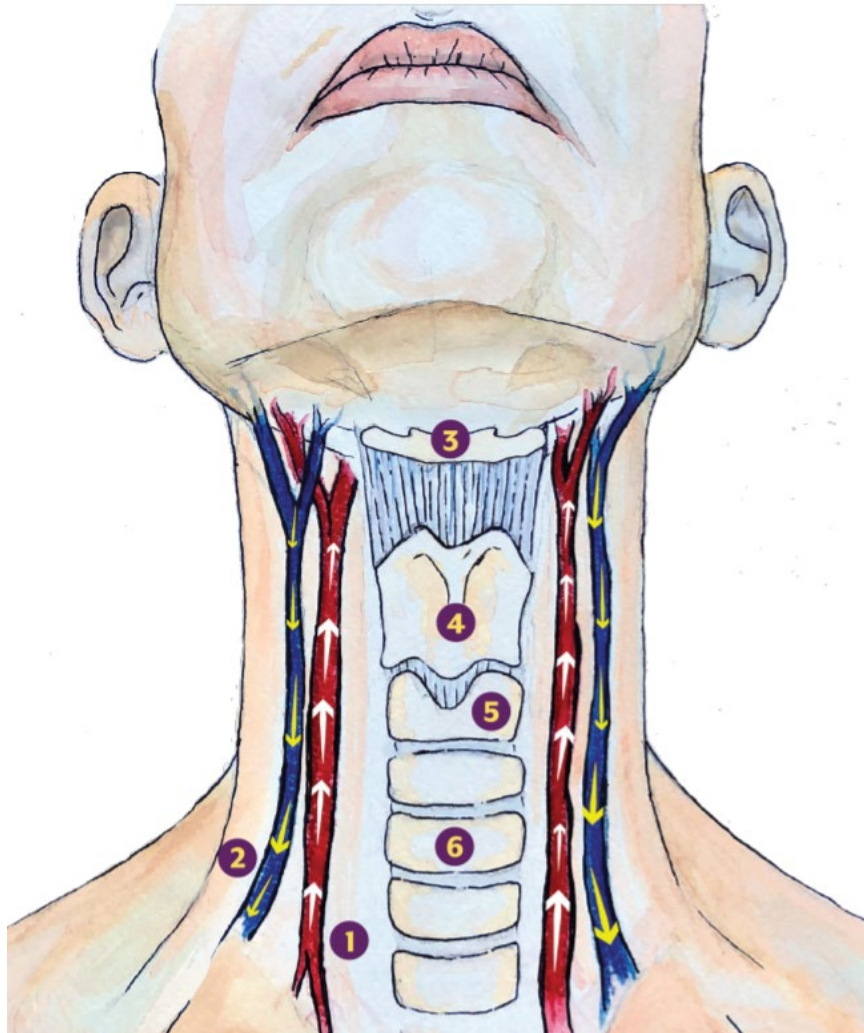


Oxygenation

Air must go in and out

Blood must go round and round

Anatomy



Vital Neck Structures

1. Carotid Artery
2. Jugular Vein
3. Hyoid Bone
4. Thyroid Cartilage
5. Cricoid Cartilage
6. Tracheal Rings

Occlusion of Vessels in the Neck

- **Carotid Artery Occlusion**
5-10 pounds of pressure for ~10 seconds
- **Jugular Vein Occlusion**
4 pounds of pressure for several minutes
- **Tracheal Occlusion**
34 pounds of pressure
- Pulling the trigger on a handgun
6 pounds of pressure
- Opening a pop can
20 pounds of pressure
- Adult male handshake
100-160 pounds of pressure



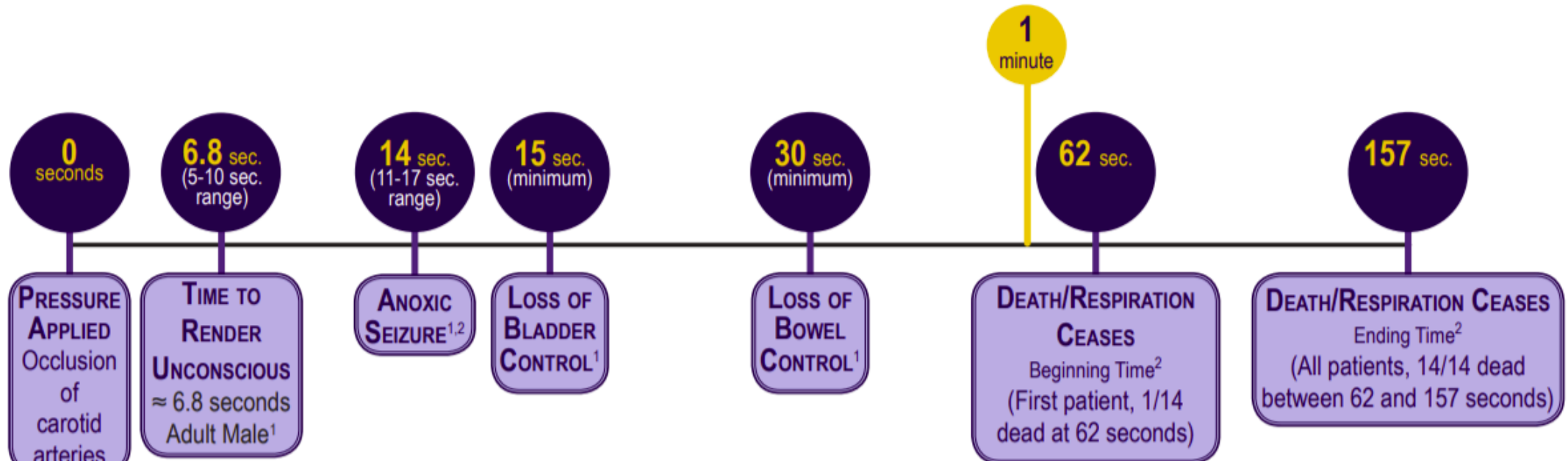
Physiological Consequences of Strangulation



PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

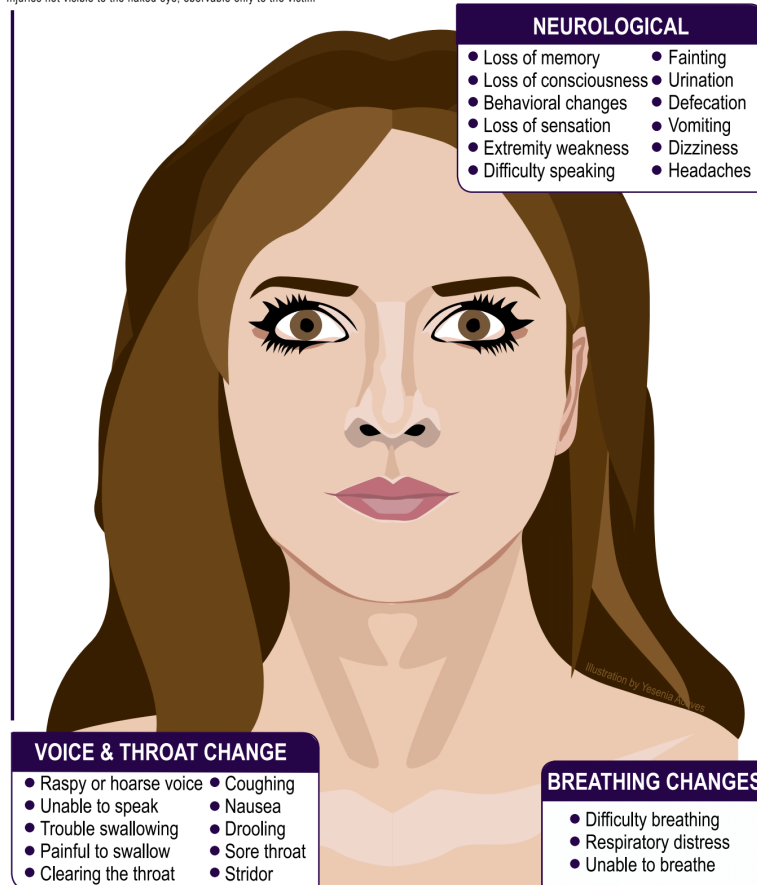
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Created by: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Yesenia Aceves, BA; Marisol Martinez, MA; and Ashley Peck



SYMPTOMS of Strangulation

Injuries not visible to the naked eye; observable only to the victim*



NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

VOICE & THROAT CHANGE

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

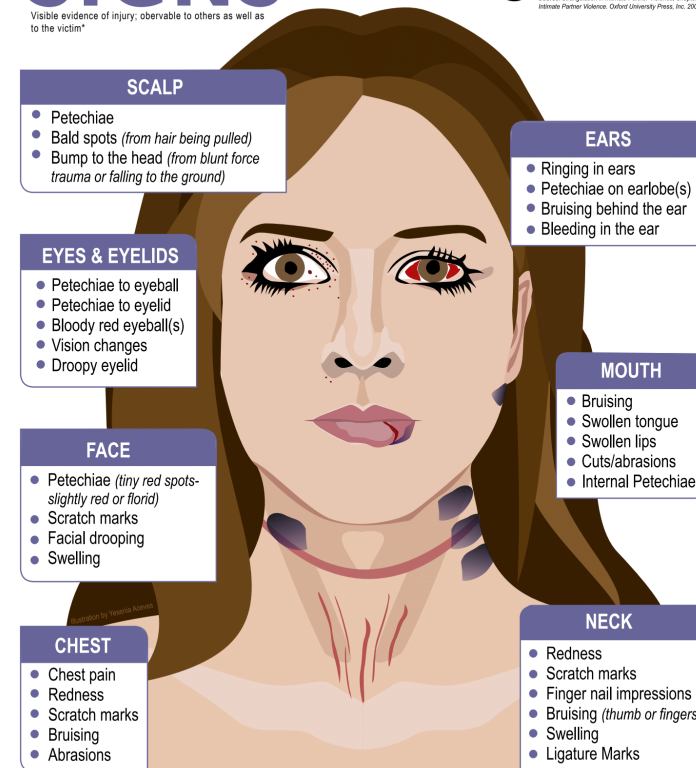
- Difficulty breathing
- Respiratory distress
- Unable to breathe



* Visible signs may also be present.

SIGNS of Strangulation

Visible evidence of injury; observable to others as well as to the victim*



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
- Droopy eyelid

FACE

- Petechiae (tiny red spots - slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

EARS

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

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligation Marks



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* The lack of visible signs does not eliminate the possibility of strangulation; invisible symptoms may also be present.

Clinical Symptoms of Strangulation

Clinical Symptoms of Strangulation

- Neck pain and sore throat (60-70%)
 - Usually related to blunt force trauma
- Breathing changes or difficulty (up to 85%)
 - Hyperventilation
 - Laryngeal injury, swelling, bleeding
 - Pulmonary edema (late finding)
 - Worsening of other conditions (asthma)
- Voice changes (up to 50%)
 - Hoarse or raspy voice
 - Inability to speak
 - Coughing
- Swallowing abnormalities (up to 44%)
 - Difficulty swallowing
 - Painful swallowing
 - May be immediate or delayed
- Mental status and consciousness changes
- Behavioral changes
 - Early: agitation, restlessness, combativeness
 - Late: Impairments in memory, concentration, sleep
 - Mental health issues (anxiety, depression, dementia)
- Neurological changes

Clinical Signs of Strangulation

Clinical Signs of Strangulation

- Petechiae
 - Compression impedes venous blood flow
 - Venous pressure increases
 - Small blood vessels near the surface of the skin or mucous membranes rupture
 - Multiple tiny red spots appear (1-2mm)
 - Non palpable
 - Non tender
 - Do not blanch
 - Caveat---- petechiae can be caused by many things
- Subconjunctival Hematoma
 - Venous blood flow impeded
 - Pressure increases
 - Small blood vessels on the surface of the eye (sclera) rupture
 - Does not impair vision
 - Not dangerous and will resolve on own
- Neck Injuries
 - Redness
 - Bruising
 - Scratches / Abrasions
 - Self defence wounds
 - Jewelry
 - Fractures
 - Ligature marks

Safety Planning – Your Documentation Matters



If you offer resources or pamphlets – document what you said and gave.



A safety plan is personalized and specific to the patients' available resources.



Identify patient assets and resources.



Remember, during times of crisis your brain does not function as well. Helping the patient to have a plan laid out in advance, helps to protect the patient in those stressful moments.



We can only do and offer what we can, the patient's make the decisions. Just make sure you document what you offered.

When You Are Concerned About the Plan, Document

- “We are at the house discussing him needing to help me with the child I’m carrying. This is his baby and he needs to provide for it. He jumped up, grabbed me by the neck, pushed me to the ground and choked me. He got up and kicked me in the stomach saying, “I’m gonna kill you”
- Safety Plan: Initially the patient said, “I will let him in and he must sit in a chair. If he does anything like that again, I will call the police.” I advised the patient I was not comfortable with this plan at all. I asked what would happen if she was unable to call 911 and he was again choking her. I reviewed strangulation information and risks, risks of increased harm during pregnancy and resources available to the patient. She replied, “You are right, I can not be with this man. I will call 911 if he returns to the home. My sister and her husband can stay with me.” Patient has a functioning cell phone, she pays for the service

This case proceeded through the judicial process without victim cooperation, and he was found guilty.

They See, They Hear



- Less likely to participate in activities
- Fewer friends
- Less likely to get good grades
- Decreased graduation rates
- More likely to get in trouble in school and with the law
- Increased drug and alcohol use
- Poor self esteem
- Depression, anxiety, abdominal pain, diabetes, obesity, bed wetting, developmental delays
- A boy who sees his mom abused is 10x more likely to become an abuser
- A female is six times more likely to be sexually assaulted

References

The Allina Health Forensic Nursing Program gratefully acknowledges [Alliance for HOPE International](#) for allowing us to reproduce, in part or in whole some of the content of this presentation. The documents were accessed through the online Resource Library hosted by the Training Institute on Strangulation Prevention

