Non-Fatal Strangulation: Recognizing the Injuries and Connecting Victims to Care

July 15, 2020

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Today’s session will be recorded and made available on the OVC TTAC Expert Q&A Past Sessions tab, along with a copy of the PowerPoint.
Featured Hosts

Gael Strack

Michelle Morgan

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What is non-fatal strangulation?
What is the purpose of strangulation?

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It seems that strangulation in respect to domestic violence is being talked about now more than in previous years. Why is this? Hasn't it always been an issue?

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What are the facts about non-fatal strangulation?

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Data

What is the probability of an abuser escalating from strangulation to murder?

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Is this type of abuse seen more in a certain population group?

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What can the perpetrator be charged with?

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Should strangulation be charged as attempted murder? Why?

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How is it prosecuted?

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Often, prosecutors won't file in cases without injury. How can we start to change this culture?

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What are the signs to look for with victims of strangulation?

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How many days after the strangulation is it still possible for someone to die from strangulation?

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Medical

Does every strangulation require a CT scan?

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Updated Imaging Recommendations

What is the process for navigating a patient to obtain evaluation for a traumatic brain injury due to strangulation?

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How can you recognize signs of strangulation?

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Advocacy

What are the important questions to ask a victim following a strangulation?

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How do we assist victims/survivors in understanding the importance of medical help?

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Are there nationwide resources on this issue?

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https://www.strangulationtraininginstitute.com
Top Webinars:

• Prosecuting Strangulation Cases without the Victim – Making Good Use of Forfeiture by Wrongdoing
  • Loudon County Commonwealth’s Attorney’s Office, Donald Goodman, Josh Steward, Alex Rueda

• Understanding the Rage and Lethality of Men Who Strangle
  • Casey Gwinn, Jim Henderson, Dr. David Wexler, Dr. Oliver Williams

• Strangulation Survivors Speak Out
  • Michelle, Joyce and Sara with Gael Strack, Dr. William Smock & Michael Burke

• Handling Strangulation Cases at the Frontlines
  • Dr. Jackie Campbell, Dr. Ralph Riviello, Gael Strack, Audrey Bergin, Suzann Stewart, Kathy Bell & Michelle Morgan

• Strangulation for Advocates with Gael Strack
  • Sponsored by the Army Community Services Family Advocacy Program

• Pediatric Strangulation, Part 2
  • Dr. Cathy Baldwin, Dr. William Smock, Gael Strack, Diana Faugno, Val Sievers & Jennifer Green

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Resources
Resources

2016 Toolkit from IAFN

Non-Fatal Strangulation Documentation Toolkit

International Association of Forensic Nurses
Leadership. Care. Expertise.

International Association of Forensic Nurses
www.ForensicNurses.org
November 2016
“Meet me at the hill where we used to park”: Interpersonal processes associated with victim recantation

Amy E. Bonomi, Rashmi Gangamma, Chris R. Locke, Heather Katafiasz, David Martin

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ABSTRACT
Our study used live telephone conversations between domestic violence perpetrators and victims to answer novel questions about how and why victims arrive at their decision to recant and/or refuse prosecution efforts. From October 2008 to June 2011, we conducted a qualitative study involving 25 heterosexual couples, where the male perpetrator was being held in a Detention Facility (in the U.S.) for felony-level domestic violence and made telephone calls to his female victim during the pre-prosecution period. We used 30–102 min of conversational data for each couple to examine: 1) interpersonal processes associated with the victim’s intention to recant; and 2) the couple’s construction of the recantation plan once the victim intended to recant. We used constructivist grounded theory to guide data analysis, which allowed for the construction of a novel recantation framework, while acknowledging the underlying coercive interpersonal dynamic. Our results showed that consistently across couples, a victim’s recantation intention was foremost influenced by the perpetrator’s appeals to the victim’s sympathy through descriptions of his suffering from mental and physical problems, intolerable jail conditions, and life without him. The intention was solidified by the perpetrator’s minimization of the abuse, and the couple invoking images of life without each other. Once the victim arrived at her decision to recant, the couple constructed the recantation plan by redefining the abuse event to protect the perpetrator, blaming the State for the couple’s separation, and exchanging specific instructions on what should be said or done. Our findings advance scientific knowledge through identifying, in the context of ongoing interactions, strategies perpetrators used—sympathy appeals and minimization—to successfully persuade their victim and strategies the couple used to preserve their relationship. Practitioners must double their efforts to hold perpetrators accountable for their actions, and efforts made to link victims to trusted advocates who can help them defend against perpetrators’ sophisticated techniques.

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5-Stages of Witness Intimidation – Study of Jail Calls Conducted Ohio/Washington (2011)

1. The Victim has Decided To Press Charges of Domestic Violence
2. The Abuser Appeals to His Victim’s Sympathy, Love, Compassion
3. The Abuser Creates an “Us Against Them” Bond
4. The Abuser Asks Her To Recant Her Statement
5. The Abuser and Victim Plan What She Will Say About Not Pressing Charges

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Safety Planning with the Science of HOPE

THE VIGOR

The Victim Inventory of Goals, Options, & Risks

A Safety Planning Tool to Help Survivors of Violence Assess Their Risk and Decide how to Cope

The VIGOR helps you to develop a personalized safety plan for coping with violence and other life problems and can be used multiple times as your situation changes.

Of course, some problems are outside any one person’s individual control. Especially, your partner’s behavior is outside of your control. The outcomes of these steps cannot be guaranteed.
HELPS

H Have you ever hit your Head or been hit on the Head? □ Yes □ No
Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse. A TBI can also occur from violent shaking of the head, such as whiplash or being shaken as a child.

E Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? □ Yes □ No
Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever lose consciousness or experience a period of being dazed and confused? □ Yes □ No
Note: While significant in helping to determine the extent of the injury, many people with minor brain injury may not lose consciousness, yet still have difficulties as a result of their injury.

P Do you experience any of these problems in your daily life? □ Yes □ No
Note: Other problems may include: visual, auditory, sensory impairments, paralysm, weakness of any extremity, balance problems, fatigue, apathy, silliness, impulsive, mood swings, irritability, decreased self-awareness, decreased ability to learn new information or retrieve old information, shift from one topic to another, set goals or plan tasks, monitor own behavior and difficulty with abstract thinking.

□ headaches □ difficulty reading, writing, calculating
□ dizziness □ poor problem solving
□ anxiety □ difficulty performing your job/school work
□ depression □ change in relationships with others
□ difficulty concentrating □ poor judgment (being fired from job, arrests, fights)
□ difficulty remembering

S Any significant sicknesses? □ Yes □ No
Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, stroke, heart attack, seizures, high fever, etc. Also screen for instances of oxygen deprivation such as near drowning or near suffocation.
New TBI Resources from Ohio DV Network

Available for download free at www.odvn.org on the home page under ODVN Cares
Media Guide:

• Special Thanks to Rachel Frost and Yesenia Aceves

• Media Kit:
  • Background about strangulation
  • Statistics
  • Links to resources like our Factsheet
  • Language
  • Quotes from professionals and survivors
  • Things to say to survivors and calling the Hotline
Resources
Resources
It’s easy to join our mailing list!
Just send your email address by text message:

Text
HOPEGIVER
To 22828 to get started.

Message and data rates may apply.
Next Month

**Topic:** Supportive Services Available to Survivors of Sexual Assault in the Military – A Military- and Community-Based Collaboration

**Date:** August 19, 2020

**Featured Host:** Pamela Jacobs

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Download a **certificate of attendance** for today’s session from our Downloads pod.

For more **resources related to this topic**, please see the Additional Links pod.

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If your question was not addressed in this session, you can send your question to our hosts or request additional information by email:

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Michelle Morgan: mmorgan@onesafeplace.org

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