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STEMMING THE INCIDENCES OF STRANGULATION IN INTIMATE PARTNER VIOLENCE, SAVING THE LIVES OF VICTIMS

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Abstract

Strangulation is defined as "the obstruction of blood vessels and/or airflow in the neck resulting in asphyxia". In intimate partner violence (IPV) incidences, strangulation is occurring at an alarming rate and can inevitably lead to the death of the victim. Even years after the incident has occurred, lethal effects from strangulation are still possible due to damage to the arteries in the neck leading to embolization. According to the National Coalition Against Domestic Violence, 1 in 4 women will be victims of IPV in her lifetime and of those, 68% will experience non-fatal strangulation. Studies have shown that women who experience strangulation incidences in a relationship have a 7-fold increase of likelihood that she will die at the hands of the abuser. Tragically, South Carolina is in the top twenty-five states for domestic violence fatalities. The research examines prevalence rates for strangulation in South Carolina and the correlation of IPV related fatalities. Furthermore, this research examines non-fatal strangulation by an intimate partner as a risk factor for major assault or attempted or completed homicide of women in South Carolina and the void in South Carolina law stemming the tide of these deaths. Data was obtained from a subset of women who are serving time in South Carolina prisons who have sought counseling services from SisterCare, a non-profit that provides advocacy and counseling services to domestic violence survivors, as well as a study conducted by the 9th Circuit Solicitor's office in Charleston which examined the prevalence of reported IPV cases with incidences of strangulation.

Keywords

Non-Fatal Strangulation; Intimate Partner Violence; Domestic Violence; Strangulation Injuries; South Carolina

Strangulation and Why Does it Matter

Intimate partner violence (IPV) or domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. IPV includes physical, sexual, psychological, and emotional abuse. (National Coalition Against Domestic Violence)

According to the National Coalition Against Domestic Violence, of those women who are victims of IPV, 68% will experience non-fatal strangulation. Strangulation that occurs in intimate partner violence (IPV) cases is very serious as it is recognized as the "last warning shot" due to the increased likelihood of the abuser later killing his victim. If a woman is strangled just one time, she is 7 times more likely to be killed later by her abuser." (Gwinn, et al.). According to the National District Attorney's Association, 10% of all violent deaths (not just Domestic violence cases) in the United States are attributable, at least in part, to strangulation. (Strack and McClane, 1999).

The Training Institute on Strangulation Prevention defines strangulation is the "obstruction of blood vessels and/or airflow in the neck resulting in asphyxia" (Training Institute on Strangulation Prevention). It is often

incorrectly identified by victims/laymen as choking. Choking as defined by the Mayo Clinic is defined as "when a foreign object lodges in the throat or windpipe, blocking the flow of air." (Mayo Clinic). Strangulation can involve the use of ligatures (cords, rope, etc.) or be manually applied (kneeling on neck, hands, forearms applying a sleeper hold, standing on the victim's neck or throat). (Strack & McClane, 1999) The most common form of strangulation is when an assailant's hand is used to compress the victims' neck which occurs in 83% of reported strangulation cases (Faugno, Strack, Waszak, & Brooks, 2013).

In South Carolina, the homicide rate for women in domestic violence is 1.5 times higher than the national average (*South Carolina Domestic Violence Advisory Committee's Report*, 2019). Until 2020, South Carolina had the dubious distinction as one of the top ten states in the nation with the highest rates of domestic violence deaths with a reported 46 deaths in 2024 . After a brief hiatus, South Carolina domestic violence fatalities are on the rise again. South Carolina still has not passed comprehensive legislation increasing penalties for those who strangle crime victims. In domestic violence cases, the domestic violence statute does permit a defendant to be charged with a felony for nonfatal strangulation, yet the reality is that many are not charged and many serve little if any jail time.

Advocates contend that substantial jail time for a non-fatal strangulation domestic violence case may increase the likelihood of a victim being able to receive counseling and other such domestic violence related services so that they can successfully leave the relationship. Jail time also takes into consideration the seriousness of a non-fatal strangulation case as research is emerging that an incident of non-fatal strangulation can have serious health effects on victims, even years later. Some of these health effects are physiological like traumatic brain injury, strokes due to blood clots, long-term memory loss, respiratory ailments, damage to the circulatory system (carotid artery dissection and other vascular systems in the neck) and even heart damage while others are psychological. (Brown, 1999; Strack and McClane, 2000, pp. 2-6). Recent studies suggest that manual strangulation can result in carotid artery dissection in 1 out of 75 or 1 out of 47 victims of domestic violence. (Matusz, et al., 2019) and (Zuberi, et al., 2019). Recognition of these more serious effects of non-fatal strangulation has become of greater concern with sentencing decisions for prosecutors who understand and appreciate the significance for victims.

Physiological Effects of Strangulation

Strangulation has many physiological effects on the body including:

Swollen lips;
Voice changes - raspy; loss of voice; hoarseness;
Inability to swallow or difficulty swallowing;
Defecation on self during or after the strangulation;
Involuntary incontinence;
Miscarriage by pregnant women;
Nausea or dizziness;
Scratches or abrasions on the neck;
Redness, swelling or bruising on the neck;
Petechiae (ruptured capillaries) on eyes, face or neck;
Ligature marks;
Broken bones/fractures or broken cartilage in the neck;
Lung damage; fluid in lungs; pneumonia;
Vision or hearing changes;
Damage to vascular structures;
Acquired or Traumatic Brain injury due to lack of oxygen; and
Memory loss (Strack and McClane, 2000, pp. 2-6)

In January of 2015, Governor Nikki Haley, issued Executive Order: 2015-04 establishing the Domestic Violence Task Force for South Carolina. The task force was comprised of a number of sub-committee working groups which included prosecution, judicial, victim services and law enforcement. The mission of the task force was to comprehensively examine cultural issues that have or had an effect on domestic violence response in South Carolina. The task force issued two reports and in those the law enforcement working group identified several significant challenges.

A survey of law enforcement agencies was conducted to gather data and a total of 157 agencies responded to the survey. The survey results showed 28.7% of reporting agencies did not have policies that addressed responding to domestic violence. Of the 157 reporting agencies, 49% did not use any type of checklists or protocols when responding to domestic violence. The lack of established protocols and checklists in some agencies can be problematic in that subtle indicators of strangulation can be easily missed. Specifically, 84.7% of the reporting

agencies did not have any checklist to screen for strangulation signs and/or symptoms. Furthermore, 63% of agencies did not use any type of lethality assessment which may indicate fatal consequences in future acts of domestic violence. (South Carolina Governor's Office, 2015, p 123, 125)

A consistent component of lethality assessments is whether acts of strangulation have taken place. Asking about prior instances of non-fatal strangulation is important because of the strong correlation between non-fatal strangulation and homicide(s) at a later date. The Institute on Strangulation Prevention, largely considered the experts in non-fatal strangulation, strongly recommend that checklists be used when evaluating domestic violence victims for strangulation injuries.

The importance of screening for strangulation injuries, signs and symptoms cannot be over emphasized. Although accountability for abusers who strangle their intimate partners is important, the most important initial concern is for the physical well-being of those who have been strangled. It is important to note that 50% of victims will not have any noticeable outward signs of strangulation, even though they report having been strangled during an episode (Nateson, et al, 2023).

Injuries from being strangled can be acute and immediate while in other instances the onset of complications can be delayed by hours, days or even weeks. Injuries left unaddressed through medical intervention(s) can lead to permanent injuries and even delayed death. Therefore, it is vital for victims who report strangulation to understand the potential side effects and get medical help immediately. Law enforcement or other professionals interact with victims of non-fatal strangulation and are in the unique position to provide immediate intervention if needed. If strangulation has been indicated, then medical intervention should be the first course of action. It is important to mention that many medical professionals in South Carolina do not have formal training on strangulation awareness, detection and appropriate medical exams with the exception of sexual assault nurse examiners (SANE) or forensic nurse examiners (FNE). Law enforcement and other professionals should share strangulation concerns with any and all medical personnel who interact with strangulation victims. Although initial medical examinations may be limited in their findings, it is critical that law enforcement conduct follow up investigations with respect to acts of strangulation. Follow up investigations are critical for both criminal accountability and medical interventions.

Psychological Effects of Intimate Partner Violence

Psychological effects of intimate partner violence are often lasting and devastating in impeding the wellbeing and relational health of the survivor. Higher rates of PTSD and depression are consistently reported in IPV survivors when compared populations without incidents of IPV (National Coalition Against Domestic Violence). Post-traumatic disorder symptoms such as hypervigilance, flashbacks of the abusive encounters, nightmares, avoidance of once pleasurable activities, mood instability, isolation, and intimacy difficulties can all be understood in the context of IPV (APA 2013). After an incident of strangulation, survivors report living in fear in daily life. Vella and colleagues (2017) describe this persistent fear as "associated with the near-death experiences they had during strangulation. They each described how fear led them to be constantly vigilant in their daily lives" (p. 183).

Self- blame and negative alterations in self-concept often occur after IPV. According to the National Center for Domestic Violence (2014) survivors are 3 times more likely than the general public to engage in self-harm. Suicidality and suicide attempts are also higher than in populations that have not experienced IPV. Additionally, substance use disorders are also more prevalent in survivor populations where the desire to escape one's mental images or self-medicate PTSD symptoms (National Center on Domestic Violence).

Strangulation may have a direct impact on survivor's likelihood to experience serious depressive symptoms (Valera, et al, 2022). In a study by Mittal and colleagues (2018) specifically designed to examine strangulation effects, women who experienced strangulation were not more likely to be depressed than other survivors of IPV, yet the survivors reported "more severe physical ($p < .001$), sexual ($p < .001$), and psychological ($p < .001$) abuse" (p. 1072). Cutting edge research suggests that in addition to the psychological harm, cognitive damage occurs to working and long-term memory function (Valera, et al, 2022). This preliminary research indicates a direct correlation of memory impairment from strangulation even when controlling for other forms of traumatic brain injuring IPV.

Treatment of the psychological effects of intimate partner violence is often chronic involving a combination of approaches. While social support has a buffering effect on depressive symptoms (Mittal, et. al., 2018), multi-modal approaches are often more effective utilizing a combination of group, individual, and psychiatric services. Outpatient cognitive behavioral groups in conjunction to individual psychotherapy help other survivors realize that they are not alone and strengthens the possibility of post-traumatic growth (Arroyo, et al., 2017).

Given the psychological consequences of strangulation, legislators and law enforcement officers need to recognize the severe and often lethal nature of strangulation. Considerations need to be given in understanding that memory loss or confusion in a survivors' statement may indicate deprivation of oxygen during the incident. Unfortunately, some law enforcement officers, or psychological evaluators may misinterpret a lack of recall as

evasiveness or deception when in fact, brain injury and amnesia have occurred from the assault (Wilbur et al., 2001).

Based on both the short-term and long- term physical and psychological effects of strangulation, all victims of strangulation should receive prompt medical treatment which should include imaging to determine internal injuries. Imaging can also provide forensic evidence of the strangulation, especially when the victim does not present with visible external injuries or has minimal injuries (Straek, 2020). One such imaging that is gaining traction is thermal imaging.

The Use of Medical Diagnostic Testing including Thermal Imaging to identify injury as a result of IPV strangulation

Today, technology exists that may help in detecting strangulation injuries or support claims of strangulation assaults when traditional imaging such as CT scans and X-rays do not. Thermal imaging science has been in existence for many decades and the capabilities of the equipment have drastically improved over time. Diagnostic thermal imaging used in veterinary medicine over the last two decades has transitioned into use on human subjects. The American Academy of Thermology, located in Greenville, South Carolina is an internationally recognized organizations that helps to set standards for thermal imaging and examinations for both human and animal subjects. Their membership includes national and international medical doctors and thermography practitioners that specialize in health and pain management. Decades of research by their membership has shown that thermal imaging can indicate potential injuries to bones, ligaments, soft tissue and vascular structures of the human body. Currently, the technology is used as an indicator tool and not an American Medical Association (AMA) approved diagnostic tool. Initial studies using thermal imaging to detect hidden signs, symptoms and injuries related to strangulation tend to show that indicators could be identified.

Doctor Robert Schwartz, the chairman of the American Academy of Thermology, is quoted as saying

> "I am rather excited about evaluating the use of thermal imaging by law enforcement for domestic violence and strangulation cases. With proper image acquisition and palette configuration these applications are quite plausible. It is possible that strangulation cases may require a different set up for detection than that used for other domestic injuries, however I anticipate that it should be relatively easy to accomplish the same." (Bennett, 2016)

Technology must be scientifically validated in order to be considered trustworthy and acceptable in courts of law. Consequently, any new technology must pass standards of legal sufficiency often called Daubert and Frye tests. Although thermal imaging has been validated over the last two decades in various medical disciplines; at this time, it has not been validated in the court for use as standardized and acceptable practice for evidence collection. Thermal imaging technology is constantly being improved and is moving forward to a time of legal acceptance.

Prevalence of Strangulation in Domestic Violence Cases in South Carolina

Quantifying actual numbers for non-fatal or fatal strangulation events and rates in South Carolina is problematic. There are a number of reasons that data is lacking as it relates to domestic violence but even more so as it relates to strangulation. South Carolina does not have standalone law specific to strangulation like many other states. Multidisciplinary emphasis and focus on non-fatal strangulation tend to increase when a state(s) enact laws that define strangulation with an attached criminal penalty for committing such an act. Consequently, databases related to those disciplines more accurately record strangulation incidents as a matter of compliance and record keeping in order to measure the effectiveness of existing laws. South Carolina's 2015 Domestic Violence Task Force Criminal Justice Working group phase one report noted there are many state and local entities that are directly or indirectly involved with domestic violence issues and response. It was further noted that entities use computerized databases which are isolated from one another and therefore do not share information effective or efficiently. Database information is also dependent on using the proper title or coding specific to the database system. As an example, the Federal Bureau of Investigation (FBI) Uniform Crime Reports (UCR) use preapproved codes to categorize crimes. Strangulation is not one of the approved codes. If an act of strangulation was committed against a victim, it will often be categorized under an assault code or domestic violence. The South Carolina Law Enforcement Division utilizes the South Carolina Incident Based Reporting System (SCIBRS). Incident reports generated from law enforcement agencies across South Carolina are loaded into to the SCIBRS database. The SCIBRS systems is dependent on officers and agencies using correct language in the reports and correct associations that are reflective of the definition of "household member" in South Carolina domestic violence law. Searching for words in SCIBRS such as "strangulation", "strangled" or "household member" do not always return with accurate information. These key words may be missing entirely which could result in skewed data. Commonly the word "choking" is used in place of strangulation which can also skew searching for available

data. Incident reports often contain an incomplete understanding of what exactly happened. (South Carolina Governor's Office, 2015, p.19) This is especially true of any assault where officers did not see any observable injury and less than detailed reports were filed. A foundational understanding of non-fatal strangulation is that external injuries are rarely seen. Therefore, it is reasonable to suggest that non-fatal strangulation incidents are occurring but not being documented for lack of visual indicators.

News stories in South Carolina relating to domestic violence and strangulation can be found with some regularity. Often the term "choked" is used by the media however, and its improper use minimizes the actual dangers of strangulation. Reading of the articles often indicate misdemeanor domestic violence charges being made or a charge not related to domestic violence at all. Law enforcement incident reports, judicial records and news accounts do not provide South Carolina with an accurate rate and/or frequency of non-fatal strangulation assaults. Anecdotal information, however, points to rates that are higher than ever realized. Conferences, online messages boards, focus groups and domestic violence organization often hear or see personal accounts of strangulation victims. Many victims state that their strangulation assaults were never reported. Victims who indicate that their strangulation assault was reported also indicate that their concerns were minimized, was not investigated properly or were charged as low-level offenses. Three anti-strangulation bills have been filed with the South Carolina General Assembly since 2017 and all were supported by nearly 10,000 signatures collected from residents of South Carolina. The number of signatures obtained are reflective of the importance of a comprehensive stand-alone strangulation law for South Carolina.

Study of Prevalence of Non-Fatal Strangulation in SisterCare Domestic Violence Cases

This study focused on data which was obtained from SisterCare, a non-profit organization that provides advocacy and counseling services to domestic violence survivors. The 111 survivors (victims) of domestic violence in this study are female prisoners serving time in South Carolina prisons who have sought counseling services from SisterCare in order to cope with their domestic violence victimization from 2017-2019. As part of their request for counseling, they filled out a questionnaire which captured information about the victim including what county they are from race; age; description of the domestic violence they experienced at the hand of an abuser; and the year the abuse occurred. The information provided for our study was extrapolated from the data SisterCare collected from the questionnaires provided to the inmates.

The data indicates that 61% of the women seeking counseling services identified as White; 2% African-American; 1% American Indian; 2% Hispanic; 31% Black; 1% as Other/White; and 2% Other.

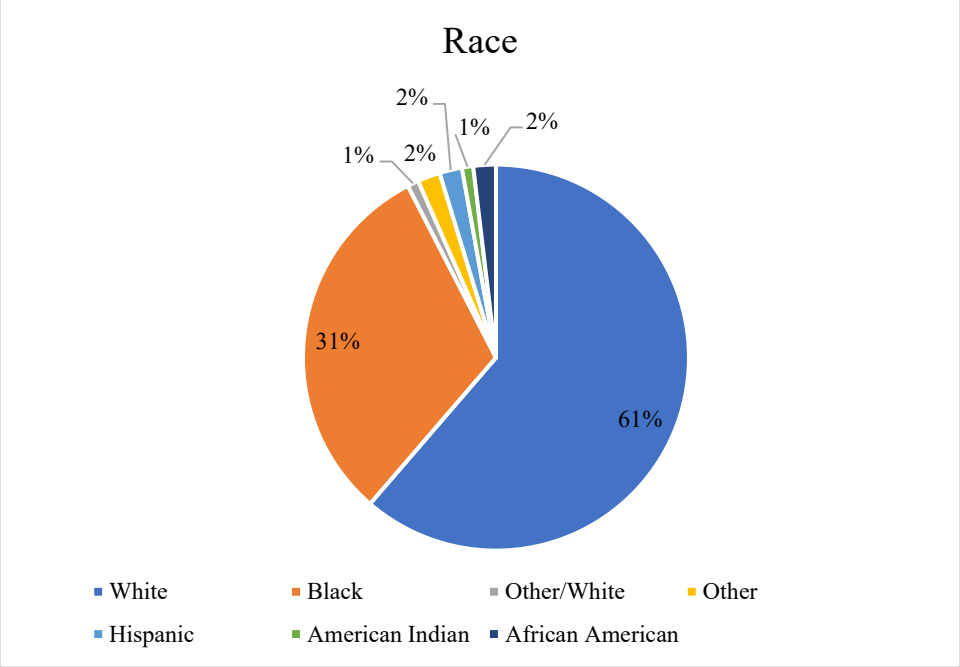

Figure 1: Race of Women Seeking Counseling Services

The ages of the women ranged from late teens to 70s. The mean age of the women who sought services was 32 years and the median age was 35. The scatterplot below shows the age range of people who requested services.

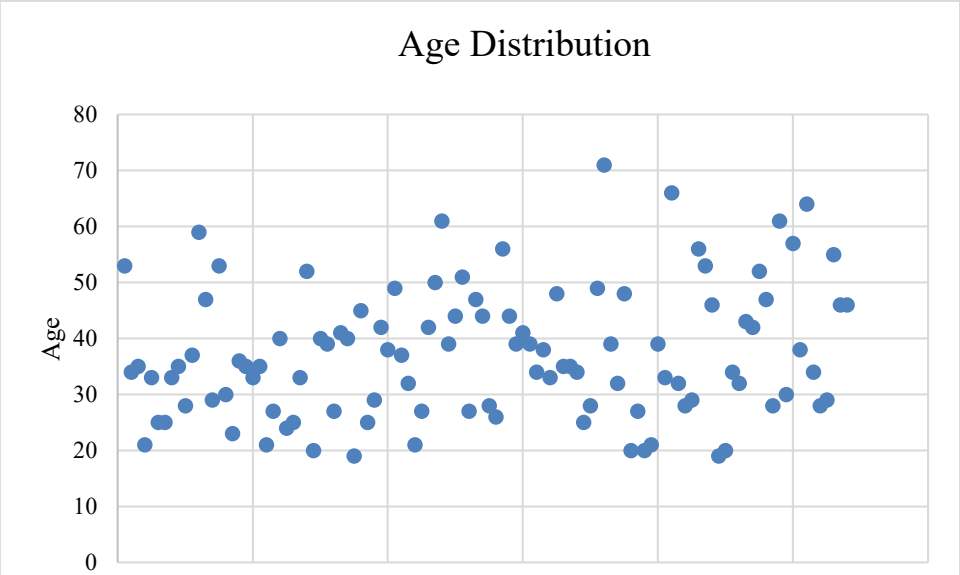

Figure 2: Ages of Women Seeking Counseling Services

The women were asked to provide a description of the type of abuse they encountered at the hands of their abuser(s). Interestingly, many women who answered the questionnaire chose not to provide any description of their abuse. Of those who did respond, 24 respondents recalled being choked or strangled with two reporting being choked or strangled leading to unconsciousness. One respondent reported being strangled and waking up while being raped. 23% of the respondents indicated they suffered a non-fatal strangulation.

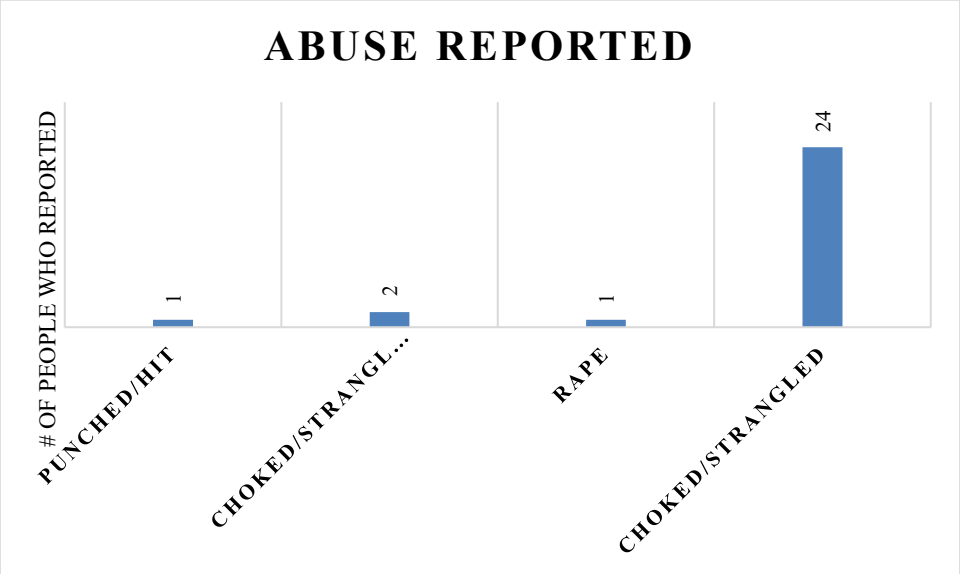

Figure 3: Abuse Reported By Women Seeking Counseling Services

Charleston County Study of Prevalence of Non-Fatal Strangulation in Domestic Violence Cases

In 2012, the 9th Circuit Solicitor Office's Community Coordinated Response to Domestic Violence (CCRDV) via an Office of Violence Against Women grant collected criminal domestic violence incidence reports from the law enforcement agencies in Charleston County: City of Charleston Police Department; Mount Pleasant Police Department; North Charleston Police Department; Charleston Sheriff's Department; Folly Beach Public Safety; Isle of Palms Police Department; and Sullivan's Island Police Department from June 2009 to June 2010 in order to determine trends the departments were seeing in their domestic violence cases. As a result of this study, the Solicitor's office determined that of the 1,534 cases, 12.5% of the police reports indicated choking or strangulation was involved. (*9th Circuit Solicitor Office's Community Coordinated Response to Domestic Violence*, 2012).

A New Approach in South Carolina May Be Necessary

With strangulation being indicated in 12-23% of domestic violence cases in South Carolina as noted in these two studies and the knowledge of it being a harbinger of the possibility of death to the victim, then it is necessary to examine what South Carolina can do to decrease the risk to victims. The state held the dubious distinction of being in the annual top ten of domestic violence fatalities for twenty-five years until 2020; however, SC is still in the top twenty-five states for domestic violence fatalities and as noted, those numbers are rising.

Many states treat strangulation during an intimate partner incident as an aggravated factor that would result in a sentencing enhancement. Other states treat strangulation as a crime resulting in a felony (regardless if it is a domestic violence incident). Increasing the sentence/grade of strangulation to the highest grade for all victims of crime would protect the victims, acknowledge the seriousness of long- term health effects on victims; acknowledge the link between non-fatal strangulation and death of victims; and ensure a domestic violence abuser receives a lengthy sentence allowing the victim (of domestic violence) more time to escape the relationship and seek services. It also may help to stem the tide of fatalities amongst South Carolina's domestic violence victims by ensuring accountability for the abuser, so that this serious behavior is not permitted to escalate into death to a victim. The Training Institute on Strangulation Prevention indicated that South Carolina was one of the last states remaining to address strangulation (in domestic violence) in its statutes. (Training Institute on Strangulation Prevention, 2021). Today, their literature indicates that South Carolina has passed a felony strangulation law with the domestic violence statute, yet this statute has been in place since 2015 and does include a sentence enhancement to a felony for the use of strangulation in a domestic violence incident. The codified language of the domestic violence statute in 2015 that relates to strangulation, is vague as compared to what was proposed by experts during legislative hearings. As a result, the application of the law with respect to strangulation is open to interpretation and leads to inconsistent enforcement and protections. The reality is that many domestic violence cases which are reported as including strangulation are resulting in misdemeanor domestic violence charges being made or including charges not related to domestic violence at all.

A South Carolina stand-alone bill for all victims of crime who experience non-fatal strangulation may be much more effective as it would leave no doubt as to what charges a defendant should receive, avoiding law enforcement discretion on whether this is a domestic violence situation. In addition, if a stand-alone bill for non-fatal strangulation included a protocol with a checklist all officers must follow when responding to a violent crime which includes an inquiry into types of violent acts used by the defendant, then appropriate charges can be brought regardless of the victim's relationship to the defendant resulting in more accountability.

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