

# Enhancing System Responses to Survivors and Perpetrators of Strangulation in Intimate Partner Violence

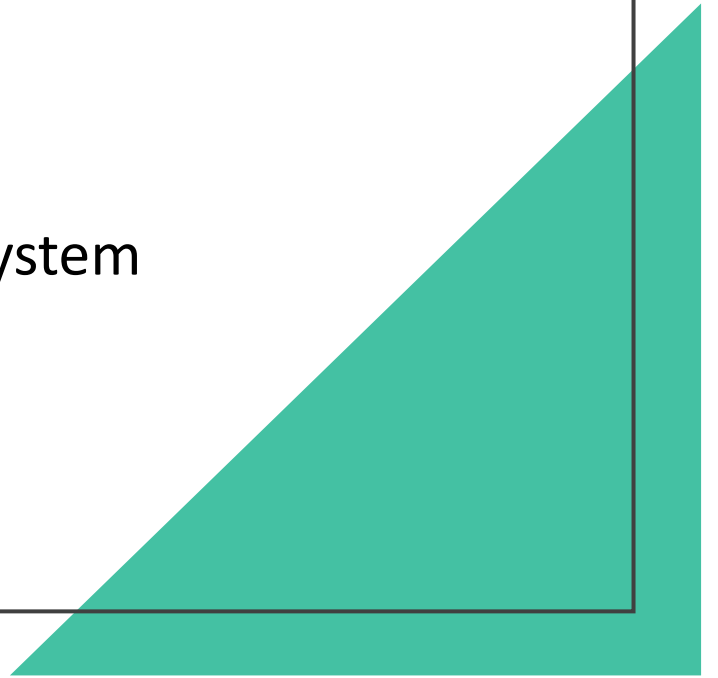
Amanda V. McCormick, Ph.D.

RESOLVE Network, November 23<sup>rd</sup> 2023



# Presentation Overview

- Strangulation Explanation
- Outcomes of Strangulation
- Strangulation Legislation
- System Challenges and Recommendations to Enhance System Responses





# Strangulation and IPV

---

- Strangulation = external pressure placed on the neck region which restricts or prevents airway or blood flow
- Most IPV-strangulation occurs manually (often with both hands) (Brady et al., 2022; Macgregor et al., 2016)
- Choking = an internal blockage that restricts or prevents airflow
- Highly gendered crime (Brady et al., 2022) and often used for coercive control





# Prevalence of IPV-Strangulation

---

- Strangulation is common among IPV survivors (e.g., Brady et al., 2022; King et al., 2023; Messing et al., 2018)
- GSS Data ~ 15% (Conroy 2021)
- McCormick et al. (2022)
  - Student sample = 29% lifetime experience among IPV survivors
  - Community sample = 56% lifetime experience among IPV survivors
- Higher rates among Indigenous populations 17% vs. non-Indigenous 6% (Heidinger, 2021)
- Higher rates among shelter populations
  - Policing samples ~ 3-10%
  - Shelter sample 68% (Wilbur et al., 2001)
- Average prior strangulations is ~ 5 (Brady et al., 2022; Messing et al., 2018; Wilbur et al., 2001)



# Signs and Symptoms of Strangulation

Difficulty  
Breathing,  
Swallowing, Sore  
Throat

Changes to Voice  
or Pain when  
Talking

Dizziness

Loss of Balance

Tinnitus

Memory Loss

Loss of  
Consciousness

Petechiae

Skin Abrasions

Loss of Control  
over Bodily  
Functions

Miscarriage



# Potential Outcomes of Strangulation

---

- Strangulation significantly and substantially increases the risk for a lethal outcome (Glass et al., 2008)
  - "The Last Warning Shot"
  - "Homicide Waiting to Happen"
- Short and long-term health consequences for victims/survivors (e.g., Campbell et al., 2018; Clarot et al., 2005; Messing et al., 2018; McLean, 2009; Patch et al., 2018)
  - Loss of consciousness in seconds, death can occur in minutes
  - >90% survivors of IPV may have a BI
  - Strokes within days, weeks of the incident
  - Injuries can easily occur, with less pressure than a standard handshake (88-92 pounds of pressure vs 11 pounds for carotid and 4.4 pounds for jugular)
- Mental health challenges
  - Traumatic experience, Close to / Fear of Impending Death
  - Depression, Anxiety, Post-traumatic stress, Suicide







# Legislative Response

---

- Most jurisdictions in the US have increased strangulation cases to a felony crime from a misdemeanor
- New Law in New Zealand December 2018
  - Punishable up to 7 years
  - *Crimes Act 1961*
- New Law in the UK June 2022
  - Punishable with up to five years in prison
  - *Domestic Abuse Act*
- New Law in Northern Ireland June 2023
  - Punishable up to two years (Magistrate's Court) or 14 years (Crown Court)
  - *Justice (Sexual Offences and Trafficking Victims) Act*
  - Prohibits the defence of consent



# Previous 'Choking/Strangulation' Offence

---

## Overcoming resistance to commission of offence

**246** Every one who, with intent to enable or assist himself or another person to commit an indictable offence,

- (a)** attempts, by any means, to choke, suffocate or strangle another person, or by any means calculated to choke, suffocate or strangle, attempts to render another person insensible, unconscious or incapable of resistance, or
- (b)** administers or causes to be administered to any person, or attempts to administer to any person, or causes or attempts to cause any person to take a stupefying or overpowering drug, matter or thing,

is guilty of an indictable offence and liable to imprisonment for life.



# New 'Choking/Strangulation' Offences (2019)

---

## **Assault with a weapon or causing bodily harm**

**267** Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than 10 years or is guilty of an offence punishable on summary conviction who, in committing an assault,

- (a)** carries, uses or threatens to use a weapon or an imitation thereof,
- (b)** causes bodily harm to the complainant, or
- (c)** chokes, suffocates or strangles the complainant

R.S., 1985, c. C-46, s. 267; 1994, c. 44, s. 17; [2019, c. 25, s. 93](#).

## **Sexual assault with a weapon, threats to a third party or causing bodily harm**

**272 (1)** Every person commits an offence who, in committing a sexual assault,

- (a)** carries, uses or threatens to use a weapon or an imitation of a weapon;
- (b)** threatens to cause bodily harm to a person other than the complainant;
- (c)** causes bodily harm to the complainant;
- (c.1)** chokes, suffocates or strangles the complainant; or
- (d)** is a party to the offence with any other person.





# Current Challenges with Recognizing and Effectively Responding to Strangulation in IPV

---



# Challenges - Police

---

- Strangulation does not always leave a mark (Hawley et al., 2001; Strack et al., 2001)
  - Half of the 300 cases reviewed showed **no visible injury**
- Visible injuries are typically minor and not easily recognized by police (Pritchard et al., 2018; Reckdenwald et al., 2019)
  - Visible injuries may not emerge for hours or days following the strangulation
  - Revisit after 24-48 hours
- Strangulation injuries less visible on darker skin (Brady et al., 2023)
  - Train police to look for other indicators
- Gaps in detecting strangulation in IPV calls (e.g., Douglas & Fitzgerald, 2014; Pritchard et al., 2018)
  - 11.5% explicit strangulation
  - 17.1% possible strangulation
  - “Choking” rather than strangulation
  - Details on how the strangulation occurred often missing





# Study 1

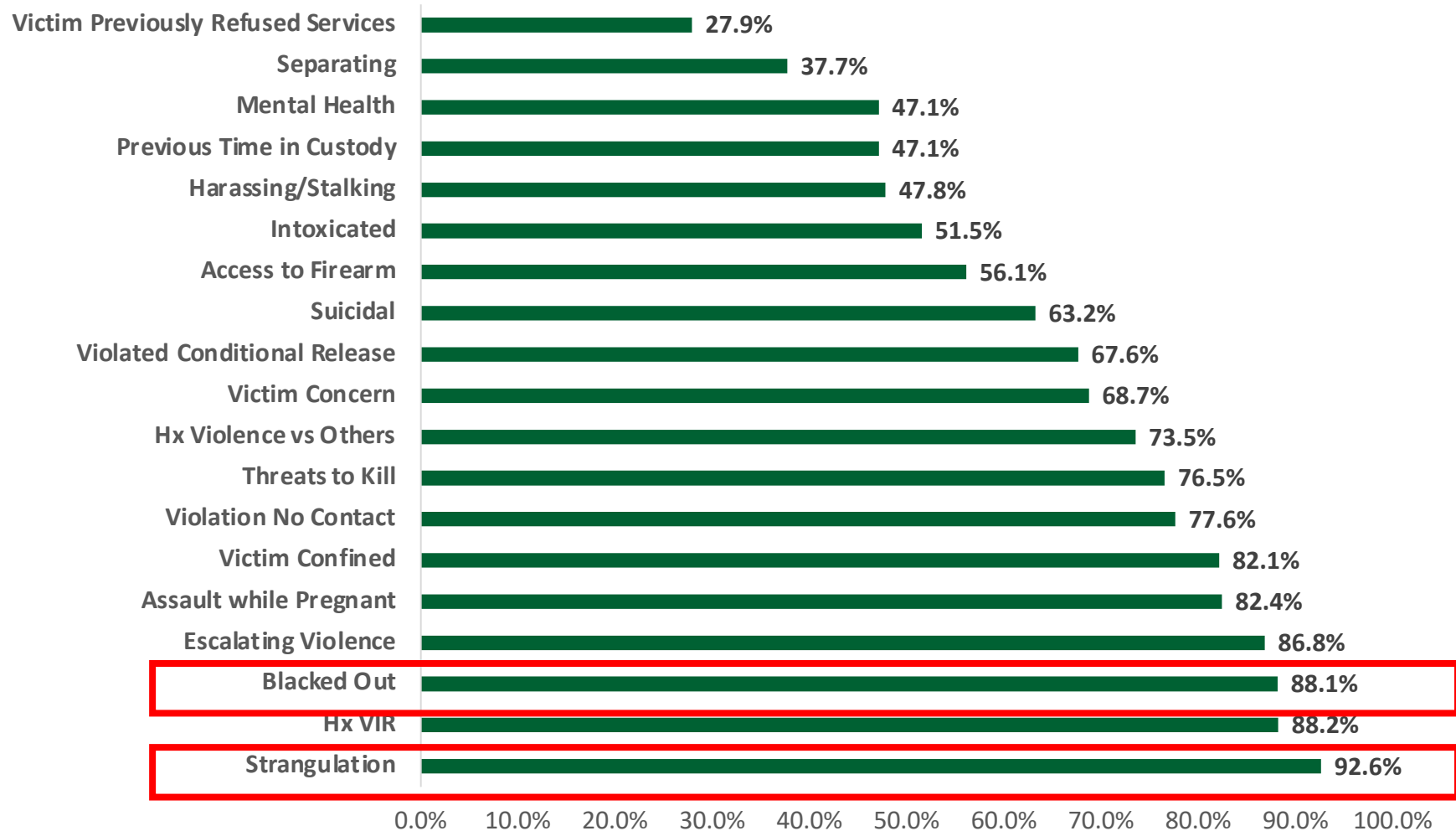
---

- 2020 Data Collection with 75 frontline RCMP officers
- Questions
  - Do officers perceive strangulation to be a risk factor for severe or lethal violence?
  - How common do officers believe IPV-strangulation is in their files?
  - Under what conditions are officers likely to refer the victim/survivor for a medical exam?





# High Risk Rankings





# Study 1 Findings

- Officers estimated an average of 6% of their files involve strangulation
- Gaps in understanding the significance of many signs of strangulation
- Desire for more training (81.4%)
  - Recognizing signs/symptoms (83%)
  - Connecting victim to health care (80%)
  - Investigating and documenting (74%)
  - Asking victim about strangulation (57%)

Refer for a medical exam if victim reported...	Very Likely	Unsure
Sexual Assault	88.6%	7.1%
Loss of Consciousness (m)	65.7%	2.9%
Strangulation	64.3%	5.7%
Unable to Breathe	62.9%	4.3%
Sore Neck or Throat	62.9%	2.9%
Petechiae	61.4%	10.0%
Dizziness/Double Vision	60.0%	4.3%
Trouble Breathing	57.1%	5.7%
Loss of Consciousness (s)	54.3%	4.3%
Soiling self	40.0%	10.0%



New IPV training was released  
Fall 2021

In-depth module on  
strangulation



**1.6 Strangulation/  
Suffocation  
(Choking)**  
[Sec. 267\(c\) CC](#)

- Did strangulation occur in the current incident? **If so, obtain immediate medical attention.**
- Has the SUS ever strangled, choked or suffocated the COM?
- Has the SUS ever threatened or gestured strangulation towards the COM?

**Document and photograph any neck marks or bruising, discomfort, cough, petechiae.**

**Look for defensive injuries to SUS (e.g., scratch marks or bite marks on SUS's hands, arms or face etc.).**

**Document method of strangulation (i.e., with hands, arms, body, ligature). Seize ligature if applicable.**

*Note: While COM may not recall being strangled, if they lost control of bodily function, or can't recall what happened during an assault, this may be an indication of a nonfatal strangulation incident where they lost consciousness*

## Study 2

- Where do police view non-fatal strangulation and brain injury in the context of risk posed to the victim/survivor?
- Do police recognize indicators of a non-fatal strangulation when it's implied and not overtly stated?
- Are police familiar with the new *Criminal Code* charges?
- Where are the gaps in training?

It only takes 4 lbs (2 kg) of pressure to block jugular veins and 11 lbs (5 kg) of pressure to block carotid arteries. Pressure applied for 5 to 10 seconds will cause unconsciousness in a human. If pressure is released immediately, consciousness will be regained within 10 seconds. To completely close off the trachea, 3 times as much pressure, 33 lbs (15 kgs), is required.

The physiological consequences of strangulation are as follows:

- 5 to 10 seconds causes unconsciousness;
- 15 seconds (minimum) causes loss of bladder control;
- 30 seconds (minimum) causes loss of bowel control; and
- 1 to 3 minutes causes brain death if strangulation continues.

If victims remain conscious or regain consciousness after strangulation, they may have no visible injuries, and only transient symptoms. Yet underlying brain damage caused by lack of oxygen during strangling, have resulted in victims dying from strangulation injuries as long as several weeks later.



# Sample

---

- 12 participating police agencies in British Columbia
  - $n = 172$
- Strangulation Knowledge
- Scenario Questions
  - (1) Rate the risk level from 1 (lowest) to 5 (highest)
  - (2) Identify the relevant *Criminal Code* charge(s)
  - (3) Rate the importance of a medical exam from 1 (not important) to 5 (extremely important)



# Strangulation Knowledge

True / False Statements	% Answering Correctly
Strangulation can result in death within minutes (T)	98.8%
Someone who's been strangled but doesn't appear to have any injuries does not need to go to the hospital for further medical care (F)	98.8%
A non-fatal strangulation can result in a brain injury (T)	98.8%
There are always going to be visible signs of non-fatal strangulation (F)	98.2%
Non-fatal strangulation is a form of coercive control (T)	97.0%
A person who has been strangled will always show evidence of petechiae (F)	96.4%
A person can lose consciousness from strangulation in less than 10 seconds (T)	95.1%
Non-fatal strangulation is one of the best predictors of future lethal violence (T)	92.1%
Non-fatal strangulation is a form of coercive control (T)	97.0%



# *Implied* Strangulation Scenario

You are taking the statement from the victim where she is explaining the incident that just occurred between her and her partner. While she's talking, she is coughing a lot, touching her throat, and her voice sounds rough/raspy – when asked if she's ok, she explains that her partner pushed her against the wall with his forearm against her throat and it's hurting her a bit to speak to you. You don't see any visible injuries.



# *Stated* Strangulation Scenario

You respond to a call for service where the complainant tells you that her partner sexually assaulted her the night before. Specifically, he pushed her to the floor and used his hands to strangle her while forcing her to engage in sexual intercourse. Looking at her neck, you can see that there are red marks around her throat.



# Scenario Ratings

*1 = Lowest Risk / Need; 5 = Highest Risk / Need*

	Average Risk Rating	Need for Medical F/U
Implied Strangulation	3.81	
Stated Strangulation	4.41	
Significance	<.001	



# Scenario Ratings

*1 = Lowest Risk / Need; 5 = Highest Risk / Need*

	Average Risk Rating	Need for Medical F/U
Implied Strangulation	3.81	4.22
Stated Strangulation	4.41	4.66
Significance	<.001	<.001



# What is the appropriate charge?

## Assault with a weapon or causing bodily harm

**267** Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than 10 years or is guilty of an offence punishable on summary conviction who, in committing an assault,

(a) carries, uses or threatens to use a weapon or an imitation thereof,

(b) causes bodily harm to the complainant, or

(c) chokes, suffocates or strangles the complainant.

R.S., 1985, c. C-46, s. 267; 1994, c. 44, s. 17; [2019, c. 25, s. 93](#).

	Implied Strangulation
Section 267c assault by choking, suffocation, strangulation	36.7%
Section 246 'choking to overcome resistance'	34.9%
Section 267 (subsection not specified)	29.4%
Section 265/266 (assault)	36.1%



# What is the appropriate charge?

## Sexual assault with a weapon, threats to a third party or causing bodily harm

**272 (1)** Every person commits an offence who, in committing a sexual assault,

(a) carries, uses or threatens to use a weapon or an imitation of a weapon;

(b) threatens to cause bodily harm to a person other than the complainant;

(c) causes bodily harm to the complainant;

**(c.1)** chokes, suffocates or strangles the complainant; or

(d) is a party to the offence with any other person.

	Stated Strangulation
Section 272(1)(c.1) Sexual assault by choking, suffocation, or strangulation	14.8%
Section 246 Choking to overcome resistance	39.6%
Section 271 Sexual assault	59.2%
Section 267c Assault by choking	13.0%
Section 267 Assault CBH	17.2%



# Police Response to Strangulation

## Pre-training

- Officers understood that strangulation was a significant (the MOST significant) risk factor for severe/lethal violence
- Gaps in recognizing the severity of different signs and symptoms and knowing when to connect the victim to health care

## Post-training

- Over 90% of officers correctly identified signs and symptoms of strangulation
- Gaps in translation to appropriate charges



# Signs and Symptoms of Strangulation

(Brady et al., 2023)

- **Visible Injuries – 89%**

- Neck – 80%
- Face – 47%
- Chin – 41%
- Head – 28%
- Chest/Shoulder Area – 25%

- **Disrupted Airflow – 98%**

- Breathing Difficulties – 96%
- Challenges Swallowing – 72%

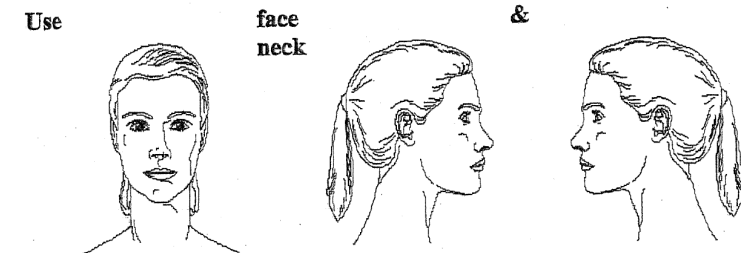
- **Disrupted Blood Circulation – 87%**

- Feeling Faint – 49%
- Dizzy – 44%
- Disoriented – 34%
- Headache – 43%
- Changes to or Loss of Vision – 33%
- Loss of Control of Bodily Functions – 30%
- Petechiae < 10%

Documentation Form for Attempted Strangulation Cases  
Use this chart when a victim reports being “choked” or strangled

**Symptoms and/or Internal Injury:**

Breathing Changes	Voice Changes	Swallowing Changes	Behavioral Changes	OTHER
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe Other:	<input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Fainted <input type="checkbox"/> Urination <input type="checkbox"/> Defecation



**diagrams to mark visible injuries:**

Face	Eyes & Eyelids	Nose	Ear	Mouth
<input type="checkbox"/> Red or flushed <input type="checkbox"/> Pinpoint red spots (petechiae) <input type="checkbox"/> Scratch marks	<input type="checkbox"/> Petechiae to R and/or L eyeball (circle one) <input type="checkbox"/> Petechiae to R and/or L eyelid (circle one) <input type="checkbox"/> Bloody red eyeball(s)	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose (ancillary finding) <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/abrasions (ancillary finding)
Under Chin	Chest	Shoulders	Neck	Head
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Finger nail impressions <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark	<input type="checkbox"/> Petechiae (on scalp) <b>Ancillary findings:</b> <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture <input type="checkbox"/> Hair pulled

Please take photos and indicate the number of Photos taken: \_\_\_\_\_





## 1.6 Strangulation/ Suffocation (Choking) Sec. 267(c) CC

- Did strangulation occur in the current incident? **If so, obtain immediate medical attention.**
- Has the SUS ever strangled, choked or suffocated the COM?
- Has the SUS ever threatened or gestured strangulation towards the COM?

**Document and photograph any neck marks or bruising, discomfort, cough, petechiae.**

**Look for defensive injuries to SUS (e.g., scratch marks or bite marks on SUS's hands, arms or face etc.).**

**Document method of strangulation (i.e., with hands, arms, body, ligature). Seize ligature if applicable.**

*Note: While COM may not recall being strangled, if they lost control of bodily function, or can't recall what happened during an assault, this may be an indication of a nonfatal strangulation incident where they lost consciousness*

# Enhancing Police Response to IPV- Strangulation

- Training can improve police officer **detection** of strangulation
- Supplements can improve police officer **documentation** of strangulation (e.g., Brady et al., 2022)
- Police follow-ups with victim/survivor within 24/48 hours
- Risk assessment tools should indicate the need for medical assessment when strangulation present
- Mandatory attendance of paramedics? Duty to Warn?





# Challenges – Health Care

---

- Limited access to forensic nurse examiners
  - Bridge the Health Care and Criminal Justice Systems
  - Can conduct a medical exam and collect forensic evidence, testify in court
- Barriers to accessing health care (McCormick et al., under review; Macgregor et al., 2016; Patch et al., 2018)
  - Fear of reprisal; shame; embarrassment; wait times; lack of child care; perception the injury is 'not that bad'
- Lack of screening amongst health care professionals (Donaldson et al., 2022; King et al., 2023)
  - King et al. 2023: Around half of victims/survivors presenting to hospital had experienced a strangulation, but less than 1% were screened by service providers
  - Lack of visible injury = lack of appropriate care, misdiagnosis, labelling
- Enhancing System Response
  - Provide training to health care providers about the risks strangulation poses for lethality, the frequency with which there are NO visible injuries, and other signs/symptoms to look for
  - Screening protocols for IPV Strangulation can significantly increase the rate of strangulation detection (e.g. Bergin et al., 2022)



# Challenges – Crown Counsel

- Increased detection by police now resulting in more strangulation charges going forward
- Many strangulation charges appear to be dropped before achieving a court outcome (e.g., IFAS; Reckdenwald et al., 2020)
  - Victim/Survivor Recantation
  - Lack of Supporting Evidence
- Enhancing System Responses
  - Use of a supplementary guide by police to better document what was done, how it was done, and what happened while it was done?

## Documentation Chart for Attempted Strangulation Cases

Use this chart when a victim reports being “choked” or strangled

### Method and/or Manner:

How was the victim strangled?

☐ One Hand (R or L)      ☐ Two hands      ☐ Forearm (R or L)      ☐ Knee/Foot

☐ Ligature (Describe): \_\_\_\_\_

☐ How long? \_\_\_\_\_ seconds \_\_\_\_\_ minutes      ☐ Also smothered?

☐ From 1 to 10, how hard was the suspect’s grip? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ Multiple attempts: \_\_\_\_\_      ☐ Multiple methods: \_\_\_\_\_

Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

What did the suspect say while he was strangling the victim?

Was she shaken simultaneously while being strangled?

Was her head being pounded against wall, floor or ground?

What did the victim think was going to happen?

How or why did the suspect stop strangling her?

What was the suspect’s demeanor?

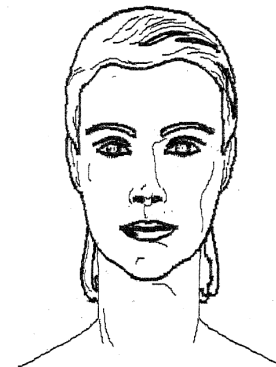
Describe what suspect’s face looked like during strangulation?

Describe Prior incidents of strangulation?

### MEDICAL RELEASE

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records related to this incident to law enforcement, the District Attorney’s Office and/or the City Attorney’s Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Challenges – Courts

- *R. v. Lemmon* 2012 ABCA 103
  - Strangulation is significant
- *R. v. Lockhart*
  - 14 days house arrest
- *R. v. Albornoz-Vaca* 2022 BCSC 2116
  - 6 months is “appropriate” as she didn’t lose consciousness when strangled (life in prison is the max for S. 246)
- *R. v. Drews* 2021 ABPC 303 and 2022 ABKB 658
  - Initial 90 day intermittent sentence overturned
  - 9-month custody and 12 month probation
- Enhancing System Responses:
  - Sentences do not reflect the severity of this crime
  - Training for judges?
  - Attempted murder rather than assault CBH?

In her sentencing of the RCMP officer, Justice Deborah Paquette made four serious mistakes.

First, she minimized male violence against women. During the trial, the court heard that Lockhart didn't want his girlfriend to go out with her friends, they argued and he choked her.

Paquette downplayed the strangulation, deciding it only happened for a brief period and the woman wasn't injured. Wong, 2017

[58] In addition, I am satisfied that a consecutive sentence of four months is appropriate and proportionate to the offence of attempting to choke. While the complainant was not rendered unconscious, the assault was serious enough that she felt her neck would snap, and the next day she experienced pain in her neck, her voice was hoarse, and she winced while swallowing. The emergency room doctor felt the signs of injury were serious enough to warrant a CT scan of her neck.



# Challenges – Perpetrator Risks

- Strangulation is a form of coercive control
  - Easily angered / triggered
  - Brady et al., 2022; Macgregor et al., 2016
- Perpetrators labelled as “the most dangerous men on the planet” (Casey Gwinn)
  - Who exactly are these people? What are their risks/needs profiles? Are they being addressed by correctional programming?
- Enhancing System Responses
  - Automatic referral to high-risk teams when strangulation is present?
  - Reverse onus for bail?

“her story was that everything was groovy, no issues, they got married, they went on their honeymoon, and he V[ictim] wanted a BLT and [suspect] got upset and called her a “self-righteous bitch” and attacked her strangled her with the bathroom towel. Really, really badly. There was a horrific, traumatic incident when he strangled her almost to death with the bathroom towel...So then after that for six years of marriage - ... he O[ffender] threatened victim] every time he came around she didn't want to go to the store with him never ever again used physical violence on her but whenever there was a moment of tension, he would go to the bathroom and he would bring out a towel, and he would put it on the table. And that was the sign: and then she would just be, like, “and then I would just give in – I She [the victim] was moving around in the bed and he [the suspect] wanted to keep sleeping. would just do whatever it is he was trying to get me to do”

Wiener, C. (2023). *Coercive control in the criminal law*. Routledge.



# Challenges – Family Law System

Note that strangulation is strongly associated with intimate partner homicide, so you should ask about this as well.

- DoJ HELP Toolkit for Family Law Legal Advisors
- Enhancing System Responses
  - Training and protocols to screen for strangulation
  - Training about coercive control and its intersection with strangulation e.g., potential for legal abuse by coercive controlling abusers who strangle



## Challenges – “Consensual” Strangulation

- “Consensual” strangulation during sex is increasingly common
- In Canada, can you legally “consent” to being strangled during sex? When does it become criminal?
- Enhancing System Response: Need for Early Education and Prevention

≡ Men'sHealth

HEALTH

ENTERTAINMENT

FITNESS

STYLE

GROOMING

SUBSCRIBE

SIGN IN

Sex & Relationships

# Why Some People Are Turned on by Choking During Sex—and How to Do It Safely, According to Experts

Let our experts teach you the proper technique.



BY GIGI ENGLE

UPDATED: JUL 21, 2020



# Summary

Increasing recognition of how common strangulation is amongst victims/survivors of IPV and how it can affect their future risk and recovery

- Increased training and education but continued gaps in effective screening
- Need for more training in other populations (e.g., family doctors, community anti-violence workers)
- Need for more resources, in particular, forensic nurse examiners

Continued challenges with effectively identifying, documenting, and achieving legal successes

- Our laws better acknowledge strangulation but have lessened the available penalties



[Amanda.McCormick@ufv.ca](mailto:Amanda.McCormick@ufv.ca)

<http://cjr.ufv.ca>

<https://www.ufv.ca/peace-and-reconciliation/events/>

