



Intimate Partner Violence Strangulation: Officer Training and Supplemental Strangulation Form

Crime Victims' Institute at the Criminal Justice Center at Sam Houston State University

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Intimate partner violence (IPV) is a prevalent social problem in the United States, with lifetime prevalence rates of IPV estimating that 25% to 54% of women and 13% to 28.2% of men experience IPV victimization during their lifetime (Black et al., 2011; Bonomi et al., 2006; Thompson et al., 2006). One particularly lethal form of IPV, strangulation, is usually defined by “reduced blood flow to or from the brain via the external compression of blood vessels in the neck” (Sorenson, Joshi, & Sivitz, 2014, p. 54). Specific to strangulation, the NISVS indicates that nearly 1 in 10 women have been strangled by a partner (Black et al., 2011) and 10% of all violent deaths annually in the United States involve strangulation (Shields, Corey, Weakley-Jones, & Stewart, 2010).

Strangulation is a complex crime that often occurs within the context of IPV. Due to the lack of understanding of the signs and symptoms of IPV, lack of physical evidence often visible after these incidents, and issues surrounding victim cooperation, it is often difficult to develop effective responses to combat IPV strangulation, as well as effectively prosecute IPV strangulation offenders (Pritchard et al., 2015). Recently, jurisdictions across the United States have begun to adopt evidence-based prosecution policies (EBPP) in order to improve “... partnerships between prosecution and law enforcement [to] strengthen and expand evidence gathered to support conviction, such as medical reports, photographs, witness statements, and 911 transcripts” (Finn, 2013, p. 446). EBPP have found support in existing research which indicates that there have been higher conviction rates in IPV cases when EBPP are used (Klein, 2009).

It is unclear, however, how effective EBPP are in cases of strangulation. Due to the barriers prosecutors often face in cases of IPV and strangulation, many jurisdictions around the United States aimed to increase the capacity of police officers in collect-

ing evidence in cases of strangulation. Along with this acknowledgement of the need for evidence-based practices, in 2009, §22.01 of the Texas Penal Code was amended to recognize family violence strangulation and/or suffocation as a third-degree felony, with a second-degree felony enhancement if the offender has a prior conviction for family violence.

Since then, the Travis County District Attorney's office (hereafter, DA's office) in Austin, Texas has allocated resources to improving systemic responses to non-fatal strangulation. In 2011, the DA's office provided trainings on strangulation investigations to all incoming cadets within the Austin Police Department (APD). However, only one training was provided to existing police officers, of which approximately 120 officers attended. In July 2013, the APD implemented a policy requiring officers to complete a supplemental strangulation form (SSF) in all family violence cases where symptoms of strangulation were present (Jankowski, 2014; McKay, 2014). The SSF is completed in addition to the assault victim statement [AVS] form that is completed by victims and/or the complainant. The trainings and supplement align with EBPP because the DA's office has partnered with the APD to enhance their response to strangulation cases through proper documentation of strangulation signs and symptoms, as well as evidence collection procedures related to the strangulation incident, which could aid in prosecution.

This research brief provides preliminary results of a research project conducted by CVI between October 2014 and June 2016 that aimed to increase understanding of strangulation incidents and to evalu-

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ate the impact of the strangulation supplement and training to police officers on case outcomes.

Sample

The current report draws from a convenience sample of 254 case files at the DA's office. Of the cases included in the project, the strangulation incidents occurred between 2010 and 2015. The cases were chosen in order to have cases from each of the five years and also to have approximately half of the cases have a SSF included in the case file. Cases included were all closed cases, in which the case outcome had already been decided at the time of data collection.

Pre- and Post-Supplement Comparisons

Out of the 254 cases, 52.8% (n=134) of cases included a SSF, while 47.2% (n=120) cases did not. Regarding the case outcomes for the strangulation charges, when the supplement was filed, 20.9% of charges were dismissed, 76.1% of cases reached a plea bargain, and 3.0% had some other outcome. When there was no supplement, 18.3% of charges were dismissed, 79.2% of cases reached a plea bargain, 0.8% of cases went to trial, and 1.7% of cases had some other outcome. Chi-square analyses indicate, however, that there was not a statistically significant difference in whether a case was dismissed or received some other outcome (i.e., plea bargain, trial, other) pre- or post-supplement (see Table 1).

Table 1. Cross-Tabulations between Case Outcomes and Strangulation Supplement			
Variable	Supplement Filed		
	Yes	No	χ^2
Charges Dismissed			$\chi^2 (1)=0.26$
Yes	20.9%	18.3%	
No	79.1%	81.7%	
Conviction			$\chi^2 (1)=0.34$
Misdemeanor	19.4%	15.4%	
Felony	80.6%	84.6%	
Jail Time			$\chi^2 (1)=1.23$
Yes	48.1%	40.4%	
No	51.9%	59.6%	

Results for the level of the conviction indicated that pre-supplement, of the 52 offenders who were convicted, 15.4% received a misdemeanor conviction and 84.6% were convicted of a felony. Post-supplement, of the 72 offenders who were convicted, 19.4% were convicted of a misdemeanor and 80.6% received a felony conviction. Chi-square analyses though revealed no statistically significant differences between misdemeanor and felo-

ny conviction likelihood based on if there was a SSF or not. For jail time, results indicated that pre-supplement, out of 99 individuals, 59.6% did not receive jail time and 40.4% did receive jail time and when a supplement was filed, out of 106 individuals, 51.9% did not receive jail time and 48.1% did receive jail time. This finding, however, was not statistically significant.

Trained/Untrained Officer Comparisons

In this sample, 102 officers had received the strangulation training and 151 officers had not received the strangulation training. Regarding the case outcomes for the strangulation charges, when officers were trained, 17.6% of charges were dismissed, 78.4% of cases reached a plea bargain, and 3.9% had some other outcome. When officers had not received the strangulation training, 20.5% of charges were dismissed, 77.5% of cases reached a plea bargain, 0.7% of cases went to trial, and 1.3% of cases had some other outcome. Chi-square analyses indicate, however, that there was not a statistically significant difference in whether a case was dismissed or received some other outcome (i.e., plea bargain, trial, other) when officers were trained compared to untrained (see Table 2).

Table 2. Cross-Tabulations between Case Outcomes and Officer Training			
Variable	Supplement Filed		
	Yes	No	χ^2
Charges Dismissed			$\chi^2 (1)=0.32$
Yes	17.6%	20.5%	
No	82.4%	79.5%	
Conviction			$\chi^2 (1)=0.10$
Misdemeanor	16.7%	18.8%	
Felony	83.3%	81.2%	
Jail Time			$\chi^2 (1)=0.00$
Yes	44.6%	44.6%	
No	55.4%	55.4%	

Results for the level of the conviction indicated that when officers were untrained, of the 69 offenders who were convicted, 18.8% received a misdemeanor conviction and 81.2% were convicted of a felony. When officers were trained, of the 54 offenders who were convicted, 16.7% were convicted of a misdemeanor and 83.3% received a felony conviction. Chi-square analyses though revealed no statistically significant differences between misdemeanor and felony conviction likelihood based on if officers had received training on strangulation or not.

For jail time, results indicated that when officers were untrained, out of 121 individuals, 55.4% did not re-

ceive jail time and 44.6% did receive jail time and when officers were trained, out of 83 individuals, 55.4% did not receive jail time and 44.6% did receive jail time. This finding, however, was not statistically significant.

Conclusion

Although significant strides have been made over the past two decades to improve the criminal justice system's response to strangulation, strangulation continues to be a complex crime in terms of both investigation and prosecution. However, it is of utmost importance to continue developing evidence-based policies to combat the issues surrounding investigation and prosecution in order to ensure victim safety, as well as increase offender accountability.

This report provides preliminary findings from a research project conducted by CVI that examined strangulation cases from before and after the SSF was required to be included in cases of potential strangulation. The main objective of the current report was to examine whether case decisions, offense severity, and incarceration decisions varied depending on if a SSF was filed and, in addition, if the arresting officer had completed the training on strangulation.

The findings of these analyses showed no significant differences in outcomes in either the SSF analyses or officer training analyses. Specifically, there were no significant differences in the cases with and without the SSF or with arresting officers who had received training in strangulation cases regarding whether the case was dismissed versus the other outcomes (e.g., plea bargaining, trial, other), whether the conviction resulted in a misdemeanor or felony, or whether the offender received jail time versus other outcomes (e.g., deferred adjudication).

As discussed previously, the use of EBPP in cases of IPV has found support in extant literature (Klein, 2009) and, although the findings of the current report are inconsistent with this, it is possible this has to do with the methodological limitations in the current study. As such, it is difficult to effectively establish whether or not the inclusion of the SSF and officer training were effective on the prosecution outcomes due to a number of limitations. First, data were collected from a convenience sample of cases and, as such, the researchers were not able to control for external factors that could significantly influence the results. For example, it is unclear just how the arresting officer completed the SSF. The officer could have gone through the SSF as a checklist while on the scene or the officer could have completed the SSF after the fact; it is impossible for the researchers to know. Second, there were issues with missing data because some cases would include information on the variables of interest and other cases would not. Therefore, it was difficult to have consistent data on each of the variables.

Missing data are problematic because it is difficult to not only provide valid results, but ultimately, it can hinder the investigation and prosecution of these cases because it may be assumed that if the information is not there, then it was not present. However, this may not be the case and the information just was not properly documented. Third, this study was of one jurisdiction in one state and, therefore, may not be generalizable to other locations.

Future research should consider a comparison study using a control site that did not use the SSF and that did not have officer training in order to provide additional insight into the effectiveness of the SSF and training for this particular county. Moreover, a randomized study would eliminate the issues surrounding the use of a convenience sample and would provide more valid information regarding the effectiveness of the SSF and officer training.

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Resources

- **National Coalition Against Domestic Violence:** <http://www.ncadv.org/>
- **National Domestic Violence Hotline:** (including same-sex relationships), 1-800-799-SAFE
- **Texas Council on Family Violence:** <http://www.tcfv.org>
- **Texas Advocacy Project:** www.texasadvocacyproject.org, 800-374-HOPE
- **Crime Victims' Compensation Program:** <https://www.texasattorneygeneral.gov/cvs/crime-victims-compensation>
- **Office of the Attorney General:** www.oag.state.tx.us,
- **Establishment and enforcement of child support orders:** 800-252-8014
- **Child and Adult Abuse Hotline:** www.txabusehotline.org, 800-252-5400

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