



A Snapshot of Strangulation Cases in Travis County, Texas

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Intimate partner violence (IPV) is a prevalent social problem in the United States. It is estimated 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, has been implicated in 10% of all violent deaths each year in the United States. Moreover, the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) indicates that nearly 1 in 10 women have experienced strangulation by an intimate partner (Black et al., 2011).

Strangulation is 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) and can be either manual, through the use of one’s hands, or, less commonly, through the use of a ligature, such as a belt. Strangulation can be either lethal or non-lethal, as it only takes approximately 4 pounds of pressure to the jugular veins and 5 to 11 pounds of pressure to the carotid arteries for an individual to lose consciousness, and death can occur in as few as 3 to 5 minutes (Sorenson et al., 2014).

Non-lethal strangulation can cause a number of deleterious symptoms and injuries, including immediate symptoms (e.g., loss of consciousness, loss of sphincter control, raspy voice, scratch marks, abrasions, and/or they can be brain dead within minutes) and symptoms and injuries that present over the next few hours, days, and months (e.g., petechial hemorrhages, ear bleeding, bruises, difficulty breathing, pneumonia, adult respiratory distress syndrome, stroke, and/or encephalopathy) (Bhole, Bhole, & Harmath, 2014; McClane, Strack, & Hawley, 2001; Strack & McClane, 1999; Thomas et al., 2014).

It is important to understand strangulation in the context of IPV because Block’s (2000) findings from the Chicago Women’s Health Study on strangulation and homicide risk found that prior non-lethal strangulation in intimate relationships was a risk factor for subsequent lethal strangulation. Other research has demonstrated similar findings (Block, 2003; Glass et al., 2009). Glass and colleagues (2009) found that victims who had been strangled by an intimate partner were nearly eight times more likely to be killed by the intimate partner compared to counterparts.

This research brief provides a snapshot of preliminary results from a research project conducted by the CVI between October 2014 and June 2016 to increase understanding of strangulation incidents in Travis County, Texas.

Sample

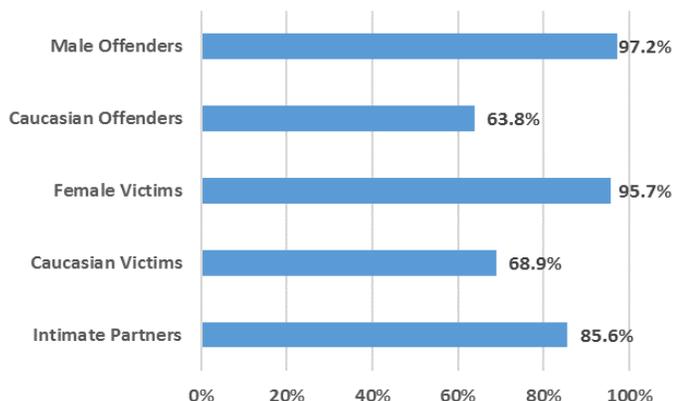
The current report draws from a convenience sample of case files at the Travis County District Attorney’s (DA’s) office. Of the cases included in the project, strangulation incidents occurred between 2010 and 2015. Cases were selected based on two criteria: 1) representation from each of the five years, and 2) to ensure that approximately half the cases contained a supplemental strangulation form (SSF). Included cases had the case outcome decided at the time of data collection. Overall, data were collected from a total of 254 case files. Table 1 presents sample characteristics.

Table 1. Sample Characteristics

Variable	%	Range	Mean (SD)
Offender Age		17.6-64.5	31.47(10.73)
Male Offender	97.2		
Offender Race			
Caucasian	63.8		
African American	34.6		
Asian	1.6		
Victim Age		15-71	30.65(10.65)
Female Victim	95.7		
Victim Race			
Caucasian	68.9		
African American	29.5		
Asian	1.2		
Victim/Offender Relationship			
Intimate Partners	84.6		
Ex-Partner (Separated)	9.5		
Acquaintance	0.4		
Family Member	3.6		
Other	2.0		
Intimate Partners			
Boyfriend/Girlfriend	85.6		
Spouse	14.0		

Offenders ranged in age from 17.6 to 64.5 years old, with an average age of 31.47 (*S.D.* = 10.73). The majority of offenders were male (97.2%) (see Figure 1). Over half of the offenders were Caucasian (63.8%), 34.6% were African American, and 1.6% were Asian. The victims ranged in age from approximately 15 to 71 years old, with an average age of 30.65 (*S.D.* = 10.65). The majority of victims were female (95.7%). Over half of the victims were Caucasian (68.9%), 29.5% were African American, and 1.2% were Asian. In this sample, the majority of victims and offenders were intimate partners (84.6%), and of those, 85.6% were boyfriend/girlfriend.

Figure 1. Sample Descriptives



Offense Characteristics

In addition to strangulation, offenders most commonly grabbed their victims (62.8%), struck their victims (61.2%), and pushed their victims (58.3%). Manual strangulation was most commonly used (91.3%). In addition, 23.2% of offenders prevented their victims from calling 911, and 10.2% threatened to use a weapon.

Among this sample, most offenders (68.5%) had previously hurt their victims; 31.5% had strangled/suffocated their victim before, 16.5% had ever threatened victims if they called the police, and 5.9% of offenders had previously threatened to hurt the children. Moreover, 28.7% of offenders had a prior conviction for family violence, and 1.2% of offenders had a previous conviction for strangulation.

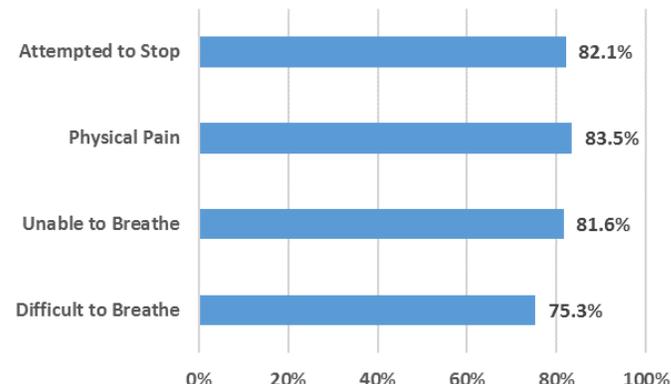
At the time of the strangulation incident, 35.0% of offenders were reportedly using drugs. In general, 43.7% of offenders used alcohol, 5.9% used prescription medicine, and 26.0% used some form of illegal drug. In addition, children were present in 31.9% of the cases. It should be noted that there was a substantial amount of missing data within the SSF on these variables. This could be for a number of reasons, including non-reporting by officers. This issue is further elaborated upon in the discussion.

Consequences of Strangulation

During the strangulation incident, 82.1% of victims attempted to physically stop the strangulation, 83.5% of victims ex-

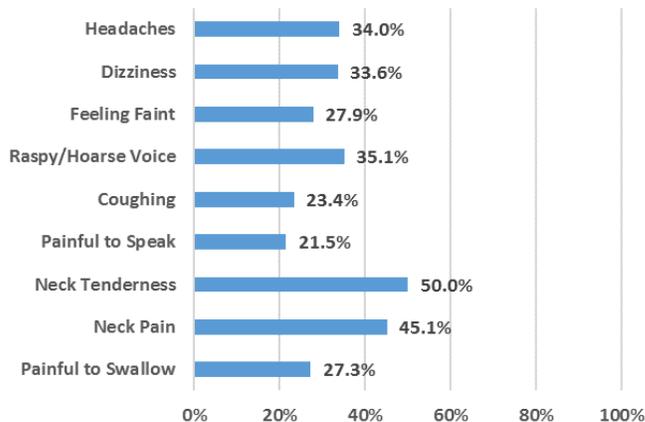
perienced physical pain, 81.6% reported being unable to breathe, and 75.3% reported that it was difficult for them to breathe (see Figure 2).

Figure 2. Consequences of Strangulation



After the strangulation incident, victims most commonly reported headaches (34.0%), dizziness (33.6%), feeling faint (27.9%), a raspy/hoarse voice (35.1%), coughing (23.4%), that it was painful to speak (21.5%), neck tenderness (50.0%), neck pain (45.1%), and that it was painful to swallow (27.3%) (see Figure 3).

Figure 3. Physical Sequelae



On victims' faces, there were scratches/abrasions (27.7%), they were red/flushed (26.4%), and had bruises (16.3%). On their mouths, they had scratches/abrasions (13.3%), swollen lips (9.4%), and they had redness (24.2%) and scratches/abrasions (22.1%) under their chins. On their chests, victims had redness (14.1%), scratches/abrasions (8.7%), and victims had redness (50.3%), tenderness/pain (40.4%), and scratches/abrasions (36.2%) on their necks. Lastly, victims had their hair pulled (12.8%), scratches/abrasions (8.7%), and bumps (7.4%) on their heads.

When police arrived on the scene, the three most commonly reported aspects of victims' demeanor included crying (64.4%), being afraid (49.3%), and being fearful (46.6%). The most common physical conditions experienced by the victims included physical pain (80.4%), redness (53.4%), abrasions

(52.6%), and new bruises (46.9%). Most commonly, victims had tangled/messy hair (29.5%), smeared makeup (15.9%), bloody clothes (9.8%), were crying/sobbing (49.6%), had excited or fast speech (20.5%), and were out of breath (19.5%). When police arrived on the scene, 67.5% of offenders were arrested (see Figure 4). Most commonly, offenders were angry (41.0%), calm (35.1%), or intoxicated (31.1%) and had abrasions (20.2%), bleeding (15.3%), and physical pain (14.8%). In addition, offenders had bloody clothes (9.2%), were soiled/sweat stained (7.9%), had torn/pulled clothing (7.9%) were angry (17.1%), had excited or fast speech (14.5%), and were yelling (8.1%) (see Figure 5).

Figure 4. Offenders who were Arrested

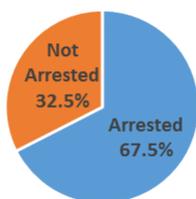
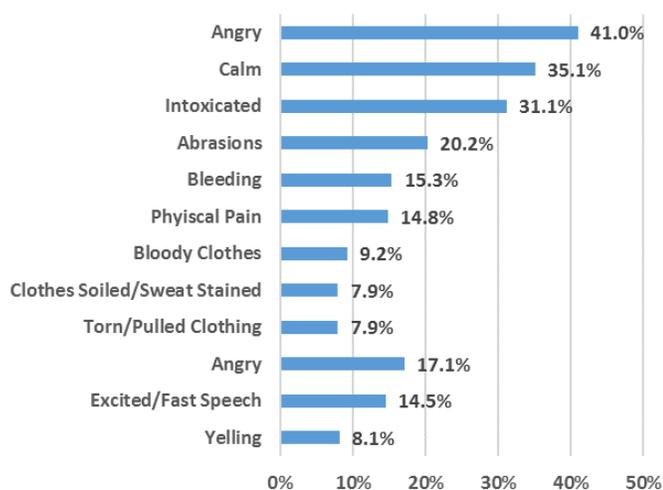


Figure 5. Offender Characteristics When Police Arrive



Conclusion

This report provided a summary of strangulation cases in Travis County, Texas. Strangulation is a complex crime that often occurs within the context of IPV. It is often difficult to develop effective responses to IPV strangulation cases due to the overall lack of knowledge regarding signs and symptoms of strangulation, lack of physical evidence, and issues surrounding victim cooperation (Pritchard et al., 2015). Due to difficulties in prosecuting strangulation incidents, it is important for first responders to be aware of signs and symptoms of strangulation. As such, the SSF provides officers a check list to identify pertinent signs and symptoms of strangulation. The information in this report was collected from the SSF to gain a broader understanding of the commonly-

noted signs and symptoms of strangulation.

Of note, descriptive analyses indicated that the majority of offenders were male, the majority of victims were female, and the majority of incidents involved intimate partners. Regarding the strangulation incident, the most common method of strangulation was manual and, in addition, offenders also struck, pushed, and grabbed the victim. Moreover, the majority of offenders had previously hurt the victim, but did not have previous convictions for family violence or strangulation.

After the strangulation incident, victims commonly reported headaches, dizziness, and neck pain or tenderness. Victims also had noticeable injuries, including scratches and abrasions on their faces, mouths, under their chins, chests, necks, and heads. After the strangulation incident, victims were often crying and afraid. In the majority of the cases, the offender was arrested when police officers arrived on the scene.

These findings demonstrate the importance of police officers who arrive on scene in a potential IPV strangulation incident to look for signs of strangulation, including things that may have been overlooked before, such as redness on the neck, a raspy voice, and difficulty swallowing. By asking pertinent questions, police officers may uncover additional evidence that could further aid in the prosecution of these offenders.

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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/>

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