

This webinar is co-sponsored by the

Georgia Commission on Family Violence

as part of an effort to raise awareness and improve the response of advocates, first responders, law enforcement, prosecutors, and the medical community.



Housekeeping Notes

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- We will email slides at end of the webinar.

Learning objectives

- Understand what strangulation is and what it is not
- o Identify lethality risks of strangulation
- Identify the short- and long-term physical and mental health risks of strangulation
- Know how to improve our response to survivors who have been strangled through screening and survivor education

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Slides and materials adapted from the

Training Institute on Strangulation Prevention

a project of the Family Justice Center Alliance sponsored by the Office on Violence Against Women

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Strangulation is Highly Prevalent

 Between 47% and 68% of female survivors have encountered strangulation

Wilbur, Higley, Hatfield, Surprenant, Taliaferro, Smith, & Paolo, (2001)

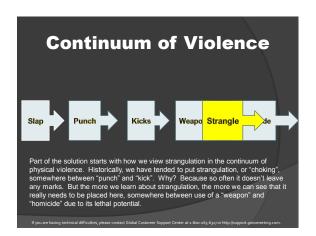
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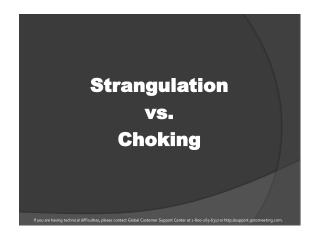
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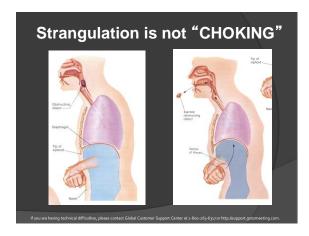
Strangulation is a Lethality Indicator 24% to 62% of female intimate partner homicide victims had a history of prior strangulation. Glass, Laughon, Campbell, Block, Hanson, Sharps & Tallaferro (2008) 19% of cases reviewed in Georgia Domestic Violence Fatality Review Annual Report, 2004-2012, had prior strangulation incidents

Strangulation is a Lethality Indicator Victims of prior attempted strangulation are 8 times more likely of becoming a homicide victim.

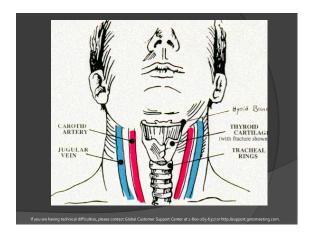
Changes to our response to non-fatal strangulation can save lives!











STRANGULATION

- Pressure placed upon the neck
- Resulting in reduction of blood flow through the brain
- If this persists, then oxygen delivery to the brain is impaired, and the brain cells become hypoxic (not enough oxygen), then anoxic (no oxygen), then dead
- This type of serious bodily injury is called <u>ASPHYXIA</u>, and it occurs first at the cellular level, then throughout the body

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How long until permanent damage occurs?

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It takes only <u>4 lbs of pressure</u> to cut off both jugular veins
10 seconds → brain damage
10-20 seconds → loss of consciousness
2 minutes → full unconsciousness
A firm handshake is about 8 lbs of 4 minutes → death pressure.
Using <u>11 lbs of pressure</u> , both jugular veins AND both carotid arteries are cut off, which speeds up the timeframe for damage

Is there visible evidence of injury?
Visible injuries on victims in only 50% of cases
Death can occur without any external marks at all
 Visible injuries on perps (from victim self- defense) is more common.
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Most common symptoms Changes in speech Sore throat, raspy, scratchy voice Changes in swallowing Pain on swallowing, usually intense Changes in breathing Rare, severe, immediately life threatening

Other possible signs and symptoms among victims			
Redness of the neck	• Tiny red spots		
 Swelling of the neck (due to internal bleeding or injury of underlying neck structures) 	(petechiae, or ruptured capillaries) *clear indication of permanent brain damage		
Scratch marks (victim	 Blood red eyes (due to capillary rupture) 		
or perp) Miscarriage	 Bruises (may not appear for some time) 		
Droopy eye	 Finger tip bruises (circular/oval and often faint) 		

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Other possible signs and symptoms among victims
Pain or tenderness on touch or movement
Spasm
Coughing
Nausea or vomiting
Loss of consciousness
Involuntary urination and/or defecation
Ears ringing
Head rush
Mental status changes
Vision and hearing changes
If you are having technical difficulties, please contact Global Customer Support Center at 2-800-263-6327 or http://support.gotomeeting.com.

Stages	of death	
Disbelief Victim cannot believe the blood supply is being st	······································	
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	Primal Victim fights with whichever means the available to get blood and/or air flow b	
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Serious health risks and need for monitoring
 Only about 3% of victims seek medical attention
 Victims may not understand the danger and may be reluctant to seek medical attention.
• Victims may die up to several days
after the assault – even with medical care
 due to progression of internal injuries
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Common causes for delayed death Lung inflammation due to breathing in contents of stomach after vomiting Fracture of trachea or larynx with air leak Airway obstruction due to swelling of the glottis or larynx Stroke from blood clot caused by carotid artery dissection (separation of layers of the artery)

Long term health consequences	
Seizures	
Cryptogenic strokes	
 Permanent damage to vocal cords 	
Recurrent headache and persistent neck pain	

 Lifelong cognitive deficit (from brain damage and brain hemorrhaging)

Post-traumatic stress disorder

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Emotional and cognitive healt	h
consequences	

- Depression, chronic pain, self blame, nightmares, insomnia, hyper vigilance, and anxiety
- Flashbacks and nightmares
- Memory loss, learning deficits, and inability to concentrate

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Common feelings and experiences

- Betrayal
 - "How could someone I loved and considered a partner do something like that to me?"
 - "I was looking at his eyes and he looked crazy. It was like he was possessed."
- Disbelief
 - "I can't believe this could happen to me."
- Vulnerability
 - "I thought I was going to die, I felt hopeless."

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Our response to victims
 Enhanced screening and evidence collection by first responders and law enforcement Only 39% report to law enforcement
 Enhanced education to victims by first responders, law enforcement, and domestic violence programs
 Heightened prosecution of the crime
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Does your domestic violence shelter or community-based program ask survivors if they have been strangled/choked?

Screening • Has anyone you've been involved with ever strangled, choked, or aggressively put their hands around your throat or neck? • Did this happen recently?



Education and Advocacy

- Educate the survivor about strangulation, signs and symptoms
 - Help survivors understand their immediate danger and long-term consequences
- Encourage survivor to seek medical attention
- Advise survivor to keep log of symptoms

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12/22/99: I looked in my mirror and noticed facial petechea. Police photographed my condition. I had pain in my neck and my back was stiff and very painful. I could only speak with a little more than a whisper.

12/23/99: Muscular neck sprain & facial petechea diagnosis by Dr. Kahn at the Immediate Care Center, Nora. My throat was sore & 1 could hardly talk (You have this Dr.'s encounter sheet in you file).

I had pain and stiffness in my back for three (3) days. It seemed better on 12/25/99 (Christmas). My throat was sore & talking was difficult.

The petechea were present for four (4) days following. I noticed it clearing up approximately on 1272699. My pain around my neck subsided on this date, too. However, talking was still a struggle.

2-2-60: Laryngeal trauma & hoarseness diagnosed by Dr. Jones, an ENT specialist. (You have this Dr.'s encounter sheet in your file). My hoarseness continued two weeks longer until approximately 2-16-00. But tightness and strain in and around my throat continued.

Noticeable tightness and strain in my throat continued for four (4) months. It tapered off (got better) towards the end of April 2000.

Presently I do not have full use of my voice, i.e. my vocal range is less. I do not have the ability to project my voice with the same volume or fullness as before the strangulation. The tone of my voice has been and still is altered to that of what it was before the strangulation on 12-22-99.

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Help survivors understand what they are experiencing

- How has this impacted your life?
- It's normal to have a wide range of feelings and emotions after a traumatic event.
- You might experience fear and anxiety, a lack of focus, sadness, changes in how well you sleep or how much you eat, or crying spells that catch you off guard.
- You may have nightmares or be unable to stop thinking about the event.

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Systems advocacy • Educate your community • Emergency dispatch operators • First responders (EMS and EMTs)

- Local law enforcement
- Medical professionals
- Prosecutors
- Judges
- Lawmakers

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Strangulationtraininginstitute.com

- Facts Victims of Choking (Strangulation) Need to Know!
 - Click "Resources," then click "Library," then click "Brochures and Flyers"→FJC Legal Network Strangulation Victim Log
- Strangulation: A Quick Reference Guide (for law enforcement)
 - ➤ Click "Resources," then click "Library," then click "Brochures and Flyers" → Strangulation Guide for California Law Enforcement
- Very short online training for law enforcement
 - Click "Training", then click "Online Strangulation Training"

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Improving laws to match the seriousness of strangulation

- Codifying strangulation as <u>felony</u> offense
 - 37 other states and U.S. Virgin Islands have felony strangulation statutes
 - Alabama, North Carolina, Florida, Tennessee included

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States that have passed felony strangulation laws have seen

- > Increasing victim safety
- > Increasing offender accountability
- > Drawing attention to the potential lethality
- > Causing more resources to be marshaled
- > Educating the public on domestic violence

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Time-limited strangulation screening and assessment

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Context of the screening and assessment project

- To bring survivor voices to inform our training and policy advocacy on strangulation
- To understand the prevalence of strangulation among survivors in Georgia
- To understand the impact of strangulation on survivors in Georgia

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The process

- GCADV will distribute a short strangulation assessment to participating, along with instructions.
- Can be completed on paper or via Survey Monkey
- Individual responses will be kept confidential.
 Only aggregate quantitative information will be shared with legislators.
- GCADV will also send materials for debriefing with survivors.

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Questions?

