

# NO VISIBLE BRUISES: IMPROVING RESPONSES TO NONFATAL INTIMATE PARTNER STRANGULATION

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Strangulation is an extreme but all-too-common reality for individuals experiencing intimate partner violence. It also is a gendered problem: about 10 times as many women as men are strangled by an intimate. Strangulation, what people sometimes refer to as “choking” (although it is a misnomer, as choking refers to a foreign object internally blocking the trachea), is historically difficult to detect because visible bruising and other obvious physical signs of trauma around the neck often are not visible for hours or days or may not even develop at all.<sup>1-5</sup>

The vast majority of women who report being strangled by an intimate partner have been strangled before. Abusers use strangulation as a tool for coercive control. Research shows that victims are likely to view a nonfatal strangulation event not as a failed murder attempt but as a way to exert power.<sup>6</sup>

Nonfatal strangulation results in substantial, negative health outcomes for victims. It can lead to stroke even weeks afterwards,<sup>7,8</sup> and to other substantial physical (e.g., throat and neck injuries, breathing problems), neurological (e.g., loss of sensation, speech problems, traumatic brain injury) and psychological (e.g., PTSD, insomnia) problems.<sup>2,3,9,10</sup> The number of strangulations is, perhaps obviously, associated with a greater number of negative health outcomes.<sup>11</sup> Despite difficulties in detection, it is paramount that emergency responders, physicians, and others recognize signs of and react to an individual after a strangulation incident and acknowledge future implications and dangers of not responding effectively.

## Improving responses

Improvements can be made across systems to promote better responses to strangulation and to keep individuals, particularly women, safe.

## Healthcare Linkages

In one study, fewer than half of women sought medical care after being strangled. The experiences of those who did seek care revealed barriers within the emergency response and health care systems that prevent proper care. Equipping physicians and emergency medical providers with the tools and training needed to safely and effectively discuss potential

strangulation and to appropriately help victims of strangulation to develop safety plans can save lives and create better long-term health outcomes.



The Training Institute on Strangulation Prevention leads advocacy and training to strengthen these care linkages. They train medical professionals, hospitals, and emergency responders to recognize and respond to suspected cases of nonfatal

strangulation including how to talk effectively with survivors about the importance of immediately seeking care. They're also in the process of creating a national protocol for nonfatal strangulation recognition and treatment that emphasizes the utilization of radiographic imaging to detect carotid artery dissection or fracture, which occurs in 1 in 47 victims.<sup>12</sup> The Institute advocates for strangulation victims to receive, like sexual assault victims, free forensic screenings that includes care from a trauma-informed forensic nurse.

**“Strangulation is a medical emergency in of itself and thus should have a protocol in place. Adequate diagnostic imaging is needed and is part of this protocol.”**

– Gael Strack, CEO and co-founder of Alliance for HOPE International; Director, Training Institute on Strangulation Prevention; Ortner Center Fellow

## Felony Nonfatal Strangulation

There are a few jurisdictions in the United States where nonfatal strangulation is still not considered a felony. In 2019, Kentucky become the most recent state to classify nonfatal strangulation as a felony, with legislation pending in the District of Columbia, Maryland, and Ohio.<sup>13</sup> North Dakota and South Carolina not do not classify it as a felony offense. It is imperative that lawmakers in every state formally recognize the severity of strangulation by an intimate partner by elevating it to a felony offense.

1. Funk M & Schuppel J. Strangulation injuries. *Wisconsin Medical Journal*, 2003;102:41-45. 2. Strack G, & McClane GE. *How to improve your investigation and prosecution of strangulation cases*. 1999. 3. Strack G, McClane GE, & Hawley D. A review of 300 attempted strangulation cases Part I: Criminal legal issues. *Journal of Emergency Medicine*, 2001;21:303-309. 4. Taliaferro E, et al. Strangulation in intimate partner violence. In C. Mitchell & D. Anglin (eds.), *Intimate Partner Violence: A Health-based Perspective*. NY: Oxford University Press, 2009. 5. Sorenson SB, Joshi M, & Sivitz E. A systematic review of the epidemiology of nonfatal strangulation, a human rights and health concern. *American Journal of Public Health*, 2014; 104: e54–e61. 6. Thomas KA, Joshi M, & Sorenson SB. “Do you know what it feels like to drown?”: Strangulation as coercive control in intimate relationships. *Psychology of Women Quarterly*, 2014;38:124-137. 7. Malek AM, et al. Patient presentation, angiographic features, and treatment of strangulation-induced bilateral dissection of the cervical internal carotid artery. *Journal of Neurosurgery*, 2000;92:481-487. 8. Milligan N & Anderson M. Conjugal disharmony: A hitherto unrecognized cause of strokes. *British Medical Journal*, 1980;81:421-422. 9. Wilbur L, et al. Survey results of women who have been strangled while in an abusive relationship. *Journal of Emergency Medicine*, 2001;21:297-302. 10. Kwako LE, et al. Traumatic brain injury in intimate partner violence: A critical overview of outcomes and mechanisms. *Trauma, Violence, & Abuse*, 2011;12:115-126. 11. Smith D, et al. Frequency and relationship of reported symptomatology in victims of intimate partner violence: The effect of multiple strangulation attacks. *Journal of Emergency Medicine*, 2001;21:323-329. 12. Strack G. *Strangled Victims Need Imaging*. Alliance for Hope International, 2000. 13. Kaur H. In a few places in the US, strangling someone is only a misdemeanor. Lawmakers want to change that. *CNN*, Jan. 24, 2020.