



In this issue: Non-Fatal Strangulation and Domestic Violence

Summer 2019

TABLE OF CONTENTS

From the Executive Director... Cover
New Online Resource for Victims of Crime... Cover
Non-Fatal Strangulation: A Public Safety Issue... Page 2
Q&A: Identifying and Responding to Strangulation Injuries... Page 3
Teen Dating Violence: An Overview... Page 4
Legislative Update... Page 5
OPDV Hosts First Ever Non-Fatal Strangulation Conference... Page 5
Department of Health Addresses Non-Fatal Strangulation... Page 5

1-800-942-6906
NYS Domestic & Sexual Violence Hotline

Confidential • 24 HRS/7 DAYS
English & español, multi-language
Accessibility
711: Deaf or Hard of Hearing
In NYC: 311 or 1-800-621-HOPE (4673)
TDD: 1-800-810-7444



From the Executive Director

This is a significant issue for several reasons. First, it explores the complex issue of non-fatal strangulation in domestic violence cases. After recently partnering with the state Department of Health and hosting the state's first-ever conference on non-fatal strangulation, OPDV has begun developing a more robust approach to addressing this crime as a public health crisis.

Our feature article "Non-Fatal Strangulation: A Public Safety Issue" examines the significant health implications of strangulation and its prevalence in domestic violence cases. Our Q&A, "Identifying and Responding to Strangulation Injuries," we talk with a Sexual Assault Nurse Examiner about her experience treating patients who have been strangled, many by their intimate partners, and learn firsthand about the challenges and outcomes of those cases.

Next, we have added a new section to the bulletin to address teen dating abuse. Although OPDV has been developing teen dating violence resources and campaigns for many years, we wanted to provide more frequent information about issues related to the specific dynamics and tactics of abuse within this age group. Going forward, each bulletin will include information, events and research relevant to teens and to the adults in their lives.

Finally, I would like to share that after 26 years at OPDV, I am retiring in July. I am so grateful to all of you who have helped to make this work such a meaningful part of my career and my life. I wish you all the best in your continued efforts, and I encourage you to stay connected to one another, and to continue partnering with OPDV, as you pursue a safer state for all who live and work here. None of us can do this work alone, and it is only as a network of caring, skilled professionals that we can transform our efforts into the daily victories that help victims and their children find safety, dignity and survival. I look forward to the continued great work to come from all of you and from OPDV.

In gratitude,

Signature of the Executive Director

OPDV Issues RFP

Proposals for the Domestic Violence Prevention Initiative RFP are due by Noon on Aug. 2, 2019.

Applications must be submitted through the New York State Grants Gateway system. All questions must be submitted via email by 5 p.m. on July 17, 2019 to opdvrfpinfo@opdv.ny.gov. Type 2019 – 2021 Prevention Initiative in the Subject line. Answers to questions will be posted on OPDV's website on or about July 19, 2019.

Visit www.opdv.ny.gov for more information

New Online Resource for Victims of Crime

The New York State Office of Victim Services (OVS) partnered with the federal Office for Victims of Crime, the Empire Justice Center, Pro Bono Net and the University at Albany's Center for Human Services Research to develop the New York Crime Victims Legal Help so that victims of crime could more easily access information and free legal assistance. Available in 26 counties statewide, though accessible to all individuals regardless of geographic location, the website has been used by approximately 5,500 people since October, and it will be available in the 57 counties outside of New York City by the end of the year. To ensure that attorneys are available, OVS also provided nearly \$16 million in federal funding to 61 victim assistance programs statewide so that programs could hire attorneys and other staff to represent victims' interests as needed. Additionally, Pro Bono Net and the Empire Justice Center identified legal advocates who assist crime victims using the website and recruited trained law student volunteers to staff the website's live chat function. Learn more about the initiative here.

Did You Know...

In 2018, strangulation offenses charged at arrests and arraignments in New York State increased 2.9 percent as compared to 2017 with NYC experiencing a 4.4 percent increase and the rest of the state up less than one percent (+0.6%).

Source: NYS Division of Criminal Justice Services

Non-Fatal Strangulation: A Public Safety Issue

Ellen C. Schell, Esq., General Counsel, New York State Office for the Prevention of Domestic Violence

Omar Mateen committed the Pulse nightclub murders in Orlando. Devin Patrick Kelley killed people attending church in Sullivan Springs, Texas. Grady Wayne Wilkes, an Alabama National Guard member, was charged with killing one police officer and wounding two others as they responded to a domestic disturbance call. Each of these men had a history of domestic violence, but that isn't looking quite deeply enough. All of them also had a publicly-documented history of strangling their female intimate partners.

Strangulation is a common form of intimate partner assault, with more than 12,500 charges for these crimes lodged in New York State in 2017. It's safe to say that this number represents only a small portion of incidents during which victims were strangled. The vast majority of these criminal cases were either charged as, or pled down to, the A misdemeanor charge of Criminal Obstruction of Breathing or Blood Circulation.

Strangulation is a well-documented indicator of increased risk of homicide. One incident of non-fatal strangulation increases the risk of subsequent murder of the victim by 800 percent. Strangulation is a gendered crime, with virtually all perpetrators men who strangle their women partners. Strangulation is perhaps the ultimate crime of power and control, where the power to decide life or death is, quite literally, in the hands of the perpetrator. It is an up-close and personal crime.

Research has shown that a person can die within two minutes of experiencing complete interruption of blood flow to the brain, rather than the four to six minutes often cited. Two minutes is a long time to purposefully prevent someone from being able to breathe or have necessary blood and oxygen flowing to brain cells. Even if the victim survives the assault, delayed and long-term injuries caused by strangulation can result in permanent deficits or complications that can eventually cause death.

Non-fatal strangulation clearly has significant health implications, yet studies have shown that in about half of all cases there is no visible injury. This makes it critical to do more extensive medical work-ups when non-fatal strangulation is identified as a presenting issue for patients. Best-practice protocols for internal examination of the throat and for imaging of the head and neck can help identify patients with potentially deadly injuries not visible from the outside.

[OPDV is working in collaboration with the state Department of Health](#) to address these public health issues, and to improve screening, assessment, treatment, and documentation of injuries caused by non-fatal strangulation. Increasing awareness about the prevalence of non-fatal strangulation within the context of domestic and sexual violence, combined with up-to-date knowledge about screening and treatment, will improve health outcomes for victims of this particularly dangerous type of assault. This effort will save lives.

This joint effort also will improve public safety. As noted earlier, men who strangle their intimate partners also pose significant risk to law enforcement officers and the public. As Dr. Bill Smock, the pre-eminent national medical expert on non-fatal strangulation explains, "Stranglers are the most dangerous people on the planet." Studies of cases in which law enforcement officers were intentionally killed have shown that half of the perpetrators had publicly-documented histories of strangulation assaults against their intimate partners.

Appropriately prosecuting and incarcerating men who strangle intimate partners is a way to ensure that these "most dangerous people" do not have the opportunity to kill their partners, bystanders or law enforcement officers. Prosecutions, however, are often hindered by victims who are afraid or unable to cooperate, lack of medical documentation of injuries sustained, and difficulty convincing jurors that strangulation is as dangerous as it truly is. Felony strangulation charges must have evidence of physical or serious physical injury, and without that evidence, cases cannot be proven beyond a reasonable doubt.

Better screening, assessment, treatment and clear medical documentation of strangulation cases, combined with expert medical testimony, also will allow for "evidence-based" or "victimless" prosecution. Good medical documentation can persuasively show injuries, allowing prosecutors to meet the burden of proof, even when a victim's injuries result in complete inability to remember, and testify to, what happened.

Improving the health-care response to non-fatal strangulation will improve public health and public safety by holding perpetrators accountable for the extreme harm they cause and the significant danger they represent, thereby making New York State a safer place for everyone.

Q&A: Identifying and Responding to Strangulation Injuries

This Q&A was conducted with Kaylin Dawson, BSN, RN, SANE-A, NYSAFE, Sexual Assault Nurse Coordinator, [Albany Med](#)

Q: How has your work brought you into contact with victims of strangulation?

A: As an ER nurse, I see all victims of crime, which includes strangulation patients. I am also a forensic examiner who sees sexual assault patients and often, strangulation is part of the assault that has taken place. In 2014 there were more than 5,000 ER visits that were related to domestic violence in New York State. While women make up a majority of those ER visits, men are victims of interpersonal violence as well. All victims of IPV must be screened for strangulation, which includes a detailed history, assessment and interventions if warranted.

Q: Why is strangulation so dangerous?

A: Strangulation is lethal. Understanding the medical background of the mechanism of injury that occurs when someone has been strangled is important. It takes only 6.8 seconds for someone to be rendered unconscious, and one minute for someone who is being strangled to die. Patients who have been victims of strangulation are seven times more likely to be victims of a homicide than those who have not. Being able to approach this patient population with the knowledge of the consequences of strangulation is essential to a public health approach.

Q: How do you ask victims about strangulation?

A: Most health care providers will ask, "Have you been strangled?" This is a very broad and open question that only allows for a yes/no answer. Being educated on asking more specific questions is ideal for a health care provider, as some patients will be unsure if they were strangled, possibly due to being unconscious. A better question to ask is, "Did anyone put pressure on your neck?" Being knowledgeable about the multiple forms of strangulation and the

approach an assailant may take will help a health care provider assess for recommendations for additional medical intervention.

Often times a patient will present saying, "I was choked." As health care providers, we must also properly document using correct medical terminology and calling it what it truly is: non-fatal strangulation. Strangulation is the form of asphyxia characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck. Choking is asphyxia due to internal obstruction of the airway (food, objects, etc).

In our forensic program, we follow the National Strangulation Institute documentation to not only ask victims, but also to identify key signs/symptoms that patients may present. Recognizing those signs/symptoms is important.

Q: What kinds of visible injuries might you see?

A: Everyone always looks for petechiae in strangulation patients, when in fact, 50 percent of patients who have been strangled will have no visible injuries to photograph. Visible injuries may include erythema, bruising, neck contusions or ligature marks. Some symptoms that may be reported are incontinence (although depending on the position of the patient this may not be present), visual changes, neurological symptoms and dyspnea. Severe symptoms may include carotid and/or vertebral artery dissection and stroke. When assessing young and middle age patients for strokes, a history of strangulation should be on the assessment intake as a possible cause.

Some patients, as mentioned, will have no visible injuries and may not seek medical treatment. Those are the patients who we need to educate, as well as our EMS providers, on identifying and

recognizing the lethality of strangulation.

Q: In cases where there are no visible injuries, what should be done to identify internal or non-visible injuries?

A: All patients should seek medical treatment after a strangulation despite the lack of visible injuries. Based on the assessment and/or signs and symptoms the patient is experiencing, a CT angio of the carotid and vertebral arteries is the gold standard for evaluation. If there are no visible injuries and the patient is not experiencing any symptoms, they may be discharged to home with detailed instructions for follow up and/or admitted for observation to the hospital.

Q: Can there be long-term consequences to victims' health after strangulation?

A: There can be long-term consequences, depending on the amount of force applied and whether internal injuries occurred. Stroke-like symptoms can be treated, although some patients are left with deficits for the rest of their life. The long-term consequence to any victim of strangulation is death. We as health care providers need to improve screening in hospitals and encourage patients to seek medical attention. We know that domestic violence patients often don't seek law enforcement help for a number of reasons. Having medical and forensic professionals who can document, photograph, swab for DNA, and take a detailed history can identify these cases and connect victims to services and advocacy that may save their lives.



Teen Dating Violence: An Overview

Anyone who knows teens is aware that they are in a challenging stage of their lives. They are not legal adults but are old enough to want to make their own choices. They are beginning to understand their emotions yet lack the capacity to process the intensity of what they feel because their brains are still developing. They have more freedom than younger children but are still limited to the permission and resources granted to them. They desire to fit in with their peers even if it doesn't align with their identity. They are also trying to make sense of the messages that tell them what it means to be a member of a particular gender and figuring out where they may fall on the wide spectrum that is gender identity. They are beginning to date for the first time and are attempting to navigate the ever-changing landscape of what relationships look like.



Teens experience dating abuse at rates consistent with adults, but the experience of a teen may look profoundly different from that of an adult. Abuse, at its core, is about control. Both adults and teens who abuse use a variety of tactics ranging from physical and sexual abuse to emotional and financial abuse. Victims of all ages feel fear, love, shame and many other conflicting emotions that keep them trapped in abusive relationships. Yet many teens are unable to identify that they are experiencing dating abuse because they don't even label their relationship as "dating". They may not label the person they are intimate with as a partner at all. Their lack of experience means that they might not recognize jealousy and possessiveness as signs of abuse, not signs of love. Resources are not as readily available to them and they might not have a trusting adult to guide them. Teens often turn to their friends who are equally inexperienced and may offer misinformation, reinforcing dangerous beliefs because they also do not recognize the signs of a toxic relationship.

Teens also experience abuse differently because of their relationship with technology. While adults face threats, harassment and stalking by way of technology, the world of a teen is entirely enmeshed online. A 2018 study from the Pew Research Center reports that 95 percent of teens have a smartphone or have access to one, and 45 percent of teens report being online almost constantly. Despite many parents' attempts, monitoring teens' online activity proves to be increasingly difficult with the constant evolution of new apps, including those designed to keep online activities hidden from parents and other adults.

While using technology to abuse is not a new concept, teens' use of social media and the internet gives abusers a way to keep near-constant tabs on their partners. Teens regularly update their locations with geotags and are in continuous communication with friends. Photos and videos are being updated minute by minute. Engaging in sexual activity via text and messaging apps is now common, and these explicit images and conversations are often used for extortion.



Adults may seek to help by limiting their teens' access to their devices or restricting them from communicating with certain friends and contacts. Research shows, however, that attempting to stop a teen from seeing or dating certain people doesn't work, nor does judging their decisions. This leads to the teen becoming defiant, secretive, and further distancing themselves from the adult.

So what can adults do? Keeping lines of communication open so that teens can learn about healthy relationships, talk about their current relationships, and have access to help when they're ready. Be aware, be present, and be compassionate.

Check out these [tips](#) for more information.

Legislative Update

The Domestic Violence Survivors Justice Act was signed into law this session and permits judges to issue more lenient, alternative sentences for certain offenses. The new law recognizes that many convicted survivors of domestic violence committed crimes as the result of coercion by their abuser, or to protect themselves and their family members.

The law also allows survivors of domestic violence who are currently incarcerated for certain crimes, serving sentences of eight years or more, to apply for re-sentencing. An application for

resentencing must be sent to the judge who decided the original sentence. If that judge no longer hears cases in the original court, the law establishes a procedure for determining who will hear the case.

To be eligible to receive an alternative sentence or to apply to have one's sentence modified, individuals must show: they were a victim of domestic violence at the time of the offense; they suffered substantial physical, sexual or psychological abuse by a member of the same family or household; the abuse was a significant contributing factor in the

criminal offense; and a sentence in the typical range would be unduly harsh.

All sentencing determinations are made at the discretion of the court. Individuals convicted of first-degree murder, aggravated murder, sex offenses or terrorism offenses are not eligible to receive an alternative sentence.

Already effective is the law's provision allowing alternative sentences for new convictions, or where sentences have not yet been imposed. The procedure for re-sentencing takes effect on Aug. 12, 2019.

OPDV Hosts First Ever Non-Fatal Strangulation Conference

Approximately 200 medical professionals, law enforcement officers, prosecutors, and advocates attended OPDV's first-ever conference on the topic of non-fatal strangulation. The goal of the event was to share best practices for identifying and responding to victims who have been strangled by their partners.

Kristen Navarette, the Medical Director of the [Center for Environmental Health](#) at the [New York State Department of Health](#) (DOH), opened the conference by discussing the prevalence of strangulation crimes throughout the state, and highlighting DOH and OPDV's ongoing collaborative efforts to address the issue.

[Dr. Bill Smock](#), the Louisville Metro Police Department's Police Surgeon and Chair of the Institute on Strangulation Prevention's National Medical Advisory Committee, was the conference's keynote speaker. He provided attendees with a medical overview of non-fatal strangulation and its seriousness focusing on assessment and treatment of victims, and best practices for documenting these crimes.

The event also featured breakout sessions for the professional groups in attendance. Tracey Downing, the Director of Training Programs and Initiatives at the [NYC Mayor's Office to End Domestic and Gender-Based Violence](#) discussed

prosecution strategies, and Bob Passonno, OPDV's Coordinator of Criminal Justice Training Programs, detailed proper police interview and investigative techniques for non-fatal strangulation incidents. Cassidy Brock, a Crime Victim Specialist at the [New York State Office of Victims Services](#), and Sarah McLaughnea, High-Risk Team Project Coordinator at [Unity House Domestic Violence Services](#), spoke with advocates about how to better serve victims of strangulation and develop community protocols for dealing with these offenses.

Department of Health Addresses Non-Fatal Strangulation

Howard A. Zucker, M.D., J.D., Commissioner of the [New York State Department of Health](#), (DOH), wrote his first monthly open letter to the state's health care providers in November 2015. The missives, which have become known as "Dear Colleague" letters, discuss timely public health issues, what DOH is doing about them, and how health care providers can further these efforts. The letters are distributed through the [New York State Health Commerce System](#) (HCS) to approximately 125,000 physicians, nurse practitioners and physician assistants licensed in New York State and posted on the HCS website. The monthly dispatches are also available on the [Commissioner's page](#) on the [DOH website](#) and circulated within DOH to Deputy Commissioners and Center

Directors to be shared with program staff for awareness of what Dr. Zucker has discussed with health care providers.

In collaboration with OPDV, Dr. Zucker's November 2018 "Dear Colleague" [letter](#) tackled the important public health issue of non-fatal strangulation (NFS). Dr. Zucker discussed the shocking statistics related to casualties of the crime and how survivors are at increased risk to be killed by the same perpetrator in the future. Dr. Zucker also reviewed the challenges surrounding identification of NFS survivors. He went on to list the signs and symptoms of NFS, and strongly encouraged health care providers to take appropriate actions if these are identified in a patient presenting after a domestic violence assault.

OPDV and DOH will continue to work

together in addressing this critical criminal justice and public health issue.

On March 18, 2019 a letter co-signed by Commissioner Zucker and OPDV Executive Director Gwen Wright was sent out to over two dozen professional healthcare organizations and stakeholder groups, reiterating many of the issues raised by Dr. Zucker's letter on NFS. Stakeholders were invited to designate a representative to attend an introductory meeting later this year. The group will focus on identifying strategies to increase awareness about NFS in the healthcare community and to establish standardized protocols and clinical guidelines for healthcare providers to improve the identification of NFS assaults, diagnose and treat injuries, and appropriately document such events.

Please send any comments or content ideas to: opdvbulletin@opdv.ny.gov.

If you would like to subscribe to the OPDV Bulletin, visit www.opdv.ny.gov/public_awareness/bulletins/subscribe.html

Articles by outside authors are invited, but publication does not indicate endorsement of the opinions contained therein. Permission to copy, use, and distribute content from the OPDV Bulletin is granted for personal, private, and educational purposes, except that reproducing materials for profit or any commercial use is strictly forbidden without specific permission from OPDV. Any reproduction or distribution of this material must expressly credit OPDV in a prominent manner, such as, "From the NYS Office for the Prevention of Domestic Violence, OPDV Bulletin, Summer 2019. This statement does not pertain to material from other sources.