

FROM THE DIRECTOR

In the last two decades, researchers have closely studied the risk markers for intimate partner homicide, enabling us to assess and manage risk more carefully. Although it is impossible to predict such a rare outcome as intimate partner homicide, we have a better sense of what happens before a killing. For example, we know that attempted strangulation, smothering and suffocation often occur later in abusive, tyrannical relationships, correlating significantly with lethal outcomes. It is this pseudo-scientific correlation that has led a growing number of states to introduce specific anti-strangulation statutes in domestic violence cases. We have also learned there is often little visible evidence of attempted strangulation immediately available to law enforcement and prosecutors. Given the growing recognition of the role of attempted strangulation in domestic violence cases, we commissioned an expert on strangulation who works with strangulation victims on a regular basis, to write a practical piece for our newsletter.

The author, Jill Rable, highlights a pilot program involving two Arizona police departments, Scottsdale Healthcare and the Maricopa County Prosecutors Office. Given Maricopa County (Phoenix area) is the fourth most densely populated county in the United States the implications of the pilot program are potentially profound. The idea of the program was to build forensic nurse exams into the community response to domestic violence cases. As readers will see, the results are encouraging. The prosecution of strangulation cases increased dramatically, largely because of the collection of verifiable evidence through forensic exams. Further, victims of strangulation received the vital medical care that is essential in the aftermath of strangulation.

The advances that are being made through forensic nurse exams are important because of the risk of death from strangulation. The combination of stronger state anti-strangulation statutes and the collection of verifiable evidence through high tech photography and forensic exams increase battered women's safety.

In addition to highlighting the Maricopa County pilot study, we provide links to an excellent and free training webinar through Aequitas and a list of state statutes that address strangulation, compiled by the Battered Women's Justice Project.

There is much to learn from current research and the work that is already being done in our communities. I hope you will find the resources in this newsletter valuable for your continued efforts to reduce domestic violence fatalities.

Sincerely,



Neil Websdale, PhD

Gael B. Strack et al., A Review of 300 Attempted Strangulation Cases: Part I: Criminal Legal Issues, 21 J. Emergency Med. 303, 305 (2001)

PROJECT HIGHLIGHTS

NDVFRI is pleased to announce the launch of the newly designed website located at www.ndvfri.org.

The redesign incorporated feedback from domestic violence fatality review teams, agencies, and advocates involved in the fatality review process. The new interactive map provides fast and easy access to fatality review team reports and practices from teams across the country. The website also features a media library with training videos and presentations from a network of experts. Please visit our website at ndvfri.org

In October 2012, NDFVRI, with project partner BWJP, helped prepare Pinal County, Arizona for an upcoming safety audit scheduled in 2013.

NDVFRI provided on-site training and technical assistance to the following states:

- Arizona
- California
- Connecticut
- Nebraska
- North Dakota
- Oklahoma
- Texas
- Tennessee
- Wisconsin

NATIONAL DOMESTIC VIOLENCE FATALITY REVIEW

EMERGING PRACTICES

PILOT PROJECT TO INCREASE STRANGULATION CONVICTIONS IN DOMESTIC VIOLENCE CASES

Maricopa County, Arizona

By Jill Rable, RN, MSN-ED, CPN, SANE-A

The state of Arizona is striving to hold violent people accountable for life-threatening behavior. In an effort to do so, Aggravated Assault by Strangulation 13-1204.B became law as a class 4 felony and was added to the domestic violence statute July 29, 2010. This law defines strangulation as either intentionally or knowingly impeding the normal breathing or circulation of blood of another person by applying pressure to the throat or neck or by obstructing the nose and mouth either manually or through use of an instrument. The statute also requires the presence of a relationship as defined in the Domestic Violence Statute 13-3601; these include being related by blood or through marriage (as in step-family members), current or prior romantic or sexual partnerships, currently or previously cohabitating, sharing children, or when one party is pregnant by the other. Acknowledging the severity of strangulation at the legislative level helps to publicize high-risk behavior and prioritize potentially lethal situations.

Why introduce such specific legislation? When an individual places his or her hands around the neck of another person, it is an act of violence far more dangerous than most physical abuse. Preventing someone from breathing is a potentially lethal act. Current research suggests that non-lethal strangulation is an important predictor for future lethal violence (1). Understanding the seriousness of strangulation is motivation for the cooperative effort. The common understanding that something more must be done is the rationale for a new approach, but making the adjustments to the laws of domestic violence strangulation is not enough to hold batterers accountable for their crime if there is no proof that strangulation occurred.

Even with this additional legislation in place, a review of strangulation cases filed in the Maricopa County attorney's office between June 1st and November 30th, 2011

found that only 14% of the cases submitted by Chandler and Glendale police department were prosecuted, frustrating law enforcement and advocates who were working to improve the safety of domestic violence victims by holding their batterers accountable. Further investigation found that lack of corroboration was the reason the majority of the cases were turned down by the county attorney's office. This prompted the Maricopa County Attorney's Office to agree to recommendations from law enforcement and advocates to fund the addition of a medical forensic exam for all domestic violence cases with a report of strangulation for a six-month pilot period.

Starting December 1, 2011, the Maricopa County Attorney's Office (MCAO) collaborated with Scottsdale Healthcare Forensic Nurse Examiners and law enforcement in two Phoenix valley cities to provide comprehensive medical forensic examinations to victims of domestic violence. Initially, a six-month trial of Chandler and Glendale Police departments were used to test the development of a protocol for strangulation cases using a forensic nurse examiner.

A new protocol incorporating a forensic nurse response to a valley advocacy center to examine every willing domestic violence strangulation victim was established. A forensic nurse examiner (FNE) was available 24 hours a day, providing quality nursing care and a medical forensic exam that included evidence collection.

The FNE obtained a detailed history, including a description of the present complaints, past medical history regarding interpersonal or domestic violence, and other physical and mental health problems or medical conditions and injuries. The nurse completed thorough head-to-toe physical examinations to identify trauma, measured physical injuries, documented them on a body map, and described them in detail. In addition, extensive state-of-the art photo documentation accompanied the medical forensic exam report. A seven page medical documentation was completed. The assessment form included a series of detailed clarifying questions about the strangulation incident and was documented for the purpose of medical treatment. The need for evidence collection was determined by the FNE as indicated by the history and assessment of the patient, and if warranted, swabs were collected throughout the examination. While providing care, the forensic nurse

WHY INTRODUCE SUCH SPECIFIC LEGISLATION?... PREVENTING SOMEONE FROM BREATHING IS A LETHAL ACT.

NATIONAL DOMESTIC VIOLENCE FATALITY REVIEW

also addressed the patient's risk for homicide/suicide and identified social, economic, cultural, and other issues that could impact interventions. The safety of children and other dependents was also addressed in the course of the medical-forensic examination. The FNE reviewed a safety plan with the patient and provided educational materials, and local contacts for resource programs and additional assistance referrals. The safety resources discussed with the patient by the forensic nurse examiner were not meant to be confused with the counseling or advocacy role of a victim advocate.

During the six month pilot project everyone involved in these cases developed a heightened awareness and understanding of the medical and legal complexities of strangulation cases. With the comprehensive strangulation education and training provided to law enforcement, medical personnel and advocates, and with the support of the extensive report completed during a medical forensic exam, the number of domestic violence strangulation cases filed increased from 14% to over 60%. Following this 6-month trial of the strangulation protocol, the Maricopa County attorney's office supported efforts to have medical forensic exams become an integral part of the community response for all victims of domestic violence strangulation cases throughout Maricopa County, and to date, nearly 400 medical forensic strangulation exams have been performed as a part of the strangulation protocol.

1. Glass, N., Laughon, K., Campbell, J., Block, C., Hanson, G., Sharps, P.W., & Taliaferro, E. (2008). Non-fatal Strangulation is an Important Risk Factor for Homicide of Women. *Journal of Emergency Medicine*, 35(3), 329-335. doi:10.1016/j.jemermed.2007.02.065

A SAMPLING OF FATALITY REVIEW TEAM REPORTS THAT ADDRESS STRANGULATION

Minnesota, 2003, 2008, 2009, 2010
Wisconsin 2009
Maryland 2008, 2009
Maine 2010

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GETTING STARTED

STRANGULATION BASICS: A WEBINAR

AEquitas, the national training and technical assistance provider for prosecutors on violence against women, created a useful webinar on strangulation that can be accessed at

www.aequitasresource.org.

STRANGULATION STATUTES

As national conversations about the potential lethality of strangulation advanced over the last 10 years, the systemic response strengthened. Thirty-nine state statutes address non-fatal strangulation perpetrated by an intimate partner, with legislators from at least four additional states working on passing bills. Many of these laws were passed over the last few years, indicating a growing awareness of the need for additional tools in the criminal justice system to hold offenders accountable. Without a statute, non-fatal strangulation cases are often prosecuted as misdemeanors. Some of the statutes apply to any two parties, some only to relationships defined in the domestic violence code. The Battered Women's Justice Project has compiled a list of statutes. In addition to their document, California, Iowa, North Dakota, Rhode Island, and Texas have also adopted statutes addressing strangulation.

BWJP List of Statues:

<http://www.bwjp.org>

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