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Domestic Assault by Strangulation and Recantation of Victims in the Criminal Court System

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Domestic Assault by Strangulation and Recantation of Victims in the
Criminal Court System

By

Andrea B. Jennings, B.S.W., LSW

MSW Clinical Research Project Report

Presented to the Faculty of the
School of Social Work
St. Catherine's University and University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Masters of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Abstract

In addition to being established by research to lead to serious health concerns and known as the ultimate form of power and control over victims, domestic assault by strangulation is also a precursor to future homicide by an intimate partner. For these reasons, further attention to domestic assault by strangulation is needed in order to better understand the scope of client services needed, due to its 1) association with criminal case recantation and 2) safety concerns due to being a predictor of future homicide. By using the Power and Control Wheel (Domestic Abuse Programs, n.d) as a method to interpret and further understand the data, the researcher created a thirteen question survey distributed to professionals working in the field with victims of domestic violence. The qualitative survey was designed to address the two-part research question: 1) What causes a victim to recant or refuse case involvement in non-fatal domestic assault by strangulation cases and 2) What are some possible ways that a criminal conviction can be secured when warranted, in the context of strangulation, without putting undue pressure on the victim to testify? As a result of the survey data collected, eleven main themes emerged from participant responses. These survey findings were consistent with the findings of the literature review; however several key differences were noted.

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Introduction

Domestic violence continues to be a serious and prevalent social problem in the United States today, affecting millions of victims, their families and communities as a whole. In fact, within an average day in the United States almost 20 people per minute are physically assaulted by an intimate partner. This means that over the course of a year, over 10 million men and women will have been victims of physical assault. (National Coalition Against Domestic Violence, n.d.). This issue has grown to be so serious that the Centers for Disease Control and Prevention now formally recognizes domestic violence as a public health issue. In the 2009 joint report by the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services, the authors indicate that this violence costs the United States more than \$70 billion dollars for “medical and productivity-related costs” each year (Dahlburg & Mercy, 2009). Furthermore, 2007 research released by the Women’s Health Council found that domestic assault was, in fact, a greater health risk over things such as obesity, smoking or high blood pressure and domestic violence was the cause of death for more women in Europe over cancer and road accidents (Gibbons, 2011).

The extreme safety concerns for victims only grows as we look more closely at the most lethal form of domestic violence, strangulation. Strangulation is a form of suffocation and occurs when an individual’s air passages are obstructed as a result of external pressure on the neck (Minnesota Coalition for Battered Women, n.d.). Strangulation can result in a number of very serious undiagnosed and potentially untreated health risks for the victim including, but not limited to, stroke and miscarriages. Other less visible symptoms of strangulation could include behavioral and neurological changes, as well as things like vision and breathing changes, that may not appear for days after the assault (Jarvis & Walther, 2015). In most cases the victim

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reports “seeing stars” or may wake up on the floor not remembering what happened after passing out. This is further evidence that the victim’s oxygen has been restricted to the point where new memories cannot be formed.

While strangulation may seem to the general public like a rare event, it is actually far more common than one may believe. What is of even greater concern is the fact that strangulation is a proven precursor to future homicide by an intimate partner. The Minnesota Coalition for Battered Women (n.d.) indicates that “43% of homicide victims have been strangled by their perpetrator within the last 12 months.” The fact that surviving victims of strangulation are *800 percent more likely* to become future homicide victims is not only a major safety concern for the survivor, but also for the children who are present and witness 50% of the strangulation cases that occur (Strack & Gwinn, 2011; Jarvis & Walther, 2015). More and more states and communities are beginning to recognize the extreme safety and health concerns that domestic assault by strangulation presents, but we still have far to go.

It was not until 2005 that the State of Minnesota made the criminal act of domestic assault by strangulation a felony, punishable by up to three years in prison and or a fine of up to \$5000.00 (Douglas & Fitzgerald, 2014). More and more states all over the country are beginning to take notice of the strong connection between strangulation and the increased likelihood of a future homicide. However, these domestic assault by strangulation cases have become very challenging for even experienced County Attorneys to prosecute for a variety of reasons including the fact that there is commonly a lack of physical evidence that can ‘prove’ a strangulation has occurred.

The barriers to effective and criminal prosecution can be further complicated in a strangulation case where the victim of assault recants their previous story or even refuses to be in

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involved in the criminal case at all. In some cases victims fear extreme retaliation from the abuser or by people close to the abuser. Other victims state that there was actually no assault that took place and in fact they lied. Most recently, research has been conducted that illustrates the fact that in many cases the perpetrator is reaching out to their victim while they are still incarcerated immediately after an assault in order to groom the victim for future recantation. (Bonomi, Gangamma, Locke, Katafiasz & Martin, 2011). The study shows that perpetrators often use a complex five step system that minimizes the violent behavior while gaining the victim's sympathy and trust. This in turn allows the perpetrator to make the victim feel badly about the charges that they are facing and for the victim to in turn agree to help the perpetrator get the criminal case dismissed.

Whatever the cause for the victim's lack of cooperation with the prosecution of a criminal case, the fact is that without a victim who will testify to the fact that they were assaulted, within the eyes of the criminal justice system there is simply no case and the prosecutor is many times forced to dismiss the charges. This dismissal in turn releases a violent offender back onto the streets and leaves the door open for future assaults from a now savvier perpetrator.

For all of these reasons, further attention to domestic assault by strangulation in terms of 1) Its association with criminal case recantation and 2) Extreme safety concerns due to being a predictor of future of homicide is needed in order to fully understand the scope of client services that are needed. For this study I used a qualitative, exploratory survey to ask professionals who work in the field with victims of domestic violence to explain their observations and experiences in working with strangulation cases. Participants were asked to specifically identify (based on professional experiences and observations) what causes a victim to recant in a strangulation case

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with the goal of identifying where gaps in successful prosecution lie and how victims can be better supported within the criminal case process.

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Literature Review

Strangulation-A Red Flag for Homicides

Victims, witnesses and even professionals in the field commonly refer to domestic assault by strangulation as the victim being “choked” or “suffocated;” however this is technically untrue. “Strangulation” as defined by Minnesota Criminal Statue §609.2247 is “intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck by blocking the nose or mouth of another person” (Minnesota House of Representatives Research Department, 2012). This is an intentional external compression from one person meant to cause harm to another person. “Choking” on the other hand is an accidental or intentional act where an object becomes lodged in the upper airway and oxygen intake is obstructed (About Health, 2015). A person may “choke” on a piece of food or small toys are known as “choking hazards” to small children. Obstruction of the nose and mouth leading to lack of proper airflow is known as “suffocation” (About Health, 2015). Due to the intentional nature of this act, strangulation should be looked as with additional attention and concern. Although all of these forms lead to what is medically known as “asphyxiation” (Strack & Gwinn, 2011), strangulation is the most lethal form of domestic violence. This is due to the fact that no physical weapon is needed (gun, knife, etc,) and while pressing on someone’s airway and impeding their ability to regularly breathe on their own, one is literally holding a person’s life in their hands. “When a victim is strangled, she is at the edge of homicide. Unconsciousness may occur in seconds and death within minutes” (Strack & Gwinn, 2011).

Many research articles and domestic violence organizations have determined just within the last 15 years that domestic assault by non-fatal strangulation is a predictor of high rate of

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future homicide with intimate partner relationships. A 2008 study found that “prior non-fatal strangulation was associated with greater than six-fold odds of becoming an attempted homicide and over seven fold odds of becoming a completed homicide” (Glass, Laughon, Campbell, Black, Hanson, Sharps & Taliaferro, 2008). One of the biggest reasons for this repeated method of strangulation is because abusers do not strangle their victims to kill them, but rather to show their victims that they are capable of killing them (Strack & Gwinn, 2011). Many domestic violence organizations and advocates consider strangulation to be the ultimate form of power and control of this very reason. The thought behind this method of extreme control and lethal violence is that around 89% of domestic violence instances are situations that show a history of domestic violence within in the relationship. This suggests that over a period of time the intimate partner violence increased to the point of strangulation (Strack, McClane & Hawley, 2001). Without the ability to successfully criminally prosecute or otherwise successfully intervene in a domestic assault by strangulation case the cycle of violence within the relationship will only continue to escalate.

Another study that was examined is the 2011 article from *Social Science & Medicine* which found that women who were strangled by their intimate partners had eight hundred percent greater odds of being future homicide victims at the hands of their intimate partners (Strack & Gwinn, 2011; Jarvis & Walther, 2015). In Minnesota alone the 2014 Femicide Report shows that of the 16 homicides that occurred in 2014, 19% (3) were as a result of strangulation. This is an increase from 8% in 2013 and 14% in 2012, respectively (Minnesota Coalition of Battered Women, 2015). Furthermore, the 2014 Femicide Report also indicates that of the 16 homicides that year, 25% of the cases have a history of domestic violence with no direct court/law enforcement contact, while 19% of the cases did have a history of contact with law

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enforcement after assault or protective orders in place (Minnesota Coalition of Battered Women, 2015). In short, the research reviewed demonstrated consensus with the conclusion that strangulation is a precursor to more lethal forms of future domestic assault. However many studies have conflicting views on *why* strangulation continues to occur leaving a greater likelihood for a future fatality. The following three sub-sections will discuss in greater detail the differing views from research and professionals in the domestic violence field on where gaps in non-fatal domestic assault by strangulation cases lie.

Lack of Physical Evidence. “Strangulation accounts for 10 percent of the violent deaths in the United States, with six female victims to every male victim. In the domestic violence context, strangulation is particularly a dangerous problem because the victim does not usually present with visible injuries” (Volochninsky, 2012). As previously discussed in earlier sections of this paper, this presents a number of legal challenges for the criminal justice system as they attempt to hold perpetrators criminally responsible. Only about fifteen percent of strangulation victims present physical signs of an assault (Jarvis & Walther, 2015). Per Minnesota Criminal Statute §609.2247 “Strangulation” is defined as “intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck by blocking the nose or mouth of another person” (Minnesota House of Representatives Research Department, 2012). Therefore law enforcement and prosecutors must be able to “prove” that this assault occurred in order to bring criminal charges in a case. For the prosecutors and detectives arguing for charges in strangulation criminal cases many times it does not come down to what they think may or may not have happened, it’s what they can *prove* happened. This lack of physical evidence causes the criminal justice system to treat many “choking” cases as minor incidents, when, in fact such cases are among the most lethal and violent cases in the system. (Strack & Gwinn, 2011).

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In addition to physical marks on a victim's neck, one of the most common and well known physical signs of strangulation that medical and criminal justice professionals are looking out for is known as "petechiae". This physical form of injury involves tiny red spots that are present on a victim's head/face area, commonly in the eyes, that signal ruptured capillaries (Jarvis & Walther, 2015). Petechiae occurs as a result of the Jugular veins being obstructed and therefore blocking return of blood flow to the heart, trapping blood in the brain (Jarvis & Walther, 2015).

However, in a world where 80 to 85 percent of victims recant their previous statements in domestic assault cases (Volochinsky, 2012) the prosecutor of a strangulation case is going to have a difficult time convincing a jury that a strangulation occurred without physical injuries or a victim will testify. However, through well documented and descriptive documentation by professionals in the field about non-visible injuries, a criminal case may also gain strength. The 2011 article by B. Volochinsky reveals other "negative" side effect that may occur after a domestic assault by strangulation:

These negative effects may be physical and include dizziness, nausea, sore throat, voice changes, throat and neck injuries, breathing problems, or swallowing problems. More critically, neurological effects from lack of oxygen to the brain occur in less than a minute, and include eyelid droop, facial drop, left or right side weakness, loss of sensation, loss of memory, or paralysis. Finally, and quite commonly, a victim can suffer from negative psychological effects including Post-Traumatic Stress Disorder, depression, suicidal ideation, or insomnia (Volochinsky, 2012).

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Other side effects of strangulation could include but are not limited to; internal bleeding, airway swelling, auditory changes, changes in vision, decreased lung capacity (leading to pneumonia, aspiration pneumonitis, and pulmonary edema), involuntary urination or defecation during assault and even behavioral changes (Jarvis & Walther, 2015). In some cases, victims of strangulation have even been described as being high on drugs or intoxicated as result of what is actually a behavioral change due to a lack of oxygen. Without medical attention some of these serious side effects can lead to death without treatment from medical professionals. In addition, strangulation can result in miscarriages for victims who are pregnant. About 40% of physical assaults begin during the course of a victim's first pregnancy (Jarvis & Walther, 2015).

Increased Need for Training among Professionals. With a lack of training among professionals about the seriousness of strangulation cases and what to be looking for, even with a willing victim, a criminal case may become overlooked. Medical and Emergency Department (ED) professionals in particular need to know the signs of strangulation and know how to act quickly, while honoring the client's wishes. According to a 2010 study, 73 percent of ED nurses did not know how or where to refer clients who were victims of domestic violence (Gibbons, 2011). This study clearly illustrates that the lack of education and training among medical staff is not adequately supporting victims of domestic violence or possible criminal cases. "It is well documented in the literature that abused women have poorer general health, and so tend to use healthcare resources more than women who have not been abused. As a result, women in violent relationships access healthcare services more frequently and are more likely to have health problems associated with violence than other women" (Gibbons, 2011). The 2011 article featured in *Emergency Nurse* goes on to state that "Domestic violence often goes unrecognized and unreported by healthcare professionals, and ED staff should be educated to identify people at

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risk, ask the appropriate questions, assess the need for interventions and initiate necessary referrals” (Gibbons, 2011).

In addition to medical professionals, it is imperative that individuals working in the criminal justice system such as law enforcement, attorneys and judges also receive adequate training about the seriousness and severity of domestic assault by strangulation cases. More specifically, a 2012 study published in the *Journal of Family Violence* suggests that there are three main ways that victims are impacted negatively by interactions with the criminal justice system: 1.) Convoluted bureaucratic process, 2.) Revictimization of women that the law was supposed to help protect and 3.) Ineffective practices, which resulted in poor, sluggish or short lived results (Letourneau, Duffy & Duffet-Leger, 2012). In cases of strangulation it is very possible and must be considered that a lack of training for criminal justice professionals coming into contact with these victims may have in some part contributed to feelings of revictimization and lack of safety concerns. “A lack of training may have caused police and prosecutors to overlook symptoms of strangulation or rely too heavily on physical signs of strangulation” (Strack, McClane & Hawley, 2001). Due to the fact that victims may have “no visible injuries or their injuries were too minor to be photographed, opportunities for higher level criminal prosecution were missed” (Strack, McClane & Hawley, 2001).

There is no question that the criminal justice system is a key component to holding perpetrators of domestic violence accountable for their actions while offering resources and support for the victim. “Federal and state law authorize courts-both in civil and criminal proceedings-to protect victims and their children and to hold batterers accountable. When victims and batterers appear in court, judges have the unique ability to reinforce the seriousness of these laws and to send the clear message that our society does not condone and will not tolerate

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interpersonal violence” (Baughman, 2014). In October of 2015 a Florida judge recently made national headlines after sentencing a victim of domestic assault to jail time after not responding to subpoena to testify against her abuser. Regardless of the fact that this victim stated to the Judge that she was facing homelessness, mental health concerns, parenting a small child and hoping to move on with her life after this violent relationship, the Judge replied “You think you have anxiety now? You haven't seen anxiety” (Silva, 2015).

In addition, a 2015 article published in the *Huffington Post* indicates that a “legal loophole” in the Ohio Criminal Court system may have led to at least one woman’s death after the State of Ohio failed to recognize the seriousness of domestic assault by strangulation. Currently, the State of Ohio does not recognize non-fatal strangulation as a serious crime and therefore this is not a criminal act charged at the Felony level (Jeltsen, 2015). As the National Family Justice Center Alliance explains, “When laws are passed, it sends a strong message to the professionals handling such incidents that strangulation cases should be treated as serious cases and either generally requires them or gives them an incentive to receive training, develop policies and improve their practice of handling lethal domestic violence cases” (National Family Justice Center Alliance, 2011). There are currently at least 12 states within the United States that do not recognize non-fatal domestic assault by strangulation as a Felony charge (Jeltsen, 2015).

Psychological and Emotional Control in Strangulation Cases. Research studies have long debated the complex topic of why victims stay in potentially lethal relationships. Despite the outpouring of theories, there has been no consensus on a single factor or variable that causes someone to leave or stay in an abusive relationship. Early research within the domestic violence field sought to explain why victims stay in harmful relationships by looking for the sole cause.

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However, after reviewing three decades of research and studies Rhodes and McKenzie (1998) clearly indicate that there is no single reason that can be attributed for a victim either staying in or leaving an abusive relationship. These authors indicate that “while each theoretical approach has offered additional insight into the dynamics of women in abusive relationships, no single theory is able to supply the degree of understanding that we seek” (Rhodes & McKenzie, 1998). Abusive relationships are filled with long patterns of violence and manipulative behaviors victims have learned to adapt to in order to please the abuser. In many cases the victim has even become desensitized to this daily abuse making the individual challenge to leave the relationship even greater. “Leaving and abusive relationship can best be understood as a complex process and not a one-time event” (Murry, Crowe & Flasch, 2015).

What authors and researchers studying the complex dynamics of domestic violence can agree on is the fact that abusers use a wide range of tactics that attempt to psychologically and emotionally control and/or manipulate their victims. “When strangulation is used to create compliance during and subsequent to an assault, coercive control is established” (Thomas, Joshi & Sorenson, 2014). In most cases these control tactics fit the definition of emotional and psychological abuse. Although both psychological and emotional abuse are not formally recognized in the criminal court system-both of these elements play a crucial role in the power and control that an abuser forces on their victim.

Within the field of domestic violence “psychological abuse” is often described as the use of intimidation, threats of harm, and isolation (The Advocates for Human Rights, 2013). “Non-fatal strangulation is a way an abusive partner can “set the stage” by sending the message that he can and perhaps will kill the victim-a creditable threat that is intended to induce compliance” (Thomas, Joshi & Sorenson, 2014). This extreme threat of future violence may only be used once

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by an abuser, but it is very clearly a method of psychological abuse and an effective way to terrorize their victims. In addition, the authors Bennett, Goodman and Dutton note in their 2000 study that “The theoretical rationale for the role of psychological abuse in predicating the course of physical abuse may lie in their common connection to control.” These authors go on to further state that physical abuse actually contains elements of psychological abuse due to the fact that the two elements work together to form total control over the victim. (Bennett, Goodmann & Dutton, 2000).

Controlling and oppressive behaviors such as relentless criticism, name-calling, embarrassing/ humiliation and mocking your partner are characteristics of emotional abuse and can commonly be found in violent relationships. The Advocates for Human Rights (2013) define “emotional abuse” as acts that undermine “an individual’s sense of self-worth.” Many victims of ongoing intimate partner violence report that the emotional abuse that they underwent caused far greater “wounds” than any of the physical abuse they suffered. The article “Why Do Women Stay?: Three Decades of Research” mentions a study from 1990 where seventy-two percent of the 240 victims surveyed reported emotional abuse and stated that the emotional abuse they endured had a “more severe psychological impact” than physical violence (Rhodes & McKenzie, 1998). Furthermore, discussion about strangulation in relation to other forms of abuse offers a glimpse into the interpersonal context in which extreme violence, such as strangulation occurs within an intimate partner relationship (Thomas, Joshi & Sorenson, 2014). In addition, a 2014 article featured in *Psychology of Women Quarterly* focused on the study of 17 victims of strangulation and their experiences. With input from interviews and focus groups this study concluded that “Partners exerted control over almost every area of the women’s lives-their

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relationships with loved ones, their parenting, and their employment” (Thomas, Joshi & Sorenson, 2014).

What is perhaps even more concerning is that this intense level of ongoing psychological and emotional abuse frequently continues while the abuser is incarcerated, even immediately following a domestic assault such as strangulation. In the only study of its kind, researchers reviewed the jail phone calls of 25 inmates charged with felony level assault as they made contact with the victims in their cases. While reviewing the jail tapes authors of this study concluded that perpetrators use a complex five step system that plays on the victims emotions- causing them to later recant their previous statements about the assault. This five step process includes tactics such as: not allowing the victim to talk about the abuse, resisting responsibility, denying credibility of the victim’s story and reminding the victim that she was to blame for the violence. (Bonomi, Gangamma, Locke, Katafiasz & Martin, 2011).

According to the authors, “a victim’s recantation intention was foremost influenced by the perpetrators’ appeals to the victim’s sympathy through descriptions of his suffering from mental and physical problems, intolerable jail conditions, and life without her” (Bonomi, Gangamma, Locke, Katafiasz & Martin, 2011). By gaining the victims’ sympathy in this form of witness tampering the abuser successfully manipulates not only the victims, but the judicial system as well. The recantation or refusal of involvement from the victim is *crucial* in the disintegration of a domestic assault criminal case. Without a “cooperative” victim the prosecutor will be forced to consider dropping all charges in this case.

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Legal Developments for Successful Prosecution of Strangulation Cases

With nearly 20 people per minute being physically abused by an intimate partner, adding up to nearly 10 million men and women a year within the United States alone (National Coalition Against Domestic Violence, n.d.) there are a number of techniques and strategies that are being suggested as a way to increase offender accountability within the criminal court system. One of the ways that prosecution of a case can occur without putting undue focus on the victim's cooperation is a prosecution technique known as Evidence Based Prosecution. Also known as "victimless prosecution", this method requires law enforcement and prosecutors to essentially treat a domestic assault as a homicide case where there would be no victim to be available to testify, etc. This method uses "independent corroborated evidence to prove elements of a crime without relying on the victims' testimony (Volochinsky, 2012). More specifically, Evidence Based Prosecution uses five types of collected evidence in criminal cases: a 911 phone call recording, photographs, physical evidence, medical evaluation forms and expert testimony (Volochinsky, 2012). Although this is not a new method it has recently been gaining more momentum in the as a way to successfully prosecute domestic assault cases.

As mentioned in the section above, the use of expert testimony is also at the forefront of successful prosecution of domestic violence and strangulation cases. The use of expert testimony can be helpful for two reasons in a criminal case according to the 2012 article written by B. Volochinsky which states "First, regardless of whether the victim has obtained medical treatment or not, it can be informative to use a medical expert who can educate the judge and jury about the physical danger of the act or strangulation" (2012). The author goes on to state that "Second, an expert witness, such as a social worker or psychologist, can be beneficial in explaining the dynamics of domestic violence" (Volochinsky, 2012). For the judge and the jury present in the

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courtroom the questions “Why wouldn’t the victim just leave?” and “Why would this victim refuse to testify against their abuser?” need to be addressed. An expert witness can help to provide concrete and vital information about the cycle of abuse in which the judge and jury members may never have been exposed to before. “Developing independent evidence to support the charges against the defendant, together with expert testimony to explain the effects of battering and demystify a victim’s puzzling behavior, will help prosecutors in vigorously prosecuting domestic violence incidents” (Rogers, 1999).

One of the newest developments for law enforcement and those taking statements from a victim of domestic violence following a traumatic incident is a method of interviewing known as the Forensic Experiential Trauma Interview (FETI). It has long been believed that when a person experiences a traumatic event the “cognitive (prefrontal cortex) brain usually records the vast majority of the event including the who, what, where, why, when and how and peripheral vs. central information” (Strand, n.d.). The FETI method on the other hand does not believe this to be entirely true, finding supporting medical and psychological research that victims of trauma process these events and a different way. “When trauma occurs, the prefrontal cortex will frequently shut down leaving the less primitive portions of the brain to experience and record the events” (Strand, n.d.). This difference in the way the brain is “recording” and event during trauma is a crucial piece that must be taken into consideration when interviewing a victim of domestic assault due to the fact that inconsistencies in a victims story do not point to a lie, but rather the fact that memory was impacted during trauma. Strand has found that:

In fact, good solid neurobiological science routinely demonstrates that when a person in stressed or traumatized, inconsistent statements are not only the norm, but sometimes strong evidence that the memory was encoded in the context of severe stress and trauma.

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In addition, what many in the criminal justice system have been educated to believe people do when they lie (e.g., changes in body language, affect, ah-filled pauses, lack of eye contact, etc.) actually occur naturally when human beings are highly stressed or traumatized. Science of memory and psychological trauma must be applied to interview approaches and techniques. (Strand, n.d.)

As a result of these findings, the FETI method can best be described as a forensic psychophysiological investigation in which victims are given the chance to describe (physically and emotionally) the experience that happened to them. By completing the FETI method there is a higher quality of interview from the victim and therefore better evidence. “This method has also been shown to drastically reduce victim recantations, increase victim cooperation and participation and significantly improves chances for successful investigations and prosecution” (Strand, n.d.).

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Conceptual Framework

As a way to approach and further understand the strangulation and domestic assault material this study used the Power and Control Wheel as a method to interpret data. The ‘original’ wheel was first created in 1984, after staff at the Domestic Abuse Intervention Programs (DAIP) began work to develop a group curriculum for both victims of domestic violence and men who batter (Domestic Abuse Intervention Programs, 2011). This organization states “We wanted a way to describe battering for victims, offenders, practitioners in the criminal justice system and the general public” (Domestic Abuse Intervention Programs, 2011). Over the course of several months DAIP worked closely with focus groups (women) who were victims of domestic assault from intimate partners. This further led to the gathering of the most frequent and common abusive and manipulative behaviors that were noted from the women in the focus group by their abusive partners. What DAIP found was a list of tactics and experiences that were used “universally” to control battered women. This list further become known as what is referred to today as the Power and Control Wheel (Domestic Abuse Programs, n.d).

Since 1984 the wheel has been used as a tool in a variety of social service and victim support settings and can be found in manuals, books, articles, and featured at agencies that seek to prevent domestic violence. “Battered women can point to each of the tactics on the wheel and clearly explain how these behaviors were used against them. They are able to see that they are not alone in their experience and more fully understand how their batterer could exert such control over them” (Domestic Abuse Intervention Programs, 2011). As a result many men’s and women’s groups all over the world use the Power and Control Wheel as part of their curriculum and education. In addition DAIP states that one example of using the Power and Control Wheel as an educational tool is in training law enforcement or prosecutors. “The wheel provides an

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explanation for why a victim might return to an abusive spouse or why victim is refusing to cooperate in criminal prosecution. The wheel makes the pattern, intent and impact of violence visible” (Domestic Abuse Intervention Programs, 2011).

Within an intimate partner relationship, battering is the most common and toxic form of domestic violence. It is viewed and defined as a pattern of actions that an individual uses to *intentionally* control or dominate his intimate partner. When looking at the Power and Control Wheel (Figure 1) readers will notice that the words "power and control" are in the core of the wheel. This is due to the fact that batterers systematically uses threats, intimidation, and coercion to instill fear in his partner. “These behaviors are the spokes of the wheel. Physical and sexual violence holds it all together—this violence is the rim of the wheel” (Domestic Abuse Intervention Programs, 2011).

It is important to note however that while all victims of violence are entitled to supportive and educational materials that enhance their journey to safety and healing, this particular Power and Control Wheel specifically represents the lived experiences of women who are in a relationship with a man who abuses them. To be very specific, this wheel it does not attempt to give context and understanding in regards to all violence in the home or community-but instead offers a more accurate explanation of the tactics men use to batter women. DAIP states that the intentional focus on women’s experience for the purposes of the Power and Control Wheel is “because the battering of women by men continues to be a significant social problem” (Domestic Abuse Intervention Programs, 2011).

Given the fact that intimate partner violence in which the women is the victim and the male is the perpetrator is rooted in power and control based on DAIP’s research, the dynamics of

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other abusive relationships would likely look differently. For example, same-gender relationships may look similar to heterosexual relationship in terms of the power and control that occur, but there would also need to be a consideration about the societal oppression of same-sex couples and how that contributes to the situation. Since the conception of the Power and Control Wheel, other wheels have been added by DAIP to explain more specific cycles of violence. These other wheels include by are not limited to; using children post separation, abuse of children, prostitution and human trafficking and equality (health and equal relationship example).

Figure 1. *Power and Control Wheel*



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Methods

Research Design

The purpose of this study is to answer a two-part research question: 1) What causes a victim to recant or refuse case involvement in non-fatal domestic assault by strangulation cases and 2) What are some possible ways that a criminal conviction can be secured when warranted, in the context of strangulation, without putting undue pressure on the victim to testify? Specifically for the purposes of this study, “domestic assault” was defined as women victims and male aggressor. In addition, the terms “relationship” and “intimate partner violence” are specifically referring to a heterosexual partnership. This partnership would include relationships such as spouses, current and previous intimate partners and parties that have children in common.

As the literature review clearly outlines, domestic assault by strangulation is a high risk behavior that produces serious health concerns and research has proven that strangulation is a “red flag” for an increased risk of future homicide. This study utilizes purposeful sampling and a primarily qualitative research design using an online survey to understand the observations and experiences of professionals in the field working directly with victims of domestic violence. Although this study does require some level of professional accreditation of participants, professionals that took part in this survey are not representing nor evaluating their respective places of employment.

Population and Sample

The sample for this research project was made-up of social service and criminal justice professionals who work directly with victims of domestic violence and victims of strangulation

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in a variety of roles. More specifically, these professionals were comprised of domestic violence advocates, victim witness coordinators, city prosecutors, defense attorneys and law enforcement who work within the Minnesota seven county metro area (Anoka County, Carver County, Dakota County, Hennepin County, Ramsey County, Scott County and Washington County). There were no limitations on a participant's gender, race, sexual identity, socioeconomic background or age. However, to meet employment requirements all of the participants were required to be at least 18 years old (adults) and have at least two years of college experience and/or an Associates of Arts degree. The highest degree of education was not prescribed. Respondents potentially included people with a Juris Doctor (J.D.) degree or doctoral degree.

Study participants were selected based on the above professional requirements in addition to professional connections that the researcher has from working in the domestic violence field for over a decade. The survey consisting of thirteen primary open ended (Dillman, Smyth & Christian, 2009), yes or no, and multiple choice questions will be forwarded to individuals, organizations and communities that the researcher has previously worked with and has built a professional rapport with, using a snowball sample. Given the sensitive nature of this topic and the desire to get first-hand input from professionals in the field, the researcher felt that it would be most effective to approach professionals/organizations where a professional collaboration has already been built, in addition to the participants being able to take the survey anonymously. It is important to note however that although this survey was provided to individuals working in professional roles, the survey asked for the individuals' answers based on professional experience, rather than representing an agency or organization as a whole. Based on this strategy the researcher felt that it is possible to get around 20 study participants.

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In the event that there would have been a lack of participation with the survey due to unforeseen circumstances, the researcher developed a “back-up” research plan. Should it be needed in order to gather the required data for this study the researcher was prepared to personally interview 3-4 professionals using the same set of questions outlined in the survey. This interview would include an in-person interview that was audio-recorded for the purposes of later coding. The interview would take place in a private setting and would be scheduled at a mutually convenient place/time for the researcher and professional. In addition, the same method for storing data on password protected devices and informed client consent would still apply. Should this secondary plan have needed to be put into place the researcher would have worked closely with the project committee members to ensure that the highest level of professionalism, protection of participants, and data collection were met..

Data Collection

This research study used a qualitative study design to gain data surrounding the two-part research question. With the use of the Qualtrics online survey program the researcher provided a written invitation with an active link to the survey for those who would like or be willing to take the survey. As previously mentioned, study participants were selected based on professional requirements in addition to professional connections that the researcher has from working in the domestic violence field for over a decade. Participants were also encouraged to pass the link invitation along to other professionals who might be interested in taking the survey as well. Data collection thus primarily took the form of snowball sampling. More specifically, the participants were invited via email to take place in the study, as well as invited to pass the survey along to other professionals that they feel fit the requested professional criteria of this study. These thirteen survey questions (Appendix B) were reviewed and approved by committee members and

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the University of St. Thomas' IRB prior to the recruitment in order to ensure the highest quality of data collection and participant protection.

The survey was designed for the purposes of this particular study to allow the participants to truthfully answer the primarily open ended survey questions based on their professional experiences with relative anonymity. Based on professional dynamics and the researchers' current employment in the domestic violence field, the researcher felt that this was the best method to gain the important information and prevent any survey error (Dillman, Smyth & Christian, 2009) from entering the data. In addition to providing anonymity, the use of an online survey also complimented the fact that email communication has become the preferred method of contact in professional settings (Dillman, Smyth & Christian, 2009). The survey questions were comprised of three main categories: 1) Profession and training in regards to domestic violence, 2) What is strangulation and how is it identified and 3) What do strangulation cases look like in the criminal justice system? The full list of survey questions can be found in Appendix C.

Data Analysis

With the use and assistance of the online Qualtrics survey program the researcher (alone) analyzed and coded the survey results while using both open and selective coding. First, open coding was used to simply see what information the participants provided in response to the survey questions. There were no expected outcomes for the first round of open coding, rather the researcher just analyzed whatever data that was provided. The researcher successfully went back a second time and reviewed the data using selective coding. This use of selective coding was used to try and determine to what extent the findings of the literature review also match and

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support what is reported by the participants through the survey questions. In particular, the researcher was paying close attention and looking for mention of things related to themes that emerged in the literature review such as: a lack of physical evidence in strangulations, risk of future homicide and health concerns, increased need for training among professionals, psychological and emotional control and legal approaches to strangulation cases. During the coding process each individual survey result was printed and color coded based on the elements that a survey response held.

Protection of Human Subjects

Safeguards have been considered in this study to provide participants with the highest level of protection and privacy. Participants were asked via email to take part in this study based on professional connections that the researcher has from working in the domestic violence field. This email inviting research participation contained a link directly to the survey. Participants were also encouraged to pass this survey along to other professionals who met the professional requirements, making the distribution of this survey as wide as possible. All participants were asked to confirm the fact that they are over 18 years old. The only question in regard to demographics is that participants indicated in what professional capacity they work with victims of domestic violence. Participants were instructed that they are not representing their agency or place of employment in this survey, but rather their own personal experiences in their professional role. In the email provided to participants asking them to join the survey, it was made very clear that by proceeding they are doing so freely and their decision not to participate in this survey will have no negative professional consequences. It was also outlined that this was largely in part to the fact that no identifying information will be taken, and therefore the researcher would not know who has and has not completed the survey.

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The survey took place through the Qualtrics survey program, which is password protected. The Qualtrics program did not, in this study, collect any identifying IP (computer) addresses that would compromise the identity of the participants. Access to the Qualtrics program was only accessed from the researcher's password protected laptop. In the event that the researcher would need to bring this laptop to another location outside their personal residence, the laptop will remain with the researcher or place in the trunk of the researcher alarm enabled vehicle. This research proposal was reviewed and approved by both the researcher's committee and the University of St. Thomas' Institutional Review Board before the study started. The research committee members also connected via email in early May to discuss and review the data that was collected before it was presented in its final form on May 16, 2016.

Strengths and Limitations

It should be noted that this study does not come without some limitations that need to be considered. For example, as previously stated this study will only be looking at a very specific and focused group of victims who undergo domestic assault. This particular research study looked at professionals' observations about women who are victims in heterosexual relationships. This is certainly not to suggest or minimize that intimate partner violence does not occur with men as victims or in same sex relationships. Domestic violence is a very large and complex issue. With that said the power and control dynamics need to be considered very carefully in every relationship and situation. It is very possible that power and control dynamics would look very different given a situation where a male was a victim. For this reason, the researcher chose to focus attention onto one area of domestic violence.

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However, this specific area of interest in regard to domestic violence research can also come with benefits. As a result of clearly pinpointing the population that this study is focused on, very detailed data about this group from professionals working first hand in the field was collected. This provided some very concrete and important data that can help to describe and suggest gaps in service or areas of needed support for this specific group of outlined victims of domestic assault. The researcher is confident that this study is one way to gain vital information about a high risk population, without putting the survivors of assault through additional trauma by re-telling their stories.

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Results

The survey for this study, titled “Domestic Assault by Strangulation Study” was developed to answer a two-part research question: 1) What causes a victim to recant or refuse case involvement in non-fatal domestic assault by strangulation cases and 2) What are some possible ways that a criminal conviction can be secured when warranted, in the context of strangulation, without putting undue pressure on the victim to testify? The 13 question survey was distributed via email invitation (Appendix A) to 40 requested participants on January 11, 2015. From there participants were encouraged to forward this survey to fellow professionals that they felt would meet the criteria of this study. The survey was open for response for 3 weeks with a reminder email sent to the initial 40 requested participants with one week remaining (January 26, 2106). This survey officially closed for responses on February 2, 2016.

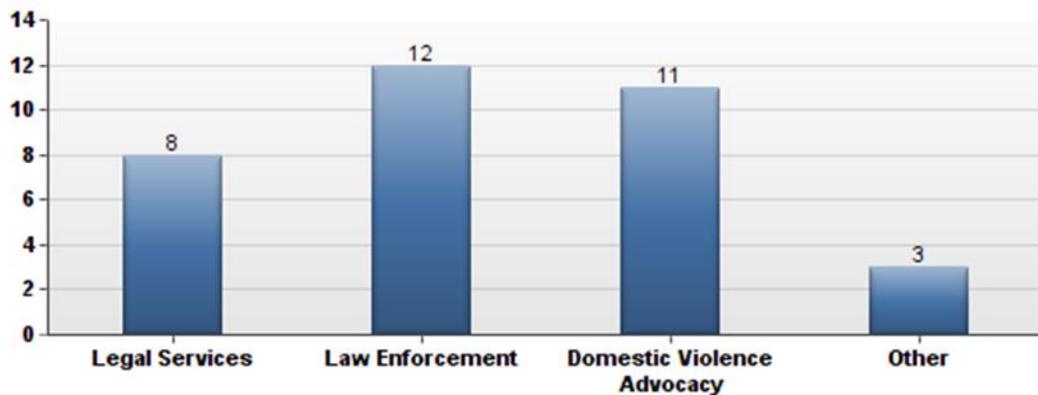
The final results of this survey indicate that 40 people started this survey, however only 24 participants completed the full survey. This data suggests a 60% response and completion rate. With the timed responses of this survey ranging from 1 minute to 1 and half hours this could also suggest that participants became busy with other things and did not return to complete the full survey. This puts the duration mean for this survey at 18 minutes (00:18). It should be noted that due to the range of participants who answered a given survey question the sample size will differ from one question to the next. Participants were also given the option to skip a question if they did not care to answer it.

In the first question of the survey participants were asked to identify in what professional capacity they work with victims of domestic violence. Options provided included Legal Services, Law Enforcement, Domestic Violence Advocacy and Other. Of the 34 participants who

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answered this question 8 (24%) stated that they were with Legal Services, 12 (35%) were Law Enforcement, 11 (34%) were with Domestic Violence Advocacy and 3 (3%) considered themselves in the Other category. The table below (Table 1) further illustrates the professional breakdown of this survey sample size.

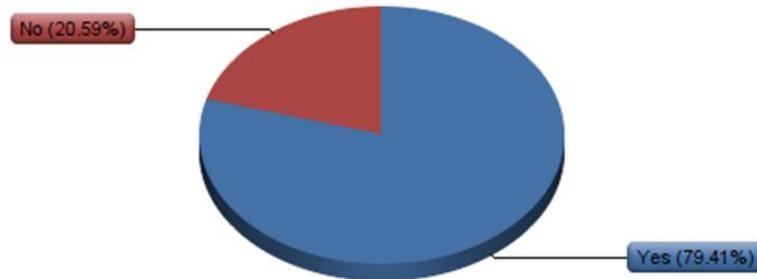
Table 1. *Question 1-Professional Role*



The next survey question asked these professionals if they have ever taken part in any domestic violence training in their professional roles. Again 34 participants took part in answering this question which showed that *all* of the participants (100%) have experienced training in respect to domestic violence. The second part of this survey question asked these 34 participants to narrow in a bit specifically on training in regard to domestic assault by strangulation training. The sample of 34 participants indicated that 27 of them (79%) had taken part in training specific to strangulation, while 7 (21%) had not (Table 2).

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Table 2. *Question 2-Domestic Assault by Strangulation Training*



Theme #1: Strangulation is Different than “Choking”

As professionals in the field this survey gave participants the opportunity to provide details about what they classify strangulation as in terms of a domestic assault. The main theme that was discussed by survey participants is that strangulation is very different from choking. Specifically, strangulation was described in survey responses as being an “intentional act” while choking on the other hand was something that occurred accidentally. One participant defines the act of strangulation as “Intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person.” In addition, another study participant indicates that strangulation is an intentional act that can be used to instill fear into a victim. This participant further defines strangulation as a “Use of a means (by an abuser) to withhold ability to breathe (by the victim) to obtain control of the victim, frighten the victim into submission or harm the victim.”

Another theme that emerged in relation to this question was the fact that when strangulation occurs (as a result of a lack of oxygen or blood flow) very specific physical side effects occur as result of the intentional act. “An act by where a suspect assaults their partner by

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putting their hands or an object around the victim's neck. This may cause the victim to lose consciousness, have marks or other injuries around their neck, cause a hoarse voice, have petechia of the eyes or have loss of bodily fluids.” As this participant explains, these side effects of strangulation are different from accidental choking, and strangulation side effects can occur both inside (hoarse voice, petechia) or outside of the body (visible neck injuries, loss of body fluids). These internal and external side effects would likely not be present in an accidental choking cases, and would certainly not be as severe as found in strangulation cases.

Theme #2: Strangulation Can Lead to Death

Question number four of the survey asked participants to explain how they would define domestic assault and why domestic assault by strangulation is so serious. There were a couple of themes that emerged when reviewing the 30 participant responses from this question. The first theme that jumped out was the fact that nearly all of the participants specifically noted that domestic assault by strangulation was very serious and was something that needed to be looked at closely when considering an assault. One study participant states:

Strangulation in respect to domestic violence is very important. It is one of the most serious forms of physical abuse because of the implications it can have on a person's life. Furthermore strangulation is a red flag for a serious situation. Oftentimes when strangulation has happened there has been previous and ongoing intimate partner violence. Dr. Campbell's danger assessment tool shows that instances of strangulation are often signs that someone is in extreme danger.

In addition, another theme that emerged as a result of participant responses is that fact that domestic assault by strangulation can lead to *serious* and life threatening health risks. Based on survey answers some of these health concerns included, but were not limited to physical, emotional and psychological health.

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Yes- in my experience it is one of the most likely predictors of homicide. If a perpetrator reaches the point of strangulating his or her victim then they are that much more likely to kill that victim during the next encounter. It is also dangerous because many victims do not seek medical attention after a strangulation incident and the few days after the incident are crucial because it could lead to the closing of their airway and they are completely unaware of it.

Lastly, this survey question and the participant responses indicate that domestic assault by strangulation is of particular concern because of the fact that it is a predictor of homicide. More specifically, many respondents viewed strangulation as the ultimate form of control over a victim.

Yes, because generally it is an escalation of domestic violence. Other types of domestic violence, whether it be verbal, psychological or even harm have typically occurred prior to strangulation and once that level is reached, death or great bodily harm may occur or could be the next level. It can also send a message to the victim in a way that the suspect had the victim's life in their hands and they are in complete control now.

Theme #3: Determination of Strangulation is based on Professional Role

The survey moves on to question number 5 which asks participants to explain what they use (as professionals) to determine if a domestic assault by strangulation has occurred. This question also asks survey participants to expand on any specific signs and/or symptoms that they look for. Thirty survey participants took part in providing feedback for this question. While reviewing survey data the thing that I noticed right away is that answers ranged a bit on what would likely be the professional role in working with a victim of domestic assault. For example, there were several answers that stated something like this participant's response, "In my work, I have to rely on the victim's retell[ing] of her incident. She has to be brave enough to share this with me or a group. I "feel" victims often keep this part a secret, especially if law enforcement or medical care is not involved." It is the role of an advocate to not make a determination about an assault, but rather to offer support and resources to a survivor. This is important to note because professional role may play heavily on the capacity that professionals are able to answer this question.

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For individuals who did indicate that they were professionally in a position to make a determination if a strangulation occurred one notable theme presented itself - the fact that professionals illustrate that they were looking for things that could be visually seen or symptoms that could be reported from a victim immediately following an assault. "Bloodshot eyes, red skin around the neck area, finger or hand prints in the neck region. Victim's statements about their ability to talk or breath during the incident. Overall demeanor, if they are out of breath, emotional reaction depending how soon it happen in relation to reporting the incident." Only two of the 30 participants pointed to the fact that they would use a variety of tools, including things that cannot be seen by the naked eye (examination of possible internal injuries) to determine if a strangulation occurred. One of these participants stated "Yes, they include but are not limited to: neck pain, nausea or vomiting, difficulty swallowing, light headedness, ringing of ears, loss of bodily functions, raspy voice, changes in personality, miscarriage, fainting or unconsciousness, sore throat, neck swelling, and visible signs of injury." The emergence of this theme again points to the fact that determining if strangulation occurred may rest heavily on the professional contact that you are having with a victim.

Theme #4: Victim Safety vs. Offender Accountability

For a variety of complex reasons it is well know that there is a high rate of recantation in domestic assault cases. Survey participants were asked to address how they work with challenges such as 1) a lack of physical evidence and 2) a lack of cooperation/participation by the victim in their professional roles. The 28 participants that provided input on this question provided a great deal of knowledge and candid insight on the challenges that both little physical evidence and lack victim participation can have on a situation. After reviewing the very strong input that this question prompted from professionals, there was once again a very solid theme emerged that was

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likely tied with the professional role that they come into contact with the victim. However, regardless of the fact that this presented a number of different challenges for professionals, it become quite clear based on survey responses that the struggle between victim safety and accountability of an offender only continues in domestic assault cases. This insight is further reflected as quoted directly from professionals working in the field. For example, from the perspective of Law Enforcement;

In terms of strangulation, evidence is key. A report of strangulation without the support of evidence is a hard one to take in total confidence. If the victim is reporting that it just happened or recently, one would expect to see some bruising or red marks around the neck. Often times you will see broken skin when the suspect applies his finger nails. Without this physical evidence, I will take a full statement and it is something that will have to be looked more into. Cooperation by the victim is also another key element. Although every victim needs a voice and assistance, it is all too often that victims decide to change their story or recant. Police can only do so much even with the state statutes the way they are, we can only help those who want the assistance. When I say assistance it doesn't have to be a victim who is fully engaged with the incident but being available to be contacted and a consistent statement are all valuable pieces of evidence from the victim.

The physical evidence is either there or it isn't. It's my job to find the facts and gather the evidence. As for the lack of cooperation/participation by the victim, that's a societal problem that we'll spend an eternity searching for the answer. Officers are constantly scrutinized for their behavior/roll in the victim's cooperation or lack thereof. Detectives have been given training on how to handle victims. There are endless advocacy agencies that work with victims. How much more can we provide for victims??? Another endless question. How do we deal with it. I gather the facts/evidence and present it to a prosecutor who in turn makes a decision on the case. We make all efforts to get the victim to cooperate.

From the perspective of Domestic Violence Advocates, working with challenges such as 1) a lack of physical evidence and 2) a lack of cooperation/participation by the victim are as follows;

Explain to the victim why law enforcement may not be able to charge a suspect without lack of physical evidence. Discuss that even though there is no physical evidence it does not mean that the strangulation did not happen; it just presents challenges for law enforcement and prosecution in terms of a criminal case. This opens the door to talk with victims about other legal options they have to protect themselves from the suspect. When victims are unwilling to participate in criminal action, my role as an advocate is to tell them I respect their decision to not participate and also to discuss with them how their

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lack of participation may affect the criminal case. I often times discuss what would happen if they did participate and remind them that they can change their mind at least while the case is pending. Ultimately, as an advocate we believe the victim's side of the story and respect his/her decision to participate in the criminal process or not.

Lastly, from the perspective of legal professionals:

The lack of physical evidence is difficult because jurors want physical proof of an assault. If there isn't physical evidence, cases aren't often charged as Felony Strangulations. There can be a lesser charge, but it won't be Strangulation. I think the lack of cooperation by the victim can be explained to jurors but we still need the victim to be here for trial. I do my best to respect where she's at, but also explain she deserves to be safe and the State steps in to make sure it doesn't happen again. We're not trying to send him to prison, we just want to intervene to provide support and resources so this doesn't happen again.

As outlined by these robust statements from professionals the challenges in domestic assault by strangulation cases are complex and can impact a victim's safety. Regardless of the noted professional challenges that present themselves in these multifaceted cases all of these professionals are doing their best to work together, in their own respective capacities, to end domestic violence in our communities and support victims in the process.

Theme #5: It is Unknown How Many Victims of Strangulation Recant

Question number seven of this survey asks participants to estimate (based on their professional experiences) how often victims of domestic assault by strangulation victims later recant their previous statements. This question provoked a wide range of answers from the 27 people who responded. Participants estimated that anywhere from as low as one percent to as high as eighty percent of victims recant statements in strangulation cases. While others state that it is really hard to put any kind of a percent to this topic for many different reasons. For example, one participant stated:

All I know for sure is that I know victims are not always telling me the truth and even when they do, it's not always the complete truth for a variety of reasons. I like to believe

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that victims know their situation in many ways better than I ever could because they are living it day to day. If they recant their previous statements I would imagine it would range for reasons from "this is not that serious to me anymore", "I feel safe now" to "if I tell them this I'm afraid he will kill me" and everything between.

This wide range of experiences in respect to victim recantation begs the fact that there is really no way to get an accurate idea of how many victims recant in strangulation cases. With suggested numbers ranging from one to eighty percent we simply cannot yet speculate on any kind of number in this area.

Theme #6: An Unknown Number of Victims Refuse to be Involved a Criminal Case

Much like the previous question, participants were also asked to evaluate what percent of victims refuse to be involved in criminal prosecution of a domestic assault by strangulation case. The 27 participants that took part in providing feedback on this question gave numbers as low as ten percent and as high as ninety percent in relation to victims who do not want to be involved in the criminal case. In addition, there were once again people that felt that it was quite difficult to nail down a specific number due to a variety of factors. One participant clearly stated:

Many. Again, it's hard to put a number on it, but once the violence or threat of violence has stopped, the victim isn't in fear and says the violence wasn't that bad/won't happen again/needs the defendant home to help with the kids, etc. The offender honestly provides many more resources/help/support than a DV agency can provide. That may sound crazy, but it's true. If a victim relies on an offender for child care, shelter, emotional support, financial support, etc, until DV agencies can provide all of those things BETTER than the offender, there's not much value in seeking help. I believe offenders will continue to have that power and control over victims until society steps-up and helps out in a holistic way.

With such a wide variation of feedback from professionals on this topic, we are once again unable to definitively provide any kind of estimate as to the number of victims who do not want to be involved in the criminal prosecution of a case. As previously mentioned, it should be considered that this wide variation of numbers could have something to do with when/how professionals come into contact with victims. This does not therefore mean that the information

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gathered is irrelevant, but rather it suggests that more detailed questioning may be needed in this area.

Theme #7: Fear, Dependence and Lack of Support Lead to Less Involvement

The ninth question of this study asked professionals to narrow in on the previous two questions a bit and discuss what are some of the *specific* reasons that a victim of strangulation later recants previous statements and/or refuses to be involved in the criminal prosecution of a case. Twenty-seven participants provided input based on their professional interactions and experiences with victims of domestic assault by strangulation. Through the evaluation of the data provided two major themes emerged. The first theme points to the finding that both fear of the abuser, as well as fear of further acts of violence are what drives a victim to become un-involved in a criminal case. For example, one participant describes one situation which causes some major safety concerns;

A victim of strangulation may later recant because they are concerned about retaliation by their abuser or their abuser's "people." Sometimes the personal and safety benefits of having someone convicted of the crime are not as good as the benefits of recanting. Furthermore, oftentimes people feel bad for their abusers or want to give things another try. This could be because the abuser is manipulating them into believing that is a good idea. Furthermore the cycle of domestic violence shows us that after an incident of violence there is a honeymoon phase where the abuser begs the victim survivor to come back to them. If the abuser is not respecting the DANCO, NCO, or OFP then this communication can have a strong impact on a victim survivor. Statistically it takes a victim survivor seven times to leave an abusive relationship.

In addition to fear of on-going abuse and/or retaliation that prevents victim involvement, study data also showed that the victim is many times dependent on the offender for things such as childcare, financial support and housing. As this participant explains “doing the right thing” can many times come with a high cost for victims:

Many of them are fearful of what will happen if they cooperate (fear of retaliation by their abuser or their family). But more likely is that their abuser is also probably the

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father of their child/children, their husband, their financial supporter, their childcare. If they put that person in jail then they may end up losing their job, house, support, etc. For many of these victims, they have a lot more to think about than "doing the right thing" and holding their abuser accountable. They still have to be able to survive. In many cases, it comes down to love. They still love this person, despite the abuse they endure.

Lastly, survey data showed that the current criminal justice system is not designed to support victims in a caring and thoughtful manner. Simply put by this participant, the criminal court process can be a long and wearing experience for people who have already undergone a great deal of trauma.

Because the strangulation cases in Hennepin County are prosecuted as felonies by the Hennepin County Attorney's office there is a lack of victim support through that office and victims are often left without court action for several months.

In all, this study determined that fear, dependence on the offender and lack of victim support where the top reasons that emerged. However, there are a large number of individual factors that may cause a victim of strangulation to recant a previous statement and/or not be involved in a criminal case. This study data also indicted that every situation is different (individualized) as well as the fact that many of these victims are facing immediate crisis as a result of the assault which ultimately plays directly into the larger cycle of violence.

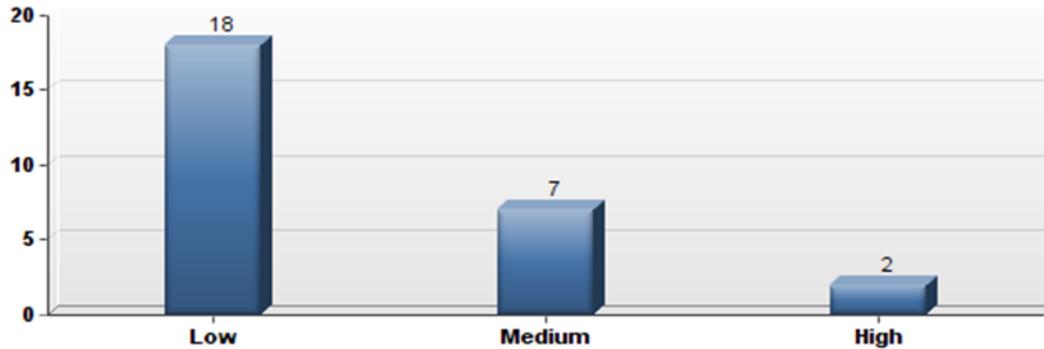
Theme #8: Low Likelihood of Charges without Victim Cooperation

As part of this survey participants were asked to rate the likelihood that a strangulation criminal case would be pursued without the cooperation of a victim. A total of 27 professionals answered this question and the table below (Table 3) breaks down the responses from the low, medium and high categories in relation to this question. As further illustrated by this table 18 participants (67%) state that there would be a low likelihood, 7 participants (26%) indicated a medium likelihood and 2 participants (7%) stated there would be a high likelihood. The majority

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(67%) of participants agreed that without the cooperation of a victim the likelihood that criminal charges will be filed in strangulation cases is low.

Table 3. *Question 10-Criminal Case without Victim Cooperation*



Digging a bit deeper, the second part of this question asked participants to explain why they think that this low, medium or high ranking may exist. The biggest theme that arose as a result of survey data points to the fact that that strangulation cases do not get charged without the support of the victim due to legal standards “require” the victim’s involvement. The following statement from a participant eloquently illustrates the complicated balance between becoming a prosecutorial challenge and a legal standard in the criminal justice system.

Because even if we have pictures or proof of the incident, we need the victim to be in the court room to say "yes, that was me and he did that to me". It's his constitutional right to be able to confront your accuser. It's ridiculous with the power/control situation of a DV case, but it's the law. Defendants know if we don't have a victim, we don't have a case and they use that to their advantage.

As mentioned above and according to other survey participants, victims “need” to be present in court for a variety of reasons, included but not limited to admission of evidence, testimony and the defendant’s legal right to face the accuser. In short, without the participation of a victim in a

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strangulation case the state will likely lose the case because not all case information/evidence will be allowed into court without the testimony of the victim.

Theme #9: Knowledge is Power

Participants were invited to provide their thoughts and ideas as to what can be done in strangulation cases to secure a successful criminal conviction without participation of a victim. With 26 total responses to this survey question professionals in the field provided a wide range of thoughts on this topic. Participants commented on everything from “Don’t know” to “Rewrite the 6th Amendment, or find a loophole around it.” However, after thorough data analysis there were two main themes that were provided in the survey data. The need for solid documentation on the scene and during the investigation process was the first theme. For many responses, the need for a really concrete police report is at the center of a criminal case because it illustrates what occurred by the people who were present during the assault/investigation. This needed documentation included things such as statements from witnesses, talking with family and friends about a pattern of abuse, photographic evidence and medical records to be used for expert testimony. One participant provides this example:

Investigators need to fully investigate, document with photographs, interview ALL other household members/neighbors/by-standers. Follow-up days later and document again. Prosecutors also need to look to see if there's a pattern of police reports/recants, they need to explain to the jury counter-intuitive victim behavior.

The other theme that presents itself is the fact that both the criminal justice system and professionals that victims come into contact need information and education about the dynamics of domestic assault. In particular, one way to do this during a criminal case is by having a criminal system that is specific only to domestic assault cases. One of the survey participants offers this idea as a suggestion:

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Another idea is every jurisdiction having a specialized domestic violence court. Instead of over-burden prosecutors squeezing in domestics between thefts and driving after revocations; having a court where Judges, Prosecutors, Probation, Advocates and even Defense Attorneys are well-versed in the dynamics of domestic violence could be helpful. Not only could both parties (victim and offender) receive more in-depth and personalized treatment, but it would also allow prosecutors to focus their efforts on these cases instead of having the mindset of "get this off my desk so I can move on to the next one", which is often what causes prosecutors to come up with reasons why they cannot pursue a domestic case.

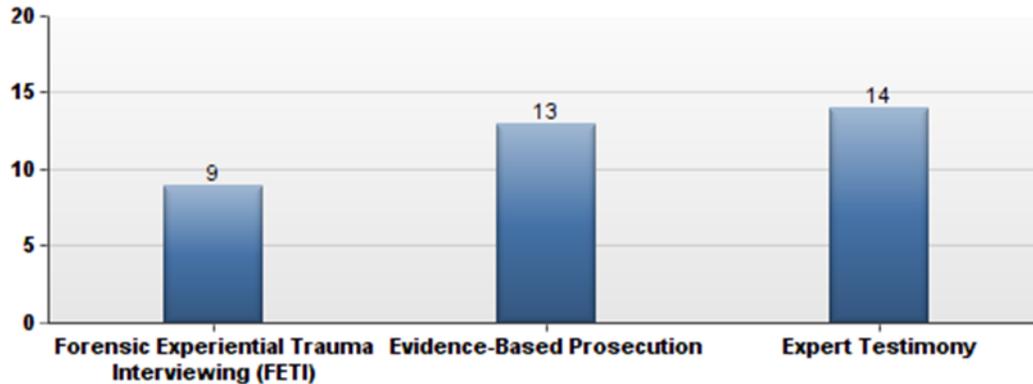
Also mentioned in survey data and in relation to the above participant statement, there is another facet of this topic specific to education. Survey participants state that criminal courts specifically need professionals who are *passionate* about ending domestic violence and see strangulation as a major health and safety concern in our communities. In summary, one survey professional offers this as a way to secure a successful criminal strangulation case: “Hard work by attorneys and advocates. Open-minded judges. More significant punishment for strangulation during episodes of domestic violence.”

Theme # 10: Helpful Methods are Options

Question number twelve asked participants if they are familiar with any of the following methods in terms of strangulation cases: a) Forensic Experiential Trauma Interviewing (FETI), b) Evidence-Based Prosecution and c) Expert Testimony. There was a total of 18 responses to this question and participants were able to indicate all of the methods that they are familiar with. Of the responses 9 participants (50%) indicated that they were familiar with Forensic Experiential Trauma Interviewing (FETI), 13 (72%) knew about Evidence-Based Prosecution and 14 people (78%) were aware of Expert Testimony. This break down is visually displayed in Table 4.

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Table 4. *Question 12-Criminal Case Methods in Strangulation Cases*



In addition participants were then asked to discuss their experiences and observations in using these methods in strangulation cases. There were 21 participants who provided input on this survey question. There were two themes that developed as a result of this question. The first being that Forensic Experiential Trauma Interviewing (FETI) seemed to be the most mentioned, and very much in a positive light. Four participants specifically pointed out the fact that FETI has been a positive tool in working with strangulation cases. One professional mentioned:

I think the FETI has many advantages as a trauma informed practice. By being trauma informed it supports the victim in the process which I would imagine supports victim participation in the process. It also takes in to consideration the bio mechanics of the brain and its response to trauma, which should allow for more consistent victim/witness testimony.

The other theme that is worth mentioning that several participants mentioned is their impression that these methods, especially the use of an expert witness, is not always a cost effective option. “Expert testimony is VERY expensive and rarely used. When used it is very helpful.” For this reason many participants indicated that it has been helpful in some cases, but it is rarely used due

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to the high cost. Most participants who talked about using expert witnesses expressed that they have used medical professionals. None of the survey participants indicated that they have ever used a domestic violence professional as an expert witness.

Theme #11: "There's no 'I' in Teamwork"

Lastly, before ending the survey participants were invited to share their thoughts and ideas about how professionals can better assess and serve victims of strangulation. The 26 survey participants who took part in providing input had a lot to say on this topic, and had some great ideas. There were so many significant points brought up by these professionals that it was a bit of a struggle to narrow down re-occurring themes. The major theme that surfaced was the fact that participants felt that both ongoing education and training about domestic violence both among professionals and in the greater community is needed. As one survey participant shared:

Always make sure the victim is aware of resources for a domestic violence agency. Advocates can be her voice and also believe her when no one else in the system does. Professionals can also better serve victims of strangulation by being trained on the dynamics of domestic violence and specifically how it relates to strangulation. Education and training is key to handling domestic violence cases.

The final theme that emerged while answering this question is that compassion of professionals that come into contact with victims can have a very powerful positive effect on the situation. For example, one professional shared;

Sounds weird but always try to be nice. Emotions are all over the place and can change through the course of the process. Most times we are either being too harsh on the defendants, other times we are not doing enough. People are frustrated & angry & sometimes not very nice (verbally abusive). By being nice to them (even when I'm frustrated) I want them to know they can always call. There have been cases where someone wasn't cooperative, got back together with a suspect, and had another incident. I want them to know I am there to help & I don't want them to not feel comfortable calling. You sometimes have to go through all the stages with them. I want to help with the self-esteem (they deserve better) & safety issues (knowing they may stay with the suspect).

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The above statement clearly demonstrates that support and compassion during these difficult times in a person's life can speak volumes. In addition and as other participants pointed out, these victims are not trying to be difficult by recanting a statement or refusing participation. In fact, there may be more going on than what is visible on the surface; these victims are many times in crisis and doing the best that they can with what they can. Instead of beating someone down (especially after a trauma), why not work with them to build themselves back up?

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Discussion

Overview

The purpose of this study was to draw further attention to domestic assault by strangulation in terms of 1) Its association with criminal case recantation and 2) Extreme safety concerns due to it being a predictor of future of homicide. This critical examination is needed in order to fully understand the scope of client services that are needed, or rather, where the gaps in victim services lie. This was specifically done by answering a two-part research question: 1) What causes a victim to recant or refuse case involvement in non-fatal domestic assault by strangulation cases and 2) What are some possible ways that a criminal conviction can be secured when warranted, in the context of strangulation, without putting undue pressure on the victim to testify?

During this course of this study I used a qualitative, exploratory survey to ask professionals who work in the field with victims of domestic violence to explain their observations and experiences in working with strangulation cases. Participants were asked to specifically identify (based on professional experiences and observations) what causes a victim to recant in a strangulation case with the goal of identifying where gaps in successful prosecution lie and how victims can be better supported within the criminal case process. With the assistance of 32-24 participants (dependent on the survey question that was answered) eleven main themes emerged that are overall contestant with the review of literature and previous research that was done in the field.

The survey begins by asking participants what professional background they associated with. Options provided included Legal Services, Law Enforcement, Domestic Violence

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Advocacy and Other. Of the 34 participants who answered this question the majority of respondents indicated that they fell within the Law Enforcement (35%) and Domestic Violence Advocacy (34%) professions, respectively. The following survey question indicates that all 100% of the responding professionals have taken part in domestic violence training, however seven participants (21%) had never taken training with and specific domestic assault by strangulation components. Given the fact that these survey findings show that nearly a quarter of the professionals surveyed do not have specific strangulation training, this would further support the findings outlined in the literature review that many professionals in the field lack training that is specific to domestic assault by strangulation. In turn, this would also show concern that these high risk cases may not be properly identified and assessed by many professionals.

Interpretation of Findings

Theme #1: Strangulation is Different than “Choking”

According to Minnesota Criminal Statute §609.2247 “strangulation” is defined as “intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck by blocking the nose or mouth of another person” (Minnesota House of Representatives Research Department, 2012). While “choking” on the other hand is an accidental or intentional act where an object becomes lodged in the upper airway and oxygen intake is obstructed (About Health, 2015). As clearly noted in the literature that was reviewed, survey participants also demonstrated knowledge that strangulation is very different from choking for two very important reasons.

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The first reason for this difference is that strangulation was described in survey responses as being an “intentional act” while choking on the other hand was something that occurred accidentally. The second reason for this difference is due to the fact that strangulation cases, in particular, a very specific set of physical reactions may occur within a victim’s body after being intentionally strangled versus an accident choking. These strangulation side effects can occur both inside (hoarse voice, petechia) or outside of the body (visible neck injuries, loss of body fluids).

Theme #2: Strangulation Can Lead to Death

Survey participants agreed domestic assault by strangulation can not only lead to *serious* and life threatening health risks, but that this act of violence is also the ultimate form of control over an intimate partner. A study noted in the review of literature states that a 2011 article from Social Science & Medicine found that women who were strangled by their intimate partners had *eight hundred percent* greater odds of being future homicide victims at the hands of their intimate partners (Strack & Gwinn, 2011; Jarvis & Walther, 2015). Nearly all of the survey participants specifically stated that domestic assault by strangulation was very serious and was something that needed to be looked at closely when considering an assault due to the physical, psychological and emotional impacts on a victim, in addition to the fact that strangulation is a proven predictor of future homicides.

Theme #3: Determination of Strangulation is based on Professional Role

Due to the fact that participants of this survey were in a variety of professional roles, not everyone was in a position to make a determination if strangulation has occurred. An advocate for example would not be in a situation where that determination is appropriate. However, of

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individuals who did indicate that they were professionally in a position to make a determination if a strangulation occurred only two participants pointed to the fact that they would use a variety of tools, including things that cannot be seen by the naked eye (examination of possible internal injuries) to determine if a strangulation occurred. The emergence of this theme points to the fact that determining if strangulation occurred may rest heavily on the professional contact that one is having with a victim. Although this topic was not specifically addressed in the literature review, this theme does reiterate the fact that proper strangulation training for professionals is crucial in determining if the “signs” of strangulation are present. “A lack of training may have caused police and prosecutors to overlook symptoms of strangulation or rely too heavily on physical signs of strangulation” (Strack, McClane & Hawley, 2001).

Theme #4: Victim Safety vs. Offender Accountability

Survey participants were asked to address how they work with challenges such as 1) a lack of physical evidence and 2) a lack of cooperation/participation by the victim in their professional roles. After reviewing the candid responses from 28 participants, a very solid theme emerged. It became quite clear based on survey responses that the struggle between victim safety and accountability of an offender only continues in domestic assault cases for professionals. Survey responses suggest that this struggle to address these two challenges were likely based on the respondent’s professional need for contact with the victim.

For example, as mentioned in the literature review “Federal and state law authorize courts-both in civil and criminal proceedings-to protect victims and their children and to hold batterers accountable. When victims and batterers appear in court, judges have the unique ability to reinforce the seriousness of these laws and to send the clear message that our society

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does not condone and will not tolerate interpersonal violence” (Baughman, 2014). However, a person in a professional role such as an advocate may indicate that the reason that a victim is not involved in a criminal case is due to the fact that it is not safe for them to do so. This information suggests that even among professionals in the field there are a wide range of views on how things such as 1) a lack of physical evidence and 2) a lack of cooperation/participation by the victim should be handled. This was not something that was specifically found in the literature review, but the study findings do support the conclusion that this discussions and collaborations among professionals continue.

Theme #5: It is Unknown How Many Victims of Strangulation Recant

One study mentioned in the literature review suggests that anywhere from 80 to 85 percent of victims recant their previous statements in domestic assault cases (Volochninsky, 2012). Survey participants on the other hand felt that there were unable to put any kind of a number on recantation in strangulation cases. Participants estimated that anywhere from as low as one percent to as high as eighty percent of victims recant statements in strangulation cases. While others state that it is really hard to put any kind of a percent to this topic for many different reasons. This wide range of answers suggests that survey responses do not back up the findings of the 2012 study.

Theme #6: An Unknown Number of Victims Refuse to be Involved a Criminal Case

As previously mentioned in the above theme number 5, participants struggled to put an exact number on the percent of victims who refuse to be involved in criminal prosecution of a domestic assault by strangulation case. The 27 survey participants provided numbers as low as

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ten percent and as high as ninety percent. This is obviously a *huge* gap in what professionals in the field are observing.

Perhaps the most telling finding was not the large gap in numbers, but rather that survey participants suggested that this large number gap may could be accounted for given the context that the professional comes into contact with the victim. So in other words, it is possible that a victim's thoughts on a criminal case may change over time or even with the professional that they are encountering. As an example, professionals who come into contact with victims of domestic assault by strangulation at the beginning of a criminal case may have a different experience than a professional who comes in towards the end of a case. Furthermore, this would support the findings of the literature review that indicate that professionals need more training and criminal justice systems need to be changed in order to support assault victims, not weigh them down. As previously discussed in the literature review, there are three main ways that victims are impacted negatively by interactions with the criminal justice system; 1.) Convoluted bureaucratic process, 2.) Revictimization of women that the law was supposed to help protect and 3.) Ineffective practices, which resulted in poor, sluggish or short lived results (Letourneau, Duffy & Duffet-Leger, 2012).

Theme #7: Fear, Dependence and Lack of Support Lead to Less Involvement

Survey data showed that the current criminal justice system is simply not designed to support victims in a caring and thoughtful manner. In all, this study determined that fear, dependence on the offender and lack of victim support were the top reasons that emerged leading to decreased case involvement from the victim in strangulation criminal cases. In addition, survey participants indicated that there are a large number of individual factors that may also

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cause a victim of strangulation to recant a previous statement and/or not be involved in a criminal case. This study data also indicated that every situation is different (individualized) as well as the fact that many of these victims are facing immediate crisis as a result of the assault which ultimately plays directly into the larger cycle of violence.

This data support the findings of the Power and Control Wheel that is further explained in the conceptual framework portion of this study. “The wheel provides an explanation for why a victim might return to an abusive spouse or why a victim is refusing to cooperate in a criminal prosecution. The wheel makes the pattern, intent and impact of violence visible” (Domestic Abuse Intervention Programs, 2011). In conjunction to the 3 themes that emerged from this particular study, the Power and Control Wheel (Figure 1) provides detailed examples of 8 types of power and control situations that commonly exist in violent intimate partner relationships.

Theme #8: Low Likelihood of Charges without Victim Cooperation

As part of this survey participants were asked to rate the likelihood that a strangulation criminal case would be pursued without the cooperation of a victim. Out of 27 participants who answered this question the results show that 18 participants (67%) state that there would be a low likelihood, 7 participants (26%) indicated a medium likelihood and 2 participants (7%) stated there would be a high likelihood. In all, the majority (67%) of participants agreed that without the cooperation of a victim the likelihood that criminal charges will be filed in strangulation cases is in the low category. This data also demonstrated through survey findings that without victim participation the reason for this “low” likelihood is primarily based on the fact that legal standards “require” the victim’s involvement for things such as admission of evidence standards, testimony and the defendant’s legal right to face the accuser.

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“A victim’s recantation intention was foremost influenced by the perpetrators’ appeals to the victim’s sympathy through descriptions of his suffering from mental and physical problems, intolerable jail conditions, and life without her” (Bonomi, Gangamma, Locke, Katafiasz & Martin, 2011). The survey findings clearly support the literature which states that abusers go to *great* lengths to re-gain a victims’ trust and groom the victim to back out on any contact they previously had with court professionals and prosecutors. By gaining the victims’ sympathy in this form of witness tampering the abuser successfully manipulates not only the victims, but the judicial system as well when criminal cases are dismissed without the “cooperation” of the victim.

Theme #9: Knowledge is Power

For the purposes of this survey, participants are invited to provide their thoughts and ideas as to what can be done in strangulation cases to secure a successful criminal conviction without participation of a victim. Three main themes emerged: 1.) The need for solid documentation on the scene and during the investigation process, 2.) Both the criminal justice system and professionals that victims come into contact need information and education about the dynamics of domestic assault and 3.) Courts specifically need professionals who are passionate about ending domestic violence and see strangulation as a major health and safety concern in our communities. Once again as noted in the literature, these survey findings directly point to the fact that additional training is needed among professionals about the physical, emotional, mental and financial dynamics of domestic violence. “Battered women can point to each of the tactics on the wheel and clearly explain how these behaviors were used against them. They are able to see that they are not alone in their experience and more fully understand how their batterer could exert such control over them” (Domestic Abuse Intervention Programs,

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2011). As noted in this statement about the Power and Control Wheel (Figure 1), professionals need to fully understand that not all abuse can be seen with one's eyes.

Theme # 10: Helpful Methods are Options

When survey participants were asked if they are familiar with any of the following methods in terms of strangulation cases a) Forensic Experiential Trauma Interviewing (FETI), b) Evidence-Based Prosecution and c) Expert Testimony, two major themes emerged. These two themes are somewhat constant with what was found in the literature review. The first theme was that that Forensic Experiential Trauma Interviewing (FETI) seemed to be the most mentioned, and in a positive light. Although FETI was not the most well-known method with a 50% awareness rate, this supports the conclusion that FETI is gaining in popularity in criminal cases among professionals. "This method has also been shown to drastically reduce victim recantations, increase victim cooperation and participation and significantly improves chances for successful investigations and prosecution" (Strand, n.d.).

On the other hand, the other theme that presented itself is the fact that these methods, especially the use of an expert witness, is not always a cost effective option. One participant noted "Expert testimony is VERY expensive and rarely used. When used it is very helpful." Literature that was reviewed regarding these investigation/prosecution methods did not really mention any of the short comings that these options may hold, rather they focused only on the positives. In this case the theme that was presented by the research data is not consistent with the literature that was evaluated.

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Theme #11: “There’s no ‘I’ in Teamwork”

In closing, survey participants were invited to share their thoughts and ideas about how professionals can better assess and serve victims of strangulation. The primary theme that surfaced was the fact that participants felt that both ongoing education and training about domestic violence both among professionals and in the greater community is needed. In addition, a second theme that appeared while answering this question is that compassion of professionals that come into contact with victims can have a very powerful positive effect on the situation. As previously discussed, further training for professionals to develop a greater understanding about the dynamics of abuse is something that has been heavily supported in the literature review. Both the data for this survey and literature review again support the importance of the Power and Control Wheel. “We wanted a way to describe battering for victims, offenders, practitioners in the criminal justice system and the general public” (Domestic Abuse Intervention Programs, 2011).

Implications

Given the fact that within an average day in the United States almost 20 people per minute are physically assaulted by an intimate partner, the number of victims that social workers come into contact with is truly staggering. This means that over the course of a year, over 10 million men and women will have been victims of physical assault. (National Coalition Against Domestic Violence, n.d.). As previously mentioned, social workers come into contact with many of those individuals in a variety of roles. Social workers need to be aware of this public health issue and be exposed to training and education that will connect their clients with the proper resources and safety planning.

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In addition, social workers need to be aware of not only domestic violence as a whole, but the severe health and safety red flags that strangulation presents in intimate partner relationships. When in contact with clients, social workers need to be well trained on the fact that strangulation can result in a number of very serious undiagnosed and untreated health risks for the victim including, but not limited to, stroke and miscarriages. Other less visible symptoms of strangulation could include behavioral and neurological changes, as well as things like vision and breathing changes, that may not even appear for days after the assault (Jarvis & Walther, 2015).

Armed with this knowledge about the extreme dangers of strangulation, social workers need to work with victims to lead the discussions regarding legislation and policy for victims of domestic assault by strangulation. For example, regardless of the fact that that surviving victims of strangulation are 800 percent more likely to become future homicide victims (Strack & Gwinn, 2011; Jarvis & Walther, 2015) roughly 12 states within the United States still do not recognize domestic assault by strangulation as a felony act. In addition, even for states that do currently view strangulation as a felony offense, such as Minnesota, current criminal law procedure requires that the victim be “cooperative” and involved in the criminal prosecution of a case in order for any sort of a conviction to occur.

Strengths and Limitations

This study certainly does not come without its own set of strengths and limitations. One of the strengths of this paper is that there was such a large response from law enforcement, with 12 of the 35 participants (35%) self-identified as being in the field. Professionals in the law enforcement field have historically been made out to sort of turn a blind eye against issues surrounding domestic violence. This has not been my experience professionally, nor do the

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survey results support this idea. In fact this survey showed that law enforcement officials responding to this survey have a wealth of knowledge on the topic of domestic violence and provided a great deal of insight on the professional challenges that strangulation cases present. I am truly honored that law enforcement professionals took time to take part in this survey.

In terms of potential limitations, this study only looked at intimate partners in heterosexual relationships. This is a limitation because other sorts of domestic relationships were not examined as part of this study. For example, data regarding gay and lesbian relationships was not included. This is due to the fact that dynamics of power and control that exists in same-sex relationships may look different than in heterosexual relationships and as such, deserves the necessary attention to these specific factors. In addition, this study is limited in the sense that this study only examined situations where victims in domestic assault by strangulation cases were women. Again, that is certainly not to suggest that men cannot be victims of domestic assault and of strangulation, but the power and control dynamics in this situations are not necessarily the same and need to be considered.

Suggestions for Future Research

This study in particular could be used as a stepping stone for future studies on this topic of domestic assault by strangulation. As previously mentioned, this study does have some limitations due the fact that male victims and/or non-heterosexual relationships were not considered. It would be both beneficial to the field of social work and in terms of public health research for future studies to look at populations of domestic assault victims that were not the focus of this particular study. It would be quite interesting to know if/how the findings are similar or different.

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Also, after examination and consideration of the findings noted in the literature review, I would encourage future studies to broaden the scope of the participants involved while gathering data. In particular, several research articles in the literature review discussed the lack of training for emergency room/medical professions and criminal court judges. Due to both time constraints and access to these professionals neither of these professional populations took place in this study. I would highly recommend future researchers to consider including these professionals in their study specifically to see if the ‘lack of training’ theory is supported.

Conclusion

By examining both previous research and new survey data from professionals in the field this survey successfully evaluated the association with criminal case recantation and extreme safety concerns due to being a predictor of future of homicide for victims of domestic assault by strangulation. This was specifically needed in order to more fully understand the scope of client services that are needed for this population, as well as to see where the gaps in services occur. For this study a qualitative, exploratory survey method was used to ask professionals who work in the field with victims of domestic violence to explain their observations and experiences in working with strangulation cases. The survey for this study, entitled “Domestic Assault by Strangulation Study” was developed to answer a two-part research question: 1) What causes a victim to recant or refuse case involvement in non-fatal domestic assault by strangulation cases and 2) What are some possible ways that a criminal conviction can be secured when warranted, in the context of strangulation, without putting undue pressure on the victim to testify? Participants were asked to specifically identify (based on professional experiences and observations) what causes a victim to recant in a strangulation case with the goal of identifying

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where gaps in successful prosecution lie and how victims can be better supported within the criminal case process.

The final results of this survey indicate that 24 participants completed the full survey with a 60% response and completion rate. After careful and thorough evaluation of survey data the results show that eleven primary themes emerged. These themes are as follows; 1.) Strangulation is different than “choking”, 2.) Strangulation can lead to death, 3.) Determination if strangulation occurred is based on professional role, 4.) Victim safety vs. offender accountability, 5.) It is unknown how many victims of strangulation recant, 6.) An unknown number of victims refuse to be involved in a criminal case, 7.) Fear, dependence and lack of support lead to less involvement, 8.) Low likelihood of charges without victim cooperation, 9.) Knowledge is power, 10.) Helpful methods are options, and 11.) “There is no “I” in teamwork”.

Overall, findings of the study survey support the previous research found in the literature. In particular, survey participants heavily supported the conclusion that additional training for professionals and community members is needed regarding domestic assault by strangulation, in addition to the conclusion that strangulation can lead to extreme health concerns, including death. In Minnesota alone the 2014 Femicide Report shows that of the 16 homicides that occurred in 2014, 19% (3) were specifically as a result of strangulation (Minnesota Coalition of Battered Women, 2015). As social workers and community members we have an ethical duty to be aware of the issues surrounding strangulation cases and how these challenges effect the victims involved in criminal court cases. Authors Strack and Gwinn (2011) state that “When a victim is strangled, she is at the edge of homicide. Unconsciousness may occur in seconds and

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death within minutes”. This chilling statistic is a reminder that accountability of these offenders is not *solely* up to the victim, but rather it is up to all of us.

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APPENDIX A

INVITATION FOR STUDY PARTICIPATION (E-MAIL)

Subject: Domestic Assault by Strangulation Study

Dear (Professional),

I am conducting a survey as part of a research study to increase understanding of what causes victims of domestic assault by non-fatal strangulation to recant or refuse criminal case involvement. In addition, I am asking about what are some possible ways that a criminal conviction can be secured without putting undue pressure on the victim to testify. As a professional working closely with victims of domestic violence you are in an ideal position to provide valuable first-hand information from your own perspective.

The survey consists of thirteen primary questions and will take around ten to fifteen minutes to complete. No identifying information will be collected such as your name, contact information or specific demographics. I am simply trying to capture your thoughts and perspectives based on your professional work in the field. Your responses to the questions will be kept confidential using an online survey program. Participation in this study is *entirely voluntary* and the choice to not participate will have no professional consequences. It is not a study supported by your employer. I would be asking about your professional opinions and judgements. You will not be asked to speak on behalf of your employer or professional discipline.

There is no compensation for participating in this study. However, your participation will be a valuable addition to my research and findings could lead to greater public understanding of victims for non-fatal domestic assault by strangulation.

If you are willing to participate please click in the survey link that is provided below. I also encourage you to pass this survey along to other professionals that you know working alongside victims of domestic violence and the criminal justice system. If you have any questions or concerns please do not hesitate to contact me at the information listed below, or you may feel free to contact the supervising School of Social Work, St. Catherine University/University of St. Thomas faculty, Dr. David Roseborough at (651)962-5804. Thank you for your time and consideration.

(Survey link provided here)

Best Wishes,

Andrea

Andrea B. Jennings, LSW
Cell: (612)978-2106
E-Mail: andrea.jennings@stthomas.edu

APPENDIX B

QUALTRICS INTRODUCTORY LETTER

I am conducting a study about victims of domestic assault by non-fatal strangulation. You were selected as a possible participant because you are a professional who works with victims of domestic violence. In this survey I will be asking about your professional opinions regarding strangulation, and in particular, 1) What causes a victim to recant or refuse case involvement in non-fatal domestic assault by strangulation cases and 2) What are some possible ways that a criminal conviction can be secured, in the context of strangulation, without putting excessive pressure on the victim to testify?

This study has taken steps to reduce any potential risks to you: I am not asking for your name, and no IP address information will be collected. There is no financial compensation for involvement. However, participants are potentially providing valuable and insightful information to the research field with respects to victims of domestic assault by non-fatal strangulation. I am asking questions that expand on your experiences as a professional, not representing the position of your employer. If you decide to participate, you are free to withdraw at any time without penalty. Outside of what is presented in the final research project, the survey and all survey data will be destroyed on or before May 30, 2015.

My name is Andrea Jennings, a graduate student in social work with St. Catherine University and the University of St. Thomas. If you have questions, you may contact me at (612)978-2106 or Dr. David Roseborough at (651)962-5804. You may also contact the University of St. Thomas Institutional Review Board at (651)962-6035 with any questions or concerns.

Thank you for considering taking this ten to fifteen minute online survey. Your taking of the survey indicates your consent to the above.

Thank you for your time,

Andrea

Andrea B. Jennings, LSW
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APPENDIX C

QUALTRICS SURVEY QUESTIONS

- 1.) What is your professional role in working with victims of domestic violence?
 - a) (options provided: legal services, law enforcement, domestic violence advocacy, other)
- 2.) As a professional, have you ever participated in any domestic violence training?
 - a) (Yes/No option provided)
 - b) If so, what did the training entail and was there a component specific to domestic assault by strangulation? (Yes/No option provided)
- 3.) In your experience, what is strangulation in terms of a domestic assault? (How would you define it?)
 - a) (Open dox for comments provided for question answer)
- 4.) In your professional experience, is strangulation in respect to domestic violence important? If so, explain why?
 - a) (Open dox for comments provided for question answer)
- 5.) What do you use to make a judgement if a strangulation occurred? Are there “signs and symptoms” you look for?
 - a) (Open dox for comments provided for question answer)
- 6.) In your professional role, how do you work with things like: 1) a lack of physical evidence and 2) a lack of cooperation/participation by the victim?
 - a) (Open dox for comments provided for question answer)
- 7.) In your experience, what percent of strangulation victims later recant their previous statements?
 - a) (Open dox for comments provided for question answer)
- 8.) In your experience, what percent of victims of refuse to be involved in the prosecution of a criminal case?
 - a) (Open dox for comments provided for question answer)
- 9.) In your professional opinion based on experience, what are some of the reasons that a victim of strangulation later recant their statement or refuse to be involved in the prosecution of a criminal case?
 - a) (Open dox for comments provided for question answer)
- 10.) What is the likelihood that a criminal strangulation case will be pursued without the cooperation of a victim?
 - a) (Low, medium and high options provided)

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- b) Based on your professional experience, please explain why you think this? (Open dox for comments provided for question answer)
- 11.) Without victim participation, what can be done to pursue a successful criminal case?
- a) (Open dox for comments provided for question answer)
- 12.) Are you familiar with any of the following practices in terms of work with victim's domestic assault by strangulation?
- a) 1.) Forensic Experiential Trauma Interviewing (FETI) (Yes/No option provided)
2.) Evidence-Based Prosecution (Yes/No option provided), and 3.) Expert Testimony (Yes/No option provided).
 - b) If so, what was your experience or observation using these methods in a domestic assault by strangulation case? (Open dox for comments provided for question answer)
- 13.) Lastly, how can professionals better assess and serve women who have been a victim of strangulation?
- a) (Open dox for comments provided for question answer)

Thank you for participating in the survey!! Your time and input is very much appreciated. Please feel free to pass this study along to others working alongside victims of domestic violence.

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