



New Orleans Family Justice Center Strangulation Assessment 2017 Report

Recent research in the field of intimate partner violence has shown 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.* Due to this heightened risk, the New Orleans Family Justice Center, with assistance from the Training Institute on Strangulation Prevention, began conducting additional in-depth assessments for survivors who reported strangulation or attempted strangulation.

By the end of 2017, the NOFJC was able to hire its first forensic nurse examiner to begin documenting evidence of strangulation and offering a range of health interventions to survivors.

*Glass et al, Non-fatal strangulation is an important risk factor for homicide of women. J Emerg Med. 2008 Oct; 35(3): 329–335.
doi: 10.1016/j.jemermed.2007.02.065.

Strangulation Data

The strangulation assessment is a completely voluntary set of questions asked at intake if a survivor answers 'yes' on the Danger Assessment questionnaire to 'Has s/he ever choked or tried to choke you?' Nearly **66%** of survivors answered 'yes' to the question of 'choking' on the Danger Assessment, up from 63% in 2016. For a variety of reasons, primarily time and sensitivity to triggering questions, not all clients went on to answer more in-depth questions on the strangulation assessment.

The following data was collected from January 1 - December 31, 2017 at the New Orleans Family Justice Center and Crescent House Domestic Violence Shelter.

New Intakes: 538

Danger Assessments: 485

'Yes' to 'choking': 319

Strangulation Assessments: 157

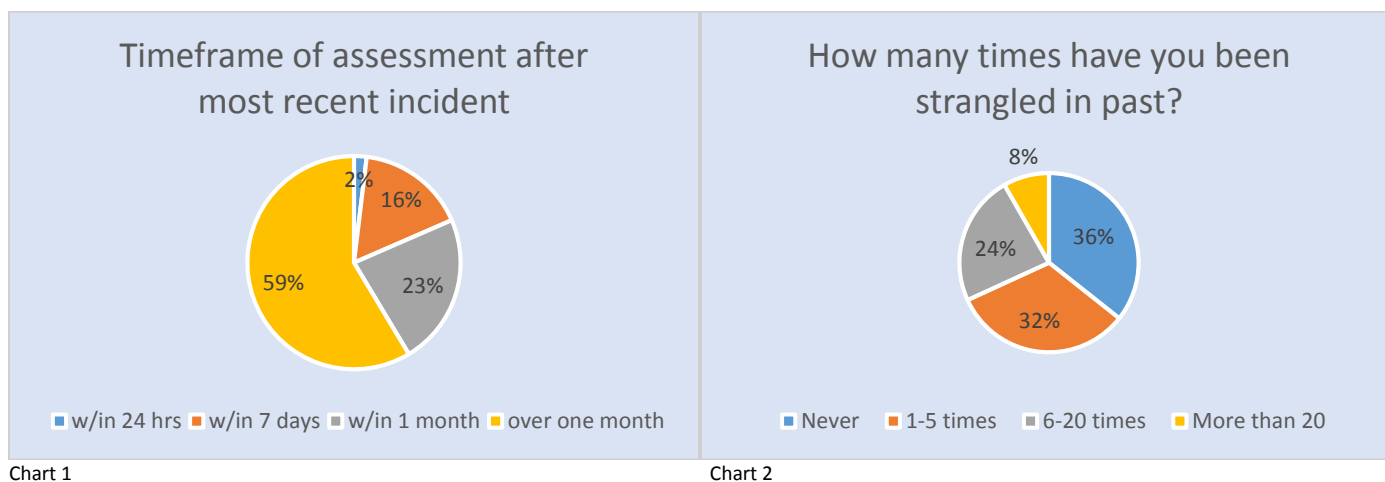


Chart 1: Nearly 20% were 'acute' cases, meaning that survivor disclosed to the NOFJC that an incident of strangulation occurred within the past 7 days. Forensic evidence, if available, could be collected for that group, and in some cases for those disclosing within a month post strangulation, which collectively account for over 40% of cases.

Chart 2: To this open-ended question, several survivors answered, 'more than 20', 'numerous', 'too many to count', 'so many times', 'over 100 times' (1 person)

- In 27% of incidents (43), children witnessed strangulation
- In 13% of cases (21), survivor was strangled more than once during the same incident. One survivor said she was strangled 15 times in one day
- In 21% of cases (33), the perpetrator used something to block the person's nose, mouth, and/or throat during the incident of strangulation

Symptoms

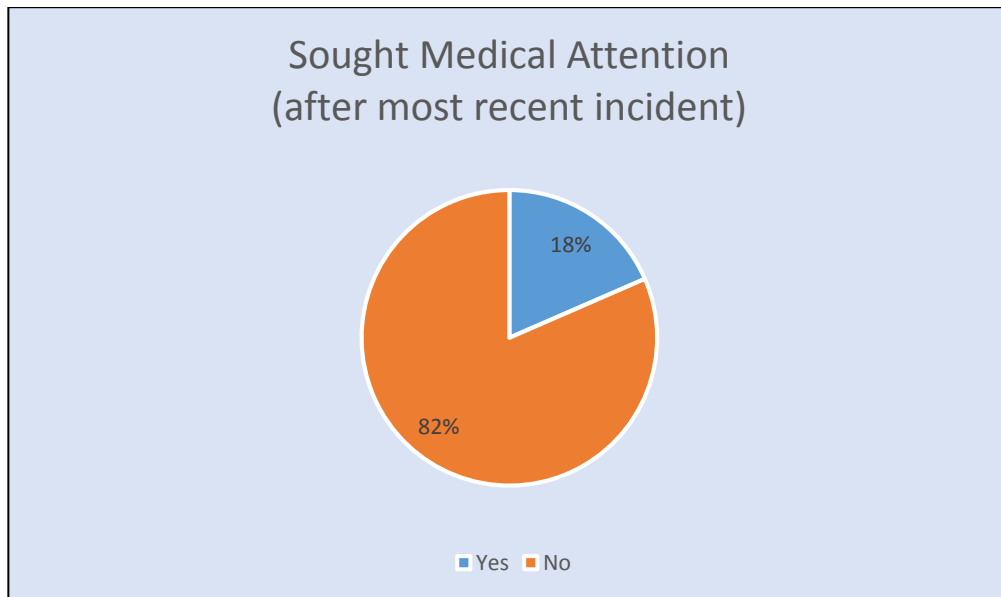
Part of the strangulation assessment is to inquire about symptoms present after the incident of strangulation. While not all survivors are symptomatic, symptoms may indicate a need for greater medical attention and may also be documented for forensic evidence to police.

Symptoms reported post-strangulation	
No Symptoms Reported	18% (28)
One Or More Symptoms Reported	82% (129)

Of those symptomatic:	
Dizziness, headache, weakness, difficulty walking, shaking, visual changes, seizures and/or passed out	55% (87)
Difficulty breathing or voice changes (hyperventilating, coughing, hoarseness)	56% (88)
Bruising, redness, scratch marks, ligature and/or fingerprint impressions on neck, swollen neck	40% (63)
Swallowing changes (neck pain, trouble swallowing, painful swallowing, vomiting, drooling)	40% (63)
Cognitive (hallucinations, agitation, restlessness, combativeness, PTSD)	15% (23)
Went unconscious/passed out	11% (18)
Urinated and/or defecated due to unconsciousness	3% (5)
Bruised mouth, swollen tongue, swollen lips	7% (11)
Petechiae (face, nose, eyelids, ears or scalp)	10% (16)
Bloody eyeballs, eye drooping	6% (9)
Bloody or broken nose	5% (7)

Medical Attention and Treatment

It is the policy of the New Orleans Family Justice Center to strongly recommend and encourage medical attention and treatment to every survivor of strangulation when disclosed at any point during service provision. Advocates are trained to explain the impact of strangulation on a survivor's short and long-term health in a trauma-informed way. Ultimately, seeking medical attention is always the survivor's decision.

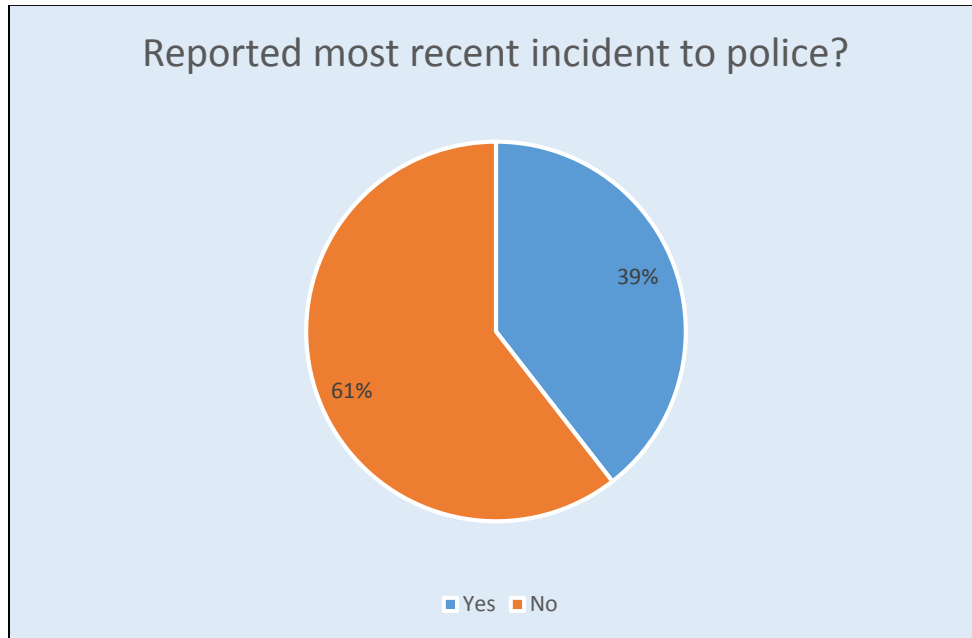


Locations of medical treatment			
UMC	2	Tulane (various)	2
EMS	1	Baton Rouge (unknown)	1
West Jefferson then transferred to UMC	1	VA Hospital PCP	1
Primary Care Physician (unknown)	1	Out of state hospital (Oklahoma)	1
New Orleans East Hospital	2	Unknown	18

Criminal Justice Response

Police

The decision to report strangulation to the police is always an adult survivor's decision. The New Orleans Family Justice Center will facilitate such report, advocate for that survivor, and assist him or her in navigating the criminal justice response if that is what the survivor wishes to do.



According to NOPD Public Records Data, there were 221 charges brought against perpetrators for strangulation in 2017. Public data from NOPD can be found [here](#).

Prosecution

The decision to prosecute a strangulation case is always at the discretion of the State of Louisiana via the District Attorney's office. Victim Advocates from the District Attorney's office, as well as advocates of the New Orleans Family Justice Center help survivors navigate and better understand the criminal justice response.

Prosecution Data on 2017 was not made available to the NOFJC at the time of writing this report. We will update the report as soon as it becomes available.

Recommendations

Based on the combined 2016 and 2017 data on strangulation collected from survivors, the New Orleans Family Justice Center recommends that greater forensic and medical attention be paid to victims of strangulation and greater resources be dedicated to holding perpetrators of strangulation accountable. Our recommendations are, including but not limited to, the following:

- Conduct comprehensive risk assessments (including history of strangulation) at charge conferences and arraignments of offenders as a means of assessing bail amounts
- Immediate contact with victims who can provide accurate and comprehensive account of strangulation history to prosecution and judges to assess risk level of offenders
- Increased training to all law enforcement and prosecution on strong correlation between those who strangle and those who kill—both their victims and also law enforcement responding to calls. An abundance of training materials and resources can be found [here](#)
- Increased use of forensic evidence to prosecute strangulation
- Criminal cases of strangulation must be prosecuted to fullest extent of the law as felonies rather than be plead down to lesser crimes or dismissed
- Batterer Intervention Programs and private counselors who work with offenders must understand and be able to educate participants in their programs on the effects of strangulation in addition to the effect of witnessing strangulation on children
- Greater resources must be dedicated to health care interventions which help survivors identify and mitigate brain damage and support their neurological healing
- Health care professionals and insurance companies must agree to high quality imaging on victims with symptoms of severe brain, neck, or throat damage. National best practice guidelines for hospitals can be found [here](#)
- Health care professionals must be trained to assess for strangulation and provide health education and treatments to survivors
- Increased mental health counseling resources must be dedicated to address the extent of post-traumatic stress in survivors and child witnesses of strangulation
- Additional training resources