



From Awareness to Action

BRIEF

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Enhancing System Responses to Survivors
and Perpetrators of Strangulation in
Intimate Partner Violence





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RESOLVE Manitoba is based at the University of Manitoba, Winnipeg, Manitoba, Canada, on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation.

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This brief is based on the presentation of Dr. Amanda McCormick “Enhancing System Responses to Survivors and Perpetrators of Strangulation in Intimate Partner Violence” held on November 23, 2023, hosted by RESOLVE Manitoba. The webinar can be retrieved from: <https://youtu.be/MyQs8UNF65Y>



Department of Justice
Canada

Ministère de la Justice
Canada

Enhancing System Responses to Survivors and Perpetrators of Strangulation in Intimate Partner Violence

INTRODUCTION

Increasing attention has been paid to strangulation in cases of intimate partner violence (IPV). Strangulation refers to the act of applying external pressure on the neck in order to restrict the airway or blood flow. There are several types of strangulation including:

1. **MANUAL STRANGULATION:** which refers to external pressure on the neck caused by hands, forearms, or other body parts; and
2. **LIGATURE STRANGULATION:** which refers to external pressure on the neck caused by a band (such as scarf, belt, or rope) (Sauvageau, 2011).

In the context of IPV, strangulation most often occurs manually (Brady et al., 2022).

According to Statistics Canada, 15% of women (aged 15 or older) who have ever been in an intimate relationship have experienced strangulation by an intimate partner (Conroy, 2021). However, prevalence rates may be even higher than these statistics reveal. Research by McCormick, Gill, and colleagues (2022) found that 29% of students and 56% of community members in a research sample of IPV survivors reported being strangled at least once by an intimate partner. Certain populations are at a greater risk of experiencing strangulation including Indigenous women (Heidinger, 2021) and IPV survivors seeking shelter services (Wilbur et al., 2001).

Research shows that strangulation is part of a broader pattern of coercive control in IPV, whereby perpetrators attempt to exert power and control over survivors and instill a sense of compliance and dependency (Brady et al., 2022; Stansfield & Williams, 2021). Perpetrators who strangle their intimate partners are often the most dangerous and more likely to kill their partners, police officers, and children (Training Institute on Strangulation Prevention, 2024). Strangulation is one of the best predictors for subsequent domestic homicide. According to one

ABOUT THIS BRIEF

This short brief explores the issue of strangulation amongst IPV survivors and perpetrators, and the challenges associated with system responses to the issue. This brief specifically discusses the outcomes of strangulation, legislation pertaining to strangulation, the challenges faced by specific systems in addressing strangulation, and recommendations for enhancing system responses. The information in this brief is based on the webinar: [Enhancing System Responses to Survivors and Perpetrators of Strangulation in Intimate Partner Violence](#), featuring Dr. Amanda McCormick (Associate Professor, University of Fraser Valley; Research Associate, Centre for Public Safety and Criminal Justice Research; and Commitment Leader for the Peace and Reconciliation Centre's Community of Practice in Reducing Domestic Violence).

study, the “the odds of becoming an attempted homicide increased by about seven-fold for

Strangulation is often incorrectly referred to as “choking.” Although both can impair a person’s airway, strangulation refers to *external* forces that apply pressure on the neck, while choking refers to an *internal* blockage of airflow (such as a piece of food obstructing the airway) (Brouhard, 2022). The circumstances surrounding acts of strangulation and choking also vary, as choking is often accidental, and strangulation is often used as an intentional form of violence. Understanding the distinction between the two terms is important in order to accurately portray acts of IPV.

OUTCOMES OF STRANGULATION

There are several outcomes that can arise after an act of strangulation. First, there are a number of signs and symptoms that victims can exhibit in the immediate aftermath of an assault. Signs of strangulation include neck swelling, nausea or vomiting, memory loss or loss of consciousness, voice changes, incontinence, seizures, and petechiae (small round spots that appear on the skin) (Ending Violence Association of BC, 2019). However, it is important to note that some survivors *may not exhibit any visible signs of strangulation after an assault has occurred*. Symptoms of strangulation include sore throat, difficulty breathing or swallowing, vision changes, neck or jaw pain, and weakness or numbness in the arms or legs (Ending Violence Association of BC, 2019).

There are also several short- and long-term health consequences that can occur after being assaulted. Strangulation can cause brain injury, which is technically referred to as hypoxic-ischemic brain injury (ABI Research Lab, 2023). The presence of a brain injury can make it increasingly difficult for

survivors to communicate the details of their assault to police, physicians, or other service providers. Additionally, an array of mental health challenges such as post-traumatic stress disorder (PTSD), depression, suicidality, and disassociation can occur (Bichard et al., 2022). Other possible health consequences include stroke, miscarriage, ptosis (drooping of the eyelid), and other neurological challenges (Funk & Schuppel, 2003; Messing et al., 2018; Monahan et al., 2019)

Finally, strangulation can have lethal outcomes. As noted earlier, non-fatal strangulation has been identified as an important risk factor for lethality in cases of IPV. According to Glass and colleagues (2008), women who were victims of completed or attempted homicide were “far more likely to have a history of strangulation” (p. 332). In fact, the researchers found that strangulation increased the risk of intimate partner homicide by more than 700% (Glass et al., 2008).

STRANGULATION LEGISLATION

Several jurisdictions around the world have enacted legislation targeting acts of strangulation. For instance, jurisdictions in the United States have increased strangulation from a misdemeanour to a felony offence (Battered Women's Justice Project, 2014). New Zealand also introduced a new law in December of 2018 which made strangulation offences punishable by up to seven years in prison, while the United Kingdom introduced a new law in June of 2022 that made strangulation offences punishable by up to five years in prison (Ministry of Justice & The Rt Hon Victoria Atkins MP, 2022; New Zealand Government, 2018). However, Northern Ireland recently enacted some of the most severe penalties for strangulation, with perpetrators receiving up to 14 years in prison (Police Service of Northern Ireland, 2023). This legislation also uniquely prohibited the defence of consent when strangulation occurs in the context of a sexual act (Department of Justice, 2023).

In Canada, acts of strangulation were initially included as part of an offence under section 246 of the *Criminal Code*, known as "overcoming resistance to commission of offence." Under this section, if an individual used strangulation as a means of subduing a victim to commit another offence (like a sexual assault), they could face imprisonment for life. However, the application of this law was limited, as strangulation had to occur to facilitate another offence, rather than being treated as a stand-alone offence itself.

In 2019, two new strangulation-related offences were added to the *Criminal Code*. This included strangulation-related sub-sections to sections 267 and 272, which address assault causing bodily harm and sexual assault causing bodily harm, respectively. After these changes, strangulation became a separate offence, in and of itself. Although, sentencing for strangulation-related acts were lowered, with perpetrators facing up to 10 years in prison if found guilty of Section 267(c), or up to 14 years in prison if found guilty of Section 272(1) (c.1).

SYSTEM CHALLENGES AND RECOMMENDATIONS TO ENHANCE SYSTEM RESPONSES

There are several challenges that IPV survivors, police and RCMP, healthcare, Crown Counsel, the courts, and family law system face when responding to IPV-related strangulation. These challenges, as well as recommendations for enhancing responses, are outlined below.

SURVIVOR AWARENESS

Survivors may be unaware of the impact of strangulation (Ending Violence Association of BC, 2019) and consequently, they often do not seek medical support (Patch et al., 2018). Others note that "survivors may be reluctant to disclose strangulation out of fear or shame; some may have difficulty remembering the event secondary to hypoxic insult or other brain injury, psychological trauma, or both; and external injuries may be difficult to visualize or absent" (Bergin et al., 2022, p.2).

POLICE AND RCMP

As first responders, police are often the first point of contact for survivors when accessing formal supports. However, it can be difficult for police to detect strangulation-related injuries when responding to IPV. As mentioned previously, survivors may not have visible injuries that indicate a strangulation has occurred. In fact, a review of 300 strangulation cases conducted by Hawley and colleagues (2001) found that half of the reviewed cases showed no visible injuries. Additionally, if injuries *are* visible, they are typically minor or difficult to recognize by police (Pritchard et al., 2017). It is important to note that research has shown police document significantly fewer injuries on survivors with darker skin, as the injuries are less visible (Brady et al., 2023).

Training is needed in order for police to recognize strangulation-related injuries, as well as the seriousness and severity of these assaults (Douglas & Fitzgerald, 2014). Research conducted with 75 frontline officers in British Columbia found that while officers understood that strangulation was a risk factor for lethality in cases of IPV, there were gaps in knowledge regarding the prevalence of strangulation, signs of strangulation, and severity of injuries (McCormick, Ashton et al., 2022).

HEALTHCARE

It is important for those who are assaulted to connect with the healthcare system—whether through a forensic nurse examiner, the emergency room, or a family doctor. Forensic nurses, in particular, play an important role in these cases as they bridge the healthcare and criminal justice systems by conducting medical exams, collecting forensic evidence, and testifying in court. However, forensic nursing programs are underfunded and understaffed, despite increased demand for these services (CBC, 2023; MacKinnon, 2022). This has led to delays in care (in some cases as long as 24-48 hours), increased burnout, and forensic nurses leaving the service (MacKinnon, 2022).

If forensic nurses are not available, survivors can access care through a hospital setting. However, there are several barriers to accessing hospital services for survivors including fears of reprisal, long wait times, lack of childcare, thinking injuries are not serious enough, and feelings of shame or embarrassment (MacGregor et al., 2016; Patch et al., 2018). Even if a survivor does access hospital care, gaps in service provider knowledge and screening for strangulation have been identified. For instance, a review of IPV, brain injury, and strangulation screening data conducted by King and colleagues (2023) in New Zealand found that less than 1% of survivors were screened for strangulation by hospital staff.

Greater training is needed for healthcare providers about the risks of strangulation and lethality, the absence of visible injuries in cases of strangulation, and other signs and symptoms of

strangulation. Bergin and colleagues (2022) found that screening protocols for IPV-related strangulation can significantly increase rates of strangulation detection in these settings.

CROWN COUNSEL

The ability of police and healthcare providers to detect and document injuries in cases of IPV-related strangulation is particularly helpful for Crown Counsel. Although recent advancements in strangulation-related legislation, education, and training have led to more strangulation charges moving forward, many strangulation charges appear to be dropped before cases are resolved. In many cases, there is a lack of supporting evidence to support charges moving forward (Reckdenwald et al., 2020). Once again, it is important to train Crown Counsel to understand the importance of gathering the necessary evidence to substantiate strangulation claims. This involves communicating with police to ask for documentation that can support the charges.

COURT SYSTEM

If cases do proceed through the court system, there are still significant issues that arise during the process. In 2012, the decision in *R v. Lemmon* stated that the seriousness of strangulation offences needed to be reflected in sentencing for the offender. However, in the past decade since the *R v. Lemmon* decision, court outcomes in Canada still fail to recognize the seriousness of strangulation offences. For instance, in a recent case in British Columbia, *R v. Albornoz-Vaca*, the offender was sentenced to a mere four months in prison despite the victim showing signs of internal injuries and feeling as though “her neck was about to snap” during the offence.

In order to enhance court system responses to strangulation, the severity of these assaults must be reflected in the sentencing for offenders. Judicial training can improve understanding on the issue of strangulation, as well as the risk for lethality. Some have even called for the strangulation offence code to be changed to attempted murder, instead of assault causing bodily harm, given the high risk for lethality during strangulation (Brady et al., 2022). There also is a need for more understanding and further research on perpetrators of strangulation themselves in order to determine the effectiveness of correctional programming.

FAMILY LAW SYSTEM

While many actors in the family law system are aware of the dangers of strangulation, many do not know how to screen for, document, or act upon this information. The HELP Toolkit for Family Law Legal Advisors identifies the connection between strangulation and intimate partner homicide but does not provide any information on how to discuss the issue with survivors or connect them with follow-up services. Once again, training on how to screen for strangulation can be beneficial for family law professionals, as well as information on the intersection of coercive control and strangulation.

CONCLUSION

Strangulation is a prevalent and dangerous form of IPV. Although all forms of IPV should be taken seriously, the high risk for lethality and domestic homicide set strangulation apart as a particularly alarming tactic of violence. Although legislation is being introduced and updated around the world to better respond to strangulation cases, there are still gaps amongst systems that need to be addressed. This includes various challenges in acknowledging and addressing the issue amongst IPV survivors, police and RCMP, healthcare, Crown Counsel, the courts, and family law system. There is a need for more education and training about strangulation across these systems including the risk for lethality and domestic homicide, the signs, and symptoms of strangulation, and short- and long-term health impacts.

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