Intimate Partner Strangulation

Task Force Report

November 2017

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Introduction

There is no law in New Mexico addressing the crime of strangulation. Although advocates working to end domestic and sexual violence have attempted on 3 separate occasions to pass legislation that either creates a definition for strangulation or creates a separate crime for strangulation, their attempts have been unsuccessful. Additionally, leaders from communities of color have made it clear that relying primarily on the criminal justice system to address a problem often produces profound and negative results in their communities. See, "Who Pays? The True Cost of Incarceration." http://strongfamiliesmovement.org/assets/docs/who-pays.pdf. Consequently, advocates working on behalf of victims of domestic and sexual violence determined that passing legislation to address strangulation would be more likely if legislators and members of the public were educated about the widespread use of strangulation as an instrument of power and control in interpersonal relationships.

Senate Memorial 38 (2017), sponsored by Senator Mimi Stewart, directed the New Mexico Coalition Against Domestic Violence, the New Mexico Coalition of Sexual Assault Programs and the Coalition to Stop Violence Against Native Women to convene a task force to create a statewide health plan to reduce the incidence of interpersonal violence strangulation and to address its long-term health implications. The task force's findings reflect the research and opinions of a wide variety of experts: sexual assault nurse examiners; law enforcement officers; health care providers, first responders, experts in emergency medicine and physicians dealing with traumatic brain injury. The task force included representatives from State agencies: The Department of Health; Children Youth and Families Department; and the Crime Victims Reparation Commission; and it relied on the expertise of numerous community organizations, including: The Southwest Women's Law Center; Strong Families New Mexico; Young Women United; and Planned Parenthood Rocky Mountains of New Mexico, Inc.

The task force considered the following questions:

1. What is New Mexico's current response to IPV strangulation?
2. What strangulation screening procedures for first responders, law enforcement and medical personnel can be effectively implemented in New Mexico?
3. What treatment protocols for strangulation victims, including those with traumatic brain injury, can be effectively implemented in New Mexico?
4. How can first responders, law enforcement and medical personnel obtain effective training?
5. What is the current state of data collection on IPV strangulation in New Mexico and what kind of data collection do we need in the future?
6. How can we develop and implement a cost-effective, public-health based prevention plan?

The task force identified the agencies and organizations essential for the successful implementation of an effective statewide plan and held four half-day meetings to discuss the issue. The task force's recommendations are stated as aspirational goals for each agency to implement over time, recognizing that funding limitations and staffing challenges are best addressed by the agencies themselves.

This report, which reflects the consensus opinion of all members of the task force, was written by task force project assistant, Mary Carmody, UNM MPH candidate and Sheila Lewis, J.D., Director of Santa Fe Safe (the Coordinated Community Response Council – Santa Fe).

Executive Summary

Intimate partner strangulation (IPS) has serious health consequences including stroke, brain injury and death.[1–3] Strangulation can result in unconsciousness within seconds and death within minutes.[4] Because bruises indicating strangulation often do not appear for days and sometimes not at all, it is difficult to collect evidence and provide treatment to survivors.[5] Even when survivors report IPS, the severity and long term consequences of this crime are regularly minimized by victims, perpetrators, judges, juries, police officers and the public and often go undiagnosed by uninformed medical professionals.[5]

One of the most serious non-lethal consequences of strangulation is Traumatic Brain Injury (TBI). "During a strangulation assault, the pressure applied to the neck impedes oxygen transport by preventing blood flow to and from the brain. The trachea can also be restricted, making breathing difficult or impossible. The combination can quickly cause asphyxia and unconsciousness, which can lead to brain injury, even without loss of consciousness. Victims of multiple strangulation attacks or longer durations of unconsciousness are at greater risk of TBI."[6]

Many victims experience strangulation multiple times within a relationship.[1,7] Individuals who have experienced non-fatal strangulation are 700% more likely to be killed by an intimate partner than other victims. Perpetrators of domestic violence who strangle their victims are also particularly dangerous for police officers.[8]

> In New Mexico, 1 in 3 women (37.6%) experienced intimate partner violence (defined by contact, sexual Violence, ... physical violence and/or stalking by an intimate partner) during her lifetime.[9]

Yet, New Mexico is one of only six states that does not have a law specifically penalizing strangulation. Currently, most perpetrators of IPS are charged with misdemeanor level assault or battery offenses, which are generally plea-bargained down to non-domestic violence charges. As a result, there are minimal consequences to the perpetrator.

A recent report evaluating the efficacy of Batterer Intervention Programs (BIPs) issued by the Legislative Finance Committee[1] concluded that a coordinated community response is the best way to implement and institutionalize change in the State's response to domestic violence. This task force agreed with that assessment and tried to address IPS by proposing a coordinated community response.

After careful review of existing policies, institutions, and databases, the task force concluded:

- Reliable and comprehensive health and public safety data is needed to understand the scope of IPS in New Mexico;
- Medical personnel, law enforcement, and service/advocacy agencies need training on the detection of IPS;
- Medical personnel, law enforcement, and service/advocacy agencies need policies and procedures to identify victims IPS and provide them with effective, trauma-informed care, including timely referral to a SANE program for forensic confirmation;
- A public education campaign explaining the lethality and long-term health consequences of IPS is needed to reduce the incidence of ISP.

Key Findings

- **Reliable and comprehensive health and public safety data is needed to understand the scope of IPS in New Mexico.**

  Data collected on the prevalence of strangulation in New Mexico is incomplete and unreliable. Often, it overlooks domestic and sexual violence victims who experience IPS. We need to obtain baseline data to evaluate the efficacy of each of the recommendations contained in this report.

- **Medical personnel, law enforcement, and service/advocacy agencies need training on screening for IPS and a policy for making referrals to trained SANE programs for forensic confirmation**

  Service providers and key institutional personnel lack knowledge or awareness about the prevalence and seriousness of IPS and need intensive training on best practices to increase awareness and improve services for IPS survivors.

- **Medical personnel, law enforcement, and service/advocacy agencies need to develop and implement policies and procedures that identify victims of IPS and provide them with effective, trauma informed care.**

Once providers are given the tools to properly identify and care for victims of IPS, responders and providers need to develop policies to ensure that every victim is met with consistent, evidence-based treatment

- **A public education campaign explaining the lethality and long-term health consequences of IPS is needed to reduce the incidence of ISP**.

A targeted public education campaign can help potential jurors, as well as family court and criminal court judges, understand the wide-reaching physical, mental, and emotional consequences of IPS. To improve prevention efforts, the state (CYFD, HSD and DOH) needs to invest in a public awareness campaign targeted to educating patients and medical professional about the signs and symptoms of IPS.

Background

Intimate Partner Strangulation (IPS) has many health consequences including stroke, brain injury and death.[1–3] Non-fatal strangulation reduces blood flow to or from the brain via the external compression of blood vessels in the neck"[2] which can result in unconsciousness within seconds and death within minutes.[4] Strangulation gives the batterer control over the victim's next breath, having devastating psychological effects or a potentially fatal outcome.[3,4] Sadly, the best way to document a strangulation case is still by autopsy.[5]

Commonly (even in fatal cases) there are no external signs of injury. Only half of victims have visible injuries and only 15% of these visible injuries could be photographed.[4] Often bruises do not appear until days after the assault making it difficult for law enforcement and other responders to believe the victim was strangled.

Even when survivors do disclose IPS, the severity and long term consequences are regularly minimized by victims, perpetrators, judges, juries, police officers and medical professionals.[5] Individuals who are "structurally or socially vulnerable" – minority groups and disabled persons – are at greater risk for strangulation by an intimate partner.[2] Domestic violence offenders who perpetrate IPS are particularly dangerous for police officers.[8] Strangulation is linked to homicide; "the mere presence of strangulation in a situation of domestic abuse increases the chances of homicide sevenfold" compared to non-strangulation domestic assaults.

Health Consequences of IPS:

psychological intimidation
loss of sphincter and bladder control loss of consciousness
stroke short and long term raspy voice
petechiae on the face and eyes
mild brain injury death [1–3]

NEW MEXICO

The New Mexico Intimate Partner Violence Death Review Team collects information about all violent deaths, including strangulation and issues a detailed yearly report on intimate partner violence, including information about both the victim and suspect/perpetrator. The DOH does not have the staff/resources to collect and abstract this information

The best available information comes from the Albuquerque SANE Collaborative (ABQ SANE). Among domestic violence victims evaluated by Albuquerque SANE, an astonishing 36% were observed to have strangulation related injuries.

Task Force Findings and Recommendations

Data Collection

The most recent data available on domestic violence in New Mexico comes from the "Incidence and Nature of Domestic Violence In New Mexico XII: An Analysis of 2015 Data From The New Mexico Interpersonal Violence Data Central Repository, developed by Betty Caponera, Ph.d .
http://wave.nmsu.edu/files/2016/11/DV_Report_2016_Betty_Caponera_Jul2016web.pdf

Patients that are seen in the healthcare/emergency room setting with a domestic violence-related injury are typically not reported to law enforcement and represent a substantial gap in reporting. While many healthcare facilities use screening tools to identify patients who are victims of domestic violence, no standardized monitoring system to reliably document the number of these individuals currently exists. Methods to determine healthcare utilization by victims of violence through e-codes or billing databases have been unsuccessful and are unreliable at best, due to definitional problems of the codes, practitioner discretion and inconsistencies in naming injuries, and the insurance-related intentions of billing databases. [9]

The New Mexico Interpersonal Violence Data Central Repository does not collect statewide non-fatal strangulation data from law enforcement or domestic violence service provider agencies, nor do these institutions include any question about strangulation in their forms. If voluntary efforts to collect information from statewide service providers and law enforcement are ineffective, the legislature may need to enact a law requiring the collection of this data.

The New Mexico Violent Death Reporting System (NM-VDRS) at the New Mexico Department of Health collects information about violent deaths, such as homicide, suicide, and child abuse and neglect deaths. Information is gathered from death certificates, medical examiner reports and law enforcement reports. The Intimate Partner Violence Death Review Team identifies dozens of variables affecting IPV homicides, including relationship of the partners, each person's ethnicity, the perpetrator's criminal history and history of substance use, but it does not mention strangulation at all. The NM-VDRS database has the potential to gather more information on intimate partner violence through an optional detailed module on intimate partner violence. However, without additional staffing, this would not be feasible.

RECOMMENDED SOURCES FOR IPS DATA:

Explore ways for medical providers to effectively screen for IPS without relying on billing data

Use Behavioral Risk Factor Surveillance Survey (BRFSS) data

Use New Mexico Emergency Medical Services Tracking and Reporting System (NMEMSTARS) data

Include strangulation specific questions and prompts on Medical/Service Provider forms, i.e., SANE, ER, EMS, DV Shelters, Sexual Assault Service Providers

Conduct survivor and offender surveys to gather New Mexico specific data and information

Victim Services (Prevention and Advocacy)

New Mexico Department of Health (NMDOH)

Currently, NMDOH contracts with agencies that provide direct services for IPS. Agencies report the number of victims, people going to therapy, calls received, volunteered hours, types of referrals, rape kits exams, and individual or group counseling sessions. However, intimate partner strangulation numbers are not collected.

RECOMMENDATIONS:

Develop a New Mexico certified training and utilize evidence based national webinars for social workers

Develop a state-added module for the Behavioral Risk Factor Surveillance Survey to gather data

Sexual Assault Nurse Examiners (SANE) Sexual Assault Service Providers and Domestic Violence programs.

New Mexico SANE programs screen sexual assault victims for strangulation, but only three of the state's ten SANE programs perform Domestic Violence (DV) examinations. Sexual assault service providers and domestic violence service providers use a variety of different screening tools. Not all agencies ask clients about strangulation.

RECOMMENDATIONS:

Fund all SANE programs to perform DV exams

Include questions about strangulation on SANE forms and on forms used by sexual assault and domestic violence service providers

Utilize evidence- based national webinars specifically designed for each of these programs

Children Youth and Families Department (CYFD)/Protective Services/Advocacy/Multi-Disciplinary Teams (MDT)

The Children Youth and Families Department (CYFD) does not screen for or track strangulation. Currently, CYFD identifies DV through a screening tool and refers individuals to a domestic violence program to complete a risk assessment. CYFD follow-up of referred individuals varies due to confidentiality considerations. CYFD has started a new project for state level DV training which is an access point to provide IPS information.

RECOMMENDATIONS:

Train Child Protective Service workers to work with law enforcement to hold offenders accountable for abuse, rather than penalizing DV survivors for failing to protect

Implement best practices recommended in the "Green Book: Effective Interventions in Domestic Violence and Child Maltreatment" for cases involving child Sexual Violence (SV) and DV. See, www.futureswithoutviolence.org/greenbook

Fund DV and sexual assault service providers to participate in child Multi-Disciplinary Team (MDT) meetings

Healthcare Services

Pre-Hospital Dispatch: EMS/First Responders

Emergency medical services (EMS) and first responder personnel do not screen for IPS signs or symptoms, nor do they recommend subsequent medical care. As the first, and sometimes only, health care provider for these survivors, the EMS is a critical entry point for patient education on IPS.

Currently, there are no specific IPS trainings or protocols for New Mexico's EMS personnel. However, New Mexico's Emergency Medical Consortium updates its protocols every four months and there are many existing protocols, guidelines, and forms available from other jurisdictions that can be adapted for our state.

RECOMMENDATIONS:

Require public safety dispatchers to ask about strangulation

Train dispatchers to provide pre-arrival instructions to survivors and provide prompts to dispatch EMS/police when a caller reports strangulation.

Train EMS to educate patients about the physical, mental and emotional impact s of strangulation and encourage patients to seek appropriate medical care

Fund EMS to provide patients with an assessment card to monitor their symptoms.

Physical and Mental Healthcare:

There are many obstacles to collecting data on strangulation in a healthcare setting. Some victims may be reluctant to document their IPS symptoms as this information can be misused in child custody cases to discredit their ability to parent, reflecting a lack of understanding of DV and sexual assault by the courts.

RECOMMENDATIONS:

Train healthcare providers to gather data in a trauma informed manner

Develop healthcare recommendations that are simple for patients to implement.

Update MCO information packets on domestic violence and sexual assault to include information about strangulation

Managed Care Organizations:

While many managed care organizations provide printed information about domestic violence in general, few provide information on sexual violence and none were found to provide information about IPS. Additionally, many patients are reluctant to take home any written information about interpersonal violence where their abuser might find it. The traditional "screening" question, "do you feel safe at home" is not sufficient to initiate a meaningful discussion about safety planning.

RECOMMENDATIONS:

Support the work of the NM Brain Injury Alliance regarding reimbursement for primary care physicians who screen patients for TBI and who educate patients about signs and symptoms.

Encourage MCOs to provide online information about IPS

Legal System

Law Enforcement:

Currently, statewide law enforcement reports do not collect information about strangulation and training at the police academies does not address IPS. There was a major effort done by the Domestic Violence Leadership to change the *offense incident report* form used by statewide law enforcement agencies to obtain more comprehensive, accurate, and sensitive injury information. Although the pilot program that used the form with the recommended changes was successful, the form was never adopted statewide.

RECOMMENDATIONS:

Revise statewide reporting forms to include information on strangulation

Provide evidence based national trainings on IPS to all officers regardless of their specialization

Prosecutors:

District Attorneys are not currently required to receive training on IPS. Consequently, they do not understand the seriousness of the act and tend to file misdemeanor charges when far more serious charges may be warranted.

RECOMMENDATIONS:

Provide evidence-based national trainings on IPS to prosecutors handling DV and sexual violence cases, especially those who initially screen cases.

The Department of Corrections:

There is no system in place to identify incarcerated victims of strangulation who may be struggling with TBI. This can lead to misclassification of inmates who present as oppositional, when in fact they are unable to follow instructions. There is no required

training for corrections employees on domestic violence or sexual violence that addresses strangulation.

RECOMMENDATIONS:

Provide evidence based, national trainings on IPS to incarcerated

Provide evidence based, national trainings on IPS to all correctional staff, including those responsible for enforcing the Prison Rape Elimination Act (PREA).

Education

The success of DWI and anti-smoking campaigns in the schools demonstrates that young people are open to receiving health care messages when they are well-crafted, honest and targeted. The dangers of strangulation should be taught to students in age appropriate ways to prevent teen dating violence that can result in TBI or other long-term consequences. The New Mexico Health Education Standards and Benchmarks could be a way to enter the schools and teach about the dangers of strangulation. These standards at middle and high school level have language about addressing interpersonal relationships and safety. But there is no uniform curriculum that addresses strangulation.

RECOMMENDATIONS:

Pilot prevention programs and assess their efficacy before introducing to a full district

Provide evidence based, national trainings on IPS to all students in an age appropriate manner

Provide training materials to school districts about healthy relationships and strangulation

All non- citizens, individuals who identify as LGBTQI, immigrants and non-English speakers, individuals who have physical or mental challenges and homeless individuals are entitled to a health care system that meets their needs. Training and education about strangulation need to be provided to the advocates for each of these populations, because people with lived experience are in the best position to adapt these general recommendations to their unique needs.

Rural Communities

Health care resources are more difficult to access in rural communities. This is especially true when it comes to domestic and sexual violence services. The close- knit nature of many rural communities can discourage victims from seeking services. There are only 11 sexual assault service providers in the whole state, thus there are still gaps in sexual assault service programs in many of New Mexico's rural communities.

RECOMMENDATIONS:

Ensure that all strangulation training programs and screening tools used in urban areas of the state are made available to remote communities

Increase funding for domestic violence and sexual assault service providers in rural areas to increase service capacity

Older Adults:

ISP is particularly under-researched for special populations. Specific information about elder abuse and strangulation is extremely limited New Mexico.

RECOMMENDATIONS:

Provide evidence based, national trainings on IPS to staff at Aging and Long -Term Services emphasizing the special needs of frail older adults.

Train medical professionals (EMT, ER, etc.) to screen for and report IPS to Adults Protective Services.

Include screening questions about IPS for investigators at Aging and Long Term Services.

Provide senior centers with informational signs/pamphlets about IPS.

Tribal Communities

Indian Health Service facilities and those that provide services under P.L. 93-638 create their own policies and procedures. Recently, fifteen different IHS facilities were surveyed about their IPS protocol. Both the Northern Navajo Medical Center and the Gallup Indian Medical Center have already included questions about strangulation in their intake and screening procedures.

RECOMMENDATIONS:

Support tribal leadership and tribal programs, such as the NM Coalition to End Violence Against Native Women, to encourage IHS facilities to review and adapt the protocols in place at the Northern Navajo Medical Center and the Gallup Indian Medical

Individuals who engage in Consensual Sex Play

Among consenting adults who engage in fantasy sex play, “breath play/choking” is considered a high-risk activity and is discouraged. However, when consenting individuals do engage in this activity, experts in this field encourage them to pre-negotiate a safe-word that ends the activity at the request of either party. Unlike non-

consensual strangulation in the context of domestic violence, both parties involved have the power to stop the interaction at any moment and both partners attend to each other's safety during and afterward. When an individual engages in a sexual activity that has not been agreed to, that interaction is no longer consensual and must be treated as any other illegal sexual contact. For individuals to feel safe in seeking healthcare, they must feel some sense of security that their partner will not be prosecuted and that medical professionals will not judge them.

RECOMMENDATIONS:

Train medical professionals, law enforcement and prosecutors to distinguish consensual sex play from dangerous non-consensual displays of power and control.

If a perpetrator alleges that the act was consensual, investigators should be trained to ask about the participants' agreed upon safe word and what steps were taken to ensure mutual safety.

Educate the consensual sex play community about the dangers of "breath play" and, that regardless of consent, this activity can result in serious injury or death and can be treated as criminal.

CONCLUSION

The purpose of this report was to shine a light on strangulation as a public health issue. The task force hopes that this information will also be useful to legislators as they work on enacting a legal definition of "strangulation" and incorporate that definition as an element of "great bodily harm" in the Aggravated Battery on a Household Member statute.

Appendices

Appendix A: References

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Appendix B: Provider Testimonials

1. EMS Perspective of Victims of Strangulation

As a Paramedic working in the pre-hospital environment in Albuquerque, New Mexico, I have definitely witnessed my fair share of trauma, misery and death. Luckily, modern medicine and the EMS system within New Mexico have made huge efforts and strides to improve patient outcomes from a variety of issues. Whether it's a motor vehicle crash, a stroke, a heart attack or a life-threatening infection there are policies, procedures, protocols, and days of training for how providers should respond to and

manage these ailments. That being said, I think there is one area where our system is lacking.

In summer 2015, I responded to a local residence in Albuquerque near Coors and I-40 for a woman in her 20s who was assaulted by her male partner. The call was in a middle-class neighborhood in the area and police were already on scene. I found my patient sitting on the lower portion of her staircase with her head down. Upon interview and assessment, I discovered that the patient had been strangled and her primary complaint was neck pain. Her eyes were bloodshot and she complained of dizziness and a headache. She had noted bruising across her neck as well as scattered abrasions across her arms and legs. Part of my role as a pre-hospital provider is to investigate what happened to the patient to find underlying injuries and illness; this unfortunately means I usually have to ask questions that make the victim re-live the events that transpired prior to me being there. During our conversation, her words were spoken exhaustedly and she appeared to be holding back tears – she looked miserable. My training revolves around recognizing and treating life-threats for my patient. However, experience has showed me that most patients do not need those life-saving interventions all of the time; many of them need long term solutions and expertise. My patient was stable during my encounter and she was someone who needed help outside of what I could offer. Fortunately, EMS operations have evolved to allow providers to connect patients with those long-term solutions. Resources exist to connect people to adult protective services, addiction counseling and rape crisis centers; I discovered however, that no unique resources existed in the Albuquerque area for victims of strangulation.

Since summer 2015, I alone have responded to about a dozen individuals who have had some act of violent strangulation performed against them. In addition to the lack of unique available resources, I've also seen one more major issue regarding strangulation in the Albuquerque area. Providers, patients and perpetrators have a fundamental misunderstanding of the dangers of strangulation. Providers tend to not take it as seriously as it needs to be taken (i.e. life threatening), patients seem to be "okay" with it happening to them and perpetrators think that strangulation is an appropriate way to gain control of the victim or situation. This horrible combination does not promote beneficial outcomes for victims.

Overall, I think Albuquerque could make huge strides to shed light to the largely unrecognized and undocumented issue of strangulation in domestic violence. Better resources and more knowledge would be a long-needed start to responding to this epidemic.

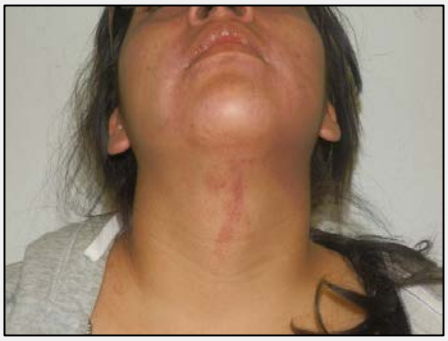
2. Strangulation – A Federal Prosecutor's Experience

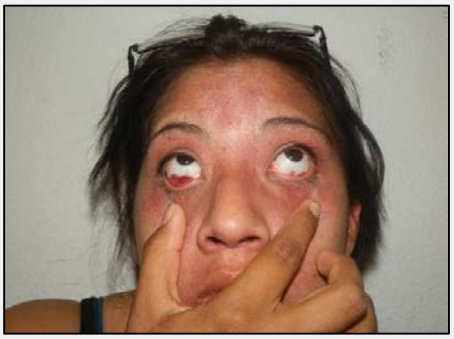
My foundation for understanding how important a criminal strangulation statute is for victims, and society as a whole, began in 2012. I was prosecuting a case in federal court where Jane Doe's ex-boyfriend broke into her apartment, threw her to the ground, and manually strangled her causing visible bruising to her neck. Like all of my strangulation victims/survivors, Jane Doe recalls believing that she was going to die. At the time of the offense there wasn't a federal strangulation charge available, but due to the nature of the assault and injuries, we charged assault resulting in serious bodily injury.

Both parties retained experts to discuss the bruising and injuries that Jane Doe sustained, but ultimately, a jury didn't find a few bruises on the neck to be reasonable enough to establish meeting the elements of the difficult statute. The defendant was acquitted, and Jane Doe felt even more victimized than before when the jury made their decision.

Less than a year later, I received a call on a case that was initially described as being "a possible murder." Mary was a 20-year-old female in an abusive relationship, one that she had been accustomed to withstanding for the hope that John would continue his love for her.

One evening, while Mary's young children played in another room, Mary threatened to leave her partner due to him drinking and becoming verbally abusive. As she began to pack her belongings, he threw her against the wall, and ultimately to the floor. He placed his hand on her neck, and his hand over her mouth as Mary screamed for help.





Mary involuntarily urinated herself, lost consciousness, and thought that death was surely upon her.

After John's father called the police, John grabbed Mary's children and took off to the mesa, asking her to come with him. John told Mary to tell the police that she had been burned by steam at work, and Justina obliged.

The investigating agent had fortunately had been to a strangulation training and was able to collect evidence that is often times overlooked by responding law enforcement. She included comments in her report regarding: petechiae, her hoarse voice, difficulty breathing, loss of consciousness, involuntary urination, difficult swallowing, pain in the neck and throat. Remembering, if it's not in the report, it didn't happen.

Mary was transferred to the hospital and thereafter released the same day. Later that evening she suffered a stroke in the bath tub, and had to have emergency brain surgery to reduce the swelling in her brain. A clot had formed in her carotid artery, ultimately traveling to her brain, almost killing her.

Mary's case is of the extreme nature, where surgery was required and months and months of rehabilitation took place for her to regain her motor skills. Over three years later, she still suffers from the assault, that lasted less than two minutes, that nearly took her life. Mary's case further inspired me to continue my mission to train as many service providers as I could, so no one ever minimized the danger of strangulation. Mary herself even joined me at a few conferences and trainings to share her story with others, showing courage and bravery, so others wouldn't have to endure the pain that she suffered. In 2016, the FBI awarded her a plaque in Washington, D.C., recognizing her for her courage and outreach.

When Mary's tragic incident occurred, the laws had since changed. Congress had fortunately passed the 2013 Reauthorization of the Violence Against Women's Act, and strangulation was now a tool in the toolbox to help deter and hold offenders accountable for one of the most severe forms of domestic violence.

Jury's are no longer left to interpret how an assault statute applies to strangulation, an otherwise not so serious offense to the average citizen. Now doctors, attorney's, law enforcement, and advocates were equipped to help educate the jury as to the seriousness of the offense, and how it serves as indicator to the likelihood of future homicide. Communities, leaders, and victims could now rely upon a law that was supported by experts across the Nation, ensuring that there would be serious consequences for strangulation or suffocation.

After Mary's case I put on at least 50 strangulation training sessions for law enforcement and advocates across New Mexico. We can't prosecute the cases if the evidence isn't collected. We can't help Jane Doe, if you have a predisposition that it's not a serious crime. Law enforcement won't do a thorough job in their investigation, if they don't know that visible injuries is not a necessary component to a strangulation offense. Experts in the field know that less 50% of strangulation cases have visible injury present. No one can see the injuries below the skin, in some of the most vulnerable areas of our body: the neck and brain.

Our cases and the evidence collected improved as time passed and training efforts continued. It became one of my favorite moments to be able to tell a defense attorney that received a strangulation case, "there is no requirement of visible injury" when he or she ignorantly pointed out "this isn't serious, there isn't any bruising." I know they have a job to protect the accused, but we have a job to protect the injured.

We are nowhere near where we need to be to best protect and serve victims of this serious offense, but I have witnessed the transition of professionals, communities, and court systems, as they learn to appreciate and respect the magnitude of manual strangulation. It has been said that if prosecutors stopped prosecuting all domestic violence cases, and only prosecuted strangulation cases, we would reduce intimate partner homicide by 80%! Let's not worry about stopping all other prosecution, let's just be able to prosecute strangulation as an offense, and curb intimate partner homicide statistics in the process.

Appendix C: IPS Resources

c. Strangulation Assessment Card

d. Signs and Symptoms of Strangulation
e. Long Beach Police Department Domestic Violence Form/San Jose PD Strangulation Form/Strangulation Uniform Reporting Form
f. VCMC Strangulation Protocol
g. Memorial Hospital Strangulation Evaluation Tool
h. Strangulation 0.5 Advocacy Tips
i. Victim of Strangulation Brochure
j. What Paramedics Need to Know About Strangulation – Webinar from the Strangulation Institute
k. Strangulation Institute webinar list
l. Strangulation Training Institute Medical Radiographic Imaging Recommendations
m. 2017 San Diego County STRANGULATION PROTOCOL (Developed and approved in collaboration with criminal justice, healthcare, and social service staff from organizations).