

New Jersey Domestic
Violence Fatality Near
Fatality Review Board

FATALITY BY STRANGULATION

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WHY FOCUS ON STRANGULATION?

Strangulation cases became the focus of the New Jersey Domestic Violence Fatality Near Fatality Review Board, (the Board) as Board members recognized that strangulation can be a contributing factor in domestic violence fatalities. The board began its review February 2017 through September 2018. Strangulation is in fact, one of the strongest predictors for the subsequent homicide of victims of domestic violence. Over the years there has been an increased interest into how strangulation correlates with domestic violence deaths. Research has shown that victims of attempted strangulation are **seven times** more likely of becoming a homicide victim, when compared to victims without a strangulation history. (Glass et al. 2008).

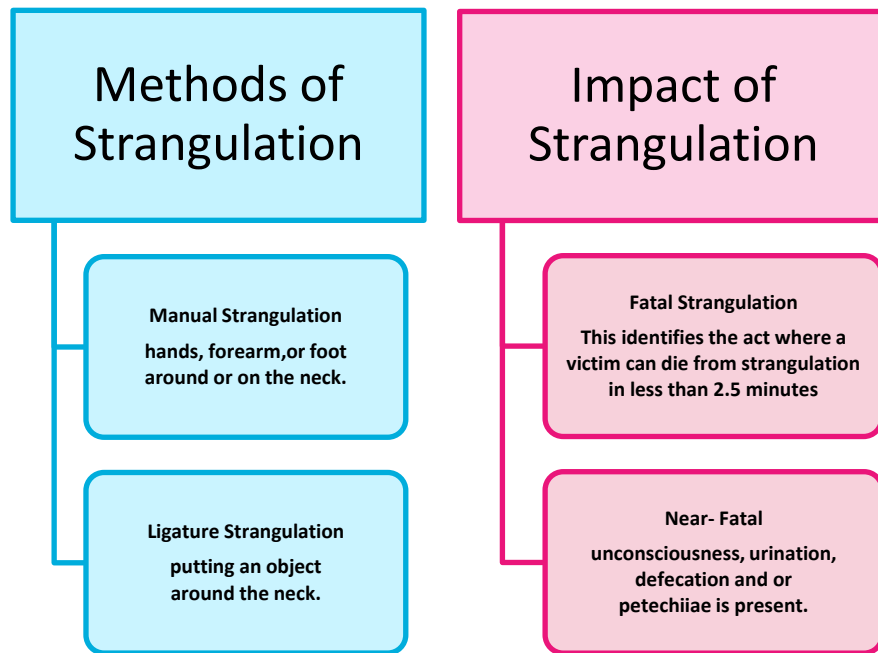
Non-fatal strangulation are tactics used by abusers in a coercive manner against their victims as a method of power and control. Of women experiencing high risk domestic violence 68% will experience near fatal strangulation by their partner while 70% believed they were going to die. (Wilbur, L. et al. (2001). According to the *Strangulation Training Institute*, despite strangulation being a strong predictor of homicide, it is very difficult to identify as there are typically no physical signs, such as bruises, because most injuries occur internally. As medical and health professionals are still learning how to identify strangulation, several states still have not recognized strangulation as a stand alone chargeable offense. In November 2017 New Jersey became the thirty-seventh state to pass legislation focusing on strangulation, elevating the act to aggravated assault *N.J.S.A. 2C:12-1(13)*.

Defining Strangulation

Strangulation has been identified as one of the most lethal forms of intimate partner violence as it may only take seconds to become unconscious and considered to be the ultimate form of power and control (Family Justice Center, San Diego). In a ten -year study researchers found that 38% reported losing consciousness. (Shields et al., 2010) To better understand strangulation, we need to define it and how it differs from choking which has historically been used to describe the act of strangulation. According to the Training Institute on Strangulation Prevention, strangulation is defined as obstructing the normal breathing of a person or blood flow to the brain, while; choking is having the windpipe blocked entirely or partly by some foreign object within the body. Strangulation can occur manually, for example by the perpetrator using their hands or forearm, or through the use of a ligature, like a scarf or phone cord. Victims of domestic violence may survive a strangulation having suffered a non-fatal or near-fatal incident. However, strangulation can be immediately fatal and signals an escalated risk of future death for those who do survive. (See Chart) In a study of 300 attempted strangulation cases in San Diego County, CA, researchers found that 97% of the victims reported they were strangled manually. Of the 300 participants first responders noted: 42% showed no sign of visible injury, 22%

showed minor injury, 20% experienced pain only and 16% had visible red marks and bruising. (Criminal Legal Issues Journal of Emergency Medicine, 21 [303-309]) The lack of visible or significant injury is one barrier researchers noted that prevented the identification of near fatal or high-risk cases of strangulation in domestic violence.

TYPES OF STRANGULATION



Intimate Partner Violence Strangulation Cases in NJ

To select Intimate Partner Violence (IPV) strangulation cases for review, the Board also relied on data from the New Jersey State Police's (NJSP) Uniform Crime Reports. Data from these annual reports were provided by the NJSP for 2009 to 2015 (See Table 1).

Table 1. New Jersey IPV Strangulation Cases between 2009-2015 resulting in Death

Year	Number of reported Cases	Number of reported IPV Cases	Number of reported Strangulation Cases	Number of reported IPV Strangulation Cases
2009	39	27	4	3
2010	38	22	4	4
2011	40	27	4	4
2012	38	26	1	1
2013	46	32	3	2
2014	42	29	5	5
2015	49	36	5	5
Totals	292	199	26	24

From 2009-2015 there were 292 fatality cases that were domestic violence related in the state of NJ. Of these, most (199) were homicides of intimate partners (IP). Of 26 strangulation cases, nearly all (24) were IPV fatalities. We selected cases for review from among these 24 cases, and the Board reviewed nine cases once sufficient data was available from various sources.

Of the 9 strangulation cases we reviewed 89% of the victims were female, 89% were White. Of the 9 homicides, 2 were homicide-suicides. We discovered that all the victims had a previous history of domestic violence that was witnessed by friends, family or bystanders and most of the victims had restraining orders currently in place or previously dismissed.

Based on the literature and our review of New Jersey IPV strangulation cases, the Board makes the following recommendations.

RECOMMENDATIONS

The Board recommendations are intended to help improve the system-wide response to IPV and prevention of IPV-related homicides. The following Legal, Community and Social Services, and Healthcare Recommendations are specific to cases in which IPV victims are strangled both fatally and/or non-fatally, and to IPV cases in general.

Legal Recommendations

1. The Board recommends that N.J.S.A. 2C:25-34 be amended to grant access to the Domestic Violence Registry for all mental health evaluators and psychiatrists who have responsibility pursuant to N.J.S.A. 30:4-27.1 et seq. and N.J.A.C. 30:10-1 et seq. to make “danger to self” and “danger to others and property” evaluations.
2. The Board recommends that the Administrative Office of the Courts develop policy for open information sharing between law enforcement, prosecutor offices and the Board. The distribution of information (pre-sentence reports, victim statement, defendant statements etc.) would be confidential for the purposes of better informing the Board in the review process, as well as, developing domestic violence prevention strategies and recommendations.
3. The Board recommends that N.J.S.A. 2C:29-9(b)(2), be amended to make punishable as a disorderly person’s offense a defendant’s failure to comply with court ordered “professional domestic violence counseling” (commonly referred as batterers intervention counseling), when such requirement is included in a final restraining order as authorized by N.J.S.A 2C:25-29(b)(5).
4. The Board recommends the Attorney General educate law enforcement agencies to use proper statute when charging offenders for strangulation defined in N.J.S.2C:12-1(b): a person is guilty of aggravated assault if he: (13) Knowingly or, under circumstances manifesting extreme indifference to the value of human life, recklessly obstructs the breathing or blood circulation of a person who, with respect to the actor, meets the definition of a victim of domestic violence by applying pressure on the throat or neck or blocking the nose or mouth of such a person, thereby causing or attempting to cause bodily injury.
5. The Board recommends the Attorney General and Department of Community Affairs develop best practices for LGBTQ or gender non-conforming domestic violence victims based on inconsistencies found between what treatment and interventions they receive compared to non- LGBTQ victims.

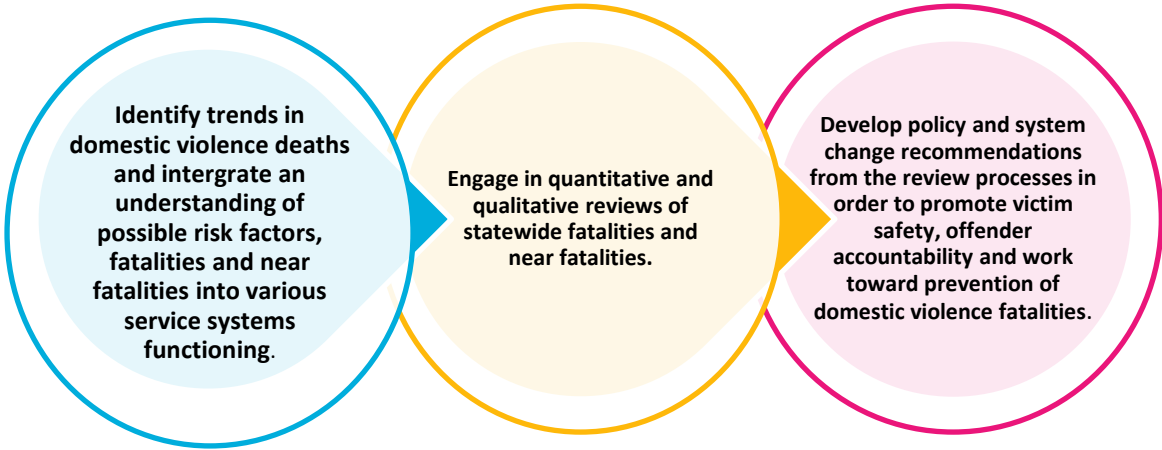
Community and Social Services Recommendations

1. The Board recommends the New Jersey Coalition to End Domestic Violence and other community - based agencies develop strategies on educating survivors, community advocates, school-based personnel on the significant impact of strangulation on an individual's health, safety and the increased connection to potential fatalities.
2. The Board recommends continuing to broaden the accessibility of Batterers Intervention Programs (BIP) for every county in New Jersey. Based on updated program evidence-based practices having additional allocated funding to the Department of Children and Families will allow for expansion of BIPs to educate and treat a larger number of offenders.

Medical and Healthcare Recommendations

1. The Board recommends the State Medical Examiner's Office (OSME) develop a best practice model for uniform evaluation statewide regarding domestic violence. The model should include awareness of issues common to domestic violence situations, guidelines for comprehensive evaluation of injuries (including histology as required), toxicology testing and alternative light sources.
2. The Board recommends mental health staff and professionals receive training in understanding the signs of domestic violence and to be aware of the potential risk of harm to the patient or others released from a treatment facility especially when exhibiting traits of stalking and obsessiveness.
3. The Board recommends the Department of Health incorporate, as part of training programs for mental health evaluators and psychiatrists who perform "danger to self" and "danger to others and property" assessments, training on the unique danger presented by those who have engaged in domestic violence against their intimate partners.

OBJECTIVES OF THE BOARD REVIEW



The Board Process

The Board identifies cases for review through its partnerships with the New Jersey State Police (NJSP) and the New Jersey Violent Death Reporting System (NJVDRS). The NJSP reports on domestic violence homicides and homicide-suicides in its annual Uniform Crime Report (UCR).

The Board’s Steering Committee reviews data provided by the NJSP and the NJVDRS and other sources to determine what cases will be selected for in-depth review. The Board uses case investigation data to formulate recommendations to the state agencies based on the cases examined.

BOARD MEMBERS

Sarah McMahon, Ph.D., LSW	Rutgers School of Social Work	Chair
Judge Thomas Dilts	New Jersey Superior Court– Ret	Co-Chair
John Nardi	Department of Children & Families	Program Coordinator
Lisa Hartmann	Department of Children & Families	Government Representative
Bretta Jacquemin, MPH	Department of Health	Government Representative
SFC Jay Wolf #5665	New Jersey State Police	Government Representative
Jamie Gallagher	Office of the Attorney General	Government Representative
Craig Robin	Office of the Public Defender	Government Representative
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Dr Andrew Falzon, M.D., FCAP	Office of the State Medical Examiner	Government Representative
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Riva Thomas	Department of Human Services	Government Representative
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Asia D. Smith	Batterer’s Treatment/Intervention	Public Member
Patricia Baitinger	County Probation Officer	Public Member
John Stollsteimer	Gloucester Twp. Police Department	Public Member
Ryn Fernandez	Licensed Health Care Provider	Public Member
Sue Rovi, Ph.D.	Rutgers– New Jersey Medical School-Ret	Resource Member
William Zaorski	Retired Deputy Attorney General	Resource Member
Cynthia Lischick, Ph.D., LPC., DVS	Psychologist - Private Practice	Resource Member
Nicole Morella	New Jersey Coalition to End Domestic Violence	Resource Member

HISTORY OF THE BOARD

The Domestic Violence Fatality and Near Fatality Review Board was founded in 2000 pursuant former Gov. Christine Todd Whitman's Executive Order No. 110. The Board's reports and recommendations allow the community to recognize victims of domestic violence-related fatalities and learn from their deaths to improve systemic and community responses to domestic violence. In previous years, the board has examined intimate partner homicides of African-American women, partners of law enforcement officers, and teenagers as well accounts of incidences of near fatality due to domestic violence.

References

A Review of 300 Attempted Strangulation Cases Part 1, Part II, Part III, Gael B. Strack, et al. 2001

Strangulation Training Institute

Criminal Legal Issue Journal of Emergency Medicine, 21(3), (303-309)

New Jersey State Police Uniform Crime Reports. 2009-2015

Journal of Emergency Medicine- Survey results of women while in an abusive relationship Wilbur, L et al. 2001

Center for Disease Control and Prevention