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**The State Of Maine**

**MAINE COMMISSION ON DOMESTIC  
AND SEXUAL ABUSE**

**REPORT TO THE JOINT STANDING COMMITTEE ON  
CRIMINAL JUSTICE AND PUBLIC SAFETY**

**Pursuant To Resolve 2011, Chapter 76  
(LD 1027)**

**Resolve, To Coordinate Stakeholders to  
Review Best Practices in the Management  
of Strangulation and Determine Methods  
to Address the Issue in Maine.**

**February 2012**



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## Executive Summary

In 1995, two young California women, Cassondra Stewart and Tamara Smith, who was five months pregnant, were strangled and subsequently murdered by their intimate partners. These deaths and the subsequent investigations became the impetus for a sweeping nationwide reassessment of the management of strangulation. Strangulation became more widely recognized as a serious public health concern and criminal legal issue. This national recognition was accompanied by recommendations for new policy, including changes in statute to more directly address strangulation commensurate with its serious impact. It also resulted in improvements in areas of criminal investigation and prosecution, medical response, training and public awareness. Thirty-four states now have created policy that includes addressing strangulation directly in their criminal codes with associated capacity building and public awareness initiatives. Other states, like Maine, have legislation pending. While there are best practice general guidelines, each of those states has chosen the manner most compatible within their existing policies and criminal codes to integrate strangulation. The goal of this study was to make recommendations for the management of strangulation in Maine.

On June 3, 2011 the Maine House and Senate approved ***Resolve Chapter 76 Resolve, To Coordinate Stakeholders to Review Best Practices in the Management of Strangulation and Determine Methods to Address the Issue in Maine***. The resolve was passed as an emergency measure, requiring the concurrence of 2/3 of the legislative body. Governor LePage signed the Resolve to Study on June 13, 2011. Pursuant to that resolve, The Maine Commission on Domestic and Sexual Abuse (the Commission) accepted the study in keeping with its legislative mandate to provide consultation to the legislature on matters of domestic and sexual abuse. The Commission established a multi-disciplinary task group with statewide representation that met from June 2011 through February 2012. In addition to the members of the task group, community members and subject matter experts have provided consultation to the process.

The Task Group on Strangulation of the Maine Commission on Domestic and Sexual Abuse (the task group) has reached the following observations and recommendations:

1. We observe that strangulation is a significant public health concern and criminal justice issue in Maine due to its prevalence and serious medical and social impacts.
2. We observe that Maine's response to strangulation is not commensurate with the prevalence and severity of the event. We recommend that Maine make improvements in its management of strangulation that will keep people safer and more effectively hold perpetrators accountable. This finding is based on review of

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national best practice, of Maine's current practice and data gathered from criminal legal records, from victims, perpetrators and professionals in Maine.

3. We recommend that action be taken to enhance Maine's effective management of strangulation, including developing clear policy and changes within Maine's criminal code to address strangulation directly; increased training for components of the coordinated community response system; and increased public awareness activities. Consistent with national findings, we observe that what is not named specifically in policy and statute tends to be overlooked resulting in systemic under-response. We observed that existing training for law enforcement officers through the Maine Criminal Justice Academy is robust and does not account for the problems in effective management of strangulation. Years of training and education alone have not resulted in management of strangulation commensurate with its serious impact.
4. We observe that the prevalence, impact and lethality of strangulation justify swift legislative action. We recommend that changes be made to Maine Criminal Code as described in the recommendations in this report through legislation initiated in this 125<sup>th</sup> legislative session by The Criminal Justice and Public Safety Committee of the Maine Legislature.

### **Summary Observations and Recommendations:**

**1. Observations and recommendations for policy:** Clear policy is needed to be sure that strangulation is addressed commensurate with the severity of its social and public health impact. We recommend that Maine implement policy that will:

1. Develop and implement clear statutory language
2. Deter the primary occurrence of strangulation
3. Hold accountable those who have committed strangulation assaults
4. Protect victims of these assaults from further exposure to violence
5. Encourage education and training for effective medical intervention, criminal justice management and advocacy support:
  - a. for criminal justice system to recognize assault by strangulation, investigate, and prosecute successfully
  - b. for medical community to recognize strangulation assault, treat and document effectively
  - c. for advocacy community to better inform victims of risks and provide effective safety planning.
6. Create public awareness of the dangerousness of strangulation and the need for criminal justice and medical response.

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**2. Observations and recommendations for statutory change:**

*“The purpose of having enforceable statutes concerning strangulation from the point of view of public health policy is to deter the primary occurrence of strangulation, to punish those who have committed strangulation assaults, and to protect the victims of these assaults from further exposure to violence. To achieve these goals, the criminal justice response to strangulation needs to be clear and commensurate with the seriousness of the attack, a goal that is best achieved with clear statutory language.” (Loughton, Glass and Worrell, 2009)*

**We recommend that the following changes be made to Maine Criminal Code through legislation initiated in this 125<sup>th</sup> legislative session by The Criminal Justice and Public Safety Committee of the Maine Legislature.**

**1. We recommend that** strangulation be added as an act that constitutes extreme indifference to the value of human life within Aggravated Assault as follows (addition underlined):

MRSA 17-A §208. AGGRAVATED ASSAULT

1. A person is guilty of aggravated assault if he intentionally, knowingly, or recklessly causes:
  - a. Serious bodily injury to another; or
  - b. Bodily injury to another with use of a dangerous weapon; or
  - c. Bodily injury to another under circumstances manifesting extreme indifference to the value of human life. Such circumstances include, but are not limited to, the number, location or nature of the injuries, the manner or method inflicted, ~~or~~ the observable physical condition of the victim, or use of strangulation.
2. Aggravated assault is a Class B crime.

**2. We recommend that** a legal definition of strangulation be determined and appropriately placed in statute. That definition should be modeled after national best practice for defining strangulation. A further discussion of the definition choices can be found in the report section “Statute Review and Recommendations.” We offer the definition determined by Vermont that goes to the root issue of asphyxia as the basis for their definition as an example:

“Strangulation is defined as ‘any form of asphyxia, including, but not limited to, asphyxia characterized by closure of the blood vessels or air passages of the neck as a result of external pressure on the neck or the closure of the nostrils or mouth as a result of external pressure on the head.’” (Vermont)

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**3. We recommend that** the following changes and/or additions amend the statutes governing Maine Criminal Justice Domestic Violence law enforcement policy and the Maine Bail Code to require police to provide information to bail commissioners about allegations of strangulation, and the Maine Bail Code to require bail commissioners to obtain and consider that information before setting bail. (changes underlined)

**- Title 25 MRSA sec. 2803-B**

(D)(2) A process for the collection of information regarding the defendant that includes the defendant's previous history, the parties' relationship, whether the alleged offense included strangulation, the name of the victim and a process to relay this information to a bail commissioner before a bail determination is made.

**- Title 15 MRSA sec. 1023-C,.**

4. Limitations on authority. A bail commissioner may not:

In a case involving domestic violence, set pre-conviction bail for a defendant before making a good faith effort to obtain from the arresting officer, the district attorney, a jail employee or other law enforcement officer:

- (1) A brief history of the alleged abuser;
- (2) The relationship of the parties;
- (3) The name, address, phone number and date of birth of the victim;
- (4) Existing conditions of protection from abuse orders, conditions of bail and conditions of probation.;
- (5) Information about the severity of the alleged offense, including but not limited to whether or not the alleged offense included strangulation.

**Brief Discussion:** We entered this review with no bias that strangulation necessarily required a special place in the Maine Criminal Code given the general permissions found in existing statute. However, we found three realities that moved us toward recommending strangulation be directly addressed in statute. First, we found a strong case that strangulation, by virtue of its medical consequences, level of risk for both lethal and non-lethal escalation of violence, and social impact deserved special attention.

Secondly, we came to the conclusion that a by-product of the current silence in statute, an unintended consequence, had emerged in practice. At all levels of the system, law enforcement, advocacy, prosecutors, medical providers, and even victims themselves were not paying attention to strangulation at the level it needed—if at all. Behavior within those systems is driven substantially by practical considerations of what is useful, that is, what is useful in moving forward prosecution of crimes within the criminal code. Investigations can be truncated prematurely without a statute-driven need to document strangulation, which affects all the down-stream arenas of data collection, investigation and prosecution, advocacy and medical response—and, by extension the awareness of the victim and the public of the severity of the event. This also prevents knowledge of

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the occurrence of strangulation from moving up the chain to the prosecutor, or creates the situation that the knowledge of a strangulation event may not be present within the courtroom and available to the presiding judge.

Third, we observed national best practice shifts with related changes in statute within 34 states (see Table of States) adding language addressing strangulation in some manner to their criminal codes for similar reasons, with several other states having pending legislation to address this issue. This is a clear and evolving best practice shift.

The task group considered a matrix of options, including responses in other states and keeping in mind the instruction that best practice is to integrate strangulation in keeping with existing statutory structures. In addition to asking whether these changes would be helpful, we asked if the change(s) would have the unintended consequence of doing any harm. The task group members after considering the list of alternatives reached consensus on the following recommendations. The group chose not to create a separate crime of strangulation but to add strangulation explicitly as a method that would constitute extreme indifference to the value of human life within Aggravated Assault. We concluded that this response would accomplish the stated policy goals, including enhancing the ability to investigate and prosecute serious strangulation events at an appropriate level of response, allow for continued prosecutorial discretion and avoid negative unintended consequences.

## **Observations and Recommendations on Training and Education**

### **1. Law Enforcement:**

We reviewed law enforcement training provided by the Maine Criminal Justice Academy, the central training entity for law enforcement in Maine. We observe that the training was robust and of high quality throughout the range of their training options and has been delivered over a substantial period of time—over 10 years in their core curriculums. The gap in Maine elevating the issue of strangulation and increasing law enforcement response to strangulation is not a training gap; a law is necessary to provide prosecutors with another tool to recognize strangulation, and therefore to make the existing training functionally useful for law enforcement officers.

A change to the statute will not create great additional training needs. It will provide the small but crucial piece that has been missing from existing trainings – the legal authority to recognize and charge strangulation as life-threatening domestic violence. However, that said, there would be some additional training for new and experienced officers on the investigation and documentation of strangulation related to any new statute. We would recommend that this training be administered by the Maine Criminal Justice Academy consistent with the way they address training on all changes in statute.



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**2. Prosecution:** We recommend that prosecutors be provided training on changes in statute regarding strangulation and any related expectations in the usual manner of their annual update within the context of the Prosecutors Conference. For prosecutors unaccustomed to prosecuting strangulation cases with their particular complexities or unfamiliar with more recent practices in investigation and prosecution, there may be other training needs. We would rely on the Maine community of prosecutors to articulate any of these possible further training needs and identify the appropriate audience and venues for that training.

**2. Medical Professionals and Health Care Settings:** We recommend that a review of training and capacity building needs for Maine's medical professionals, particularly emergency room and medical first responders, take place. We recommend that review address appropriate responses to medical management of strangulation, as well as documentation for forensic purposes. We recommend that training and capacity building to strengthen Maine's medical response to strangulation become a priority for Maine health systems, similar to the current prioritized response by Maine General Hospital.

**3. Advocates within domestic violence resource centers, sexual assault centers and prosecution based advocates:** We observe the significant impact that survivors report strangulation has on their level of intimidation, as well as its presence for some survivors as a powerful motivating factor for a decision to terminate an abusive relationship. We recommend that advocates be well trained in how to support the survivor in managing the emotional, physical and criminal legal aspects of the event. We recommend that the systems that house these advocates prioritize strangulation within their data collection, emergency response and support services and within their role in the coordinated community response networks. We are aware that MCEDV has taken action to continue the task group of representatives from full service domestic violence resource centers already engaged with the Maine Survivors Voice on Strangulation survey in order to address this need within the domestic violence service community.

### **Observations and Recommendations on Public Awareness**

We observe that a general lack of awareness of the medical impact, prevalence and impact of strangulation is consistent within the general public, as well as within professional specialties. Particularly compelling was information from survivors that they did not understand the danger and long-term effects of what was happening to their bodies during a strangulation event. This lack of awareness also accompanied strangulation events not associated with domestic or sexual violence, such as choking games on middle school playgrounds and between "consenting" sexual partners. We observe that there is a need for increased public awareness across the board as to the risks and appropriate management of strangulation. We would recommend that organizations such as MCEDV and MECASA continue their public awareness efforts. We also recommend that Maine's robust public health network, as well as individual health care facilities, use their existing

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training systems and public awareness vehicles, such as newsletters and websites, to increase public awareness about the serious health risks associated with strangulation.

These observations and recommendations are discussed in more detail in the text of the report. The summaries of the Maine Coalition to End Domestic Violence and the Maine Association of Batterer's Intervention Programs surveys of survivors and batterers; the summary of the Maine Coalition Against Sexual Assault case review and other Maine specific data gathered are within the report appendices.

The task group remains available for any questions and/ or comments at the convenience of the Criminal Justice and Public Safety Committee. Thank you for the opportunity to work with you toward our mutual goal of making Maine a safer place.

Submitted:

Julia Colpitts, Vice Chair, Maine Commission on Domestic and Sexual Abuse on behalf of the Maine Commission on Domestic and Sexual Abuse Task Group on Strangulation

February 16, 2012

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## **Introduction to the Study**

Until recently, strangulation assault within the context of intimate personal violence, often mistakenly called choking, had been a mostly silent epidemic. The public and professional communities were not generally aware of either the prevalence or the severity of the public health and social impacts of strangulation. Landmark research initiated in the mid-1990's has changed both the way we understand strangulation assault and has resulted in the development of best practice responses for training, education, public awareness, health care and for holding perpetrators accountable through effective investigation and prosecution.

What we know now, in 2012, is that strangulation is extremely dangerous, not only in the obvious situations when it is lethal, but in non-lethal assaults, even when injuries may not be apparent at the scene. We know that a pattern of multiple strangulations increases the medical impact related to anoxic brain damage and physical injuries to the neck and throat. Correspondingly we know that it is common for perpetrators to strangle their partner more than once. We also know that strangulation is prevalent within the context of intimate personal violence. We know that it is an effective tool of intimidation and control that often has more impact on a victims' behavior than other battering assaults.

We also know that this crime can be complicated to prosecute, given the nature of the injuries and the requirements of a thorough investigation. As a result, we know that the criminal justice response consistently had not reflected the true prevalence of strangulation assault nor responded commensurate with the level of its impact. We know that in states that changed their responses in a top-down, best practice model that included amending their criminal codes, both investigation and prosecution improved. We also have information that indicates public awareness and medical responses were improved in relationship to the increased attention with the criminal legal system. As a result of this growing body of knowledge, 34 states now recognize strangulation as a serious public health problem and criminal legal issue and include it specifically in their criminal code. Additional states, like Maine, are in the process of determining the best way to address this issue and have legislation pending. We are recommending that Maine join that growing community of states adopting best practices responses for the management of strangulation assault, including legislation to amend Maine's criminal code.

In 1995, two young California women, Casondra Stewart and Tamara Smith, who was five months pregnant, were strangled and subsequently murdered by their intimate partners. These deaths triggered an investigation by the City Attorney's office of San Diego that focused first a local and then a national spotlight on the prevalence, impact and management of strangulation. The findings by Gael Strack, Assistant City Attorney for San Diego, and her colleagues were so compelling that the information began a national policy change on how strangulation was understood and managed.

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Strack and her colleagues found that strangulation was a dangerous, potentially lethal event that was misunderstood and commonly under responded to by criminal legal and medical systems. They made recommendations for changes in statute, training, criminal investigation, prosecution and medical response that have become best practice guidance. (Strack GB, 2001) As other states conducted their own inquiries into strangulation, they consistently duplicated the major California findings, leading to a rapid nationwide policy shift in public and professional awareness. This increased awareness changed the way strangulation is treated in statute in state after state with accompanying improvements in investigation, prosecution, advocacy and medical response.

In 2009 and 2010 alone, 10 additional states passed legislation addressing statutory change related to strangulation bringing the number to 34 states that directly address strangulation in their criminal codes. Other states, like Maine, have legislation pending. This current Maine study undertaken by the Maine Commission on Domestic and Sexual Abuse is a result of legislation brought by Representative Sara Stevens to the 125<sup>th</sup> session of the Maine legislature.

The first session of the 125th legislature Criminal Justice and Public Safety Committee of the Maine Legislature (the Committee) considered **Resolve Chapter 76, An Act to Make Strangulation an Aggravating Sentencing Factor**. The committee, following their deliberations on the bill, stated that strangulation within the context of domestic violence was a serious issue and that further information and review was necessary prior to making decisions on the management of strangulation in Maine.

On June 3, 2011 the Maine House and Senate approved ***LD 1027 Resolve, To Coordinate Stakeholders to Review Best Practices in the Management of Strangulation and Determine Methods to Address the Issue in Maine***. The resolve was passed as an emergency measure, requiring the concurrence of 2/3 of the legislative body. Governor LePage signed the Resolve to Study on June 13, 2011. The full text of the initial legislation and the resolve can be found in the appendices. The Committee charge relevant to the study is as follows:

**Sec. 1 Review of best practices in management of strangulation. Resolved:** That the Maine Commission on Domestic and Sexual Abuse, created in the Maine Revised Statutes, Title 19-A, section 4013 and referred to in this resolve as "the commission," shall study strangulation to determine the presence and patterns of strangulation in domestic and sexual violence in the State and the current management of strangulation within criminal law. The commission shall review model practices and research in other states, including the impacts of other states' legislation, public awareness activities and changes in policy. The commission shall invite interested parties, including but not limited to representatives from state and local law enforcement, prosecutors, the judicial branch, the Criminal Law

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Advisory Commission under Title 17-A, section 1351, the Maine Coalition to End Domestic Violence, the Maine Coalition Against Sexual Assault, first responders and other emergency care providers; and be it further

**Sec. 2 Report. Resolved:** That the commission shall submit a report by February 15, 2012 to the Joint Standing Committee on Criminal Justice and Public Safety. The report must include the commission's findings and recommendations regarding methods to deal with strangulation in the State, including, as it determines necessary, proposed legislation; proposed education and training for law enforcement, prosecutors and the judiciary; and proposed programs and outreach for public awareness and advocacy. Upon receipt of the commission's report and recommendations, the committee may report out legislation to the Second Regular Session of the 125th Legislature.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.'

The sponsor, Representative Sara Stevens and involved stakeholders were in full agreement with this intent. The study was referred to The Maine Commission on Domestic and Sexual Abuse (The Commission) a statutorily appointed, multi-disciplinary commission housed in the Maine Department of Public Safety. The Commission accepted the study, finding the topic area within its statutory mandate to provide consultation to the Maine legislature on issues related to domestic and sexual abuse.

The Task Group on Strangulation (the task group) was created in June with representatives including law enforcement officers, attorneys, community advocates from Maine's domestic violence resource centers (DVRC's) and sexual assault centers, victims witness advocates, medical personnel, a tribal representative and representatives from the Maine Homicide Review Panel (MHR), and the Maine Department of Health and Human Services. A representative from the Maine judiciary provided an advisory role as did the Office of the Maine Attorney General and the Criminal Law Advisory Commission. The task group met over the summer, fall and winter of 2011-2012. Their work is represented in this report. Additional consultation was provided by community members and technical assistance organizations with expertise in medical, legal and social impact of domestic violence and on strangulation within that context. The Vice Chair of the Commission was appointed to oversee the task group work, reporting back to the Commission on regular intervals.

The members of the Commission volunteer their time. One of the strengths of the group is that included in the membership are professionals with links to organizations with considerable expertise in the area of domestic and sexual violence state wide. These organizations provided volunteer resources to facilitate the study. Maine domestic violence resource centers (DVRC's) and Maine Batterer's Intervention programs (BIPs) conducted surveys and focus groups with survivors and batterers who had experienced

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strangulation as a victim or perpetrator. Maine Coalition Against Sexual Assault conducted a survey of advocates in their centers addressing the special circumstances of strangulation and sexual violence. These initiatives allowed the task group to provide state-specific information on the impact of strangulation.

The Homicide Review Panel provided state specific information related to strangulation and homicide. The Criminal Law Advisory Commission provided consultation by reviewing potential statutory recommendations. Local court districts facilitated access to protection from abuse data for review. Pine Tree Legal Services provided a legal intern as did the Next Step Domestic Violence Project. Several district attorneys provided staff time to consult and review the efficacy of suggested recommendations to facilitate effective prosecution of strangulation. However, even with this expertise and resources, this remains a study produced by a volunteer group and as such has some limitations. No funding was provided for this study so that all personnel, travel, materials or other costs were born by the volunteers. The final report printing was provided by the Department of Public Safety. The observations and recommendations within the report will note areas where resources were not available for a larger scope of study and/or where there are ongoing needs for review and recommendations.

This task group included representation from tribal domestic violence resource centers, from rural areas, from refugee and immigrant communities. Consultation from deaf and hard of hearing community and elderly services was provided from the members of the Commission. While the intent was to include refugee and immigrant victims in the survey of survivors of strangulation there were some limitations. While some information was captured about members of those communities who received services in the DVRC's, our major partner in the refugee community United Somali Women of Maine was not able to participate in the survey due to limitations in their funding and staff capacity that emerged mid-study. Tengo Voz also expressed interest and provided consultation, but as an organization that was focused on a time sensitive capacity building process, declined to be part of the survivor study.

In order to manage the study components as well as to facilitate participation statewide, the task group created a work management web site, Maine Commission on Domestic and Sexual Abuse Strangulation Study. That website functioned as repository for documents related to the study, for best practice materials and updates. All documents related to the task group's process are also held in hard copy as appropriate. The website is public now and will remain active for six months following the release of this report at <https://sites.google.com/a/mcedv.org/strangulation-study/>.

The task group focused on several areas consistent with the charge to the Commission. These topic areas have provided the organizational structure for the report and are; prevalence of acts of strangulation within a domestic violence context; medical and social impact of strangulation in a domestic violence context; training and education on

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strangulation in criminal legal systems, advocacy and medical settings; statute review. Each section includes observations and recommendations as well as summarizing those observations and recommendations in the executive summary.

## **Data and Information**

Data and information on strangulation within a domestic or sexual violence context was gathered from multiple sources to inform this report and the task group decision-making process. The task group accessed national literature to review data on overall prevalence of strangulation within the context of domestic violence. We also accessed personnel at technical assistance providers including the National Domestic Violence Fatality Review Initiative (NDVFRI) housed in Flagstaff, AZ, at Northern Arizona University; the Battered Women's Justice Project and the National Council of Juvenile Court Judges, as well as written resources from other technical assistance providers.

The task group had difficulty finding information specifically about strangulation within the context of domestic violence or sexual assault in Maine. Data forms that included the option of checking strangulation were often not completed in the advocacy locations and the in law enforcement locations sampled. Emergency room information collected by the Maine CDC does not differentiate strangulation from other injuries. Data banks related to judicial proceedings and other law enforcement documentation may include strangulation notes embedded within the case notes, but that level of detailed search was beyond the scope of the task group.

In order to have Maine specific information, the task group decided to approach additional data collection and/or review of existing data through several avenues. During September, October and November of 2011, The Maine Coalition to End Domestic Violence instituted a statewide survey of domestic violence survivors who had experienced being strangled by an intimate partner. Survivors who received services at Maine's domestic violence resource centers during those three months and who were not in need of emergency response were offered a chance to complete a brief survey. Domestic Violence Resource Centers who are members of MCEDV and the Wabanaki Coalition participated. One Hundred and fifty one women completed surveys. The survey consisted of 10 structured questions and two additional open-ended questions. In addition, a group of advocates representing each domestic violence resource center took part in focus groups to elicit information about the advocates' experience with and management of strangulation in the context of domestic violence. A complete summary of survey results is found in the appendices. Information from that survey and the focus groups will be cited as appropriate in the text topic areas.

The Maine Association of Batterer's Intervention Programs conducted a survey of batterers enrolled in certified batterers intervention programs during that same time frame. The Maine Commission on Domestic and Sexual Abuse members thought that batterers' voices

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should be included to inform their study. The goal would be to inform the Commission's understanding of the impact of the act of strangulation from the batterer's perspective. The Maine Association of Batterer Intervention Programs (MABIPS) worked with MCEDV to coordinate questions for two parallel surveys, one for abusers and one for survivors so that the two would inform each other. Providers met with batterers enrolled in groups who self-reported that they engaged in strangulation behavior with an intimate partner. One hundred and twenty five men actively participating in a Batterer's Intervention Program in Maine agreed to participate in the Strangulation Survey. The geographic areas covered by this survey were; Sagadahoc and Eastern Cumberland, Kennebec, Androscoggin and Franklin Counties. A complete summary of survey results is found in the appendices. Information from that survey will be cited as appropriate in the text topic areas.

The Maine Coalition to End Sexual Assault (MECASA) interviewed advocates in a subset of their member projects who provided information from case reviews. The summary of those focused discussions and case reviews is included in the appendices and will be cited as appropriate in the text topic areas.

Interns from Pine Tree Legal and from The Next Step Domestic Violence Project reviewed Protection From Abuse or harassment filings in Portland and Calais. Justice Valerie Stanfill oversaw a review of Protection from Abuse or harassment filings in the Lewiston Court. This provided a sampling of southern, urban locations, a mid-Maine mixed rural/urban catchment area and a northern rural catchment area. The data was accessible for review and the assumption was that it would provide a glimpse into an initial phase of a victims interaction with the civil court system.

In summary: There were 1520 total complaints reviewed during the calendar year 2010. Of those, 566 Protection were from Harassment complaints, 39 were empty files and 915 Protection from Abuse complaints. Of those Protection from Abuse complaints, 570 were between intimate partners and 6 were brought by the adult victim of the defendant's sexual assault. The reporting of strangulation did vary regionally. In Portland, 21% reported the complaint included mention of strangulation, in Lewiston, 16.6% and in Calais 16%. This is significantly lower than the national prevalence rate would indicate. One intern reviewing files noted that there was not a place where the question was asked. This coupled with the domestic violence victims' reports that the reason they did not talk more about strangulation, in addition to fear of the abusers, was that no one asked.

### **Prevalence of Strangulation in the Context of Intimate Personal Violence**

Ten percent of violence deaths in the United States are attributable to strangulation. (Turket, 2007). A significant subset of those deaths are within the context of intimate personal violence. Prevalence data on strangulation within the context of domestic violence has



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historically been difficult to come by both nationally and in Maine, partly because it was often not collected as a discreet data field related in part to an historical lack of a named presence in criminal codes. More recently data collection on this issue has improved concurrent with its changed status within an increasing number of states' criminal codes and additional medical awareness of the severity of the injuries. Reports of the prevalence of strangulation range between 47% to 68% of women who are also victims of domestic violence. (Stapczynski, 2010) (Wilbur L, 2001) We do not have data on the prevalence in sexual violence where domestic violence is not also present. We do have data, however, that strangulation is a gendered crime strangulation --virtually all perpetrators are men. (Strack & Gwinn, *On the Edge of Homicide: Strangulation as a Prelude*, 2011)

One comprehensive historical study, The Chicago Women's Health Risk Study (CWHRs) found that 24.6% of 57 adult women killed by a male intimate partner in 1995 or 1996 in Chicago were killed by strangulation or smothering. Of the 494 women sampled as they came into Chicago hospitals and clinics for any reason and who said that they had experienced IPV in the past year, 47.3% had experienced at least one incident in the past year in which her partner had tried to choke or strangle her, and 57.6% had "ever" experienced choking or strangulation by the abusive partner. Strangulation was associated with lethality of incident, with almost five percent (4.8%) lethality in the 289 incidents in which a partner or ex-partner strangled the woman, compared to 1.0% of the 4,722 incidents where the abuser used other types of violence. (Block, Devitt, Fonda, Fugate, Marting, & McFarlane, 2000)

The MCEdV study indicated that of 151 women who were receiving services related to domestic violence who completed the survey, 110 or 72.8% reported experiencing strangulation by an intimate partner and 88 or 79.3% said that they had been strangled on more than one occasion. (Maine Coalition to End Domestic Violence, 2011) The MABIP study indicated that of the 125 men interviewed, 35 admitted to strangling an intimate partner. This survey also indicated that 31% of the offenders who admitted to strangling reported strangling multiple partners and more than once with a single partner and 83% noted that the strangulation was part of other violent behaviors. Additionally the batterers noted that 31% of them were scratched, kicked or injured in some way by their partners defending herself during a strangulation assault. Given that strangulation injuries often are not visible immediately after the assault, this is important information for first responders to be aware of—that the visible injuries in an alleged strangulation may be defensive wounds on an abuser. (Maine Association of Batterers Intervention Programs, 2011)

Information from the case review that advocates in a subset of MECASA centers provided did not include information on numbers of cases. However, it did have important information on the link between strangulation and sexual violence in Maine. That report notes: "Nearly every center which responded to the survey indicated that they have worked with clients who had experienced strangulation. Advocates report that this form of

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violence is typically in conjunction with completed (87%) or attempted sexual assault” among the women seeking sexual assault support services. In addition, they noted the same co-occurrence of strangulation with other forms of violence, usually sexual assault. “The strangulation occurred nearly 100 percent of the time in conjunction with attempted or completed sexual assault, and about 80 percent of the time, some other form of violence was also part of the event. “ (Maine Coalition Against Sexual Assault, 2011)

The Task group also paid attention to the presence of strangulation in subgroups within our culture, identifying several vulnerable subgroups with varied prevalence reported. The impact on pregnant women would be considered increased due to the possibility of danger to the unborn child. “The clinical trial of Bullock et al. (2006) of 1,000 pregnant women found that 34% of abused pregnant women reported being “choked” (the term abused women preferred for describing attempted strangulation).” (Laughton, 2009)

While the question as to occurrence in pregnancy was not asked in the MCEdV survey of victims, voluntary comments noted its occurrence on at least one occasion. As one survivor in the MCEdV study responded to an open ended question about her experienced impact from strangulation: “Definitely yes, I was pregnant, I was in fear of my life and my child's life after that; I was walking around on egg shells.”

In addition to concerns about groups at increased vulnerability to the medical impact of a strangulation event, there are groups identified at higher risk.

“Among African American women, strangulation increased odds of becoming a completed homicide by 4.65 (95% CI 2.18–9.95), but among white and Latina women the increase was much higher (13.72 for white women, and 21.16 for Latinas 5.4–34.8, and 5.8–77.8, respectively). Similar results were obtained for attempted homicide when stratifying by race/ethnicity.... Among African American women, strangulation was less of a risk factor for attempted and completed homicide than for white and Latina women. This finding may be a result of one or both of the following. Because African American women were about 4 times as likely to be killed or to become the victim of an attempted homicide by an intimate partner than were women of other race/ethnicity groups, they were generally at greater risk regardless of whether or not they had experienced non-fatal strangulation. Additionally, non-fatal strangulation was a far more common form of physical abuse for African American women vs. other race/ethnic groups whether or not they were the victim of actual or attempted homicide (40% of African American vs. 17% for white and 22% for Latina women).” (Glass, 2008)

While we could not find research specifically about the correlation of strangulation with people with disabilities, we suspect that this population is more vulnerable given other available data on exposure to domestic and sexual violence. Over all rates of

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domestic violence and sexual violence among people with a disability are disproportionately higher, so that a hypothesis that the rates of strangulation are also high should be further investigated. We do know that this is a situation reported by a survivor in Maine: “Yes, I disabled (sic) and can not really defend myself.” (Maine Coalition to End Domestic Violence, 2011)

In summary, nationally, “These findings indicate that strangulation is a relatively prevalent form of violence toward women who experience physical violence in an abusive relationship ...and is a significant predictor for future lethal violence.” (Glass, 2008)

### **Medical and Social Impact of Strangulation**

*“Today, it is known unequivocally that strangulation is one of the most lethal forms of domestic violence. When a victim is strangled, she is at the edge of a homicide. Unconsciousness may occur within seconds and death within minutes.”* (Strack & Gwinn, *On the Edge of Homicide: Strangulation as a Prelude*, 2011)

Public and professional awareness of the dangerousness of a strangulation event lags well behind the medical progress in the field. While most medical investigation has been conducted in post mortem evaluations, there is a growing literature on the effects of non-lethal strangulation. (Shields LB, 2010) (Strack GB, 2001).

Confusion can be present from the beginning, associated with the language commonly used to describe the act of strangulation. “Choking” actually refers to having something physical stuck in your throat that interferes with your air intake. One might “choke” on a chicken bone. Strangulation, on the other hand, in the context of intimate personal violence, is an act of physical aggression—an assault by one person on another. The end result of strangulation may include direct physical injuries to the body, particularly the neck and throat such as fracturing the hyoid bone or damaging soft tissues. Strangulation can also result in injuries related to oxygen deprivation. When the body is deprived of air, asphyxia, pathological changes caused by lack of oxygen, results. This oxygen deprivation can result either from impeding the actual airway(s) or by interfering with the blood flow to the brain. Either can be quickly fatal, or produce longer-term damage to the brain called anoxic brain injury. Suffocation, closing off airways at the nose or mouth, can also result in anoxic brain injury. Strangulation and suffocation are both methods that produce asphyxia, which is the root cause of the injury. (Strack & Gwinn, *On the Edge of Homicide: Strangulation as a Prelude*, 2011) We will discuss the issue of definition more as we consider a statutory response.

The potential lethality of strangulation is present in each assault. The intent of the assailant may not be to kill, merely to intimidate, however death and serious injury can occur without intent, by the intrinsic nature of the assault.

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“Only 4 pounds of pressure for 10 seconds is needed to close off the jugular veins and cause unconsciousness. In comparison, it takes eight pounds of pressure to pull the trigger of a gun. It takes as little as 11 pounds of pressure to close off the carotid arteries and cause unconsciousness. Strangulation can also cause the trachea to close, making it impossible for the victim to breath.” (International Association of the Chiefs of Police, 2006)

Non-lethal strangulation can result in serious injury “Victims may have no visible injuries, yet because of underlying brain damage due to the lack of oxygen during the strangulation assault, they may have serious internal injuries” (Strack & Gwinn, *On the Edge of Homicide: Strangulation as a Prelude*, 2011) The initial brain response to injury is likely to include a period of altered mental state or loss of consciousness followed by headaches, dizziness, slowed processing of information, forgetfulness, tiredness and sensitivity to noise and lights. Most of these initial symptoms will pass after a period of time. However, there can be more long lasting symptoms. (Alabama Department of Rehabilitation Services, 2010)

Particularly when multiple strangulation events occur and/or when the victim has lost consciousness, victims can suffer varying degrees of anoxic brain injury. The range of injuries can include impairment of their executive function, including difficulties in planning and setting goals, being organized, being flexible, engaging in successful problem solving, prioritizing and acting independently. (Alabama Department of Rehabilitation Services, 2010) The injuries may also cause emotional, behavioral and social changes, including depression, anxiety, trouble controlling mood and behavior and with social relationships. (Alabama Department of Rehabilitation Services, 2010)

The literature indicates that it is common for survivors to experience a range of physical and emotional symptoms after a strangulation event.

“ In a study in which women were directly questioned about symptoms, at least 85% of intimate partner strangulation victims experienced physical symptoms (such as sore throat, difficulty breathing, or neurological symptoms) and at least 83% reported one or more psychiatric symptom in the two weeks following the event.” (Wilbur L, 2001)

Maine specific data gathered indicates that survivors’ reports in Maine are consistent with the national data. Their comments indicated a range of symptoms including short and long term medical (Turket, 2007) effects and short and long term emotional symptoms. As one survivor noted, “Today I often choke on my saliva and am constantly trying to clear my throat. I can’t let anyone get near my neck. “ (Maine Coalition to End Domestic Violence, 2011). MECASA’s report notes confirms a corresponding presence of symptoms in victims that sought sexual assault services stating: “Injuries: Of clients experiencing strangulation, 100 percent experienced bruising on throat or neck, difficulty breathing/swallowing, loss of consciousness, and/or other injuries as a result.” (Maine Coalition Against Sexual Assault, 2011)

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We know that a significant number of women experience multiple strangulation events. There is an increased likelihood of negative medical impact with repeated events, particularly neurological symptoms.

“...analysis of the same data found that 56% of the women had experienced more than one strangulation event. The frequency with which women reported some kind of symptoms, particularly neurological, increased among women who were the victims of multiple versus one strangulation event.” (Smith DJ, 2001)

This pattern of multiple strangulation events was noted in the Maine specific data as well, with 79.3% of the women surveyed in the MCEDV study responding that there had been multiple strangulations rather than a single event. (Maine Coalition to End Domestic Violence, 2011) In addition, sexual assault advocates reported that “Of clients indicating they have experienced this kind of violence, about half have done so on more than one occasion.” (Maine Coalition Against Sexual Assault, 2011) Batterers confirmed this pattern of repeat injuries as well as the fact that 20% responded yes to the question as to whether they strangled their partner until they became unconscious.

In addition to the risk of immediate death or injury, the presence of strangulation presents an increased risk element for further lethal or nonlethal events, “strangulation was associated with lethality of incident, with almost five percent (4.8%) lethality in the 289 incidents in which a partner or ex-partner strangled the woman, compared to 1.0% of the 4,722 incidents where the abuser used other types of violence.” (Block, 1999) Significant research as part of Jacquelyn Campbell’s work on the Danger Assessment also indicated that:

“Women who were the victims of completed or attempted homicide were far more likely to have a history of strangulation compared to the abused control women. Further, within each group, scores on the DA (excluding the choking item) were significantly higher for women who reported strangulation than for women without such a history. ....Both analyses found that controlling for the demographic predictors, the odds of becoming an attempted homicide increased by about seven-fold for women who had been strangled by their partner.” (Glass, 2008)

### **Social and Emotional Impacts of Strangulation**

The social and emotional impact of strangulation was demonstrated clearly in the Maine specific data. The MCEDV study asked two open-ended questions aimed at determining impact. Question 9 asked: Do you know what made the abuser stop strangling/choking you? Responses fell into the following categories:

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Consequences to her:

- I passed out; My contacts popped out of my eyes; I like to think that it was because he didn't really want to kill me. I started crying and begging him to stop. I told him to remember I have a little boy.

Intervention by a child or other:

- My son threw himself on both of us and he stopped; I was holding one of my children at the time; My child came into the room and started screaming; My two year old came in the room; His mother hollered at him.

Intervention (or fear of intervention) by an authority:

- Police knocked on the door; Realized could go to jail for attempted murder.

Action on her part:

- I started crying and begging him to stop. I told him to remember I have a little boy; One time was because my hands were free and I punched him. (Another time was because I went unconscious.)

Other: Done violating sexually; He didn't, I had to leave him; Got his point across. (Maine Coalition to End Domestic Violence, 2011)

The presence of children either as passive babes in their mothers' arms or as active agents attempting to stop the strangulation was a common theme. Clearly the effect on children exposed to this potentially lethal violence must be seen as a significant impact.

The impact themes within this study were carried further by the question: "It is important that people understand the possible impact of strangulation/choking on a victim. After this event, do you feel that you were more afraid, intimidated or changed your behavior in any way due to a fear of it happening again?" 88.2% of women responding answered yes. They were then given an opportunity for comment. A sample of their responses follows:

Fear and submission:

- I did whatever the hell he wanted me to do; I was afraid of it happening again so I tried to do what he told me to do; I was terrified of him; He made it clear he could kill me with one hand; I lived in fear for 20 years; He often grabbed me by the throat to get my attention; Today I often choke on my saliva and am constantly trying to clear my throat; I can't let anyone get near my neck. His choking sent the message "he was the boss"; I was afraid to call the police; Because the only time I did, they did nothing and he said he would kill me if I ever did it again; Definitely yes, I was pregnant, I was in fear of my life and my child's life after that; I was walking around on egg shells.

Flight and continued fear:

- After the second time, I took the children and left; I have gotten a PFA to keep him away; Victim reported that she is "done with him" due to being choked by the abuser on several occasions; She is in fear for her life.

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Other consequences:

- You withdraw, become more apprehensive of anybody approaching you; More guarded; Lose the open trust that you had; Now I stay away from all relationships; I can't have anyone come up behind me, I really like to have my back to a wall if I am in a crowd. (Maine Coalition to End Domestic Violence, 2011)

The data collected from sexual assault centers on these two issues states:

“Stopping the Strangulation: Clients experiencing strangulation largely indicated that the strangulation did not end until the perpetrator had completed the violence. Responses included, “He was done.” “Client gave in to perpetrator demands.” “Client lost consciousness.” “Perpetrator threatened to kill client.” Only one response indicated that the client was able to end the strangulation by kneeling the perpetrator in the groin.” (Maine Coalition Against Sexual Assault, 2011)

The use of strangulation as a tactic of control in the context of the sexual violence from these reports is clear as well as the clear link between strangulation and sexual assault.

The responses to the survey data collected by MABIPS from batterers is primarily related to domestic violence, but some comments reflect sexual violence within an intimate relationship. Their responses confirm the victims' assessments that the batterers were intentionally using strangulation as a powerful tactic of intimidation and control. That summary includes comments in response to a similar question of motivation for strangulation such as: “It made her do what I wanted; Stop her from moving; Get what I wanted”. (Maine Association of Batterers Intervention Programs, 2011) As Attorneys Strack and Gwinn comment in their landmark study: “most abusers do not strangle to kill-- they strangle to show they *can* kill”. (Strack & Gwinn, On the Edge of Homicide: Strangulation as a Prelude, 2011)

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**Review of Statutes**

*“The purpose of having enforceable statutes concerning strangulation from the point of view of public health policy is to deter the primary occurrence of strangulation, to punish those who have committed strangulation assaults, and to protect the victims of these assaults from further exposure to violence. To achieve these goals, the criminal justice response to strangulation needs to be clear and commensurate with the seriousness of the attack, a goal that is best achieved with clear statutory language.” (Laughton, Glass and Worrell, 2009).*

As noted in the executive summary, the task group entered this study process with no bias that strangulation necessarily required a special place in current Maine statute. Currently Maine does not name strangulation in the Criminal Code nor have an associated legal definition of strangulation under the assumption that strangulation would be effectively addressed within the more general crimes against the person. In fact, the initial bias was that strangulation could be prosecuted under existing statute without change. However, we found three realities that moved us toward recommending that strangulation be directly addressed in the criminal code.

First, we found a strong case that by virtue of its prevalence and its serious medical and social impacts strangulation deserves special attention. We observed that strangulation was not being prosecuted consistent with its prevalence and/or its severe impact in Maine, which was consistent with other states’ reviews prior to changes in their statutes to address strangulation more directly. We have reviewed data on prevalence and impact in prior sections; so will not revisit that material at this point.

Second, we came to the conclusion that a by-product of the current silence in statute, an unintended consequence had emerged in practice. At all levels of the system, law enforcement, advocacy, prosecutors, medical providers, advocates and victims themselves were not paying attention to strangulation at the level it needed—if at all. Behavior within those systems can be driven by what is named in the criminal code. Investigations may be truncated prematurely without a statute-driven need to document strangulation, which affects law enforcement data collection, advocacy and medical documentation—which in turn affects the ability to prosecute successfully. This lack of data collection also makes it less likely that the awareness of a strangulation event as part of an assault makes it into the court setting to allow judicial consideration in sentencing or other decisions. Lack of data and effective prosecution also affects both the awareness of the victim and the public about the frequency and the severity of the event. In addition we found that a top down attention to strangulation could to alter behavior at other points in the system. Placing the responsibility on law enforcement, advocates, diverted attention from the causal elements of their neglect of strangulation and was unlikely to shift any pattern of behavior. (Please see additional discussion of this issue in the Training and Education section)



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Third, we observed national best practice shifts with related changes in laws within 34 states (see Table of States) adding language addressing strangulation in some manner to their criminal code for similar reasons as stated above, with several other states having pending legislation in process. In the last two legislative years alone (2009 and 2010) ten states have passed legislation address the danger strangulation poses to victims by either creating new strangulation crimes or expanding existing laws related to strangulation. These include: Arkansas (§§ 5-13-204 and 5-13-205) Arizona (§ 13-1204), Delaware (Title 11 § 607), Illinois (720 §§ 5/12-3.3 and §5/12-4), Mississippi (§ 97-3-7), Nevada (§§ 200.400, 200.481, 200.485, and 200.591), New Hampshire (§ 631:2), New York (§§ 121.11 through 121.13 of the Penal Law), Oklahoma (§ 644 of Title 21), and Texas (§ 22.01 of the Penal Code).

*“Given the association between attempted strangulation and later lethal violence as well as the important public health burden of these injuries, the ability to effectively prosecute and incarcerate perpetrators represents a significant advance in enhancing the safety of abused women.....” (Laughton, 2009)*

Once we had determined that statute change was indicated, we went through a decision tree of options keeping in mind:

*“It is less clear whether it is useful to make strangulation a separate statute or to add it to existing assault laws. The usefulness or ease of including a new statute as opposed to amending an existing statute will depend on the structure of similar statutes in the existing statutory scheme. For example, if a state’s statute for felony assault includes a definition of serious bodily injury, then an amendment to the statutory definition of serious bodily injury to include strangulation would result in the needed change in the law and might be easier to accomplish than adding an entirely new statute.” (Review and Analysis of Laws Related to Strangulation in 50 States Kathryn Laughton, Nancy Glass and Claude Worrell, Eval Rev 2009; 33; 358 originally published online Jun 9, 2009);*

The task group considered a matrix of options including stand-alone statutes, sentencing enhancements, changes in domestic violence statutes without addressing other contexts of strangulation, changes in definitions and introducing strangulations as an element into existing crimes. In addition to asking whether these changes would be helpful, we asked if the change(s) would have the unintended consequence of doing any harm. The task group members after considering the list of alternatives reached consensus on the following recommendations. The group chose not to create a separate crime of strangulation but to add strangulation explicitly to an act that constitutes extreme indifference to the value of human life within Aggravated Assault. Following is larger segment of statute that sets the context. (Changes are underlined)

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**MAINE CRIMINAL CODE**  
TITLE 17-A  
CHAPTER 9  
OFFENSES AGAINST THE PERSON

**I. Add to “circumstances manifesting extreme indifference to the value of human life” in the existing aggravated assault statute as:**

208. AGGRAVATED ASSAULT

3. A person is guilty of aggravated assault if he intentionally, knowingly, or recklessly causes:
  - a. Serious bodily injury to another: or
  - b. Bodily injury to another with use of a dangerous weapon; or
  - c. Bodily injury to another under circumstances manifesting extreme indifference to the value of human life. Such circumstances include, but are not limited to, the number, location or nature of the injuries, the manner or method inflicted, ~~or~~ the observable physical condition of the victim, or use of strangulation.
4. Aggravated assault is a Class B crime.

Some prosecutors involved in the discussion provided consultation that this change would allow more prosecutions of strangulation without creating unintended negative consequences.

Initially there was also discussion of amending the definition of serious bodily injury by including strangulation. However, consensus was reached that this action was unnecessary as a vehicle to improve management of serious acts of strangulation. In addition the group noted that the internal construct of the definition then would not be parallel, that is having a list of impacts and then a method (strangulation).

Given the chosen recommendations for statute change, we did not find that we additionally needed to address increased penalties, impact of prior convictions, witnessing by a child, affirmative defenses, attempted strangulation or specific sexual assault and/or domestic violence statutes (the intended scope of this protection being larger than DV or SA alone).

**II. Definition of Strangulation:**

Once the decision had been made to recommend inclusion as above in the Criminal Code, the next concern was determining a recommendation for a legal definition of strangulation. Here there was considerable discussion. A particularly important issue was to determine what behaviors or elements would be included within the definition. In Strack and Gwinn’s landmark study on strangulation in 1998, they cite the following definitions:

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"... the terms "strangulation," "choking," and "suffocation." These terms are often confused, yet they all lead to asphyxia--a lack of oxygen to the brain. In "strangulation," external compression of the neck can impede oxygen transport by preventing blood flow to or from the brain or direct airway compression. "Choking" refers to an object in the upper airway that impedes oxygen intake during inspiration and can occur accidentally or intentionally. "Suffocation" refers to obstruction of the airway at the nose or mouth and can also occur accidentally or intentionally. Therefore, the term "strangulation" should always be used to specifically denote external neck compression. The term "choking" should be reserved for internal airway blockage. When the victim, perpetrator, or witness uses the term "choking," document the statement with quotation marks since, in nearly all cases; they are describing strangulation, not choking. Professionals working in this field should always use the word "strangulation" when referring to external compression of the neck." (Strack & Gwinn, *On the Edge of Homicide: Strangulation as a Prelude*, 2011)

Prevalence and impact data collected from Maine victims and perpetrators, as well as much of the national data on prevalence and impact refer to strangulation without explicitly naming smothering. Here we initially thought that we would face a conflict between our logic that data on prevalence and impact creates a special case for strangulation and the national best practice recommendations that both should be addressed within definitions in order to respond effectively in practice in the field. In looking further into this dilemma we turned to Vermont. The State of Vermont recently adopted a statute directly assessing strangulation. It developed this legislation from errors learned from earlier attempts by other states. They realized that the root problem that caused the significant health and social impacts is asphyxia and addressed that root problem, defining strangulation as behaviors resulting in asphyxia as follows.

"Strangulation is defined as 'any form of asphyxia, including, but not limited to, asphyxia characterized by closure of the blood vessels or air passages of the neck as a result of external pressure on the neck or the closure of the nostrils or mouth as a result of external pressure on the head.'" (Vermont)

National literature addressing the impact of strangulation addresses the impact of asphyxia so there is concurrence there. Prevalence data nationally addressed asphyxia, using a collection of terms such as "choking", "strangulation", "smothering" all that refer to the presence and prevalence of the underlying condition of asphyxia. We feel that the case made for the prevalence and impact of the event determining its need for special attention holds for definitions such as Vermont's and would recommend that Maine follow that example.

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Additional options include: Strangulation would then be defined in a definition section as: impeding the breathing or circulation of the blood of another person by applying pressure on the throat or neck or by blocking the nose or mouth of another person.

**III. Changes in the Bail Code**

Amend the statutes governing Maine Criminal Justice DV law enforcement policy and the Maine Bail Code to require police to provide information to bail commissioners about allegations of strangulation, and the Maine Bail Code to require bail commissioners to obtain and consider that information before setting bail. (Changes underlined)

**- 25 MRS sec. 2803-B**

(D)(2) A process for the collection of information regarding the defendant that includes the defendant's previous history, the parties' relationship, whether the alleged offense included strangulation, the name of the victim and a process to relay this information to a bail commissioner before a bail determination is made.

**- Title 15 MRS sec. 1023-C**

4. Limitations on authority. A bail commissioner may not:

In a case involving domestic violence, set pre-conviction bail for a defendant before making a good faith effort to obtain from the arresting officer, the district attorney, a jail employee or other law enforcement officer:

- (1) A brief history of the alleged abuser;
- (2) The relationship of the parties;
- (3) The name, address, phone number and date of birth of the victim;
- (4) Existing conditions of protection from abuse orders, conditions of bail and conditions of probation;
- (5) Information about the severity of the alleged offense, including but not limited to whether the alleged offense included strangulation.

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**Training and Education**

*“Police officers, prosecutors, civil attorneys, advocates, and medical professionals rarely receive medical training concerning the identification and documentation of injuries, or the signs and symptoms associated with strangulation... No legal professional should work with family law, personal assaults, medical symptoms, documentation techniques and long-term effects. Thousands of women continue to suffer such assaults without effective prevention and intervention efforts in place in communities across America. But the research is now clear: When a victim is strangled, she is at the edge of a homicide. We are all responsible for becoming educated and acting aggressively with the information now available. Responsible professionals can prevent major injuries to victims of abuse, facilitate needed treatment and support—even save—lives.” (Strack & Gwinn, On the Edge of Homicide: Strangulation as a Prelude, 2011)*

**Criminal Legal Training and Education:**

Studies have shown that police and prosecutors often overlook strangulation symptoms and instead focus on visible injuries because they don’t know what to look for and/or what questions to ask. (Strack & Gwinn, On the Edge of Homicide: Strangulation as a Prelude, 2011) We make the following observations and recommendations for training in our criminal legal system.

**Law Enforcement:**

Advocates from the member organizations of the Maine Coalition to End Domestic Violence have partnered with law enforcement to provide comprehensive training to new and experienced law enforcement officers in Maine about domestic violence related strangulation on a regular basis for over ten years. More recently the training was included in the Maine State Police annual in-service program for new and experienced Troopers. Strangulation is also a training component in the Basic Law Enforcement Training Program (BLETP) at the Maine Criminal Justice Academy, which individuals take to become certified full time law enforcement officers. More recently in the past year the information has been included in the reconstituted Law Enforcement Pre Service (LEPS) training program, which individuals must take to become certified part time law enforcement officers.

The training includes: information about the dynamics and lethality of strangulation as a tactic of power and control; investigative techniques including recognition of signs and symptoms, interview questions to ask the victim, and; law enforcement officer responsibilities including referrals to the victim for emergency medical care, and follow up

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interviewing and evidence collection. The training reflects best practice in Maine and around the country.

While this training continues in both the BLETP and LEPS at the Maine Criminal Justice Academy, it clearly has not been enough to increase the prosecution of strangulation as an assault dangerous to human life. While strangulation can be prosecuted as aggravated assault if serious bodily injury results or if it is committed under circumstances manifesting an extreme indifference to the value of human life, strangulation, when prosecuted, is usually prosecuted as simple assault (Class D), and offenders are not held fully accountable for this life threatening tactic.

Because of the current application of the assault statutes, the training has had little effect in terms of increasing accountability for offenders who use strangulation. While the training at a minimum has raised awareness, because of prosecution requirements and approaches, there has been little functional use for the training information for law enforcement officers. As a result, there is little data available from law enforcement agencies about the incidence and prevalence of strangulation, unless it appears in the narrative description. The gap in Maine elevating the issue of strangulation and increasing law enforcement response to strangulation is not a training gap; a law is necessary to provide prosecutors with the tool to legally recognize strangulation, and therefore to make the existing training functionally useful for law enforcement officers.

A change to the statute will not create great additional training needs. It will provide the small but crucial piece that has been missing from existing trainings – the legal authority to recognize and charge strangulation as life-threatening domestic violence.

However, that said, there would be some additional training for new and experienced officers on the investigation and documentation of strangulation related to any new statute. We would recommend that this training be administered by the Maine Criminal Justice Academy consistent with the training on all changes in statute.

Given the difficulty retrieving data on occurrence of strangulation from the law enforcement data banks, we do not have clear information on the implementation of the training protocols in the field. However, we do have some Maine specific information drawn from victim and abuser reports. MCEVDV study indicates that victims involved law enforcement 39.4% of the time with law enforcement documenting the strangulation 61% of the time. (Maine Coalition to End Domestic Violence, 2011) The MECASA study indicates: “More than half the time, clients experiencing strangulation did not make a report to law enforcement. Of those who did, the strangulation was documented two-thirds of the time”. (Maine Coalition Against Sexual Assault, 2011) The MABIPS study indicated that batterers reported that law enforcement asked about strangulation 46% of the time (these are events where an incident of strangulation had in fact occurred) and that law enforcement documented that incident 49% of the time. Given that the batterers can validate that the incident actually occurred and was asked about less than half the

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time, we have some glimpse into the potential for these incidents to be missed. Batterers also reported that only 37% of the time when they had been involved in an incident of strangulation was that part of the charge that got them to the batterer's intervention program. (Maine Association of Batterers Intervention Programs, 2011) This data would indicate that there is improvement needed in the investigation of strangulation, as noted in the anecdotal reporting.

**Prosecution:** We recommend that prosecutors be provided training on changes in statute regarding strangulation and any related expectations in the usual manner of their annual update within the context of the Prosecutors Conference. For prosecutors unaccustomed to prosecuting strangulation cases with their particular complexities or unfamiliar with more recent practices in investigation and prosecution, there may be other training needs. We would rely on the Maine community of prosecutors to articulate any of these possible further training needs and identify the appropriate audience and venues for that training.

**Advocates within domestic violence resource centers, sexual assault centers and prosecution based advocate:** Advocates, victim witness, court and other community advocates need additional training on strangulation, including its medical risks, affect on victims and appropriate system responses in order to better inform victims/survivors. In addition, the systems that house these advocates need to prioritize strangulation within their data collection, emergency response and support services and within their role in the coordinated community response networks. Noting the significant impact that survivors report strangulation has on their level of intimidation as well as its presence as a motivating factors for a decision to leave an abusive relationships, advocates should be well trained in how to support the survivor in managing the emotional, physical and criminal legal aspects of the event. The Maine Coalition to End Domestic Violence has created a representative group from the full service domestic violence resource centers, who were part of the focus group in the Maine Survivors Voice on Strangulation survey, to address this need within the domestic violence service community.

**Medical Professionals and Health Care Settings:**

“These findings indicate that strangulation is a relatively prevalent form of violence toward women who experience physical violence in an abusive relationship (a finding consistent with the sparse literature on the subject) and is a significant predictor for future lethal violence. There is an urgent need for emergency physicians and nurses to be trained in the importance of strangulation as a risk factor for homicide of women and how to thoroughly assess, document and obtain appropriate treatment. The documentation of the strangulation may be particularly useful to expert witnesses in conveying the risk of lethality in cases of attempted homicide. Further, forensic nurses can play an important role in this endeavor, and training modules for forensic nurses in this arena have already been developed. In addition, it is important for emergency medical technicians and

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police officers, as first responders, to be trained on the importance of ensuring that these incidents are evaluated in an emergency department, both to document the attempt and to thoroughly evaluate the injury. (Glass, 2008)

The literature, as well as the anecdotal reports from medical professionals in Maine including members of the task group and Commission, indicates that medical professionals do not routinely assess for strangulation in domestic or sexual violence situations and that further training is needed as to best practice protocols, including forensic documentation. We also observe that medical first responders, including ER staff, are often the first point of medical contact with victims, so that the training audience should include a focus on this group of medical professionals. The scope of this study did not allow for a thorough review of medical practice in Maine.

However, we were able to get some information about victims' use of and experience within medical intervention in Maine. MCEDV's survey noted that 83 (75.5%) of victims did not receive medical attention subsequent to a strangulation. Of those who did, 24.4% noted that the strangulation was documented in their medical record. In addition, 26.7% said that they did not know what had been entered into the medical record. (Maine Coalition to End Domestic Violence, 2011) MECASA's summary notes as to the experience of sexual assault survivors who experienced strangulation: "About 50 percent of clients experiencing strangulation sought medical attention. Of those, the strangulation was documented two-thirds of the time." (Maine Coalition Against Sexual Assault, 2011) It is of concern that these victims did not receive medical attention. In addition, it is concerning that a lack of documentation in the medical record could interfere with effective investigation and prosecution.

We recommend that a review of training and capacity building needs for Maine's medical professionals, particularly emergency room and medical first responders, take place. We recommend that review address appropriate responses to medical management of strangulation, as well as documentation for forensic purposes. We recommend that training and capacity building to strengthen Maine's medical response to strangulation become a priority for Maine health systems, similar to the current prioritized response by Maine General Hospital.

Note: the awareness that medical staff in Maine hospitals needed additional training to effectively recognize, treat and document strangulation events was sufficiently compelling that Maine General Hospital and co-sponsors such as the Maine Coalition to End Domestic Violence, Physicians for Social Responsibility, and the SAFE Program at the Maine Attorney General's Office, have planned and funded a statewide conference on April 12, 2012 with national speakers on strangulation and risk assessment in medical settings.

In summary, non-lethal strangulation is an important predictor for future lethal violence among women who are experiencing IPV. We urgently need to improve the clinical response to women reporting an incident of non-lethal strangulation



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to improve treatment and enhance safety planning for this high-risk group of abused women. (Glass, 2008)

### **PUBLIC AWARENESS**

General lack of awareness of the medical impact, prevalence and impact of strangulation is consistent within the general and professional public. While we were not able to do widespread awareness testing as part of this study, anecdotal reports and review of policies in multiple disciplines speaks to the lack of awareness. While there are individuals or clusters of professionals who are aware, they are the exception rather than the rule. Particularly compelling was information from survivors that they did not understand the danger and long-term effects of what was happening to their bodies, particularly in cases of multiple strangulation events and particularly related to anoxic brain trauma. This lack of awareness also accompanied strangulation events not associated with domestic or sexual violence, such as choking games on middle school playgrounds and between “consenting” sexual partners—again by consistent anecdotal reporting. There is a need for increased public awareness across the board as to the risks and appropriate interventions in strangulation. We would recommend that organizations such as MCEDEV and MECASA continue their public awareness efforts. We also recommend that Maine’s robust public health network, as well as individual health care facilities, use their existing training systems and public awareness vehicles, such as newsletters and websites, to increase public awareness about the serious health risks associated with strangulation. Maine Center for Disease Control has named domestic violence as a major public health concern and created goals and objectives for addressing this issue. We would suggest that they also include both public awareness and professional awareness on the public health concerns related to strangulation within this existing plan.

## Appendix 1: Enabling Legislation

### LD 1027: An Act To Make Strangulation an Aggravating Sentencing Factor

Be it enacted by the People of the State of Maine as follows:

**Sec. 1. 17-A MRSA §207, sub-§4** is enacted to read:

4. If the State pleads and proves that the bodily injury or offensive physical contact included strangulation, the court, in determining the appropriate sentence, shall treat this as an aggravating sentencing factor. For the purposes of this subsection, "strangulation" means the application of pressure to another person's throat or neck or the blocking of the other person's nose or mouth that causes the other person to experience impeded breathing or blood circulation.

**Sec. 2. 17-A MRSA §207-A, sub-§3** is enacted to read:

3. If the State pleads and proves that the bodily injury or offensive physical contact included strangulation, the court, in determining the appropriate sentence, shall treat this as an aggravating sentencing factor. For the purposes of this subsection, "strangulation" means the application of pressure to another person's throat or neck or the blocking of the other person's nose or mouth that causes the other person to experience impeded breathing or blood circulation.

**Sec. 3. 17-A MRSA §208, sub-§3** is enacted to read:

3. If the State pleads and proves that the bodily injury or serious bodily injury included strangulation, the court, in determining the appropriate sentence, shall treat this as an aggravating sentencing factor. For the purposes of this subsection, "strangulation" means the application of pressure to another person's throat or neck or the blocking of the other person's nose or mouth that causes the other person to experience impeded breathing or blood circulation.

### SUMMARY

This bill creates an aggravating sentencing factor for assault, domestic violence assault and aggravated assault. If the offensive physical contact, bodily injury or serious bodily injury in the commission of the crime included strangulation, the court must consider it as an aggravating sentencing factor in setting a sentence. "Strangulation" is defined as the application of pressure to another person's throat or neck or the blocking of the other person's nose or mouth that causes the other person to experience impeded breathing or blood circulation.

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**Resolve Chapter 76: Resolve, To Coordinate Stakeholders To Review Best Practices in the Management of Strangulation and Determine Methods To Address the Issue in Maine**

**Emergency preamble. Whereas,** acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** there is a national increased awareness of the severity of strangulation, including its high prevalence in domestic and sexual assaults, its serious impacts, including life-threatening levels of anoxic brain damage, and its use as a tool of intimidation; and

**Whereas,** public and professional awareness of the prevalence and impact of strangulation in Maine may lag behind research data; and

**Whereas,** stakeholders should promptly review best practices models and tailor them to fit Maine's needs; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

**Sec. 1. Review of best practices in management of strangulation.**

**Resolved:** That the Maine Commission on Domestic and Sexual Abuse, created in the Maine Revised Statutes, Title 19-A, section 4013 and referred to in this resolve as "the commission," shall study strangulation to determine the presence and patterns of strangulation in domestic and sexual violence in the State and the current management of strangulation within criminal law. The commission shall review model practices and research in other states, including the impacts of other states' legislation, public awareness activities and changes in policy. The commission shall invite interested parties, including but not limited to representatives from state and local law enforcement, prosecutors, the judicial branch, the Criminal Law Advisory Commission under Title 17-A, section 1351, the Maine Coalition to End Domestic Violence, the Maine Coalition Against Sexual Assault, first responders and other emergency care providers; and be it further

**Sec. 2. Report. Resolved:** That the commission shall submit a report by February 15, 2012 to the Joint Standing Committee on Criminal Justice and Public Safety. The report must include the commission's findings and recommendations regarding methods to deal with strangulation in the State, including, as it determines necessary, proposed legislation; proposed education and training for law enforcement, prosecutors and the judiciary; and

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proposed programs and outreach for public awareness and advocacy. Upon receipt of the commission's report and recommendations, the committee may report out legislation to the Second Regular Session of the 125th Legislature.

**Emergency clause.** In view of the emergency cited in the preamble, this legislation takes effect when approved.

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## Appendix 2: Membership

### a. Maine Commission on Domestic and Sexual Violence

Sherry Edwards, *Caring Unlimited*  
Lois Galgay Reckitt, *Family Crisis Services*  
Mary O'Leary, *Volunteers of America*  
Kathryn Maietta, *Private Practice*  
Michelle Ramirez  
Rick Doyle, *Next Step Domestic Violence Project*  
Lucia Hunt, *Pine Tree Legal Assistance*  
Susan Tedrick  
Alice Clifford, *District Attorney's Office District V*  
Michael Bussiere, *Lewiston Police Department*  
Donna Dennison, *Know County Sheriff's Office*  
John Morrison, *Maine Department of Public Safety*  
Carey Nason, *Safe Campus Project-University of Maine Orono*  
Faye Luppi, *Cumberland County Violence Intervention Partnership*  
Karen Elliot, *Maine Department of Health and Human Services*  
Kate Faragher Houghton, *Consultant*  
Steve Edmondson, *Sagadahoc County District Attorney's Office*  
**Chair**, Julia Colpitts, *Maine Coalition to End Domestic Violence*  
**Vice-Chair**, Elizabeth Ward Saxl, *Maine Coalition Against Sexual Assault*  
Marty McIntrye, *Sexual Assault Crisis Center*  
Tamar Mathieu, *Rape Response Services*  
Susan Beaulieu  
Megan Hatch  
Laura Yustak Smith, *Office of the Attorney General*  
Don Pomelow, *Maine State Police*  
Holly Stover, *Maine Department of Health and Human Services*  
Susan Berry, *Maine Department of Education*  
Denise Giles, *Maine Department of Corrections*  
Hon. Valerie Stanfill, *Maine Judiciary*  
Fatuman Hussein, *United Somali Women of Maine*  
Romy Spitz, *Maine Department of Health and Human Services*  
Denis Culley, *Legal Services for the Elderly*  
Ruth Jewell, *Penobscot Indian Nation*  
Jane Root, *Maliseet Domestic Violence and Sexual Assault Response Program*

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**b. Members of the Strangulation Task Group**

Julia Colpitts, **Chair of Strangulation Task Group**, *Maine Coalition to End Domestic Violence*

Holly Stover, *Maine Department of Health and Human Services*

Jen Annis, *Family Crisis Services*

Sherry Edwards, *Caring Unlimited*

Donna Dennison, *Knox County Sheriff's Office*

Kate Faragher Houghton, *Consultant in Violence Prevention*

Denise Giles, *Maine Department of Corrections*

Margo Batsie, *Maine Coalition to End Domestic Violence*

Polly Campbell, *Maine Office of the Attorney General*

John Burke, *York County District Attorney's Office*

Jill Barkley, *Maine Coalition to End Domestic Violence*

Jane Root, *Maliseet Domestic Violence and Sexual Assault Response Program*

Tamar Mathieu, *Rape Response Services*

Denis Culley, *Legal Services for the Elderly*

Susan Tedrick, *Franklin Memorial Hospital*

Mary O'Leary, *Volunteers of America*

Fatuma Hussein, *United Somali Women of Maine*

Don Pomelow, *Maine State Police*

Steve Edmondson, *Sagadahoc County District Attorney's Office*

Lucia Hunt, *Pine Tree Legal Assistance*

Rick Doyle, *Next Step Domestic Violence Program*

Faye Luppi, *Cumberland County Violence Intervention Partnership*

Kathryn Maietta, *Private Practice*

Ruth Jewell, *Penobscot Indian Nation*

Michael Bussiere, *Lewiston Police Department*

Hilary Fernald, *Legal Intern*

Allison Ouellett, *Legal Intern*

**Consultants to the Task Group**

Hon. Valerie Stanfill, *Maine District Court*

Commissioner John Morris, *Maine Department of Public Safety*

Alice Clifford, ADA, *Penobscot County District Attorney's Office*

Laura Yustak Smith, AAG, *Maine Office of the Attorney General*

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### Appendix 3: National Criminal Statutes Addressing Strangulation

#### a. Table of States

<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Alabama</b>	Criminal domestic violence statute	Class B felony	<p><b>Strangulation:</b> Intentionally causing asphyxia by closure or compression of the blood vessels or air passages of the neck as a result of external pressure on the neck.</p> <p><b>Suffocation:</b> Intentionally causing asphyxia by depriving a person of air or by preventing a person from breathing through the inhalation of toxic gases or by blocking or obstructing the airway of a person, by any means other than by strangulation as defined by statute.</p>	<p><b>Domestic violence by strangulation or suffocation</b> (2011 Alabama Laws Act 2011-581 (H.B. 512)):</p> <p>A person commits the crime of domestic violence by strangulation or suffocation if the person commits an assault with intent to cause physical harm or commits the crime of menacing pursuant to Section 13A-6-23, Code of Alabama 1975, by strangulation or suffocation or attempted strangulation or suffocation against a person with whom the defendant has a <b>qualified relationship</b>.</p>
<b>Alaska</b>	Strangulation included in the definition of “dangerous instrument”	Various	<p><b>Strangulation:</b> Using hands or other objects to impede normal breathing or circulation of blood by applying pressure on the throat or neck or obstructing the nose or mouth.</p>	<p><b>Definitions</b> (AS § 11.81.900):</p> <p>“‘[D]angerous instrument’ means... hands or other objects when used to impede normal breathing or</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
Alaska (cont.)				<p>circulation of blood by applying pressure on the throat or neck or obstructing the nose or mouth.”</p> <p><b>Assault in the first degree: class A felony</b> (AS § 11.41.200), <b>assault in the second degree: class B felony</b> (AS § 11.41.210), <b>assault in the third degree: class C felony</b> (AS § 11.41.220) and <b>assault in the fourth degree: class A misdemeanor</b> (AS § 11.41.230):</p> <p>These statutes all refer to physical injury to another person by means of a “dangerous instrument,” though they have different elements.</p> <p><b>Factors in aggravation and mitigation</b> (AS § 12.55.155) and <b>Sentences of imprisonment for felonies</b> (AS § 12.55.125):</p> <p>Using a “dangerous instrument” in furtherance of an offense is an aggravating factor in sentencing.</p>





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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
Arkansas	None	--	--	--
California	Criminal domestic violence statute	Felony	<p><b>Strangulation:</b> Impeding the normal breathing or circulation of the blood of a person by applying pressure on the throat or neck.</p>	<p><b>Willful infliction of corporal injury; violation; punishment: Felony (CA PENAL § 273.5):</b></p> <p>“Any person who willfully inflicts upon a person who is his or her spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child, corporal injury resulting in a <b>traumatic condition</b>, is guilty of a felony, and upon conviction thereof shall be punished by imprisonment in the state prison for two, three, or four years, or in a county jail for not more than one year, or by a fine of up to six thousand dollars (\$6,000) or by both that fine and imprisonment.”</p> <p>““Traumatic condition” means a condition of the body, such as a wound, or external or internal injury, <b>including, but not limited to, injury as a result of strangulation or suffocation</b>, whether</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
				of a minor or serious nature, caused by a physical force.”
<b>Colorado</b>	None	--	--	--
<b>Connecticut</b>	Three criminal statutes	Class C felony, Class D felony, or Class A misdemeanor	<b>Strangulation:</b> Intentionally or recklessly restraining another person by the neck or throat and impeding their ability to breathe or restricting their blood circulation.	<p><b>Strangulation in the 1<sup>st</sup> degree: Class C felony</b>        (Conn. Gen. Stat. § 53a-64aa):</p> <p>“A person is guilty of strangulation in the first degree when such person commits strangulation in the second degree as provided in section 53a-64bb <b>and (1)</b> in the commission of such offense, such person (A) uses or attempts to use a dangerous instrument, or (B) causes serious physical injury to such other person, <b>or (2)</b> such person has previously been convicted of a violation of this section or section 53a-64bb.”</p> <p><b>Strangulation in the 2<sup>nd</sup> degree: Class D felony</b>        (Conn. Gen. Stat. § 53a-64bb):</p> <p>“A person is guilty of strangulation in the second degree when such person restrains another person by the neck or throat with the</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Connecticut (cont.)</b>				<p><b>intent</b> to impede the ability of such other person to breathe or restrict blood circulation of such other person <b>and</b> such person impedes the ability of such other person to breathe or restricts blood circulation of such other person.”</p> <p><b>Strangulation in the 3<sup>rd</sup> degree: Class A misdemeanor</b> (Conn. Gen. Stat. § 53a-64cc):</p> <p>“A person is guilty of strangulation in the third degree when such person <b>recklessly</b> restrains another person by the neck or throat <b>and</b> impedes the ability of such other person to breathe or restricts blood circulation of such other person.”</p>
<b>Delaware</b>	Criminal statute	Class D or E felony	<b>Strangulation:</b> Knowingly or intentionally impeding the breathing or circulation of the blood of another person by applying pressure on their throat or neck.	<p><b>Strangulation: Class E or D felony</b> (11 Del. C. § 607):</p> <p>“A person commits the offense of strangulation if the person knowingly or intentionally impedes the breathing or circulation of the blood of another person by applying</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Delaware (cont.)</b>				<p>pressure on the throat or neck of the other person.”</p> <p><b>Strangulation is a class E felony, except it is a class D felony if:</b> <b>a.</b> The person used or attempted to use a dangerous instrument or a deadly weapon while committing the offense; <b>or b.</b> The person caused serious physical injury to the other person while committing the offense; <b>or c.</b> The person has been previously convicted of strangulation.</p>
<b>Florida</b>	Criminal domestic violence statute	Felony of the 3 <sup>rd</sup> degree	<b>Strangulation:</b> Knowingly and intentionally impeding the normal breathing or circulation of the blood of a person against his or her will, so as to create a risk of or cause great bodily harm, by applying pressure on the throat or neck of the other person or by blocking the nose or mouth of the other person.	<p><b>Felony battery; domestic battery by strangulation: Felony of the 3<sup>rd</sup> degree</b> (Fla. Stat. 784.041):</p> <p>“A person commits domestic battery by strangulation if the person knowingly and intentionally, against the will of another, impedes the normal breathing or circulation of the blood of a family or household member or of a person with whom he or she is in a dating relationship, so as to create a risk of or cause great bodily harm by applying pressure on the throat or neck of the other person or by blocking</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
				the nose or mouth of the other person.”
<b>Georgia</b>	None	--	--	--
<b>Hawaii</b>	Criminal domestic violence statute	Class C felony	<b>Strangulation:</b> Intentionally or knowingly impeding the normal breathing or circulation of the blood of another person by applying pressure on the throat or neck.	<b>Abuse of family or household members; penalty: Class C felony (Haw. Rev. Stat. Ann. §709-906):</b>  “Where the physical abuse consists of intentionally or knowingly impeding the normal breathing or circulation of the blood of the family or household member by applying pressure on the throat or the neck, abuse of a family or household member is a class C felony.”
<b>Idaho</b>	Criminal domestic violence statute	Felony	No definition of strangulation provided.	<b>Attempted Strangulation: Felony (Idaho Code Ann. §18-923):</b> “(1) Any person who willfully and unlawfully chokes or attempts to strangle a household member, or a person with whom he or she has or had a dating relationship, is guilty of a felony punishable by incarceration for up to fifteen (15) years in the state prison. (2) No injuries are required to prove attempted strangulation. (3) The prosecution is not required to show that the defendant

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
				intended to kill or injure the victim. The only intent required is the intent to choke or attempt to strangle.”
<b>Illinois</b>	Bail consideration in domestic violence cases	--	No definition of strangulation provided.	<p><b>Bail; certain persons charged with violent crimes against family or household members (725 ILCS 5/110-5.1):</b></p> <p>A person who is charged with a violent crime shall appear before the court for the setting of bail if the alleged victim was a family or household member at the time of the alleged offense, and if the person charged, at the time of the alleged offense, was subject to the terms of an order of protection or previously was convicted of a violation of an order of protection or a violent crime if the victim was a family or household member at the time of the offense.</p> <p>Before setting bail, the court shall consider, among other factors, the severity of the alleged violence that is the basis of the alleged offense, including, but not limited to, the duration of the alleged violent incident, and whether the alleged violent incident</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Illinois (cont.)</b>				involved serious physical injury, sexual assault, <b>strangulation</b> , abuse during the alleged victim's pregnancy, abuse of pets, or forcible entry to gain access to the alleged victim.
<b>Indiana</b>	Criminal statute	Class D felony	<b>Strangulation:</b> Knowingly or intentionally applying pressure to the throat or neck of another person or obstructing the nose or mouth of another person in a manner that impedes the normal breathing or the blood circulation of the other person.	<b>Strangulation: Class D Felony</b> (Ind. Code Ann. § 35-42-2-9);  “A person who, in a rude, angry, or insolent manner, knowingly or intentionally: (1) applies pressure to the throat or neck of another person; or (2) obstructs the nose or mouth of another person; in a manner that impedes the normal breathing or the blood circulation of the other person commits strangulation, a Class D felony.”
<b>Iowa</b>	None	--	--	--
<b>Kansas</b>	None	--	--	--
<b>Kentucky</b>	None	--	--	--
<b>Louisiana</b>	Criminal domestic violence statute	Not specified	<b>Strangulation:</b> Intentionally impeding the normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of the victim.	<b>Domestic abuse battery</b> (La. R.S. 14:35.3):  “Notwithstanding any other provision of law to the contrary, if the domestic abuse battery involves strangulation, the offender shall be imprisoned at hard labor for not more than three years.”





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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Massachusetts (cont.)</b>				state prison for not more than twenty years or by a fine of not more than one thousand dollars and imprisonment in jail for not more than two and one half years.”
<b>Michigan</b>	Criminal attempted murder statute	Felony	No definition of strangulation provided.	<p><b>Attempt to murder: Felony</b> (M.C.L.A. 750.91):</p> <p>“Any person who shall attempt to commit the crime of murder by poisoning, drowning, or <b>strangling</b> another person, or by any means not constituting the crime of assault with intent to murder, shall be guilty of a felony, punishable by imprisonment in the state prison for life or any term of years.”</p>
<b>Minnesota</b>	Criminal domestic violence statute	Felony	<p><b>Strangulation:</b> 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.</p>	<p><b>Domestic assault by strangulation: Felony</b> (Minn. Stat. §609.2247):</p> <p>“Unless a greater penalty is provided elsewhere, whoever assaults a family or household member by strangulation is guilty of a felony and may be sentenced to imprisonment for not more than three years or to payment of a fine of not more than \$5,000, or both.”</p>
<b>Mississippi</b>	Criminal	Possible	<b>Strangulation:</b> Restricting the flow	<b>Simple and</b>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Mississippi (cont.)</b>	domestic violence statute	felony	of oxygen or blood by intentionally applying pressure on the neck or throat of another person by any means or to intentionally block the nose or mouth of another person by any means.	<p><b>aggravated assault; simple and aggravated domestic violence: Possible felony</b> (Miss. Code Ann. § 97-3-7):</p> <p>“A person is guilty of aggravated domestic violence who commits aggravated assault as described in subsection (2) of this section against, <b>or who strangles, or attempts to strangle,</b> a current or former spouse or a child of that person, a person living as a spouse or who formerly lived as a spouse with the defendant or a child of that person, other persons related by consanguinity or affinity who reside with or formerly resided with the defendant, a person who has a current or former dating relationship with the defendant, or a person with whom the defendant has had a biological or legally adopted child. Upon conviction, the defendant shall be punished by imprisonment in the custody of the Department of Corrections for not less than two (2) years; however, upon a third or subsequent</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Mississippi (cont.)</b>				<p>conviction of aggravated domestic violence, whether against the same or another victim and within five (5) years, the defendant shall be guilty of a felony and sentenced to a term of imprisonment of not less than ten (10) nor more than twenty (20) years.”</p> <p>A person convicted of aggravated domestic violence shall not be eligible for parole under the provisions of Section 47-7-3(1)(c) until he shall have served one (1) year of his sentence.</p>
<b>Missouri</b>	Criminal domestic violence statute	Class C felony	No definition of strangulation provided.	<p><b>Domestic assault in the second degree, penalty: Class C felony</b> (Mo. Rev. Stat. §565.073):</p> <p>A person commits the crime of domestic assault in the second degree if the act involves a family or household member or an adult who is or has been in a continuing social relationship of a romantic or intimate nature with the actor and he or she attempts to cause or knowingly causes physical injury to such family or household member by any means, including but not limited to, by use of a deadly</p>

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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
<b>Missouri (cont)</b>				<p>weapon or dangerous instrument, <b>or by choking or strangulation.</b></p> <p>Domestic assault in the second degree is a class C felony.</p>
<b>Montana</b>	None	--	--	--
<b>Nebraska</b>	Criminal statute	Class IV or III felony	<p><b>Strangulation:</b> Knowingly or intentionally impeding the normal breathing or circulation of the blood of another person by applying pressure on the throat or neck of the other person.</p>	<p><b>Strangulation; penalty; affirmative defense: Class IV or III felony</b> (Neb. Rev. Stat. §28-310.01):</p> <p>A person commits the offense of strangulation if the person knowingly or intentionally impedes the normal breathing or circulation of the blood of another person by applying pressure on the throat or neck of the other person.</p> <p>Strangulation is a Class IV felony, except it is a Class III felony if:</p> <p>(a) The person used or attempted to use a dangerous instrument while committing the offense;</p> <p>(b) The person caused serious bodily injury to the other person while committing the offense; or (c) The person has been previously convicted of strangulation.</p>
<b>Nevada</b>	Three criminal battery statutes;	Category B or C felony	<p><b>Strangulation:</b> Intentionally impeding the normal breathing or</p>	<p><b>Battery; Definitions; penalties: Category</b></p>

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<b>Nevada (cont.)</b>	bail factor; restriction on probation		circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person in a manner that creates a risk of death or substantial bodily harm.	<p><b>C or B felony</b> (Nev. Rev. Stat. Ann. §200.481):</p> <p>If the battery <b>is not</b> committed with a deadly weapon, <b>and</b> either substantial bodily harm to the victim results <b>or the battery is committed by strangulation</b>, it is a category C felony</p> <p>If the battery <b>is</b> committed with the use of a deadly weapon, <b>and</b> substantial bodily harm to the victim results <b>or the battery is committed by strangulation</b>, it is a category B felony punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 15 years, and may be further punished by a fine of not more than \$10,000.</p> <p><b>Battery which constitutes domestic violence: Penalties; referring child for counseling; restriction against dismissal, probation and suspension; definitions: Category C felony</b> (Nev. Rev. Stat. Ann. §200.485):</p>

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Nevada (cont.)				<p>Unless a greater penalty is provided pursuant to §200.481, a person convicted of a battery which constitutes domestic violence <b>and is committed by strangulation</b>, is guilty of a category C felony and shall be punished by a fine of not more than \$15,000.</p> <p><b>[Battery with the intent to commit sexual assault]</b>  <b>Definitions;</b>  <b>penalties: Category A felony</b> (Nev. Rev. Stat. Ann. §200.400):</p> <p>If a person is convicted of battery with the intent to commit sexual assault and the crime results in substantial bodily harm to the victim <b>or is committed by strangulation</b>, the individual shall be punished for a category A felony by imprisonment in the state prison for life without the possibility of parole; or for life with the possibility of parole, with eligibility for parole beginning when a minimum of 10 years has been served, as determined by the verdict of the jury, or the judgment of the court if there is</p>

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Nevada (cont.)				<p style="text-align: center;">no jury.</p> <p><b>Right to bail before conviction; exceptions; imposition of conditions; arrest for violation of condition</b> (Nev. Rev. Stat. Ann. §178.484):</p> <p>The bail amount for a person arrested for a domestic violence battery is affected by whether the individual has previous convictions for domestic violence and whether the battery was “committed by strangulation.” Previous convictions, as well as committing the battery by strangulation, increase the bail amount.</p> <p><b>Additional penalty: Felony committed in violation of order for protection or order to restrict conduct; restriction on probation</b> (Nev. Rev. Stat. Ann. §193.166):</p> <p>The court shall not grant probation to or suspend the sentence of any person convicted of battery which is committed by strangulation if an additional term of imprisonment may be imposed for that primary offense</p>



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<b>State</b>	<b>Specific type of law(s) which addresses strangulation</b>	<b>Classification of the crime</b>	<b>Definition of strangulation (and suffocation)</b>	<b>Statute(s)</b>
				pursuant to this section.
<b>New Hampshire</b>	Criminal assault statute	Class B felony	<b>Strangulation:</b> The application of pressure to another person's throat or neck, or the blocking of the person's nose or mouth, that causes the person to experience impeded breathing or blood circulation or a change in voice.	<b>Second Degree Assault: Class B felony</b> (N.H. Rev. Stat. §631:2):  A person is guilty of a class B felony if he or she purposely or knowingly engages in the strangulation of another.
<b>New Jersey</b>	None	--	--	--
<b>New Mexico</b>	None	--	--	--
<b>New York</b>	Three criminal statutes	Class C felony, Class D felony, or Class A misdemeanor	<b>Strangulation:</b> Intentionally impeding the normal breathing or circulation of the blood of another person by applying pressure on the throat or neck of such person, or by blocking the nose or mouth of such person.	<b>Criminal obstruction of breathing or blood circulation: Class A misdemeanor</b> (NY Penal §121.11):  “A person is guilty of criminal obstruction of breathing or blood circulation when, with intent to impede the normal breathing or circulation of the blood of another person, he or she: <b>a.</b> applies pressure on the throat or neck of such person; <b>or</b> <b>b.</b> blocks the nose or mouth of such person. Criminal obstruction of breathing or blood circulation is a class A misdemeanor.”  <b>Strangulation in the second degree: Class D felony</b> (NY Penal

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<b>New York (cont.)</b>				<p style="text-align: center;">§121.12):</p> <p>“A person is guilty of strangulation in the second degree when he or she commits the crime of criminal obstruction of breathing or blood circulation, as defined in section 121.11 of this article, and thereby causes stupor, loss of consciousness for any period of time, or any other physical injury or impairment. Strangulation in the second degree is a class D felony.”</p> <p><b>Strangulation in the first degree: Class C felony</b> (NY Penal §121.13):</p> <p>“A person is guilty of strangulation in the first degree when he or she commits the crime of criminal obstruction of breathing or blood circulation, as defined in section 121.11 of this article, and thereby causes serious physical injury to such other person. Strangulation in the first degree is a class C felony.”</p> <p><b>Sentence of imprisonment for a violent felony offense</b> (NY Penal §70.02):</p> <p>Under this statute, the</p>

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<b>New York (cont.)</b>				term of sentence for strangulation in the second degree (a class D felony) must be at least two years and must not exceed seven years, and for strangulation in the first degree (a class C felony) must be at least three and one-half years and must not exceed fifteen years.
<b>North Carolina</b>	Criminal statute	Class H felony	No definition of strangulation provided.	<b>Assault inflicting serious bodily injury; strangulation; penalties: Class H felony</b> (N.C. Gen. Stat. §14-32.4):  “Unless the conduct is covered under some other provision of law providing greater punishment, any person who assaults another person and inflicts physical injury by strangulation is guilty of a Class H felony.”
<b>North Dakota</b>	None	--	--	--
<b>Ohio</b>	Bail consideration in domestic violence cases	--	No definition of strangulation provided.	<b>Factors to be considered when setting bail</b> (O.R.C. § 2919.251):  One of the factors is the severity of the alleged violence that is the basis of the offense, including but not limited to, the duration of the alleged violent incident, and whether the alleged violent incident

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<b>Ohio (cont.)</b>				involved serious physical injury, sexual assault, <b>strangulation</b> , abuse during the alleged victim's pregnancy, abuse of pets, or forcible entry to gain access to the alleged victim.
<b>Oklahoma</b>	Criminal domestic violence statute; bail consideration	Felony	<b>Strangulation:</b> Any form of asphyxia; including, but not limited to, asphyxia characterized by closure of the blood vessels or air passages of the neck as a result of external pressure on the neck or the closure of the nostrils or mouth as a result of external pressure on the head.	<b>Assault – Assault and battery – Domestic abuse: Felony</b> (21 Okl. St. §644):  This statute was recently amended. In the old version, domestic violence by strangulation was punished by imprisonment in the custody of the Department of Corrections for a period of not less than three years nor more than ten years, or by a fine of not more than \$20,000, or by both such fine and imprisonment  After the recent amendment goes into effect, the punishment described in the old version will only be used upon a second or subsequent conviction; the first offense is punished by imprisonment for a period not less than one year nor more than three years, or by a fine of not more than \$3,000, or by both

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<b>Oklahoma (cont.)</b>				<p>such fine and imprisonment.</p> <p><b>Defendant discharged on giving bail – Exceptions</b> (22 Okl. St. §1105):</p> <p>Before determining bond and other conditions of release as necessary for the protection of the alleged victim, the court shall consider, among other factors, the severity of the alleged violence that is the basis of the alleged offense including, but not limited to, whether the alleged violent incident involved strangulation.</p>
<b>Oregon</b>	Criminal statute	Class A misdemeanor	<p><b>Strangulation:</b> Knowingly impeding the normal breathing or circulation of the blood of another person by applying pressure on the throat or neck of the other person; or blocking the nose or mouth of the other person.</p>	<p><b>Crime of strangulation: Class A misdemeanor</b> (Or. Rev. Stat. §163.187):</p> <p>A person commits the crime of strangulation if the person knowingly impedes the normal breathing or circulation of the blood of another person by applying pressure on the throat or neck of the other person; or blocking the nose or mouth of the other person.</p> <p>Strangulation is a Class A misdemeanor.</p>
<b>Pennsylvania</b>	None	--	--	--

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<b>Rhode Island</b>	None	--	--	--
<b>South Carolina</b>	None	--	--	--
<b>South Dakota</b>	None	--	--	--
<b>Tennessee</b>	Criminal assault statute	Class C felony	<b>Strangulation:</b> Intentionally impeding normal breathing or circulation of the blood by applying pressure to the throat or neck or by blocking the nose and mouth of another person.	<b>Aggravated assault: Class C felony (TN ST § 39-13-102):</b>  A person commits aggravated assault who intentionally or knowingly commits an assault as defined in § 39-13-101, and attempts or intends to cause bodily injury to another by <b>strangulation.</b>
<b>Texas</b>	Criminal domestic violence statute	Felony in the 3 <sup>rd</sup> degree	<b>Strangulation:</b> Intentionally, knowingly, or recklessly impeding the normal breathing or circulation of the blood of the person by applying pressure to the person's throat or neck or by blocking the person's nose or mouth.	<b>Assault: felony in the 3<sup>rd</sup> degree (Tex. Penal Code §22.01):</b>  The offense is a felony of the third degree if it is committed against a person whose relationship to or association with the defendant is described by Section 71.0021(b), 71.003, or 71.005, Family Code, if the offense is committed by intentionally, knowingly, or recklessly impeding the normal breathing or circulation of the blood of the person by applying pressure to the person's throat or neck or by blocking the person's nose or mouth.
<b>Utah</b>	None	--	--	--



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				to the victim or to another and the victim reasonably believes that the actor has the present ability to carry out the threat.
<b>Virginia</b>	Criminal robbery statute	Felony	No definition of strangulation or suffocation provided.	<p><b>[Robbery] How punished: Felony</b> (VA Code Ann. § 18.2-58):</p> <p>If a person commits robbery by <b>partial strangulation, or suffocation</b>, that is a felony punished by confinement in a state correctional facility for life or any term not less than five years.</p>
<b>Washington</b>	Criminal assault statute	Class B felony	<p><b>Strangulation:</b> Compressing a person's neck, thereby obstructing the person's blood flow or ability to breathe, or doing so with the intent to obstruct the person's blood flow or ability to breathe.</p> <p><b>Suffocation:</b> Blocking or impairing a person's intake of air at the nose and mouth, whether by smothering or other means, with the intent to obstruct the person's ability to breathe.</p>	<p><b>Assault in the second degree: Class B felony</b> (Rev. Code Wash. §9A.36.021):</p> <p>A person is guilty of assault in the second degree if he or she, under circumstances not amounting to assault in the first degree, assaults another by strangulation or suffocation.</p>
<b>West Virginia</b>	Criminal robbery statute	Robbery in the 1 <sup>st</sup> degree	No definition of strangulation or suffocation provided.	<p><b>Robbery or attempted robbery; penalties</b> (W. Va. Code §61-2-12):</p> <p>Any person who commits or attempts to commit robbery by committing violence to the person, including, but not</p>



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<b>West Virginia (cont.)</b>				limited to, <b>partial strangulation or suffocation</b> or by striking or beating is guilty of robbery in the first degree and upon conviction shall be imprisoned in a state correctional facility not less than 10 years.
<b>Wisconsin</b>	Criminal statute	Class G or H felony	<b>Strangulation:</b> Intentionally impeding the normal breathing or circulation of blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person.	<b>Strangulation and suffocation: Class H or G felony</b> (W.S.A. 940.235):  “Whoever intentionally impedes the normal breathing or circulation of blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person is guilty of a Class H felony.”  Whoever violates the above provision is guilty of a Class G felony if the actor has a previous conviction under this section or a previous conviction for a violent crime, as defined in s. 939.632(1)(e)1.
<b>Wyoming</b>	Criminal domestic violence statute	Felony	<b>Strangulation:</b> Intentionally and knowingly or recklessly causing or attempting to cause bodily injury to another person by impeding the normal breathing or circulation of blood by applying pressure on the throat or neck; or blocking the nose and mouth of the other person.	<b>Strangulation of a household member; penalty: Felony</b> (WY ST § 6-2-509):  A person is guilty of strangulation of a household member if

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<b>Wyoming (cont.)</b>				<p>he intentionally and knowingly or recklessly causes or attempts to cause bodily injury to a household member by impeding the normal breathing or circulation of blood by applying pressure on the throat or neck of the household member; or blocking the nose and mouth of the household member.</p> <p>Strangulation of a household member is a felony punishable by imprisonment for not more than five years.</p>

## Appendix 4: Maine Prevalence and Impact

### a. Maine Coalition to End Domestic Violence: Survivor Voices 2011

Survey Summary: During September, October and November of 2011, MCEVDV instituted a statewide survey of domestic violence survivors who had experienced being strangled by an intimate partner. Survivors who received services at Maine's domestic violence resource centers during that three-month interval, who were not in need of emergency response, were offered a chance to complete a brief survey. 151 women participated. These are the questions, their responses and sample comments.

**Q1. Has someone you have been involved in an intimate or dating relationship with ever strangled, choked or aggressively put their hands or something around your throat or neck?**

72.8% (110) Yes                      27.2% (41) No

**Q2. If yes: did the abuser strangle/choke/aggressively put hands or something around your throat on more than one occasion?**

79.3% (88) Yes                      20.7% (23) No

**Q3. Did you lose consciousness while you were being strangled/choked?**

33.6% (38) Yes                      66.4% (75) No

**Q4. Was the strangulation/ choking part of an assault that also included other violent and/or abusive behaviors?**

84.1% (95) Yes                      16.8% (19) No

**Q5. Did you receive medical attention for this assault?**

24.5% (27) Yes                      75.5% (83) No

**Q6. If you received medical attention, did the medical provider document that strangulation/choking occurred in your medical record?**

24.4% (11) Yes                      48.9% (22) No  
26.7% (12) I don't know

**Q7. Was law enforcement involved in the incident?**

39.4% (41) Yes                      61.5% (64) No

**Q8. If law enforcement was involved, did the police officer ask questions about strangulation/choking and document it in his/her report?**

61.4% (35) Yes                      38.6% (22) No

**Q9. Do you know what made the abuser stop strangling/choking you?**

50.5% (54) Yes                      49.5% (53) No

**Q10. It is important that people understand the possible impact of strangulation/choking on a victim. After this event, do you feel that you were more afraid, intimidated or changed your behavior in any way due to a fear of it happening again?**

88.1% (96) Yes                      11.9% (13) No

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**ADDITIONAL FINDINGS:** In addition to the questions that we asked, two important points came from survivor's consistent, unsolicited comments. First, they did not realize the possible medical impact from non-lethal strangulation. Second, they reported that professionals, for the most part, just did not ask about strangulation.

### Themes and Sample Comments

**Q9: Why did it stop?**

Consequences to her:

- I passed out; My contacts popped out of my eyes; I like to think that it was because he didn't really want to kill me.

Intervention by a child or other:

- My son threw himself on both of us and he stopped; I was holding one of my children at the time; My child came into the room and started screaming; My two year old came in the room; His mother hollered at him..

Intervention (or fear of intervention) by an authority:

- Police knocked on the door; Realized could go to jail for attempted murder:

Action on her part:

- I started crying and begging him to stop. I told him to remember I have a little boy; One time was because my hands were free and I punched him. (Another time was because I went unconscious.)

Other: Done violating sexually; He didn't, I had to leave him; Got his point across

**Q10: Impact on the Victim:**

Fear and submission:

- I did whatever the hell he wanted me to do; I was afraid of it happening again so I tried to do what he told me to do; I was terrified of him. He made it clear he could kill me with one hand. I lived in fear for 20 years. He often grabbed me by the throat to get my attention. Today I often choke on my saliva and am constantly trying to clear my throat. I can't let anyone get near my neck. His choking sent the message "he was the boss". I was afraid to call the police. Because the only time I did, they did nothing and he said he would kill me if I ever did it again.

Flight and continued fear:

- After the second time, I took the children and left. I have gotten a PFA to keep him away; Victim reported that she is "done with him" due to being choked by the abuser on several occasions. She is in fear for her life.

Other consequences:

- You withdraw, become more apprehensive of anybody approaching you. More guarded. Lose the open trust that you had. Now I stay away from all relationships.

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**b. Maine Batterer's Intervention: Maine Batterers' Voices on Strangulation**

The Maine Commission on Domestic and Sexual Abuse members thought that batterers voices should be included to inform their study on strangulation conducted during 2011-2012. The goal would be to inform the Commission's understanding of the impact of the act of strangulation from the batterer's perspective. Maine Association of Batterer Intervention Programs (MABIPS) worked with the Maine Coalition to End Domestic Violence (MCEDV) to coordinate questions for two surveys, one for abusers and one for survivors so that the two would be complementary.

125 men actively participating in a Batter Intervention Class in Maine agreed to participate in the Strangulation Survey. The geographic areas covered by this survey were; Sagadahoc and Eastern Cumberland, Kennebec, Androscoggin and Franklin Counties.

Q1. Have you ever strangled a partner at any time in your life?

**35** admitted **Yes** and continued to fill out the survey questions.

Q2. Did this behavior occur with more than one of your partners? **35% Yes**

Q3. How often did this behavior occur?

- Once 57%**
- Few times 31%**
- Many times 5%**

Q4. Did your partner ever lose consciousness? **20% Yes**

Q5. Was the strangulation/choking behavior during an incident that included other violent or abusive behavior? **83% Yes**

Q6. Did you get scratched, kicked, or injured in some way by your partner defending herself? **31% Yes**

Q7. Once law enforcement was involved did they ever ask about strangulation/choking? **46% Yes**

Q8. Did law enforcement document the strangulation/choking in the report? **49% Yes**

Q9. Was strangulation involved in the offence that got you sentenced to a Certified Batterer Intervention Program? **31% Yes** If so, was it part of the charge? **37% Yes**

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Additionally, participants were asked open-ended questions. Here are comments from the open-ended questions.

What made you stop?

- Scared her.
- Knew it was wrong.
- I felt her pass out.
- I thought I might kill her and then I would go to jail.
- Our son pulled me off.

Why did you choose to strangle/choke? Did it accomplish what you wanted to happen?

- It made her do what I wanted. Yes.
- Stop her from moving. Yes.
- Get what I wanted. Yes.
- Sense of control.
- Stop her from leaving.

In summary, we note that the results of this brief survey, though limited by the size of the sample, coordinate closely with the results of the survey of the survivors. We note that strangulation has a significant impact within the context of domestic and sexual abuse and that abusers understand the social/emotional impact and intimidation as a toll of control. We additionally note, that abusers do not always understand the medical severity of the act of strangulation.

**c. Maine Coalition Against Sexual Assault**

**Maine Coalition Against Sexual Assault  
Member Center Strangulation Survey Results  
December 21, 2011**

**Methodology:** Member centers were asked to complete a short electronic survey, indicating how many clients or callers had experienced strangulation, choking, or had been aggressively held around the neck or throat with hands or objects. All center staff were invited to participate. The survey then asked questions about the known experiences and outcomes associated with the strangulation, whether the client sought medical or law enforcement attention, and whether the strangulation was documented during those interactions. Responses came from two-thirds of MECASA member centers, representing nearly every geographic region of the state.

**Results:** Nearly every center which responded to the survey indicated that they have worked with clients who had experienced strangulation. Advocates report that this form of violence is typically in conjunction with completed (87%) or attempted sexual assault. The strangulation always resulted in injury, sometimes including loss of consciousness. Though less than half of all clients sought medical attention or made a report to law enforcement (in keeping with state and national rates of reporting for sexual violence), when they did seek services, the strangulation was documented frequently.

**Frequency:** Of clients indicating they have experienced this kind of violence, **about half** have done so on more than one occasion.

**Injuries:** Of clients experiencing strangulation, **100 percent** experienced bruising on throat or neck, difficulty breathing/swallowing, loss of consciousness, and/or other injuries as a result.

**Forms of Violence:** The strangulation occurred nearly **100 percent** of the time in conjunction with attempted or completed sexual assault, and about **80 percent** of the time, some other form of violence was also part of the event.

**Stopping the Strangulation:** Clients experiencing strangulation largely indicated that the strangulation did not end until the perpetrator had completed the violence. Responses included, "He was done." "Client gave in to perpetrator demands." "Client lost consciousness." "Perpetrator threatened to kill client." Only one response indicated that the client was able to end the strangulation by kneeing the perpetrator in the groin.

**Medical Attention and Documentation:** About **50 percent** of clients experiencing strangulation sought medical attention. Of those, the strangulation was documented **two-thirds** of the time.

**Law Enforcement Reporting and Documentation:** **More than half the time**, clients experiencing strangulation did not make a report to law enforcement. Of those who did, the strangulation was documented **two-thirds** of the time.

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