



AN EVALUATION OF THE NON-FATAL STRANGULATION PROTOCOL IN UTAH

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According to the National Coalition Against Domestic Violence, “domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse” (“NCADV: National Coalition Against Domestic Violence”). Domestic violence, also referred to as intimate partner violence (IPV), is a pertinent issue in the United States affecting 1 in 4 women nationwide. IPV is prevalent in Utah, affecting 1 in 3 women (“Domestic Violence Statistics in Utah”, 2015). Domestic violence is considered a public health issue as it profoundly affects the health outcomes of those who experience it. Non-fatal strangulation is a common IPV behavior that often leads to traumatic brain injuries due to the deprivation of oxygen to the brain and the likely accompaniment of blunt force trauma to the head (Snyder, 2017). Non-fatal strangulation as intimate partner violence is also an indicator of later more lethal forms of violence (Manne, 2019).

There appears to be a strong correlation between IPV and non-fatal strangulation. In a study of 300 victims of non-fatal strangulation, 89% had experienced domestic violence (Strack et. al, 2001). Victims of IPV are frequently not screened for strangulation or brain injury, and these patients are often not capable of advocating for themselves as many that have lost consciousness are unable to accurately remember the incident. Most non-fatal strangulation cases report minor or no visible injury. In the same study, only 15% of cases had injuries deemed visible enough to take photographic evidence (Strack et. al, 2001). However, many victims suffer internal injuries, and some have died several weeks after their attack due to the brain damage from the strangulation (Douglas & Fitzgerald, 2014).

In 2017, the Utah legislature passed HB17, Offenses Against The Persons Amendments, which modified the crime of aggravated assault to include strangulation. These amendments do not include the word “strangulation,” but provide the following definition, “any act that impedes the breathing or the circulation of blood of another person by the actor's use of unlawful force or violence that is likely to produce a loss of consciousness by: applying pressure to the neck or throat of a person; or obstructing the nose, mouth, or airway of a person.” These modifications made non-fatal strangulation a third-degree or second-degree felony depending on the severity of injuries, or the loss of consciousness.

The effects of this legislation are unclear as it is still relatively new. In 2019, Dr. Annie Isabel Fukushima, assistant professor with the Ethnic Studies Division, began a research collaboration with the University of Utah and the Utah YWCA Family Justice Center to pilot the Nonfatal Strangulation committee. This committee is comprised of entities including the Salt Lake City Dispatch, Utah Domestic Violence Coalition, the Fire Department, and the Police Department. In June 2019, nearly 1,000 first responders were trained in a new screening protocol

and in understanding risks and signs of strangulation in order to improve their responsiveness to domestic violence calls ("The Dangers of Strangulation: New Protocol Will Help Save Lives", 2019).

This research study contributes to a larger effort to evaluate the efficacy of HB17 and the corresponding protocol. Our small research team of Dr. Fukushima and students from the University of Utah is collecting data from various sources to thoroughly examine the outcomes of these procedures in collaboration with the YWCA and the Non-fatal strangulation committee. This study employs mixed methods – qualitative and quantitative data collection. In addition to collecting quantitative data from medical records and court cases, the research team is conducting qualitative interviews to better understand how Utah stakeholders (law enforcement, fire department, 9-1-1 dispatch, medical services, and social services) are implementing the newly created Non-Fatal Strangulation Protocol.

Through thematic analysis, the research team will better understand how survivors of IPV interact with first-responders who implement the protocol, and develop a better understanding of these systems and their ability respond to various forms of domestic violence. The research further aims to develop an understanding of the outcomes of the county-wide protocol on non-fatal strangulation and intimate partner/domestic violence and to determine whether changes are needed to make the protocol more effective.

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