



# A Fresh Breath

## Executive Summary

Examining the experience of strangulation among women abused by an intimate partner



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# EXECUTIVE SUMMARY

WomenatthecentrE is a not-for-profit organization comprised of a network of women survivors of gender based violence. The organization has over 1,200 women globally. This study focused on the Ontario membership, which comprises over 700 members. The organizations' mandate is to ensure that the voices of women with lived experience are integral to the development and implementation of public policy.

In 2014, encouraged by the Board of Directors, WomenatthecentrE embarked on a participatory action research project to explore the physical and emotional impact of strangulation on women survivors who had experienced strangulation within the context of an intimate partner relationship. It was hoped that the results would provide direction on how to improve the health and safety of women and inform educational opportunities for first responders who often are in contact with women survivors in situations of crisis.

Funding for the research project was provided by Women's College Hospital's Women's XChange program.

The total number of women interviewed for this study was 15. However, one woman's data were not included here because the strangulation she felt comfortable discussing was related to an experience of state-sanctioned torture, not intimate partner violence. All the women were provided with information on counselling services available in their area if they required this during or following the interview.

We have grouped our findings as follows, which we term as the **4 C's of Strangulation**:

1. **Context**: general information about the relationship and the circumstances leading up to the specific strangulation episode, together with details on the method or manner in which the strangulation occurred
2. **Consequences**: the physical impacts and extent of injuries associated with the incident and the emotional impacts of the strangulation, in particular, whether any of the emotional or physical injuries have persisted over time
3. **Communication**: the help-seeking behaviours, including whether and to whom they disclosed being strangled, in particular, whether they sought medical intervention or contacted the police for assistance after the strangulation episode
4. **Care**: what types of interventions they found were helpful and supportive, or ineffective

We later used the **4 C's of Strangulation** to develop tools and resources for women who had experienced strangulation and for healthcare providers to better respond to and support survivors of strangulation.

## LANGUAGE MATTERS: STRANGULATION VERSUS CHOKING

It is important to make a clear distinction between being strangled and choking. While they are colloquially interchangeable, it is important to use the correct word 'strangulation' when describing the physical act of applying external force to the neck area and cutting off oxygen flow to and away from the brain. This is very different from choking, which involves an object, like a piece of food, being trapped inside the throat.

Choking is usually accidental, something one causes by oneself. Strangulation, especially in the context of intimate partner violence, is an intentional and deliberate act that somebody does to someone else.

Some of the women in the study described what happened to them as 'choking' and while the general population currently uses these words interchangeably, it is incorrect. Calling a strangulation episode 'choking' tends to lessen the seriousness of the assault and minimizes the potentially lethal injuries that the victim may have sustained. It also fails to draw attention to the increased risks such behaviour poses.



*"[H]e had grabbed me around my throat and starting choking me." (#3)*

*"I just remember my toes on the ground and he's choking me." (#5)*

*"[B]ut when he starts the choking, he [is] just shaking you." (#6)*

*"[H]e started choking me." (#14)*

*"[T]hen [he] kept choking, like putting pressure on." (#15)*

It is therefore important to use the proper terminology because society needs to acknowledge the extensive and serious physical injuries and emotional impacts experienced by all the women in this study and others, as a result of being strangled by an intimate partner. That way, the perpetrators can be held accountable for these premeditated assaults.

## STRANGULATION IS PART OF WOMEN'S HISTORY OF INTIMATE PARTNER VIOLENCE, ALSO AFFECTING OTHERS

All of the women interviewed stated that there was a prior history of intimate partner violence with the (ex)partner, including controlling and coercive behaviour, physical, sexual, as well as emotional abuse.

50% of women stated that their children witnessed or heard the assault.

*"I had one daughter in my arms. My baby was in my arms." (#3)*

*"I screamed to my children. My son came. He saw how I was. I was screaming 'Don't stay here. If I don't wake up tomorrow, you can tell grandma how I died'." (#4)*

*"I was thinking like, OK. This is too much. And my kids are witnessing too much, and the baby was there, and she was only a year old, and she was devastated right?...My daughter still remembers it and she remembers sitting in that room. As soon as we got off the plane, the first thing she says to my brother is 'My dad choked my mom'." (#14)*

21% of the women also explained that there had been previous physical abuse of their pets, with 14% saying that their pets were present during the strangulation episode.

*"My dog was with me. I find that important, because he was never the same." (#5)*

## STRANGULATION IS DIFFERENT FROM OTHER FORMS OF INTIMATE PARTNER VIOLENCE

Survivors know that strangulation is a totally different kind of abusive behaviour because it renders the victim voiceless. She is silenced, metaphorically and literally, as in the moment, she is unable to call out to anyone, and thereafter, she is unwilling to argue with him for fear of it reoccurring.

*"It's different to be beaten than be[ing] strangled because there is an intent to end your life. I can hit you and I know well, I can break something, or your face, or your body. But if I strangle you, I know what I am doing...When you are strangled, your voice is not coming out for people to hear and that's the scariest part; you just know that I can die and no one will come and help me... you know?" (#6)*

*"Just scaring me into thinking if we fight again this is going to happen again." (#10)*

## ANYTHING CAN SET HIM OFF

86% of the women could identify an event that triggered the strangulation. The women's perceptions of the precipitating factors leading up to the strangulation were varied, although the two most frequently cited were related to acts of defiance, ie. not doing what her (ex)partner wanted her to do (50%) and separation (33%).



*"[He] didn't like it when I didn't do exactly what he wanted me to do. And he wanted me to do exactly what he said. He got the wrong girl." (#2)*

*"So um, like he's told me 'If you're not loud this won't happen, so just be calm. Be quiet and just be nice to me'" (#10)*

An act of defiance was for one woman specifically refusing to have sex within 24 hours of giving birth.



*"He wanted sex and I said no." (#4}*

For another woman, her (ex)partner became enraged when she didn't get out of bed quickly enough to keep the baby quiet.



*"Ya; the baby woke up...[and] interrupted his sleep." (#3)*

Separation is a particularly dangerous time for women, as confirmed in a recent report of the Ontario Domestic Violence Death Review Committee (Office of the Chief Coroner for Ontario, 2013-2014).



*"I had left him. I had no intentions of going back...I came back to the house ... to get some belongings, cause I left very quickly, without my stuff or my daughter's stuff." (#09)*

*"When I wanted to leave he would strangle me. Whenever I wanted to leave that was his way of controlling me." (#14)*

## ANYTHING CAN SET HIM OFF CONT'D

Other women could not always identify a triggering cause that led to the strangulation.



*"[N]ow I know it, that wouldn't matter. I could've burnt macaroni and cheese, and I saw later on that it could've been anything. It didn't have to be that. He could've just been in that mood. And when the mood struck him, the mood struck him and he struck me." (#3)*

The characteristics of the perpetrators were not explored; however some of the women talked about the childhood experiences of their (ex)partners, and contextualized their violence and aggression as stemming from the ways in which they were socialized.



*"The grandfather was very abusive, physically, sexually as well. So they didn't really have a chance in life. That, you know, in no way negates what he did. But I mean all he ever saw was his father beat his women. So that's how he knew how to relate to women. [H]e's still like that today. I mean, he's almost 60, I think and he is still in that mindset. He's never accepted what he did to me – never. He's always said that it's my fault, that it was always my fault. He's never taken accountability or responsibility for any of this." (#3)*

*"He's had a bad upbringing growing up. He's spent his whole life in jail, so I feel bad for him. He doesn't have family like I do, so yeah, I feel sorry for him sometimes." (#10)*

Women were asked if they felt that alcohol was a factor in the strangulation; 14% percent indicated that alcohol had been a factor in their assault and 14% noted that other types of drugs were involved. One woman stated that both her and her (ex)partner had been drinking when the strangulation occurred.

## WOMEN ARE MOST LIKELY TO BE STRANGLED IN THEIR OWN HOMES, THE PLACE WHERE THEY ARE MEANT TO BE MOST SAFE

In all situations, women were strangled in their place of residence. While one woman was strangled outside of the house, the most frequently cited room was in their bedroom (36%) or the family room (29%). However, 14% of the women were strangled in the bedrooms of their children.

## MANUAL STRANGULATION IS THE MOST COMMON METHOD OR FORM. IT IS PERSONAL

Our findings support previous research that indicates manual strangulation as the most common form of strangulation used in intimate partner assaults (Strack, 2001). **This is a meaningful finding in that it demonstrates that abusers do not try to distance themselves.** By choosing to use his hands, there is no pretext, no way of missing the reality that at that moment, he is the one with the ultimate power.



*"Yes, yeah, two hands, two hands; there is no space. Every space on your neck is covered... It was a shock because all of a sudden you see the hands of someone around your neck. It's just an experience that you don't expect because that is where your air is coming from." (#6)*

*"He always did two hands and he would always lift my head and then bang it, lifted my head and banged it, and then just kept choking, like putting pressure on, and it was like this look in his eyes. Oh my god; I'll never forget it. (#15)*

## MANUAL STRANGULATION IS AS PERSONAL AS IT CAN GET

All of the women reported that their (ex)partner strangled them with his hands and from the front. One woman was strangled from the back and then from the front. This forced the women to look directly at the face of their attacker.



*"[H]is face was so red, and he was like seething ... and he just wanted to get me." (#2)*

*"Yeah, the eyes are very narrow and they changed, even color...And you just can't connect. ... It's empty and ... when you come in this situation ... you [are] not dealing with a human being anymore." (#6)*

*"Oh my God; I'll never forget it. There was this look in his eyes. I can't even describe it; the devil. It was like he wanted to see my reaction and then I blacked out. I always, always blacked out." (#15)*

## STRANGULATION IS NOT A ONE-TIME OCCURRENCE

87% of women were strangled on more than one occasion. While the study explored the immediate and long-term physical and emotional impacts of the strangulation on women, it did not seek to make a correlation between these effects and the effects from being strangled on multiple occasions.



*"Once that happened, I think because I didn't call the police or do anything about it, you could then see that it was an every day, every hour occurrence, that he felt like I put up with it, so now he has the right to treat me like that all the time. So that's when the extreme isolation started happening." (#3)*

*"I can't count, because it happened often, so I have more collection than I want... Many times he would say ... 'I will kill you'; and then, once he saw that well, she is dying – then he would stop." (#6)*

*"Maybe 20 times; maybe more." (#11)*

*(More than 10 times?) "Oh yeah, because we had three different places that we lived and it happened at each place a minimum of five." (#15)*

## STRANGULATION OFTEN LEADS TO LOSS OF CONSCIOUSNESS

64% of women were strangled to the point where they lost consciousness.

*"I can't tell you what happened, because all I can remember is waking up. I know that when I came to, I was on the floor in the bedroom... He had grabbed me around my throat and starting choking me and that's when I passed out. So I have no idea how the baby got onto the bed or anything like that. I just knew that when I came to, I could hardly move. And I couldn't figure out what was wrong" (#3)*

*"When I woke up, ... I think I was pretty shocked, like how can you do that to me? Like, I passed out. You could have killed me. And when I came to, I could see that he was nervous... you could see that he had gone too far." (#10)*

*"I don't know. I just kind of remember waking up beside my daughter's bed... [S]he had put a blanket on me." (#14)*

## STRANGULATION RESULTS IN MULTIPLE ADVERSE EMOTIONAL EFFECTS

Most women reported experiencing more than one emotional impact, some of which continues to affect them today.

*"Sometimes, when I see a man behind me, I get scared" (#4)*

*"I think it's the sadness of the whole thing that affects me the most, of being helpless. You get the hope that one day you gotta get out and this is gonna end. But at some point you just feel that maybe it might not happen, [that] I will die one day, with the strangulation, like any minute, I can die. And this can happen over and over, as long as I am here in this house, this will continue to happen." (#6)*

## STRANGULATION RESULTS IN MULTIPLE ADVERSE, OFTEN LONG-TERM PHYSICAL EFFECTS

With respect to questions about the physical injuries sustained from the strangulation, most of the women (93%) described experiencing voice changes, that is, loss of voice, raspy voice, or hoarseness. Women also described neck pain (64%), difficulty breathing (71%), and/or difficulty swallowing (71%). One woman described a loss of control of bladder and bowels.

*"I don't know how to say [it hurt] for a week, because like I am saying right now, I feel the same [pain]... It just never leaves. [It's] in your memory; it's there. It's funny how it's in your head but physically I'm feeling it right now." (#6)*

*"Um so that's the injury I have. I went a pain specialist because of my back about a month ago and he's checking all my bones and I have, I forget what he called it; I don't want to say fused a vertebrae. That's what's in your neck? I've always suffered from migraines since the incident and when I have a migraine I can feel like it's swollen back here." (#9)*

*"Sometimes I have choking episodes...and everything closes off, to the point where I can't breathe and it actually bursts blood vessels in my throat so violently where blood is coming out of my nose. This is particularly triggered when I have contact with him or am concerned or in high stress times. The trauma counselor at the hospital told me it's quite normal to have something called a flesh memory." (#12)*

*"I had been having problems swallowing ... and I don't know if one has to do with the other, but you figure if it happens in 2012 and May of 2013 I was seeing a specialist and they were checking the lumps in my throat, cause I had two lumps in my throat the size of golf balls, about 3cm, and ... it felt like I keep on trying to swallow. It was very uncomfortable. It was horrible." (#15)*



## STRANGULATION IS OFTEN ACCOMPANIED BY SOME KIND OF HEAD TRAUMA

During the strangulation episode, 57% of women also experienced some form of head trauma, either from being shaken (43%) or from having their head pounded against the floor, wall or other hard object (14%). Many women described the effects of brain trauma, including specifically mentioning concussion (21%) – feeling light-headed (85%), headache (71%), loss of memory (57%), vision changes (50%), and confusion (21%).



*"[H]e was banging my head on the wall; something was cut and I think it was in my mouth. I lost blood and that blood has stained the wall and I tried all my life to wash it; it just never left." (#6)*

*"I have a hard time spelling words. I used to be the ... top student in Spelling Bees and everything; now I can't seem to remember how to spell words." (#11)*

*"[T]hey tell you, you have a concussion. They say you need to take a full cognitive rest. They say so for like a full week, so for a couple of weeks I was pretty out of it ... probably for a few months. I[t] was probably a few months, yeah, a really difficult time regaining my focus and keeping focus, particularly for work, yes." (#13)*

## STRANGULATION IS A DELIBERATE FORM OF VIOLENCE - THE ULTIMATE POWER AND CONTROL OVER A VICTIM

Women spoke about how conscious, deliberate, and skillful their (ex)partners were in bringing them to the edge of consciousness, close to dying, and then stopping. 79% of women thought that they were going to die during an incident. This shows that strangulation is the ultimate form of violence, used to demonstrate the abuser's power over a woman, by inducing terror and ensuring her submissiveness.



*"It's like someone wants to bring you to the edge of you dying and then, when you start going, then they let you live again. Someone is telling you that I have your life in my hands." (#6)*

*"[H]e had said 'I want you to not breathe anymore.'... And then he is going to kill me and kill himself....come after my kids, come after me. Yeah, pretty much everything." (#8)*

*"I changed. I became more submissive... I did what he was wanting me to. Yup, he's the bigger guy; he's got the bigger stick." (#2)*

## STRANGULATION LEAVES WOMEN IN FEAR FOR THEIR LIVES, DURING THE EPISODE AND LONG AFTER

The most frequently reported emotional impacts of strangulation were fear for her life (93%) and fear of her (ex) partner (93%).



*"I would say at the time I told myself I wasn't fearful.... I told myself I wasn't afraid of him. The truth is I was never not afraid of him after that. The lies we tell ourselves, right, to make it work.... That's the truth. If I saw him now, I would be afraid and it has been five years. So, never, it will never go away ... ever. When somebody does something and breaches your trust and this is a person that is protecting you, supposed to love you, and they breach that trust, [it] couldn't anyway." (#2)*

*"It really cemented the fact that he could kill me anytime he wanted. There was no doubt in my mind that he could do that." (#12)*

Other emotional impacts of strangulation included anger (86%), flashbacks (86%), helplessness (79%), sleep pattern changes (79%), and depression (71%).



*"My anger was at, just the nerve of somebody. You think you have the right to dictate who lives, who dies, and not giving a rat's ass about the consequences of your actions on your kids? How can you not see? How you not care? ... My anger still has not quite subsided because it was like a rage; it was like skin. I grew a new skin of anger." (#1)*

*"I feel like I have missed out on a lot of stuff in my kids' lives. Like now, we do all the stuff together and I remember it, but like sorta' ... pictures. I feel like I don't have much memories of that whole time period, you know. Like, I remember bits and pieces, but so much of it is clouded or I just, like, I know I wasn't sleeping." (#8)*

## MOST WOMEN DO NOT SEEK MEDICAL ATTENTION AFTER BEING STRANGLED

Despite the serious physical and emotional trauma women experienced, the majority (64%) did not seek medical attention following strangulation; 50% disclosed to family members, and 36% to friends and/or to police.

Of the five (36%) women who sought medical care, two found the care physically and emotionally supportive. However, only one woman who attended a healthcare setting was asked about strangulation, had the health implications explained to her, and was provided with information and follow-up resources, such as Victim Services and Elizabeth Fry Society. This woman had attended a hospital-based Sexual Assault/Domestic Violence Care Centre.



*"The only thing that seemed meaningful or useful, sort of, [was] a health check because I was just so traumatized. And that was the first place where I felt heard and supported and they gave me a hug." (#13)*

referring to a Nurse at the Sexual Assault/Domestic Violence Care Centre

Out of these five women, 80% voluntarily disclosed that they had been strangled. Despite disclosing, the women were not referred to other services, such as counselling. The one woman who did not disclose stated that she was ashamed to do so.

Women were asked for their suggestions on what healthcare providers could do, to make survivors feel better supported and able to disclose being strangled.



*"I think it's a really good idea to make sure that the woman does not have her partner with them in the exam because you're certainly not going to speak when there's somebody with you, cause there were times when he wouldn't let me go by myself." (#12)*

*"Well, when you see a healthcare provider, you don't want to feel rushed. You don't want to be the one who walks in and there's 15 people waiting, or you're waiting so long and all those things build anxiety." (#14)*

Most of the women who received counselling subsequently found it very beneficial. However, one woman's experience best illustrates the need for education, awareness and sensitivity around this issue.



*"I went to see a counsellor in Nova Scotia and I got nothing out of that. I went in there and told him my story, and unfortunately, and this isn't true of all professionals, but, the minute you mention you're an intravenous drug user and that you come from the streets, their whole attitude toward you changes. And his one sentence to me was, 'Well you're still alive; you beat the odds' [laughs] and I didn't know what to do with that. I was like, wow! Like, wow! I didn't know what to do with that. And that would be the last time I ever saw a counsellor." (#3)*

## BY NOT ASKING ABOUT STRANGULATION, THE SYSTEM IS FAILING WOMEN

For the vast majority of instances where the system was involved, the women were never asked whether they had been strangled. Police, healthcare providers, workers in community agencies or women's services failed to ask. It appeared that no one wanted to talk about it, or even thought to ask.

Women articulated legitimate concerns which kept them from disclosing to the police or seeking medical attention. For one woman, although her injuries were serious, she was afraid to go to the hospital because Children's Aid would be called. For another woman, she did not call the police because of a previously negative experience with them. Another woman refused to seek medical attention because she found healthcare providers abrasive.

### It is critical that women are asked about strangulation for a number of reasons:

- Women may be reluctant to disclose
- Often, there are no visible injuries present
- Surviving victims of strangulation are 800% more likely than non-strangled survivors of intimate partner violence to become a homicide victim (Glass et al., 2008)

The women in our study identified having been strangled on multiple occasions and police and healthcare providers can play a significant role in supporting them and making appropriate referrals.



*"I wish I'd gone to the police hands down the first time. I don't know if it would've changed anything, but it would've been on record, and I really wish that I had had someone to kind of guide me." (#3)*

*"I wish I would have, looking back, on hindsight, I wish I sought medical attention immediately and been able to disclose it... [It's] one of the biggest stumbling blocks for me, and I know for many others cause I've talked about this with various other survivors." (#12)*

The experiences of the women we interviewed shows that we all have a role to play to keep women safe:

- Understand the **Context** of strangulation, including the power and control dynamics present in abusive intimate partner relationships
- Learn to identify the **Consequences** of strangulation, including the physical injuries and emotional impacts of being strangled
- Be supportive and non-judgmental, so that a woman who has experienced strangulation feels safe to engage in **Conversation** and disclose
- Find out about resources in the community where a woman who has experienced strangulation can go to for **Care** and support

*"The anxiety has never left. The panic has never left...I will never forget what he did, even through counseling, through therapy, which I still am in, I have grown a lot emotionally. I know it's not my fault now. But it took a long time as you can tell. 1995; it took a long time." (#5)*