



CLE: Using a
Domestic Violence
Expert to Support
Coercion/Duress
Defenses at Trial and
Mitigation at
Sentencing

General

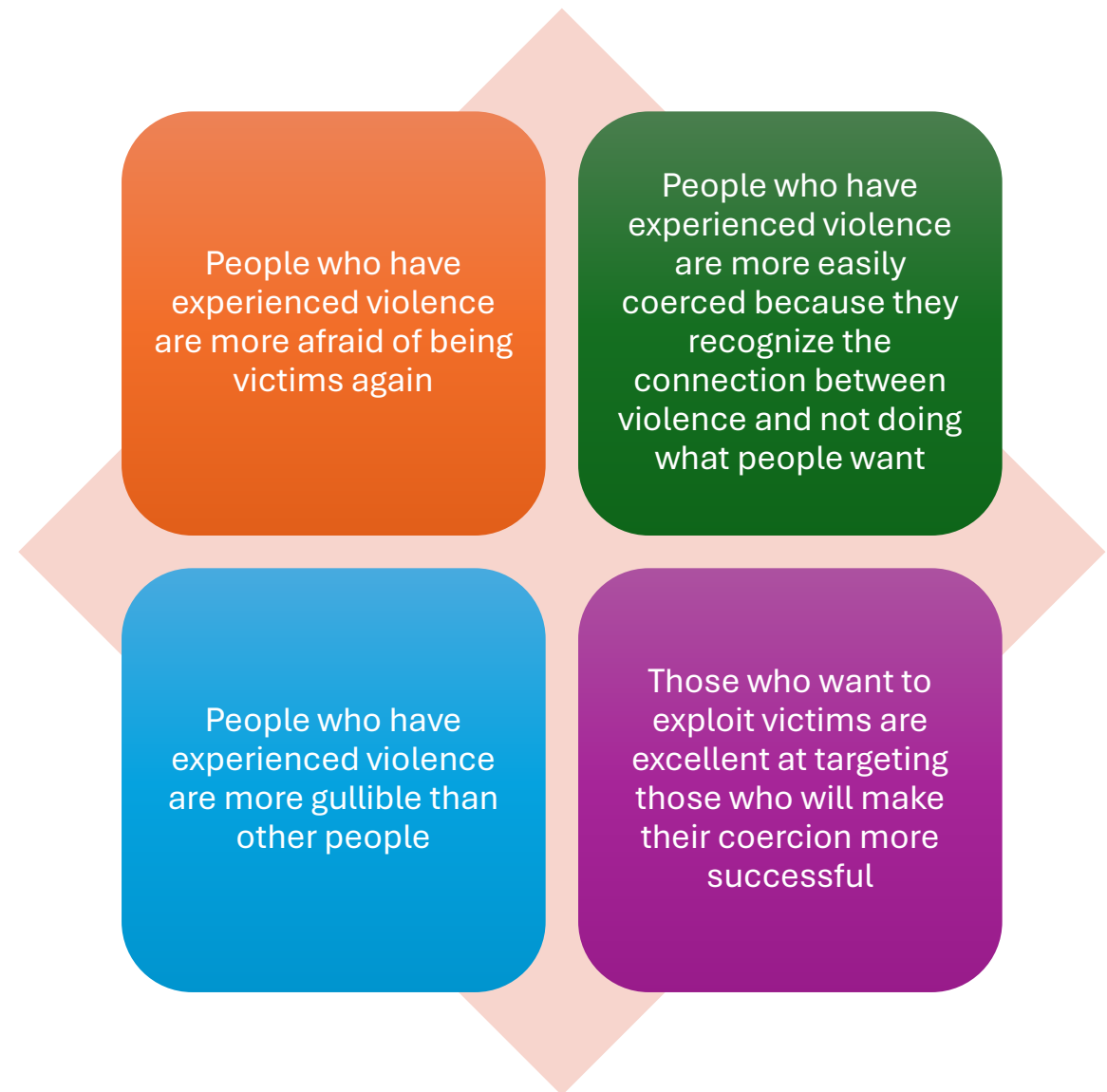
1. You know your client has a history of domestic violence, child abuse, or other gender based violence

2. Your client has told you about this history, but you think there is more to be investigated

3. Your instinct suggests the history of violence is connected to the case, but you're not sure how

Your client seems especially gullible, either in beliefs or in actions

What Makes Victims of Domestic Violence (and other Traumas) More likely to be Coerced?



What Makes Women More Vulnerable to Coercive and Abusive Partners?

- Victims of child abuse
- * Victims in prior abusive relationships
- *Sex Trafficked
- *Resources (Disability, Section 8 housing, Family Money)
- *The Hobosexual Phenomenon



The Space Between Free Will and a Gun to the Head



A Recent Exchange Between Me and a Lawyer

- My co-counsel has asked that I ask this \$64 million dollar question - does "coercive control" due to years of domestic abuse result in an individual who lacks the power of free will?



My Answer

- I think a better question than one about “free will” (which in my experience is more a continuum than an either/or thing) is “why did she comply with her abuser’s demand to “participate” in the crime?, i.e. drive him away from the scene after the other man was shot.
- Did she protect herself because she was afraid of him or was it her purpose to assist in the crime?
- I see my role as an expert as providing the background context for the jury to evaluate the “why” she did it, not to make an argument that she possessed no free will to do otherwise.
- I don’t think any DV expert could make a credible opinion that a victim lacked any free will whatsoever, or maybe I’m just not the right expert. I think an expert can connect the dots between the defendant’s past history of domestic violence and why she felt afraid of not complying in the moment to help the jury understand her behavior.

Exchange Part two

Thank you for providing your estimate and CV to me. In speaking with co-counsel, we are specifically looking to see you can answer this question: Would a reasonable person (which we are assuming **Chastity Furrar** to be), given her circumstances of past trauma and domestic violence abuse, render her unable to make a knowing or intentional decision to assist in the murder of the victim in this matter? We need to negate the element of murder, and specifically the mens rea for same.

To assist you in this regard, I am enclosing a copy of a preliminary report prepared by **Dr. Anna Stapleton** regarding the sanity of **Ms. Furrar**. We are not asking you to opine on this opinion, but to utilize it in evaluating whether **Ms. Furrar** had the capability to make her own decisions or whether she was “controlled” by her paramour based upon past abuse.



My Response



A Moment for Reflection and Discussion



Opinions Related to Ultimate Issue

- Why was She Afraid at the Time (situational and history based cues)
- What her options were besides complying with a demand
- Was she reacting in fight or flight to an immediate threat or making a decision influenced by a pattern of coercive control
 - Immediate threat: “clean this blood up right now” after murdering 5 people
 - Decision to comply over time (e.g. repeated assistance for drug trafficking, printing mailing labels or running packages or sending money)



When to Consider Using an Expert (Investigative)

1. When Client is Charged with a Co-Defendant for a Crime
2. When Client has a history of domestic violence in her past
3. When Client has a history of any abuse across the lifespan

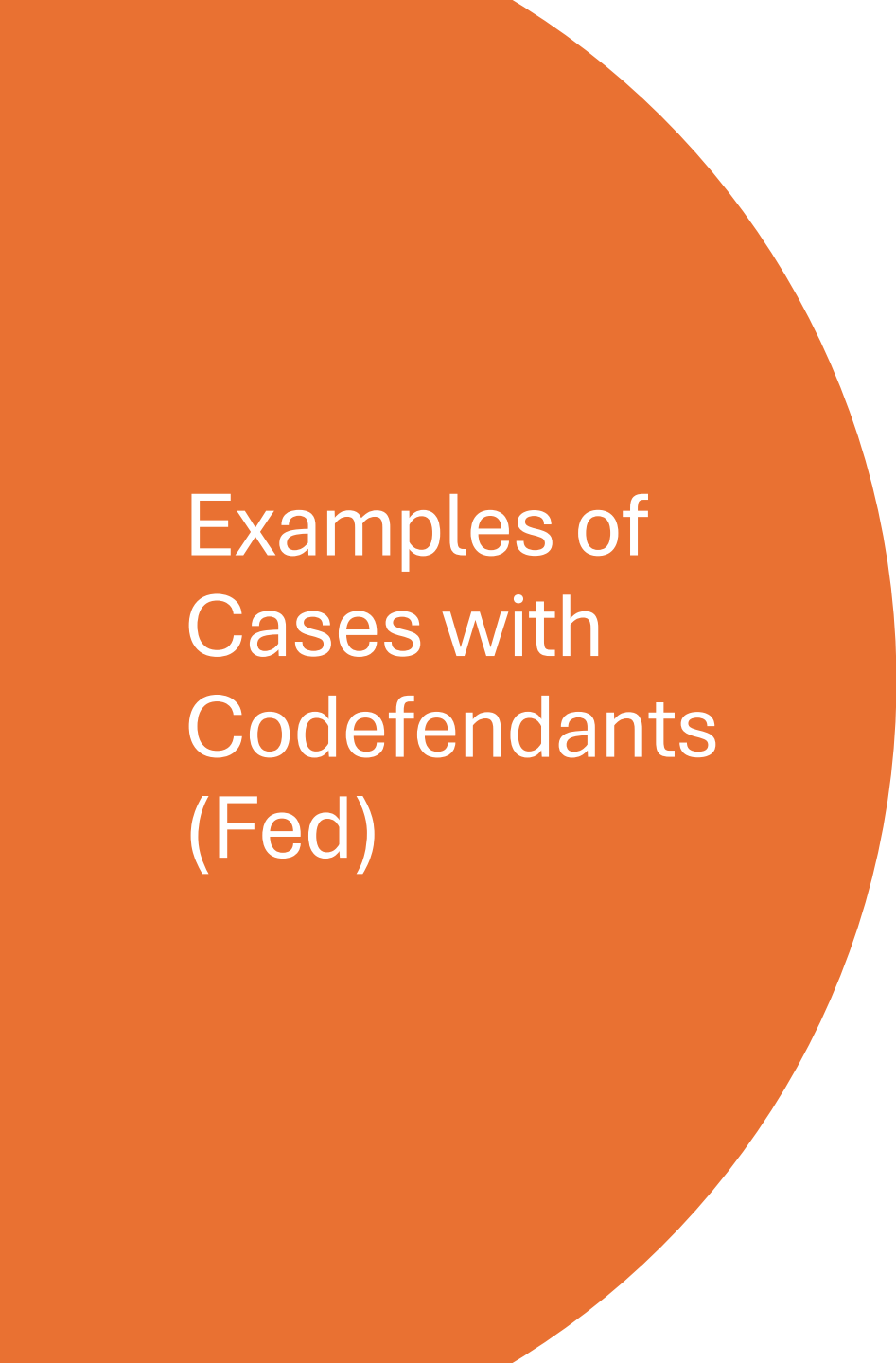
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When Client is Charged with a CoDefendant

Intimate partner (current or
past)

codefendant situationship

codefendant who has forced
her to observe violence
against others

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Examples of Cases with Codefendants (Fed)

Client charged with drug trafficking along
with intimate partner

Client charged with medical fraud with
intimate partner

Client charged with multiple murders related
to drug trafficking; intimate partner

Client charged with sex trafficking (boyfriend
model)

Examples of Cases (State)

- Murders (not principal)
- Failure to protect children
- Burglary
- Robbery
- Abuse of a corpse (miscarriages via abortion pills)
- Juvenile Court Assessment

Examples of Cases - Client Charged Alone (Fed)

- embezzlement
- multiple robberies (Hatch Act)
- Murder for hire
- Murders of intimate partners (in Indian Country)
- Fraud (insurance company)

Contrast Government and Defense Approach:

Mythical Perfect Person: Immediately run away when you are unwilling to engage in actions related to crimes, call police and report the commission of a crime; eagerly explained to authorities everything you know about how the crime was committed; offered up a complete history of domestic violence even if not asked about it; every bit of your statement was consistent with forensic evidence & police beliefs/assumption

Real humans, with histories of domestic violence and other traumas, **perceive danger differently and respond to danger differently than those without such history. Behavior related to complying with a direct or implicit request for criminal involvement can be influenced by coercive control– not only from a co-defendant, but linked to a past history of coercive control**

Goal for This Training

- Break down the process for how you interpret facts as consistent with coercion/duress, armed with the science of self protection, trauma, “compliance practitioners”

In Three Parts

1) how to get the information you need about clients' experience with trauma over the lifespan

2) how to apply clients' trauma experiences to the facts of the case (explain the interpretation of those facts)

3) how to work with a team to investigate and corroborate her story (credibility)

How To Get The
Information You
Need About
Clients'
Experience with
Trauma Over the
Lifespan



General v. Specific

You have the basic tools: asking questions and listening to answers



General “tell me everything that’s ever happened” can work



Trauma research suggests a more structured approach

What's The Traumatic Content: Over the Lifespan

Childhood, including family life and significant events

Who & where & lifestyle, school and community

Positive events/achievements/people important too

Bullying, community violence, exposure to gangs etc
can be relevant

Adulthood: stranger violence, sexual harassment,
prior abusive relationships

Traumatic Content: Common Struggles in Abuse Conversation

Minimizing language:
he “jumped on me”
“put his hands on
me”

Conclusory
statements that may
be wrong: “no
physical abuse”

Timeline (reserve
until near end of
interviews)

Cues that help with
timeline recall

Identifying periods in
relationship (events;
places lived)

Placing events in
time periods (before
or after child’s birth)

Seasons (wearing
long sleeves? Cold
outside? After a
move/job?)

Tools to Help Understand Trauma (Childhood Abuse and Neglect): ACES

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee

aces aware
SCREEN. TREAT. HEAL.

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

☐

2. Did you lose a parent through divorce, abandonment, death, or other reason?

☐

3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?

☐



Using the ACES as Interview Questions

- 10 items
- Ask for examples, “can you tell me a little about a time when you didn’t have enough to eat?”



Significance of ACES

- ACES correlated with adult:
 - Poor mental health outcomes
 - Substance abuse
 - Victimization (sexual assault, domestic violence)
 - Early mortality
- Average in general: 1 or 2
- Average for DV victims: 5-7
- Look for overlap between ACES and adult experience

Tools to Help Understand Trauma (Intimate Partner Violence)

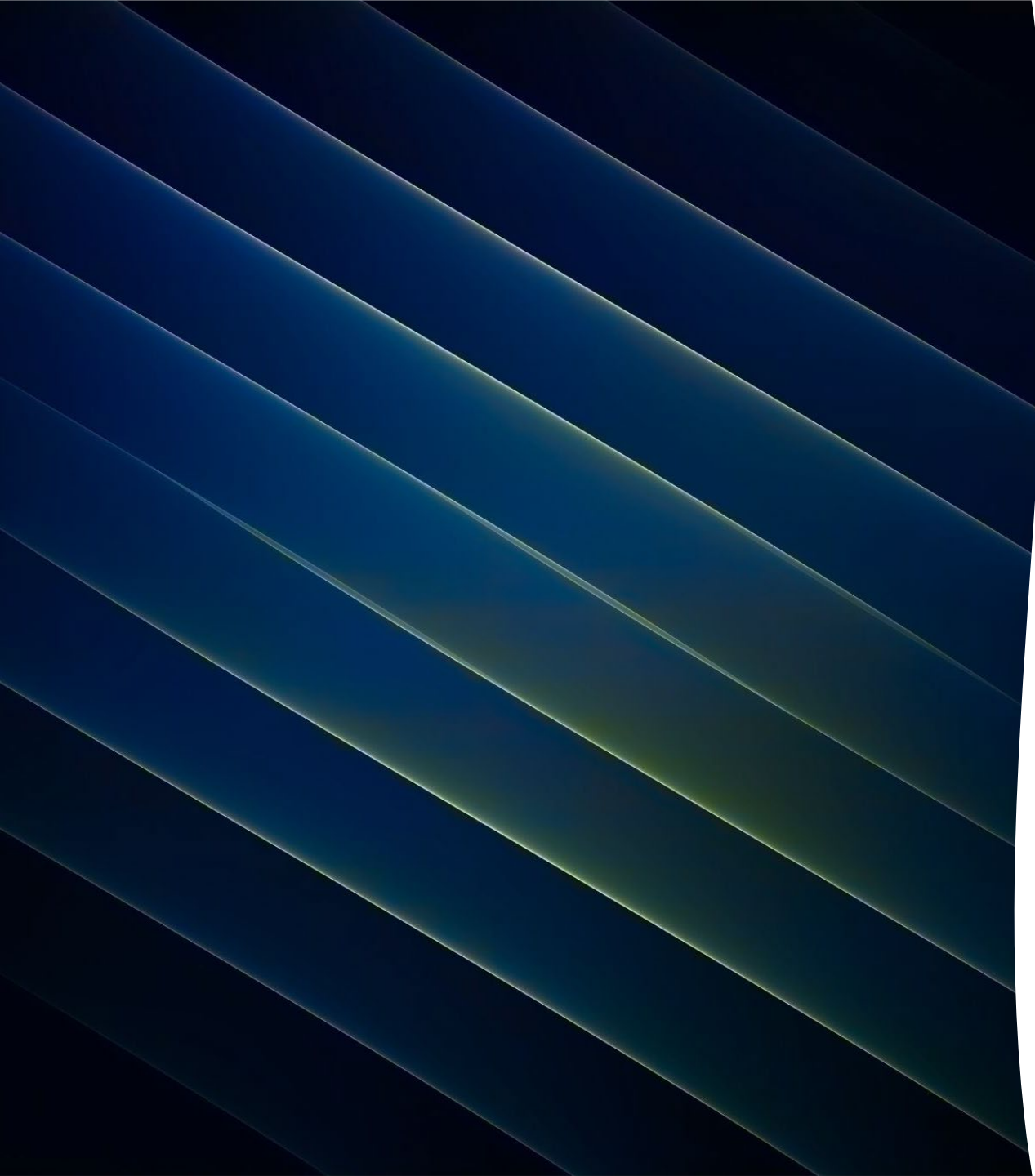
Indicate how often the following behaviors (1) were done to you by your partner, (2) were done by you to your partner, and (3) were done to you by any previous partner at any time.

	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No					
<i>Physical abuse</i>																	
Threw something at you/him/her																	
Pushed, shoved, or grabbed you/him/her																	
Scratched you/him/her																	
Slapped you/him/her																	
Kicked, hit, or bit you/him/her																	

ABOC Basics

- 9 pages of questions
- Use in interview format, not self report
- Skip “how often” questions
- Can be useful to ask about client’s acts towards partner, but separately





Pay Particular Attention to Strangulation

Wide range of physiological impacts

High potential lethal (7 x)

Note: Ohio 2023 criminal strangulation law (doesn't require visible injuries)

Other Note: strangulation not distinguishable from law enforcement carotid restraint

Yet another note: survivors report being sat on has same effects

Wide Range of Physiological Impacts

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae (tiny red spots- slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence*, Chapter 16, *Intimate Partner Violence*. Oxford University Press, Inc. 2009.

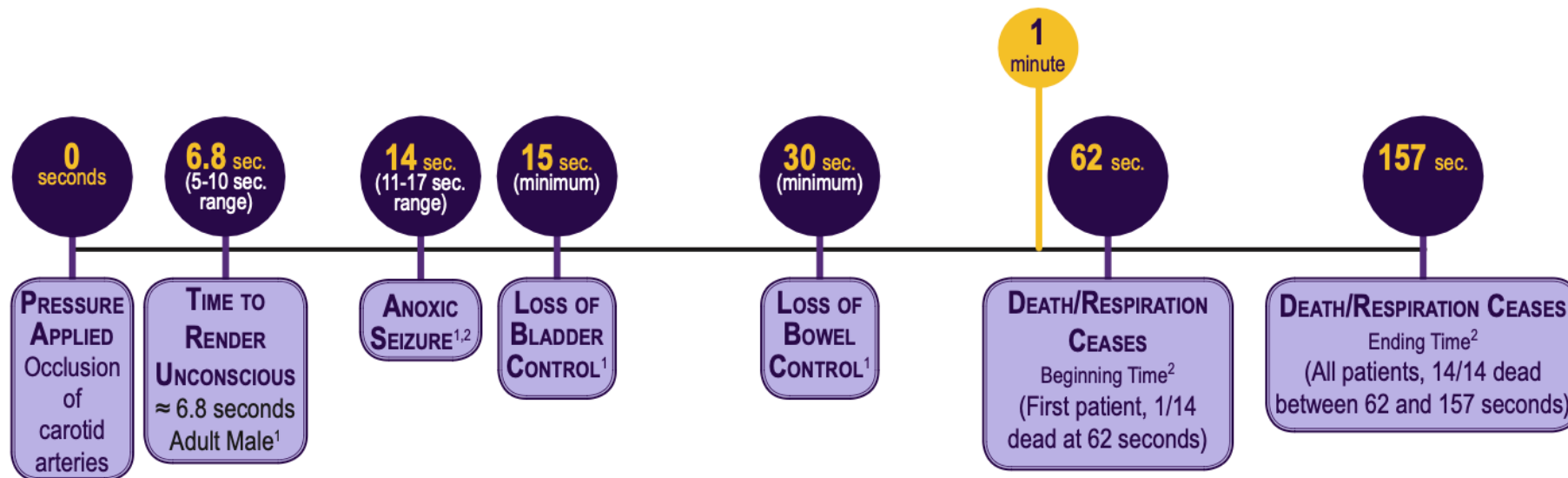
High Lethality of Strangulation



PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

v6.18.19

Created by: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Yesenia Aceves, BA; Marisol Martinez, MA; and Ashley Peck



Ohio Law (passed in 2023)

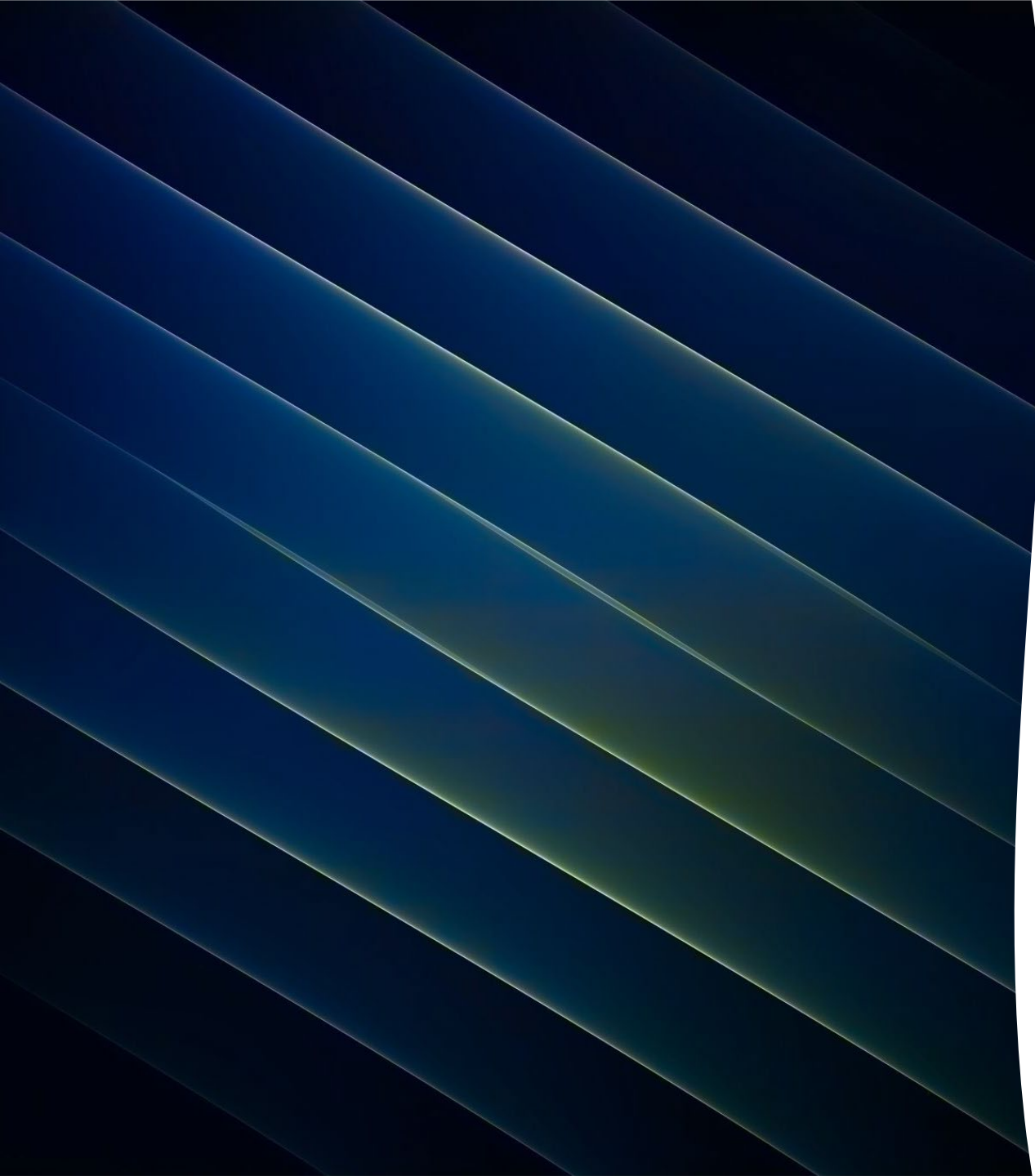
Section 2903.18 | Strangulation.

Ohio Revised Code / Title 29 Crimes-Procedure / Chapter 2903 Homicide and Assault

***Effective:** April 4, 2023 **Latest Legislation:** Senate Bill 288 - 134th General Assembly*

(A) As used in this section:

(1) "Strangulation or suffocation" means any act that impedes the normal breathing or circulation of the blood by applying pressure to the throat or neck, or by covering the nose and mouth.



Pay Particular Attention to Gun Violence

Abuser access: 400% increase in woman's future lethality

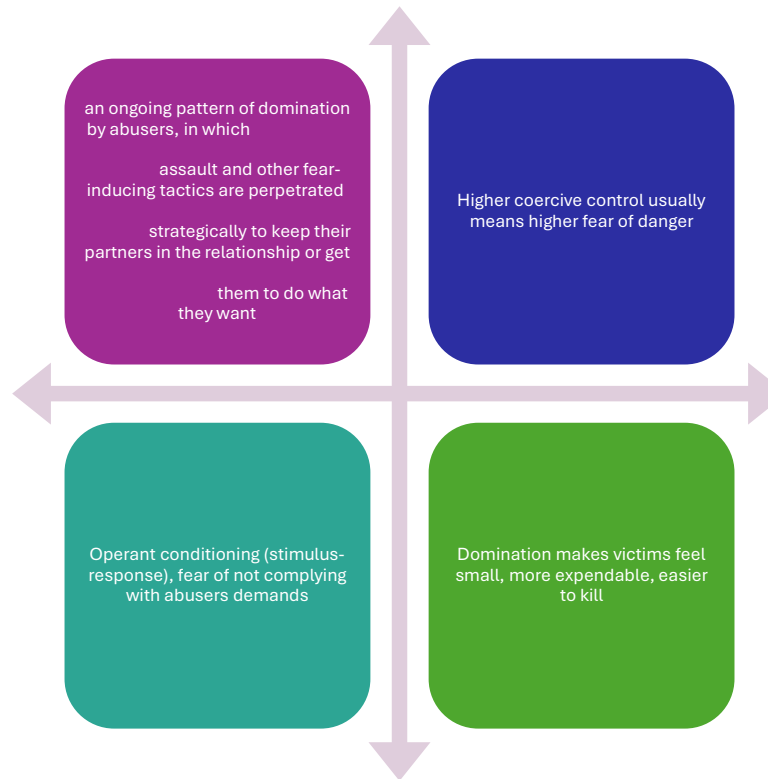
And Abuse during pregnancy

And threats to kill

And high levels of coercive control



What's Coercive Control?

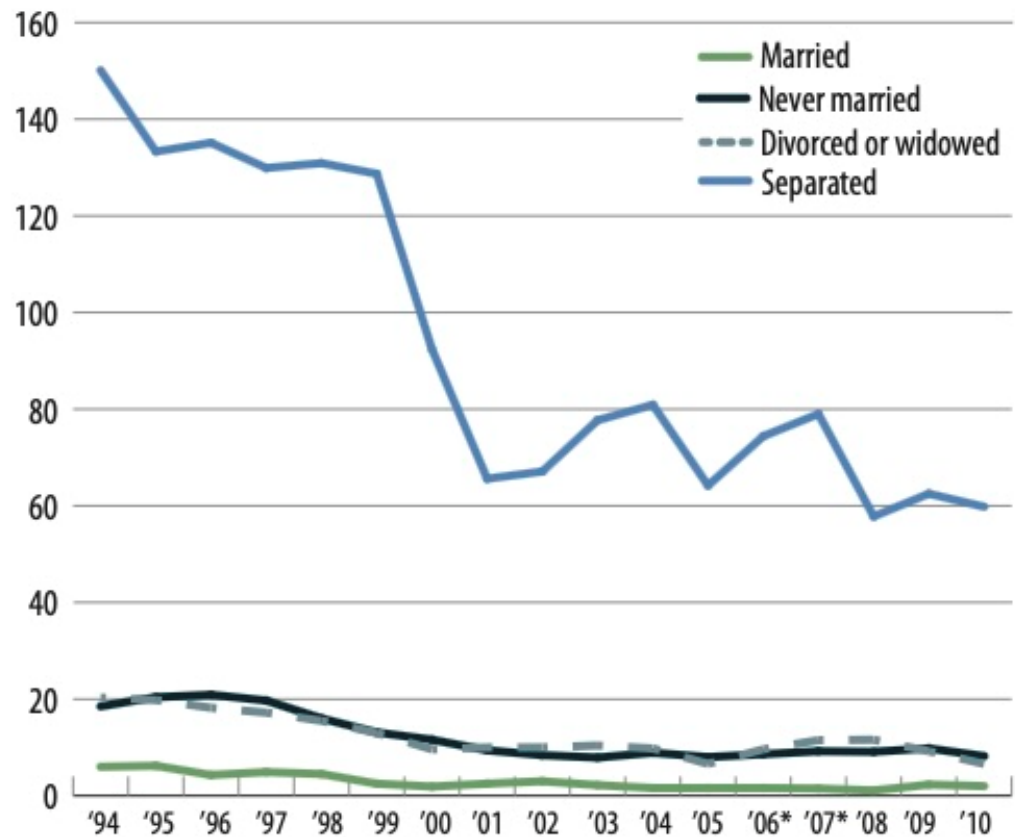


Enhanced Danger From Leaving Relationship

FIGURE 6

Intimate partner violence against females, by marital status, 1993–2010

Rate per 1,000 females



Domestic Violence Includes Abuse Other than Physical

- “”Sexual Behavior with another adult” may be trafficking
- Most trafficking is “boyfriend model”
- Sex trafficking assessment tool as well

A B O C *	You did to your partner										Partner did to you					Previous partner did to you ever																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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In studies, victims of IPV sexual abuse experience more shame and have greater psychological distress than those raped by strangers

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More on Sexual Abuse

Impact on bodily integrity and personal dignity

Sexual assault in intimate relationships v. strangers: higher psychological impact (betrayal of trust)

For Military Veterans: High Rates of Military Sexual Trauma

- 38% of women report at least one experience, and research validates the wide range of difficulties MST causes former service members in the short and long term aftermath.

Psychological Abuse: Isolation

A B O C *	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No					
Isolation																	
Attempted to control what you/he/she did																	
Attempted to control what you/he/she read/watched on TV or listened to																	
Attempted to limit your/his/her involvement with others																	
Used jealousy to justify actions against you/him/her																	
Restricted your/his/her use of the phone																	
Restricted your/his/her leaving the house																	

Psychological Abuse: Intimidation

A B O C *	You did to your partner					Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No
	Intimidation											
Instilled fear in you/him/her by looks, gestures, actions												
Smashed objects												
Destroyed your/his/her property												
Abused your/his/her/family pets												
Displayed weapons												

“The Look in His Eyes”

Psychological Abuse: Emotional

<i>Emotional Abuse</i>												
Insulted you/him/her or used put downs												
Called you/him/her names												
Attempted to make you/him/her feel crazy												
Humiliated you/him/her with words or gestures												
Attempted to make you/him/her feel guilty												
Verbally raged at you/him/her												
Engaged in extramarital affairs												

Gaslighting

"an attempt to convince a survivor that they are not a trustworthy epistemic agent" (recent study)

Misleading a partner to gain an advantage

Victims doubt themselves

Victims can't trust whether what they know or believe is the truth

- Believe what they're told
- Impacts their credibility when asked to tell what happened

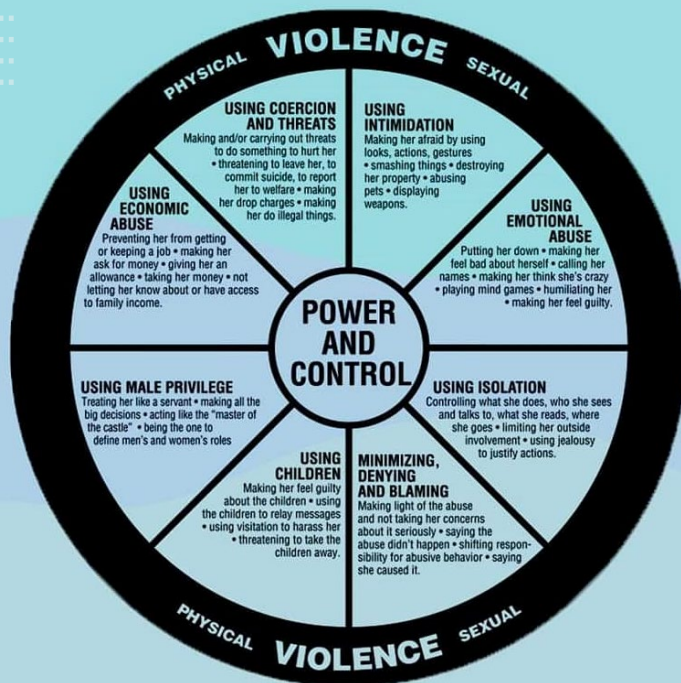
Examples

- You're crazy
- Where'd you get that bruise?
- Love bombing ("you're so amazing")
- Cold shouldering (pretending she doesn't exist)
- Turning the tables ("never mind"; pressure to do something then reverse)

Misc. NonPhysical Forms of Abuse

	- Using insulting, unwanted sexual names	- Intentionally trying to pass on a sexually transmitted disease
Reproductive	• Refusing to use a condom or other type of birth control • Forbidding, removing or sabotaging birth control methods	• Monitoring menstrual cycles • Forcing or preventing pregnancy or abortions
Economic	• Controlling how all resources are spent • Preventing access to bank accounts • Forbidding or monitoring work or education • Maxing out credit cards in the victim's name without permission • Using funds from children's savings accounts	• Ruining credit score • Stealing money • Refusing to work or contribute to the household • Refusing to pay for necessities or shared expenses like food, clothing, transportation, medical care or medicine
Technological	• Manipulating social networks and violating information privacy • Hacking into the victim's email and personal accounts • Sending threatening emails or other online messages • Using sites like Facebook, Twitter and foursquare to keep constant tabs on the victim	• Sending or pressuring the victim into sending unwanted, explicit pictures or videos • Frequently looking through a victim's phone to monitor pictures, texts and calls • Putting tracking devices into a victim's email or personal accounts
Legal	• Falsely reporting the victim to law enforcement • Threatening deportation • Threatening reports to social service agencies who might cut benefits • Instituting legal procedures that the victim cannot afford to fight	• Threatening to report drug use • Threatening to have the victim declared incompetent • Filing orders of protection against the victim to make him/her look like the violent one
Spiritual/ Religious	• Socialized understanding of male dominance is sometimes reinforced by religious doctrines • Fearing being shamed by one's spiritual community	• Denying participation in the victim's religious or spiritual community • Fearing spiritual loss or punishment if the victim leaves • Forcing the victim to participate in the offender's religious practices

Aren't There Any Shortcuts?



CASr-SF ITEMS

My partner(s):

- Blamed me for causing their violent behavior
- Tried to convince my family, children or friends that I am crazy or tried to turn them against me
- Used or threatened to use a knife or gun or other weapon to harm me
- Shook, pushed, grabbed or threw me

- Made me perform sex acts that I did not want to perform
- Followed me or hung around outside my home or work
- Threatened to harm or kill me or someone close to me
- Forced or tried to force me to have sex
- Harassed me by phone, text, email or using social media
- Told me I was crazy, stupid or not good enough

- Hit me with a fist or object, kicked or bit me
- Kept me from seeing or talking to family or friends
- Confined or locked me in a room or other space
- Kept me from having access to a job, money or financial resources
- Made comments about my sexual past/performance
- Choked me

Response Scale:

Has this ever happened to you?

(Yes/No)

IF YES, how often did it happen in the past 12 months?

Not in the past 12 months | Once | A few times | Monthly | Weekly | Daily/almost daily

Managing Trauma in Interviews: Structure

- Educate client about content to be discussed & why
- Allow choice in order (save day of crime for last)
- Set/agree to times/days (keep promises)
- Create space for breaks, small talk, food/drink if possible



Managing Trauma in Interviews: Presumptions & Projections

- How long has client been waiting to talk? Ready and willing
- Client recognizes when overwhelmed?
- Interviewer recognizes when they or client are overwhelmed?



Managing Trauma in Interviews: Slow It Down

- “Tell me a little bit more about that” [smaller chunks]
- Ask, “what happened next”? Tell me one thing, stop
- Use notetaking to slow it down



Managing Trauma in Interviews: Things to Avoid

- Why questions? (Law enforcement strategy)
- Cutting off descriptions that seem like a tangent
- Interruptions of any kind



Managing Trauma in Interviews: The Art of the Follow up

- Example: In the midst of the love story about the man, the love story of being Mom to his 2 year old
- The bread crumb drop: “I couldn’t get pregnant because of what happened in the past?”
- What to Do?



Managing Trauma in Interviews: How and When to Follow Up

- Out of Context Bread Crumb Drop
- Multiple Choice Options:
 - “Why couldn’t you get pregnant?”
 - “What happened in the past”
 - Ignore it and forget it
 - **Keep a Follow Up Notebook and add this to the list**



Summary of Interviewing Techniques

1

Use structured tools for childhood and adult domestic violence

2

Manage trauma in interviews with structure, thoughtful wording of questions, listening without interrupting or chilling descriptions

3

Use multiple interviews

4

Understand how and when to ask follow-ups

Moving On to Part 2: How to Interpret Facts

1) how to get the information you need about clients' experience with trauma over the lifespan

2) how to apply clients' trauma experiences to the facts of the case (explain the interpretation of those facts)

3) how to work with a team to investigate and corroborate her story (credibility)

Myth about Expert Testimony in Defense Cases

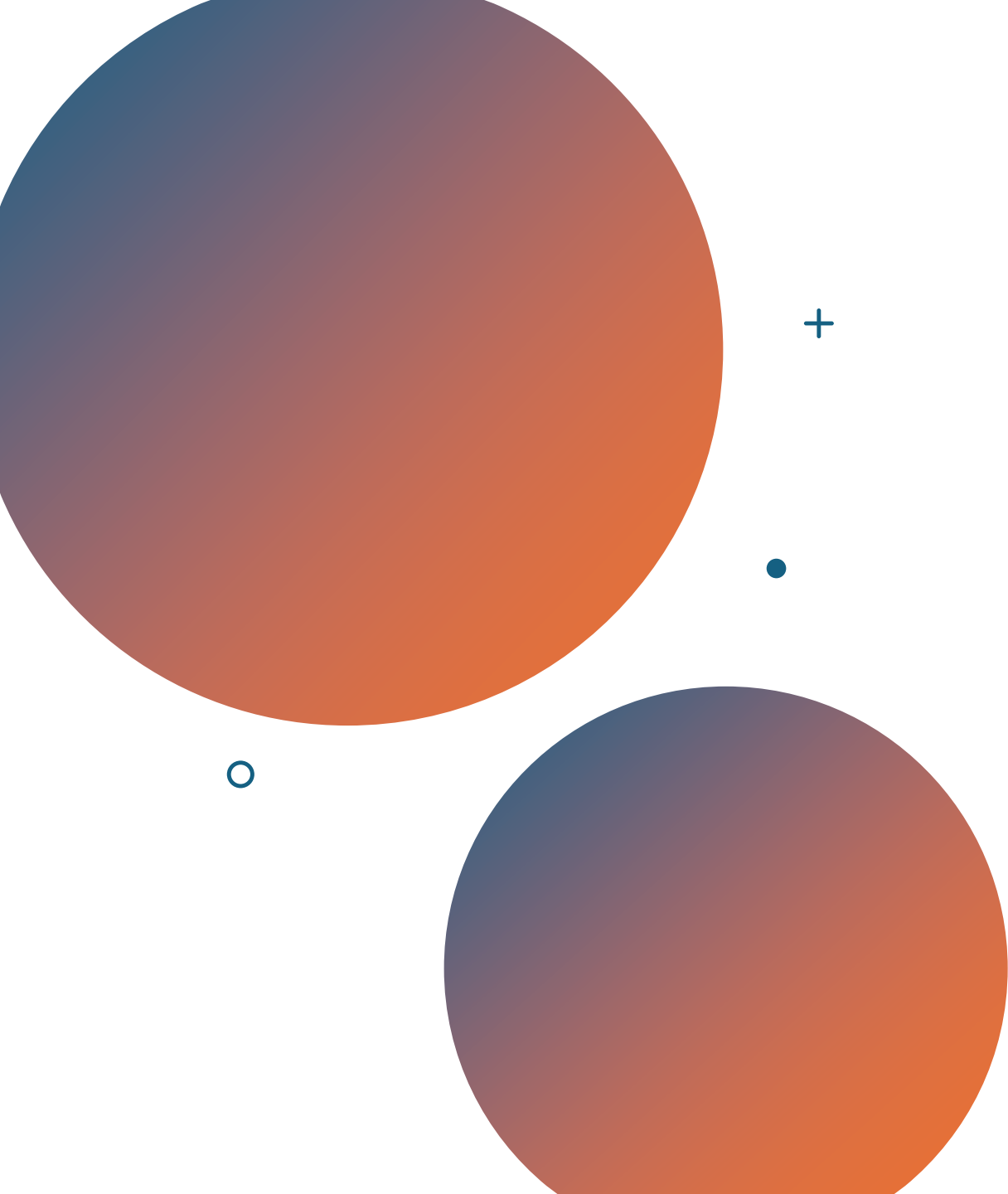
Psychological Science is not “Battered
Woman Syndrome” or Post Traumatic
Stress Disorder

Caveat: May Be Useful in Some Cases

Terminology Different for
Psychologists v. Legal Actors

Diagnosis or mental illness to
psychologists that is only a small
fraction of what we know about DV



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Reality

- Defense does not center around arguments that the victim was defective, crazy, or insane to believe that she would be hurt if she didn't comply with his demands.
- Understanding the context is critical for duress, because it is rational and legitimate for victims to believe they will be hurt

Her Compliance Behavior is a Legitimate and Rational Response: Breaking It Down

Radical Idea from Cognitive Neuroscience:

1) People think, strategize, plan, decide in situations not a crisis (System 2 “slow” thinking)

2) People react in crisis situations (car ride v. car crash) (System 1 “fast” thinking)

Her Compliance Behavior is a Legitimate and Rational Response: Breaking It Down

System 1: Fight or Flight Reaction

1) Activated by brain (amygdala)

2) Automatic process (not chosen by individuals)

3) Adrenalin and hormonal dump

Her Compliance Behavior is a Legitimate and Rational Response: Breaking It Down

Radical Idea from Trauma Theory

Trauma changes the way individuals
perceive danger

Trauma changes the way individuals react
to danger

System 1 Thinking (immediate danger)

System 2 Thinking (how to avoid future
danger)

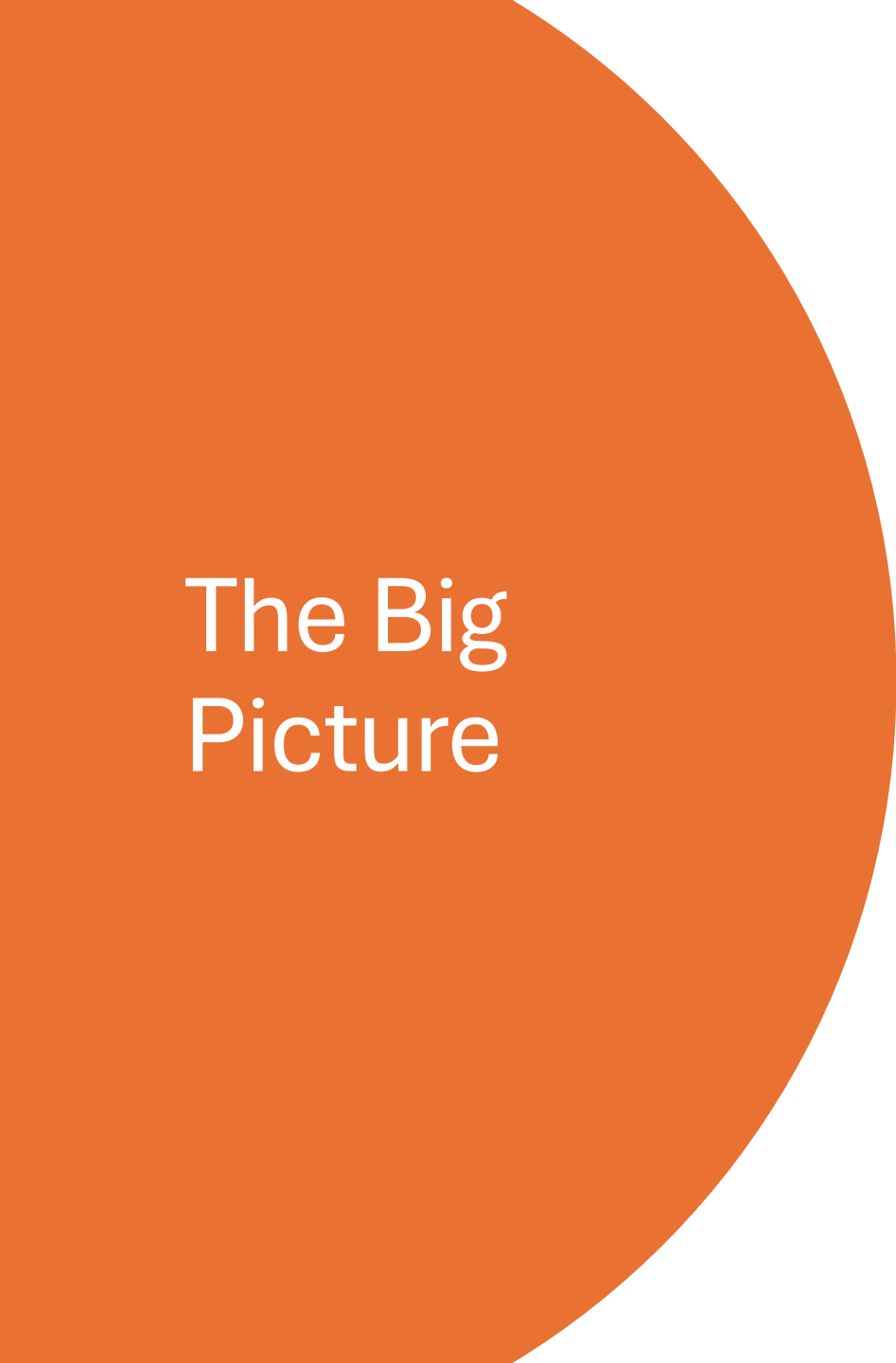
Her
Compliance
Behavior is
a Legitimate
and
Rational
Response:
Breaking It
Down

Abuse Over the Lifespan Has
Cumulative, Complex Effects

You don't get over it just because
it's over

Trauma in childhood changes
perceptions & responses too

Trauma Changes the Way People
See their Options



The Big Picture

The Big Picture:

She may perceive her partner as dangerous when he's engaged in doing something nice: owe me

Psychology of Self Protection Based in Well Known Constructs of Cognitive Neuroscience and Trauma

One more: Compliance Practitioners and the Principles that Influence Behavior

Principles of Compliance (Robert Cialdini)

Goal of Compliance Practitioners is to prompt specific action in the target rather than encouraging them to to analyzed carefully and completely each of the other pieces of information in the situation

‘Click, Run” (System 1 example)

Everyday example: those internet ads: 24 hours left to buy this crap

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Principles of Compliance: Tactics

Pre-Suasion

Reciprocity

Social Proof

Commitment and Consistency

Pre-Suasion

- Setting the Stage (what happens leading up to crime)
 - Grabbing attention
 - Developing associations between compliance and safety
 - Stimulus-response
 - Fail to comply, get beaten
 - Comply, increase safety
 - Demand (even made nicely) results in compliance
 - Lowest level of threat to secure compliance used
 - A demand can be framed as a suggestion or advice, “you should ____”
 - Unconscious processing and unstated association: do what I want or else

Example : Setting the Stage

Association: runs out of
marijuana, becomes abusive

Her job to purchase his
marijuana

She's afraid of what will happen
if she can't get it

- She's the only one working
- She's supposed to make the call

Example: Testing the Waters (Background)

Rotating set of coercive techniques to test for effectiveness

How do I get her to act against the child's best interests?

accuse her of trying to take baby away

drive recklessly with her and baby in car

How do I get her to act against her own best interests?

repeated asks to go places with him

"Nice" "I was thinking of going to my mother's house"

"Butter him up with sex" – association with "calm" (self censorship)

Example Applied to Crime (Click, Run)

- Set in motion by demand to make the MJ deal
 - She has no idea this deal will be different than any others
 - He offers to give baby a bath while she makes the deal (unusual)



Example

Click, Run

continued

- He asks her to ask mother for use of car
 - Mother insists younger brother drive
 - Younger sister (16) wants to go along
 - Def goes along



Click, Run Example continued

- At scene, he demands she fetch pot
 - Then he switches it to grab and run
 - She resists at first
 - He escalates to shouting, repeats himself
 - He hits the steering wheel

The Pre Suasion was Critical to Effect Coercion

1

Testing to the waters to
develop associations between
lack of compliance and danger

2

Shouting, Hitting Things
Signaling Danger if she fails to
comply

Reciprocity

- Principle: people are more likely to comply when the compliance practitioner has given to or done something for them
 - Free vacuum cleaning
 - Address labels in the mail
 - Produces sense of indebtedness



Cialdini Quote

- “People can be manipulated into an unfair exchange by those who wish to exploit the rule.”



Exploitation by the Hobosexual Abuser

Rescuer phenomenon among victims

Victims with resources, abusers with none

This example: lived with her family, who provided housing, food, car, and extended family members who he could borrow from

She worked

She gave gifts at holidays and birthdays, he didn't

Following Case Example

“Niceness” indebts

He gave their son a bath (next request more likely to be accepted)

Context: she grew up without a father; wanted one for her son

Agreed to ask mother to use car

- He took car keys and drove despite restrictions
- He brought her siblings into future zone of danger

Social Proof

- Principle is the power of a popular choice Case example
 - Abuser had "homey" on the phone screaming to do it
 - Her brother & sister encouraged her to do it "to make the fight stop"
 - DEF afraid he might retaliate against siblings if she didn't
 - Sister offered to go with her to the dealer's car

Social Proof: Click, Run

Comply, feel less fear

Case example: transfers fear away from abuser and towards situation

DEF was focused on fear of going up to the car, afraid they might shoot at her afterwards when she ran

When the shooting started, she did run, assuming it was them shooting at her

A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

Social Proof: Authority

People more likely to comply with an authority (Milgram Study)

Batterers seize authority through abuse and coercion

Case Example: she deserved being assaulted when she didn't do what he wanted; he will teach her how to behavior

Social Proof: Case example continued

Trust in domestic violence like credibility in general

Batterers demand trust along with compliance

- Hesitating and doubting are dangerous
- Shutting down skepticism he's up to no good increases danger
- Gullibility; can't see the red flags of danger (gang activity)

Commitment and Consistency

- Cialdini quote: "Once you've got a person's self-image where you want it, that person should comply naturally with a whole range of requests aligned with this new self-view."



Cialdini Notes:

- individuals in intimate relationships in general experience an increase in commitment when they sacrifice what they want for what their partner wants

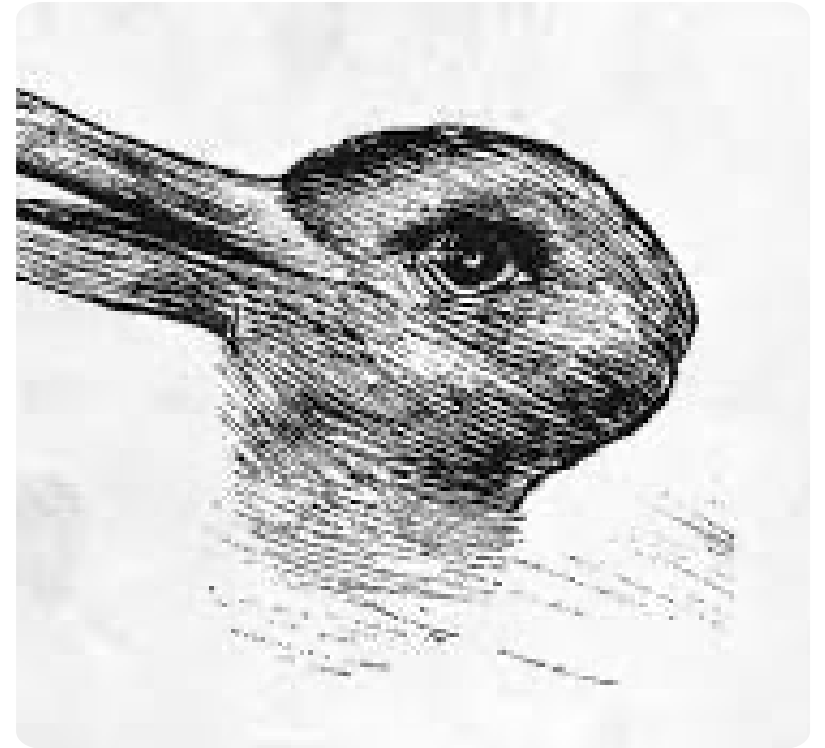


Case Example

- Def's self image: I am a person who complies with requests
- Emotional impact: "weary", loss of resistance, she believed he would always be in their lives as son's father (cultural)
- White Picket Fence: she wanted their family to work, and thought complying made him "happy" (not abusive)

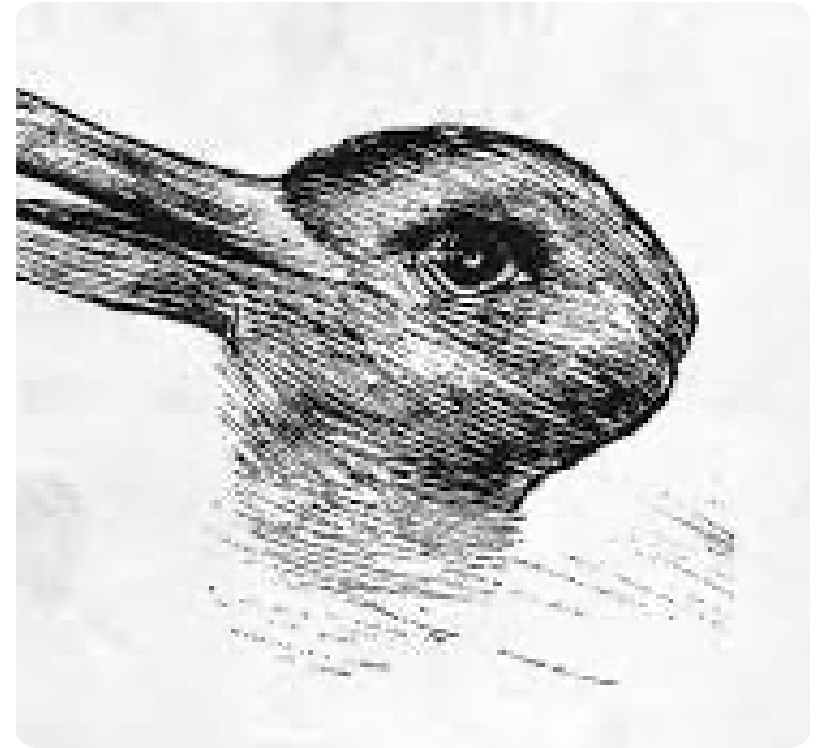
Interpreting Facts: Intentional or Coerced?

- Prosecution: She set up the marijuana deal and directed victims to the scene where it happened
- Defense: “Call the Weed Man” was her job. She arranged for drop off by dealer but he coerced her into street meeting



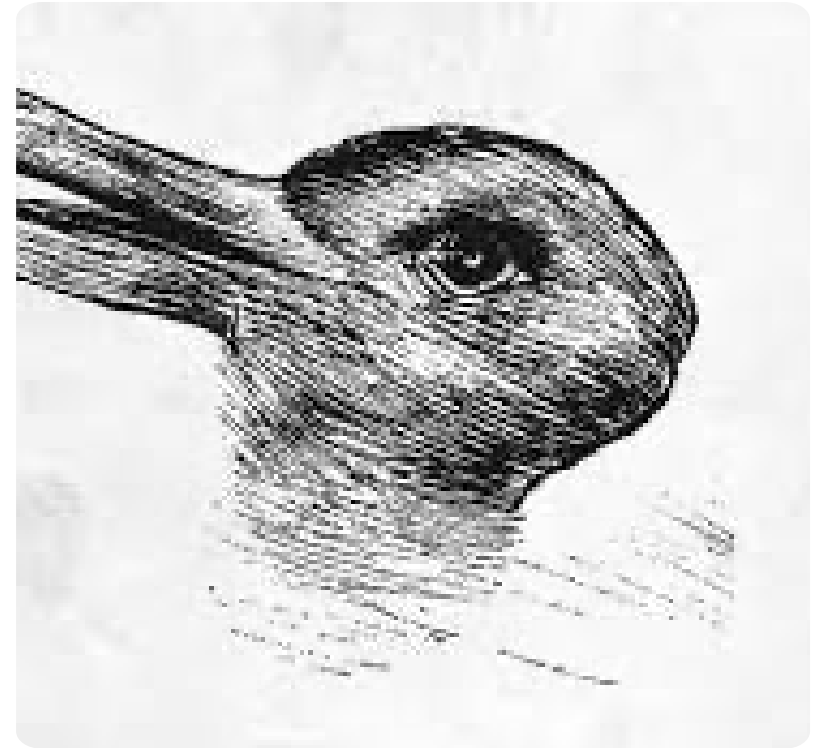
Interpreting Facts: Intentional or Coerced?

- Prosecution: She stole the marijuana just prior to shooting
- Defense: She was coerced into the stealing



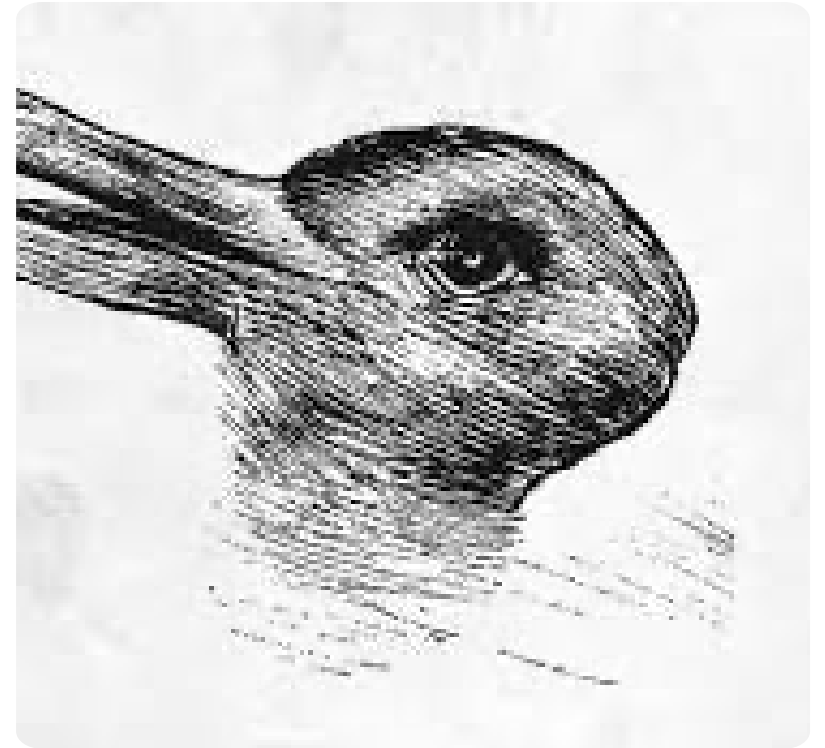
Interpreting Facts: Intentional or Coerced?

- Prosecution: She fled scene and didn't call police
- Defense: She had just seen him shoot two people for no reason other than he was pissed. Coercion at its height when they returned home. One died, one injured



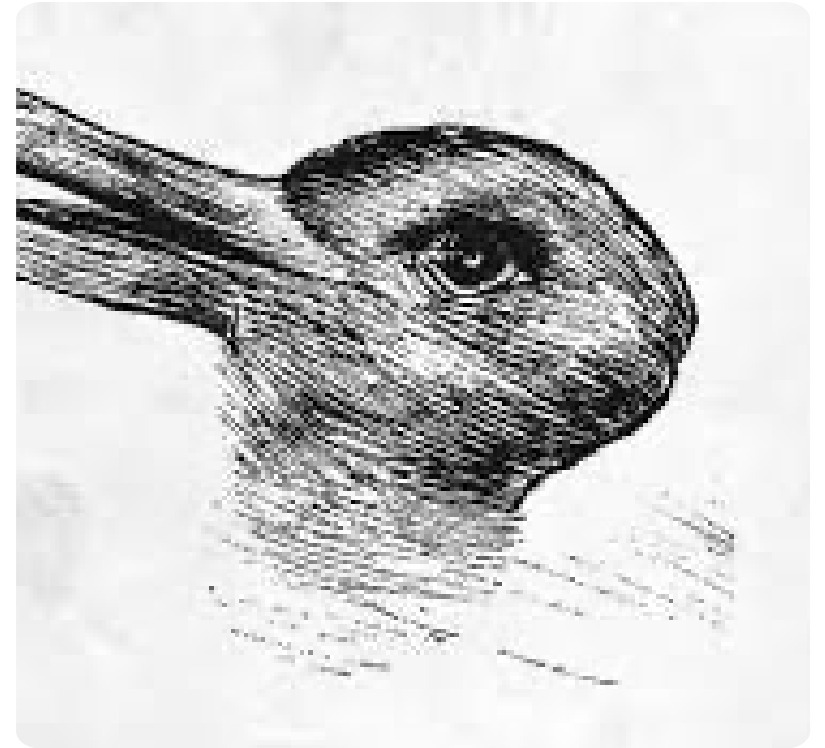
Interpreting Facts: Intentional or Coerced?

- Prosecution: she was alone when she lied to police
- Defense: Coercive control isn't limited to presence of abuser. She was attempting to protect herself from retaliation by him, not trying to protect him
- Post Incarceration Coercion: called her third party on her tablet to "not act against him"



Interpreting Facts: Intentional or Coerced?

- Prosecution: she lied to police
- Defense: Possible negative history with police, threats against police by abuser, don't trust police
- But lying is also part of the experience of domestic violence, may come automatically when fearful



Finding an expert



**DEFENSE CENTER FOR
CRIMINALIZED SURVIVORS**

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Preparation for Trial

Client-centered, trauma informed approach has side benefit (she makes a better witness)

Explanation (Interpreting Facts) rather than Persuasion

Contact Information

- karlafischerphdjd@gmail.com
- (217) 714-4190
- I answer my emails and phone



DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
Copyright, 2003; www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in severity or frequency over the past year?
- ___ 2. Does he own a gun?
- ___ 3. Have you left him after living together during the past year?
3a. (If have *never* lived with him, check here___)
- ___ 4. Is he unemployed?
- ___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun?___)
- ___ 6. Does he threaten to kill you?
- ___ 7. Has he avoided being arrested for domestic violence?
- ___ 8. Do you have a child that is not his?
- ___ 9. Has he ever forced you to have sex when you did not wish to do so?
- ___ 10. Does he ever try to choke you?
- ___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- ___ 12. Is he an alcoholic or problem drinker?
- ___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- ___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- ___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- ___ 16. Has he ever threatened or tried to commit suicide?
- ___ 17. Does he threaten to harm your children?
- ___ 18. Do you believe he is capable of killing you?
- ___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ___ 20. Have you ever threatened or tried to commit suicide?
- ___ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

ABUSIVE BEHAVIOR OBSERVATION CHECKLIST (ABOC)*

Indicate how often the following behaviors (1) were done to you by your partner, (2) were done by you to your partner, and (3) were done to you by any previous partner at any time.

	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No					
Physical abuse																	
Threw something at you / him / her																	
Pushed, shoved, or grabbed you / him / her																	
Scratched you / him / her																	
Slapped you / him / her																	
Kicked, hit, or bit you / him / her																	
Hit or tried to hit you / him / her with something																	
Wrestled you / him / her																	
Punched you / him / her somewhere on the body (not face)																	
Punched you / him / her in the face																	
Beat you / him / her up																	
Threatened you / him / her with a knife or gun																	
Used a knife or fired a gun																	
Pinched you / him / her																	
Pulled you / his / her hair																	
Attempted to smother, strangle, or hang you / him / her with an object																	

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ABOC*	You did to your partner										Partner did to you										Previous partner did to you ever	
	0	1-3	3-10	10-59	>50		0	1-3	3-10	10-59	>50		0	1-3	3-10	10-59	>50		Yes	No		
Put dangerous substance (e.g. gasoline, acid) on your / his / her body																						
Burned you / his / her body																						
Physically restrained you / him / her by holding																						
Physically restrained you / him / her by tying you / him / her up																						
Dragged or pulled you / him / her																						
Used force or threat of force to get you / him / her to eat / drink something																						
Used force or threat of force to get you / him / her to take drugs or alcohol																						
Used force or threat of force to restrict you / him / her from eating or drinking																						
Used force or threat of force to restrict you / him / her from using toilet, shower, bath, or otherwise attending to hygiene																						
Restricted you / him / her from taking prescribed medication																						
Restricted you / him / her from obtaining needed medical treatment																						
Threw hot liquid on you / him / her																						
Used car to attempt to run over you / him / her																						
Put excrement on your / his / her body																						

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ABOC*	You did to your partner					Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No
Injury												
Lost hair												
Minor cuts												
Severe cuts												
Minor burns												
Severe burns												
Minor bruises												
Severe bruises												
Black eye(s)												
Sprains / strains												
Lost teeth												
Human bite												
Broken eardrum												
Joint or Spinal cord injury												
Broken nose or jaw												
Other broken bones including ribs												
Concussion												
Internal injury												
Permanent injury (blindness, loss of hearing, disfigurement, chronic pain)												
You / He / She required no medical treatment												
You / He / She required medical treatment but received none												
You / He / She required medical treatment / outpatient or clinic												
You / He / She required medical treatment / EMR												
You / He / She required hospitalization												

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ABOC*	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50		0	1-3	3-10	10-59	>50		Yes	No			
<i>Sexual abuse</i>																	
<i>Type of Unwanted Sexual Behavior</i>																	
Vaginal intercourse																	
Fellatio																	
Cunnilingus																	
Anal intercourse																	
Sexual behavior with another adult (not your partner)																	
Sexual behavior with child (under 18)																	
Watched nudity or sexual behavior involving mother																	
Viewed pornographic film, photographs																	
Filmed you / him / her during sexual activity																	
Others watched you / him / her while engaging in sexual activity																	
Forced nudity																	
Required to dress in sexually provocative clothing																	
Unwanted objects were inserted into your / his / her vagina / rectum																	
Required to be involved with an animal in a sexual way																	

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ABOC*	You did to your partner					Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No
Type of Force/Coercion Used to Gain Compliance												
Actual physical force												
Threat of physical force to you / him / her or another person												
Threat of negative consequences (other than physical)												
Social pressure to comply sexually (expectations of self / others)												
Psychological Abuse												
Coercion or Threats												
Made or carried out threats to do something to hurt you / him / her or someone else												
Threatened to kill you / him / her or someone else												
Threatened to leave relationship												
He/She threatened to commit suicide												
Threatened to report you / him / her to welfare, social services, police												
Attempted to get you / him / her to drop charges against the abuser												
Attempted to get / got you / him / her to engage in illegal activities												

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ABOC*	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No					
Intimidation																	
Instilled fear in you / him / her by looks, gestures, actions																	
Smashed objects																	
Destroyed your / his / her property																	
Abused your / his / her / family pets																	
Displayed weapons																	
Emotional Abuse																	
Insulted you / him / her or used put downs																	
Called you / him / her names																	
Attempted to make you / him / her feel crazy																	
Humiliated you / him / her with words or gestures																	
Attempted to make you / him / her feel guilty																	
Verbally raged at you / him / her																	
Engaged in extramarital affairs																	
Withheld sex from you / him / her																	

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ABOC*	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No					
Isolation																	
Attempted to control what you / he / she did																	
Attempted to control what you / he / she read / watched on TV or listened to																	
Attempted to limit your / his / her involvement with others																	
Used jealousy to justify actions against you / him / her																	
Restricted your / his / her use of the phone																	
Restricted your / his / her leaving the house																	
Minimization, Denial, & Blaming																	
Minimized abuse and did not take your / his / her concerns about it seriously																	
Denied that the abuse happened																	
Blamed you / him / her for the abuse																	
Shifted responsibility for abusive behavior onto someone else																	

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ABOC*	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No					
<i>Use of Children to Control You</i>																	
Attempted to make you / him / her feel guilty about children																	
Used children to relay messages to you / him / her																	
Used visitation to harass you / him / her																	
Threatened to take children away (e.g. kidnapping, custody) from you / him / her																	
Threatened to abuse children																	
<i>Use of Male Privilege</i>																	
Treated you / him / her like a servant																	
Made major decisions without your / his / her equal participation																	
Acted like the “master of the castle”																	
Unilaterally defined male / female roles																	

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ABOC*	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No					
Economic/Resource Abuse																	
Attempted to prevent you / him / her from getting / keeping a job																	
Attempted to prevent you / him / her from going to school																	
Required you / him / her to ask for money																	
Controlled the money by giving you an allowance																	
Took money from you / him / her																	
Controlled your use of money																	
Withheld information about / access to family resources																	
Abandoned you / him / her from car during travel																	
Restricted your / his / her access to transportation																	
Locked you / him / her out of the house																	
Other Violence/Abuse																	

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A BETTER WAY TO MEASURE INTIMATE PARTNER VIOLENCE: THE COMPOSITE ABUSE SCALE REVISED-SHORT FORM (CASr-SF)

BACKGROUND

A limitation of current approaches to measuring intimate partner violence (IPV) in Canada has been reliance on questions, in national surveys, that focus on individual acts of violent or aggressive behaviours ranging from single experiences of relatively low severity acts (such as name-calling and shoving) to frequent experiences of severe violence (such as strangulation and stalking). A failure to acknowledge that IPV occurs in patterns and a lack of attention to the context in which violence happens has led to a “de-gendering” of IPV which means that services and policies are not developed to take into account how different groups and individuals may experience IPV.

The Composite Abuse Scale Revised-Short Form (CASr-SF) is a comprehensive measure developed and tested in Canadian and international samples that provides robust assessment of lifetime and past-year IPV experiences.

PURPOSE

The overall research questions for this project were:

1. How does the CASr-SF perform in a population-based sample of Canadians?
How does it compare to questions traditionally used in such surveys based on the Conflict Tactics Scale?
2. How should the CASr-SF be scored to allow classification of IPV experiences by severity?
3. How do Canadians of different genders and other characteristics report experiencing IPV and its impacts?
4. How do IPV experiences relate to other experiences of violence, and to physical and mental health and well-being?

*The CASr-SF measures
the full range of IPV
experiences & patterns
of abuse among
different genders.*

METHOD

We examined the performance of the CASr-SF using data from the Statistics Canada 2018 Survey of Safety in Public & Private Spaces (SSPPS). Exploratory factor analysis was used to assess how items grouped according to specific types of IPV, allowing us to determine the sub-scales of the CASr-SF. Latent class analysis (LCA), which groups people in the sample according to their responses to CASr-SF items, was used to determine patterns of abuse – i.e., how individuals’ abuse experiences clustered into different groupings by type and severity of abuse experienced. The LCA results were further used to develop a scoring classification approach, which allowed us to determine the prevalence of IPV overall and by specific sub-groups. Correlations and cross-tabulations were used to compare CASr-SF items to items used in Canada’s General Social Survey-Victimization (GSS-V) to determine whether both sets of questions are needed to describe Canadians’ experience of IPV.

For information on the CASr-SF and to obtain permission to use it, please visit:
<https://violencegenderandhealth.ca/what-counts-is-what-gets-counted/>

How to cite this document:

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Available at gtvincubator.uwo.ca

KEY FINDINGS

1. The CASr-SF identifies 3 types of IPV and works well for different genders

The CASr-SF identifies 3 sub-types of IPV: psychological, physical and sexual abuse. These types are the same for both men and women; analyses according to non-binary or other gender identities was not possible due to small sample sizes. This is a pressing research gap.



2. The CASr-SF allows us to differentiate between more and less severe experiences of IPV, and report how many Canadians experience IPV at these different levels

An ongoing concern in the IPV measurement literature has been tools that include both more serious and ongoing forms of violence perpetrated by one partner against the other (sometimes called 'intimate partner terrorism'), along with single or intermittent, often bi-directional forms of aggressive behaviour in relationships (sometimes called 'situational couple violence'). These are different phenomenon that require different service and policy responses.

The CASr-SF helps us pull these apart and understand who is experiencing what level of IPV. We identified three scoring categories, based on how much of each of the 3 types of IPV are reported (more details are available [here](#)).

3 SCORING CATEGORIES

- **IPV Positive:** meets threshold criteria, meaning, in the past year, a score above 1 out of 30 for any act of physical violence, OR a score above 0 out of 10 for any act of sexual violence, OR above 4 out of 40 for any act of psychological violence; in addition, any score above 0 on the choking/strangulation item means the person is IPV Positive, regardless of other scores.
- **Subthreshold IPV:** a non-zero score that does not meet the above threshold criteria
- **No IPV:** true zeros – no CASr-SF items are endorsed for past year experiences

Past year experiences of Canadians 19 years and older:

We found that the following were more likely to be IPV Positive:

3.0%
IPV Positive

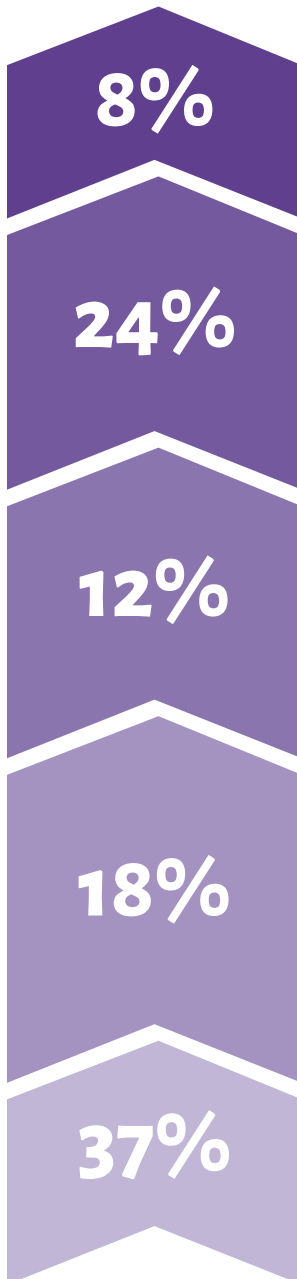
- women
- Indigenous Peoples
- non-visible minority respondents
- those born in Canada
- those facing economic difficulties in the past year
- those reporting any employment in the past year

5.4%
Subthreshold IPV

91.6%
No IPV

Different forms of interpersonal violence are highly inter-related and affect health, especially mental health:

- All forms of non-IPV violence experiences across the lifespan including childhood assault and exposure to violence in the home, and non-partner sexual and physical assault since age 15, were strongly related to past-year IPV experiences.
- All forms of mental health concerns – post-traumatic stress and depressive symptoms, anxiety - were strongly related to past-year IPV experiences; the same was true for specific physical (e.g., back problems) and chronic health concerns.



pattern 5

intense on all types of abuse

pattern 4

higher intensity psychological abuse and coercive control including stalking, harassment, higher levels of insults and isolation

pattern 3

psychological and physical abuse, including hitting, throwing, shaking, grabbing, insults, put downs and harassment

pattern 2

a mixed pattern of psychological and sexual abuse where the most dominant items relate to forced sex, sexual humiliation, sexual and other insults, harassment and isolation

pattern 1

lower intensity psychological abuse, characterized mainly by insults

3. The CASr-SF identifies 5 patterns of IPV, and shows that men and women experience it differently

Among those who reported IPV, five distinct patterns of IPV experiences, with increasing levels of severity, are described below, along with the percentage of respondents experiencing each pattern.

Patterns by gender, age and impact

- These patterns are highly gendered, with more women than men in pattern 1, 2 and 4 and more men in pattern 3. The most severe pattern (5) contained twice as many women as men.
- Age was also important; those who experienced low levels of psychological abuse (pattern 1) were older, while those experiencing sexual abuse (pattern 2) and the most severe forms of abuse (pattern 5) were younger.
- Worse mental health was associated with the more severe patterns, as were more types and/or frequency of abuse overall; for example patterns 5 had an average CASr-SF total score 10 times higher than pattern 1.

4. The CASr-SF is a comprehensive way to assess IPV experiences

- When we compared the CASr-SF items to those modified from the GSS-V we found that the CASr-SF captures all relevant information about abusive experiences. So, when the CASr-SF is used, the GSS-V is not needed.
- The CASr-SF also captures unique aspects of IPV in the areas of stalking, isolation from family and friends, sexual coercion and forced sex, financial abuse, and choking/strangulation.

CASr-SF ITEMS

My partner(s):

- Blamed me for causing their violent behavior
- Tried to convince my family, children or friends that I am crazy or tried to turn them against me
- Used or threatened to use a knife or gun or other weapon to harm me
- Shook, pushed, grabbed or threw me
- Made me perform sex acts that I did not want to perform
- Followed me or hung around outside my home or work
- Threatened to harm or kill me or someone close to me
- Forced or tried to force me to have sex
- Harassed me by phone, text, email or using social media
- Told me I was crazy, stupid or not good enough
- Hit me with a fist or object, kicked or bit me
- Kept me from seeing or talking to my family or friends
- Confined or locked me in a room or other space
- Kept me from having access to a job, money or financial resources
- Made comments about my sexual past/performance
- Choked me

Response Scale:

Has this ever happened to you?
(Yes/No)

IF YES, how often did it happen in the past 12 months?

Not in the past 12 months | Once | A few times | Monthly | Weekly | Daily/almost daily

CONCLUSIONS & RECOMMENDATIONS

For policy and program development:

- Policy and program development must consider differential experiences and consequences of IPV among different groups, taking an intersectional approach.
- We recommend that the scoring approach outlined in this report to classify respondents according to their level of IPV severity be used to develop policies and services tailored to people's violence experiences, as well as their individual needs and contexts. This means recognizing that:
 - people classified as "IPV Positive" are generally experiencing ongoing physical, sexual and/or emotional violence with commensurate health and social impacts, including on income and work. Interventions designed for these people must be -trauma- and violence-informed, survivor-centric and prioritize safety and survivor agency.
 - people in the "Sub-threshold IPV" category may require very different interventions that focus on healthy relationship behaviours.

For measuring and reporting on IPV experiences:

- The CASr-SF is a robust standalone measure of IPV experiences that differentiates, among Canadian adults, patterns of abuse experiences and distinguishes IPV from lower-level aggression or conflict.
- The CASr-SF captures variation in IPV across important dimensions, including gender, age, financial strain and other aspects of identity, and related health concerns.
- We recommend asking survey respondents about the gender of the partner(s) responsible for, especially, past-year IPV, as we know from other research that perpetrator gender is an important consideration, especially when assessing IPV severity and patterns of abuse.
- We strongly recommend over-sampling respondents with gender identities that are not "man" or "woman"; small cell sizes precluded release of these data by Statistics Canada.



Forms of Abusive Behavior

Physical	• Pulling hair, punching, slapping, kicking, biting or choking • Forbidding eating or sleeping • Using weapons to threaten to hurt • Preventing calling the police or seeking medical attention	• Harming children • Abandoning the victim in unfamiliar places • Driving recklessly or dangerously with the victim in the car • Forcing use of drugs or alcohol
Psychological	• Constant name calling, insulting or criticizing • Isolating the victim from friends and family • Monitoring all phone calls, actions and whereabouts • Threatening to hurt the victim, his/her children, family or pets • Blaming the victim for the abuse • Humiliation	• Gaslighting – manipulating the victim to question his/her own sanity • Acting jealous or possessive • Refusing to trust the victim • Cheating or accusing the victim of cheating • Attempting to control the victim's appearance • Sabotaging the victim's relationship with his/her children
Sexual	• Forcing sex by manipulation • Engaging in violent sex – using weapons or dangerous objects • Using insulting, unwanted sexual names	• Involving other people in sexual activities • Forcing the victim to watch pornography • Purposefully trying to pass on a sexually transmitted disease
Reproductive	• Refusing to use a condom or other type of birth control • Forbidding, removing or sabotaging birth control methods	• Monitoring menstrual cycles • Forcing or preventing pregnancy or abortions
Economic	• Controlling how all resources are spent • Preventing access to bank accounts • Forbidding or monitoring work or education • Maxing out credit cards in the victim's name without permission • Using funds from children's savings accounts	• Ruining credit score • Stealing money • Refusing to work or contribute to the household • Refusing to pay for necessities or shared expenses like food, clothing, transportation, medical care or medicine
Technological	• Manipulating social networks and violating information privacy • Hacking into the victim's email and personal accounts • Sending threatening emails or other online messages • Using sites like Facebook, Twitter and foursquare to keep constant tabs on the victim	• Sending or pressuring the victim into sending unwanted, explicit pictures or videos • Frequently looking through a victim's phone to monitor pictures, texts and calls • Putting tracking devices into a victim's email or personal accounts
Legal	• Falsely reporting the victim to law enforcement • Threatening deportation • Threatening reports to social service agencies who might cut benefits • Instituting legal procedures that the victim cannot afford to fight	• Threatening to report drug use • Threatening to have the victim declared incompetent • Filing orders of protection against the victim to make him/her look like the violent one
Spiritual/Religious	• Socialized understanding of male dominance is sometimes reinforced by religious doctrines • Fearing being shamed by one's spiritual community	• Denying participation in the victim's religious or spiritual community • Fearing spiritual loss or punishment if the victim leaves • Forcing the victim to participate in the offender's religious practices

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (*from hair being pulled*)
- Bump to the head (*from blunt force trauma or falling to the ground*)

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae (*tiny red spots- slightly red or florid*)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (*thumb or fingers*)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence*, Chapter 16, *Intimate Partner Violence*. Oxford University Press, Inc. 2009.



www.strangulationtraininginstitute.com

Graphics by Yesenia Aceves

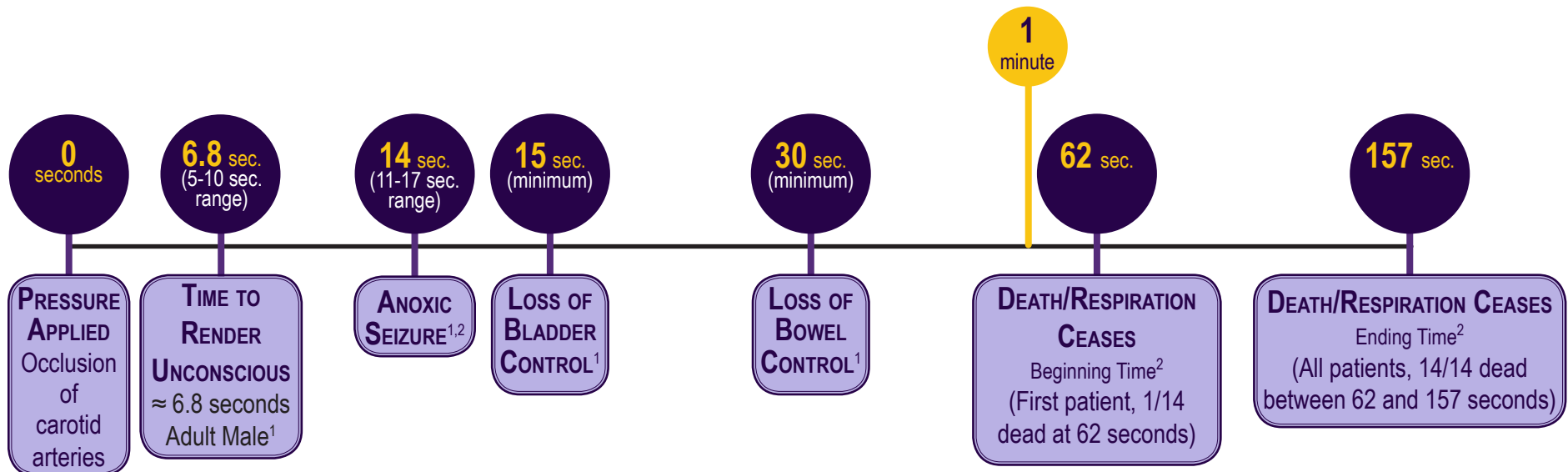


PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION

Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

v6.18.19

Created by: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Yesenia Aceves, BA; Marisol Martinez, MA; and Ashley Peck



REFERENCES AND RESOURCES

¹ Acute Arrest of Cerebral Circulation in Man, Lieutenant Ralph Rossen (MC), U.S.N.R.; Herman Kabat, M.D., PH.D. Bethesda, MD. and John P. Anderson Red Wing, Minn.; Archives of Neurology and Psychiatry, 1944, Volume 50, #5.

² Anny Sauvagneau, MD, MSc; Romano LaHarpe, MD; David King, MD; Graeme Dowling, MD; Sam Andrews, MD; Sean Kelly, MD; Corinne Ambrosi, MD; Jean-Pierre Guay, PhD; and Vernon J. Geberth, MS; MPS for the Working Group on Human Asphyxia, Forensic Med Pathol 2011;32: 104 – 107.

³ Training Institute on Strangulation Prevention: strangulationtraininginstitute.com



strangulationtraininginstitute.com

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Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	☐
2. Did you lose a parent through divorce, abandonment, death, or other reason?	☐
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	☐
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	☐
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	☐
6. Did you live with anyone who went to jail or prison?	☐
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	☐
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	☐
9. Did you feel that no one in your family loved you or thought you were special?	☐
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	☐
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health?

☐ Not Much ☐ Some ☐ A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.