Combining Strangulation and Sexual Abuse as Tools of Intimate Partner Abuse

by Kelsey McKay, J.D.

As articulated by author Kelsey McKay, the combination of strangulation and sexual abuse may pose deadly outcomes for victims. These two abusive tactics often co-occur, and while sexual assault has its own horrific physical and mental ramifications, strangulation, even of the "non-fatal" variety, may eventuate in the physical demise of those upon whom it is inflicted. Because strangulation is a strong predictor of domestic violence homicide, a thorough understanding of the mechanisms and implications of strangulation on the part of DV advocates and law enforcement officers could be, quite literally, lifesaving. This article explains the documented dangers of strangulation and explores the motivations of sexual abusers who employ this additional tactic, which serves to amplify the abuser's ability induce mortal fear and total submission in his victim.

Over the last two decades, most states have passed "strangulation" legislation, often targeted to specifically address the risk and seriousness of this violence within IPV. The use of nonfatal strangulation (NFS) and fatal strangulation (FS) within the context of IPV is well established in research. IPV in which strangulation is present often involves sexual assault. Strangulation as part of IPV is a significant predictor of increasing lethality, and even more so when all three abuses overlap—IPV, sexual assault, and

Kelsey McKay is an expert on criminal asphyxiation and interpersonal violence. During her 12 years as a prosecutor in Austin, TX, McKay prosecuted strangulation-related crimes exclusively for half that time. She now trains and consults to implement sustainable protocols and strengthen how communities identify, investigate, and prosecute asphyxiation in cases involving domestic violence, human trafficking, sexual assault, child abuse, and homicide. McKay is the president and founder of RESPOND Against Violence, a nonprofit organization aimed at improving systemic response to violence and trauma.

strangulation. The impact and significance of this combination of risk factors is the focus of this article.

Criminal justice professionals and medical communities have struggled to adequately identify, document, and assess crimes involving strangulation (impeding a person's blood or air flow by constricting the neck) and other forms of asphyxiation (depriving a person of oxygen). These failures hinder the successful prosecution of offenders. As this article explains, specific challenges exist to identify this type of criminal activity, and they must be considered when developing policy in response to these gendered crimes. Understanding the way offenders use strangulation in the context of IPV and the associated risk of homicide will improve law enforcement practices so that dangerous offenders will be held accountable.

STRANGULATION INDICATES HIGH FATALITY RISK FOR IPV VICTIMS

Most sexual assaults are committed by a victim's partner (Bagwell-Gray et al., 2015) and frequently co-occur with strangulation. IPV can include the use of physical violence, sexual violence, threats and intimidation, economic abuse, and emotional abuse against an intimate partner. Within that range of abuse, strangulation functions as both a physical and psychological assault for those who experience it. Nonfatal asphyxiation can result in serious medical conditions, as well as psychological consequences stemming from the trauma. Women are disproportionately affected by IPV, strangulation, and sexual assault.

Victims of IPV are affected by both the immediate incident and an extensive history of prior abuse, which contains "identifiable risk factors for intimate partner femicides" (Campbell et al., 2003). Specifically, strangulation is an important risk factor in this context. Research shows that strangulation is a significant predictor of IPV-based homicide (Campbell et al., 2003). As such, it is a key element for law enforcement and other professionals to assess risk of lethality in IPV. Yet, the fact that strangulation is one of the strongest indicators that IPV is escalating to a lethal level is not widely appreciated. The presence of strangulation may be overlooked or misdiagnosed in a given case, and it is often underreported by victims.

CHALLENGES FOR LAW ENFORCEMENT ARISE WHEN IPV INVOLVES BOTH SEXUAL VIOLENCE AND STRANGULATION

Within the overall pattern of abuse, NFS (along with other forms of asphyxiation) is a valuable tool for an abuser to instill fear in a victim. As discussed in further detail below, fear allows abusers to control victims, and both physical violence and sexual assault provoke fear, making them effective tools to gain power over an intimate partner. When combined with strangulation, an offender can gain the victim's compliance and overcome her resistance (*see* McKay, 2022).

Risk of homicide increases substantially if the offender uses strangulation multiple times or couples it with sexual assault. Often, when sex and strangulation are combined, the crime is misunderstood by practitioners and the public. Failure to recognize the significance of the overlap of strangulation and sexual assault has hindered the development of appropriate law enforcement responses and effective policy protections related to interpersonal harm. These failures can lead to unnecessary lethal consequences.

PREVALENCE OF STRANGULATION IN IPV UNDERESTIMATED

Globally, men dominate as both perpetrators and victims of homicide (95% and 80% respectively), except in the area of IPV homicide, in which women account for around 82% of victims (Monckton-Smith, 2019). Approximately 55% of all female homicide victims in the U.S. are killed by an intimate partner and, although likely underestimated, strangulation accounts for approximately 10% to 14% of IPV homicides (Glass et al., 2008). In sexual assaults that included strangulation, one study identified that the perpetrator was most commonly an intimate partner or ex-intimate partner of the victim.

Rates of Nonfatal Strangulation Unknown

The use of strangulation as a tool of IPV may be overlooked by law enforcement, and its prevalence is often underestimated. Almost a quarter (23%) of women who reported being sexually assaulted by an intimate partner also reported NFS. For women who were sexually assaulted by an intimate partner, the odds that their assault would include NFS were 8.4 times higher than in cases of assault by a friend or acquaintance and 4.9 times higher than stranger assaults (Zilkens et al., 2016).

Over the lifetime of a victim, the rate of the occurrence of NFS by an intimate partner has a wide range: from 3% to 68% (Sorenson et al., 2014; Glass et al., 2008; Wilbur et al., 2001). This highlights the need for improved methods to gauge accurate rates of NFS and close this wide gap.

Strangulation Indicates Increased Risk of Homicide

The use of NFS by an intimate partner places the victim at a seven-fold increase in the odds of being murdered by that partner (Glass et al., 2008; Spencer & Stith, 2020). Moreover, approximately 38% to 44% of IPV victims have survived multiple strangulation assaults (Messing et al., 2018). Each NFS incident that these victims survive predicts a future homicide, because victims of strangulation within IPV are already on a trajectory of increasing risk of lethality. As a result, attention to NFS can be a predictive tool to prevent IPV homicide.

Repeated Strangulation Common

Although research is limited, Messing and Campbell explain that “it appears that strangulation as a tactic of IPV is often repetitive” and that “repeated

strangulation results in a statistically significant increase in physical (e.g., memory problems) and mental health symptoms" (Messing et al., 2017). As a result, it is likely that those women who are most vulnerable, having experienced multiple strangulations, may be least likely to report, be believed, or be considered credible by law enforcement. Moreover, the same research indicated that women who have "been strangled multiple times by an intimate partner were more likely than women who had not been strangled to report additional risk factors for femicide, including an increase in the frequency and/or severity of IPV, a belief that her partner can kill her, partner's use of a weapon, and sexual assault" (Messing et al., 2017). Given the increased risk, it is concerning that approximately half of NFS survivors report having experienced strangulation between three and 20 times (Vella, 2013; Wilbur et al., 2001; Bichard, 2021).

Health Effects of Strangulation Underestimated

The health effects of strangulation are also underestimated. Often, the negative physical consequences of strangulation, although significant, can be delayed and thus may go unseen by the average practitioner (Glass et al., 2008; Messing et al., 2018; Monahan et al., 2019). Additionally, strangulation has a significant impact on the psychological, mental, and emotional abuse a victim will suffer because of this escalated type of abuse.

Rates of Overlap of Risk Factors Are Unknown

Nonfatal strangulation related to sexual assault within IPV is a lethal combination, yet the prevalence of these overlapping risk factors is unknown. The triad of these risk factors may be underreported or unrecognized. Rates are likely underestimated, as asphyxiation deaths lend themselves to both misdiagnosis and staging (McKay et al., 2022; Zaferes & McKay, 2021; 2022). Practitioners must be familiar with the different types of asphyxiation and be able to identify when offenders have used co-occurring criminal asphyxiation to avoid detection (McKay et al., 2020). The true prevalence of this triad has been distorted based on, among other things, the lack of obvious external injury to the victim. Even when each of these three risk factors has been identified, the significance of *their overlap* may be missed entirely.

WHY SEXUAL OFFENDERS USE ASPHYXIATION

Asphyxiation (including strangulation) may be used by sexual offenders for a variety of interrelated reasons. Following are the most common motivations for sexual offenders to utilize this type of violence against their victims:

1. To instill fear in the victim;
2. To secure compliance from the victim;

3. For the offender's sexual gratification; and
4. To avoid accountability for abusive, coercive, or threatening behavior.

Fear in Victims Gives Power and Control to Offenders

As noted above, the experience of being asphyxiated instills fear in a victim. Sexual offenders may exploit this fear to assert power and control over their victims, particularly when rooted in a wider spectrum of ongoing abusive behavior. IPV offenders who have escalated to sexually assaulting and asphyxiating their partners are typically seeking to gain long-term compliance. Over time, the fear of asphyxiation itself can be used to establish and maintain dominance in the relationship. As Jacobson and Gottman (1998) famously reported, "without fear, there is no control."

Gain Victim Compliance or Access

Secondly, sexual offenders may utilize asphyxiation to gain immediate compliance and access to the victim. Whereas an ongoing history of abuse including asphyxiation has long-lasting effects, this second type of motivation allows an offender to have immediate control over the victim's conscious or unconscious body. Loss of consciousness from lack of oxygen can occur in only five to 10 seconds of consistent pressure on the neck. Victim compliance is a foregone conclusion when the offender is able to prevent or overcome physical resistance to the assault.

Sexual Gratification

Another subset of offenders utilizes the act of strangulation or asphyxiation to gain sexual gratification, with or without a sexual assault. In many cases, the offender can escape accountability by not committing a sexual assault, which creates a layer of confusion around the crime. Strangling another person provides offenders with various opportunities to satisfy specific paraphilias or needs. For instance, sexual gratification gained from witnessing another person's helplessness or "playing God" by bringing a person in and out of consciousness are two examples of ways strangulation has been used by sexually motivated offenders.

Avoid Accountability

Lastly, sexual offenders may use asphyxiation to avoid detection or accountability for their crime. The offender could use this violent tactic to create enough fear to ensure the victim does not report the crime or to kill the victim to prevent the possibility of the victim becoming a witness against the offender. Also, because asphyxiation may leave no obvious marks, a victim's cause of death may be entirely missed by law enforcement or in an autopsy. Even when a cause of death is identified as a result

of asphyxiation, the manner of death (often circumstance-dependent) can be misinterpreted as a suicide or misdirected as an accident, such as an autoerotic event "gone wrong." Avoiding detection is a strong motivator for sexual offenders, whether the victim survives or dies.

GAINING CONTROL OF PARTNERS IN BROADER DYNAMICS OF IPV

In IPV, asphyxiation can be used by offenders as a violent tool to gain power and control over their partners. The concept of power and control is central to understanding the dynamics of IPV, which involves a pattern of abuse in which one partner seeks to obtain and maintain power and control over the other. Over time, this abusive pattern (including physical and non-physical abuse) instills fear in the victim, which offenders will exploit to gain the victim's continued compliance. The abusive patterns and victim reactions are part of a larger multifaceted process, sometimes referred to as "coercive control" as coined by Evan Stark; thus, IPV is a "course of conduct" that involves rational, instrumental behavior (Stark, 2007; 2012). Stark outlined three elements:

> [The oppression] is ongoing, rather than episodic, cumulative rather than incident-specific, and the harms it causes are more readily explained by these factors than its severity (Stark, 2007, p. 35).

Stark notes that perpetrators determine which tactics they use to control, isolate, intimidate, and hurt victims through trial and error based on a cost-benefit analysis (Stark, 2012).

There is a documented overlap between IPV, sexual violence, and criminal asphyxiation. Strangulation is one type of coercive tactic that is highly effective to gain victim compliance. One offender stated:

> [I]t's weird. Sometimes they're not in the mood [for sex]. But once you've used it during sex [he demonstrates how he would squeeze her neck with both of his hands], they don't seem to say "no" anymore. Not sure why, but it works (Hampton).

Because it often does not leave marks or is overlooked, strangulation may also allow offenders to avoid accountability.

Threat of Death Keeps Victims Under Partners' Control.

Strangulation is considered an escalated type of abuse—a tool used by abusers when other methods that are less lethal are no longer working. It is common for an abuser to resort to more terrifying or escalated tactics to regain control over a victim. Strangulation is a particularly effective tactic, as it provides the victim with a taste of what death will feel like, as they quickly fade into unconsciousness. As one abuser described, "it is the fastest way to

re-establish control over your woman" (Hampton). Another stated that "afterwards, there is no doubt who is in control, none whatsoever" (Hampton). Strangulation creates a unique and immediate fear in a victim and provides an effective method to ensure the mutual understanding that the offender is willing and capable of killing (Bichard et al., 2021).

Lethality of Threat Increases Victims' Fear

The level of fear that strangulation can instill is different from other types of violence or threats. Many survivors of intimate partner strangulation report believing they would die during the assault. For an abuser who has previously made threats, strangulation serves as corroboration that he is willing and capable of killing his partner. If efforts to regain control over a victim fail, an IPV offender may resort to killing the victim as the ultimate act of control, and in one study, nearly half of NFS victims believed they were about to die (Brady, Fansher, et al., 2022). The psychological trauma that accompanies this form of coercive control has a negative impact on a victim's ability to leave or access safety, which is a significant barrier to early detection of potentially lethal abuse.

Victims Comply to Avoid Physical Harm and Death

For an offender to obtain compliance, the victim must perceive a cost or consequence will follow if they defy the demands of the offender. Strangulation serves that purpose, and a victim's compliance may be immediate (i.e., to fulfill an offender's immediate goal) and/or long-term—even months or years after the strangulation. These victims are at increased risk of facing both mental and physical health consequences (i.e., PTSD, suicide attempts or ideation, increased use of alcohol or drugs to cope, TBI, etc.).

In IPV, verbal threats to kill the partner—a clear indicator of potential lethality—often accompany strangulation. In a 2022 study of NFS by abusers against their partners, over 50% of the victims reported that they believed they were going to die or were terrified of what would happen to them (Brady, Fansher, et al., 2022). A different study considered what women were thinking during a sexual assault that involved NFS (White, 2018). Of the 204 victims in the study, 74 (36.6%) thought that they were going to die. In a majority of these 74 cases, the victims identified the alleged perpetrator as their partner or ex-partner (White, 2018).

Strangulation and sexual assault are escalated tactics that abusers may use when their partners attempt to leave the relationship. These tactics may also be used on the victim if the abuser believes infidelity has occurred (Brady, Fansher, et al., 2022). In relationships that include control, violence, and a separation (a key trigger for violence to escalate and often overlaps with an abuser resorting to more extreme tactics like strangulation), there is said to be a 900% increase in the potential for homicide (NCICP, 2003).

Despite Grave Fears, Many Victims Do Not Report

Sexual assault often accompanies domestic violence. Research indicates that approximately 68% of abused women have experienced sexual assault by their partner or ex-partner (Taylor & Gaskin-Laniyan, 2007). Despite the high prevalence, most of these victims did not make a report to law enforcement or seek assistance after the first sexual assault by their partners. In fact, only 6% contacted law enforcement, while 8% applied for a protective order following the first rape (McFarlane & Malecha, 2005).

Strangulation (or other forms of asphyxiation) combined with sexual abuse within IPV is unlikely to be reported or, if reported, unlikely to be understood by police or prosecutors, or presented to healthcare services (Bichard et al., 2021). In these cases, victim compliance can easily be misinterpreted as consent. As a result, this significant overlap goes unrecognized. The strong association between sexual assault and strangulation within IPV must be analyzed and measured to improve homicide prevention, risk assessment, and public health issues.

RISK FACTORS FOR INTIMATE PARTNER HOMICIDE

When viewed through the lens of IPV, research provides significant insights into the nuances, risks, and considerations that should be incorporated into practice when strangulation is used in sexual context. Recent research shows that two of the strongest risk factors for intimate partner homicide include previous NFS and previous rape of the victim (Spencer & Stith, 2020). A history of both of these violent behaviors toward an intimate partner would indicate an elevated future risk for that offender to kill his partner.

Forced sex is a lethality indicator. Research shows that victims of IPV that includes sexual abuse are 7.6 times more likely to be killed by their partners (Campbell et al., 2003). Additionally, the odds of being killed by an intimate partner were 7.48 times higher for women who had been previously strangled by their partner than those who had not (Campbell et al., 2009).

Offenders who use both strangulation and sexual violence, especially within the context of IPV, benefit from gaps in the system that they can exploit to avoid accountability. One such gap is the reliance by professionals on visible injuries rather than symptoms of strangulation, resulting in cases going undetected, especially among Black victims whose strangulation injuries are less likely to be identified by officers (Brady, McKay, Scott, Zedakar). The lack of general understanding around this topic combined with the normalization of sexual strangulation have significantly influenced policy and practice. Better understanding provides an opportunity for early identification and potential prevention in IPV that becomes lethal to a victim, her children, and the abuser.

DYNAMICS OF CONSENT

In most sexual assaults, the perpetrator is the victim's partner (Bagwell-Gray et al., 2015), and a history of strangulation can result in long-term compliance

by a victim, including coercing the victim to participate in sexual acts they would otherwise refuse to engage in. Often, a sexual assault may appear to be a consensual act, even when it is driven by fear and obtained by compliance. One survivor explained that after a strangulation, it was like "having a gun always held to [her] head. [She] would do anything to survive" (personal communication).

It is critical to understand the concept of consent in the context of all crimes involving sexual violence, as well as those involving co-occurring asphyxiation. To do so, we must consider the totality of circumstances to better understand and investigate these crimes. Law enforcement and other professionals working on cases involving sex crimes are often not properly equipped and trained to effectively investigate the dynamics of consent in cases involving sexual assault. This challenge becomes exacerbated when a sexual assault co-occurs with criminal asphyxiation.

The concept of consent can mean different things depending on the context. Social norms vary across demographics; laws regarding consent vary by state; and consent to one activity might not carry over to another activity in a specific situation. The unevenness in the way consent is understood leaves a gap that offenders can exploit to escape accountability while also blaming the victim.

Distinguishing Consent and Compliance

Consent is different from *compliance*. Victim compliance is based on the presence of fear, and the greater amount of fear instilled by an offender, the more likely the offender will be able to obtain control over the victim. When attempting to understand the dynamics of a case, we must always first consider what the cost is to a victim for *not* complying during an assault. As expert Scott Hampton points out, "True consent means that there are no consequences for saying no." If an offender used coercive control tactics or physical force to obtain sexual access to a victim, the victim was most likely unable to provide consent. Victims in these cases experience fear and trauma from the assault and often feel shame regarding their victimization due to existing social stigmas. This commonly leads victims to be reluctant to report the crime or seek services, especially marginalized victims, such as individuals with addictions, prostituted individuals, and victims of sex trafficking.

"Consent" in Rough Sex

In cases involving sexual violence and strangulation, some offenders may claim the sexual acts were consensual and that the victim also consented to strangulation. Members of law enforcement may find it easy to assume "rough sex" involved strangulation to which the victim consented. First responders still lack the necessary knowledge or training to properly identify evidence that would undermine this assumption. In fact, strangulation is an overwhelming feature of the homicides in which perpetrators justify the death as an accident resulting from consensual "rough sex." This perpetuates false

and unfounded beliefs that these deaths are not intentional homicides and permits offenders to avoid complete accountability.

It is crucial to further investigate an offender's claim of "rough sex" by identifying whether consent was freely given, fully informed, or was revoked at any point. This involves shifting the burden from one party trying to "prove" they did not consent to ensuring the other party obtained consent and determining how that consent was obtained. It is important to recognize that a person can consent to a sex act without consenting to any sort of physical violence.

There has been a marked increase in the use of the "sex game gone wrong" or "rough sex defense" over the last decade in both nonfatal and fatal cases. Unfortunately, lack of training, understanding, and an uninformed response across systems has led to many offenders avoiding accountability for their crimes.

BDSM Norms Help Guide Assessment of Dynamics

A "rough sex" defense capitalizes on professionals' lack of understanding of the BDSM community and common practices and standards therein (McKay, 2021). Namely, the BDSM community, including those who engage in consensual "breath play," highlights the importance of safety and all involved parties obtaining informed and enthusiastic consent that is freely given and revocable at any time. The ability to revoke consent during sexual acts is a priority for those within the BDSM community and is ensured through various practices and safeguards, for example, the use of a "safe word" and extensive efforts to communicate ongoing and mutual consent. Regardless, experts agree that because of the "inherent risk of death" in breath play, there is no "legally adequate justification or excuse for engaging" in it (Wiseman, 2007). Therefore, when an offender wants to proclaim the "rough sex" defense, BDSM norms help guide the assessment of the dynamics at hand. Again, there is a need to begin to shift the responsibility of establishing consent to sexual offenders by asking them how consent was established and how it was revocable.

FOCUS ON PHYSICAL VIOLENCE HAS LED TO MISGUIDED POLICY ON IPV

Nearly eight million women in the U.S. experience IPV annually, with nearly 45 million women experiencing it over the course of their lifetimes. IPV poses a significant, multifaceted public health problem for which the responses by legal and medical systems are inconsistent and lack standardization and collaboration. The narrow focus on physical violence to identify or define abuse between intimate partners has misguided policy for years. As a result, society, survivors, and systems often fail to recognize significant indicators related to lethality and risk or to consider the unique psychological impact of specific types of abuse. The use of strangulation by an intimate partner brings this

consideration to the forefront, as it provides an opportunity to consider how one specific act of violence can be used to better understand the larger picture of identifying potentially lethal relationships before homicide occurs. Identification of NFS can then improve systemic efforts to reduce IPV violence and homicides.

Sexual assault, strangulation, and femicide are underreported and underidentified. Lack of reliable data to adequately measure the prevalence of strangulation and sexual assault has significant consequences on a systemic level. Without data, it is unlikely that policies or practices will change, and law enforcement will miss significant opportunities to prevent unnecessary harm.

Policy must be guided to include opportunities to improve practices to identify indicators that could prevent the escalation of abuse to a homicide. To address the increasing rates of intimate partner homicide, policy should prioritize training practitioners on different lethality indicators. Moreover, practice must evolve and include better ways to identify the use of strangulation or sexual assault in an abusive relationship.

Officers and prosecutors tend to rely on visible injuries, which can be helpful, but not necessary in proving strangulation. Relying on visible injuries creates medical and legal disparities for survivors with darker skin tones due to the increased melanin in the skin clouding the visibility of soft tissue injuries. Because black women are also ***murdered*** at disproportionately higher rates than white women, relying on injuries to identify NFS can increase this disparity by missing a key lethality indicator. (Brieding et al.) Research supports that in response to scenes where an abuser used strangulation, officers identified fewer signs of strangulation on the neck, chin, and shoulders of women of color. [Brady, McKay, Scott, Zedakar] However, this same study highlights a successful solution that can be easily adopted into practice. The tool used by the officers in the study incorporated ways to inquire about "symptoms" of strangulation (such as visual and auditory changes). The data collected showed that relying on this non-visible evidence provided a significant amount of evidence that was consistently documented across victims of all races.

Failure to identify and properly document evidence in these cases allows offenders to routinely avoid accountability. Despite the predictive value and risk associated with the overlap of strangulation and sexual violence, practice has failed to adequately navigate the nuances and fill the gaps that could prevent these predictable homicides and provide a path to more consistent policies and standardized practices.

References

Bagwell-Gray, M.E., Messing, J.T., & Baldwin-White, A. (2015). Intimate partner sexual violence: A review of terms, definitions, and prevalence. *Trauma, Violence, & Abuse*, *16*(3), 316–335.

Bichard, H., Byrne, C., Saville, C., & Coetzer, R. (2021). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*.

Brady, P.Q., Fansher, A.K., & Zedaker, S.B. (2022). How victims of strangulation survived: Enhancing the admissibility of victim statements to the police when survivors are reluctant to cooperate. *Violence Against Women*, *28*(5), 1098–1123.

Brady, P.Q., McKay, K., Scott, D., & Zedaker, S. (2022). The darker the skin, the greater the disparity?: Why a reliance on visible injuries fosters health, legal, and racial disparities in domestic violence complaints involving strangulation. *Journal of Interpersonal Violence* (January 25, 2023).

Breiding, M. J., Chen J., and Black M.C. (2014). Intimate partner violence in the United States, 2012. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Campbell, J.C., et al. (2003, July 1). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *Am. J. Public Health, 93*(7), 1089–1097. https://www.NCBI.nlm.nih.gov/pmc/articles/PMC1447915/pdf/0931089.pdf

Campbell, J.C., Webster, D.W., & Glass, N. (2009). The danger assessment: Validation of a lethality risk assessment instrument for intimate partner femicide. *Journal of Interpersonal Violence*, *24*(4), 653–674.

Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C.R., Campbell, D., Curry, M.A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., & Wilt, S. (2003, November). Assessing risk factors for intimate partner homicide. *National Institute of Just. Journal, 250*.

Glass, N., Laughon, K., Campbell, J., Wolf Chair, A.D., Block, C.R., Hanson, G., et al. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *Journal of Emergency Medicine, 35*(3), 329–335.

Hampton, S. (n.d.). *The strangulation chronicles.* Ending the Violence. http://www.Ending TheViolence.us/the-strangulation-chronicles1.html

Jacobson, N., & Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships*. Simon & Schuster.

McFarlane, J., & Malecha, A. (2005*). Sexual assault among intimates: Frequency, consequences, and treatments*. Final report submitted to the National Institute of Justice. NCJ 211678. https://www.OJP.gov/pdffiles1/nij/grants/211678.pdf

McKay, K. (2014, January/February). A closer look at strangulation cases. *The Texas Prosecutor*, *44*(1).

McKay, K. (2021, May). *The sexualization of strangulation* [Presentation]. Conference on Crimes Against Women.

McKay, K. (2022, February/March). Detecting sexually motivated asphyxiation. *Sex Offender Law Report*, *23*(2), 17.

McKay, K., Cordoni, A., Greer, A.A., Bell, K., & Zaferes, A. (2020, January). *Co-occurring criminal asphyxiation*. American Academy of Forensic Sciences Annual Meeting.

McKay, K., Zaferes, A., & Johnson, R. (2022, February 24). Tapping an overlooked resource: Preparing and utilizing crime scene investigators to recognize and document criminal asphyxiation cases [Presentation]. Annual Conference of the American Academy of Forensic Science, Seattle, WA.

McQuown, C., Frey, J., Steer, S., Fletcher, G.E., Kinkopf, B., Fakler, M., & Prulhiere, V. (2016). Prevalence of strangulation in survivors of sexual assault and domestic violence. *The American Journal of Emergency Medicine*, *34*(7), 1281–1285.

Messing, J.T., & Campbell, J. (2016, December). Informing collaborative interventions: Intimate partner violence risk assessment for front line police officers. *Policing: A Journal of Policy and Practice*, *10*(4), 328–340. https://doi.org/10.1093/police/paw013

Messing, J.T., Campbell, J., AbiNader, M.A., & Bolyard, R. (2022, June). Accounting for multiple nonfatal strangulation in intimate partner violence risk assessment. *J. Interpers Violence, 37*(11–12). doi: 10.1177/0886260520975854

Messing, J.T., Campbell, J.C., & Snider, C. (2017). Validation and adaptation of the danger assessment-5: A brief intimate partner violence risk assessment. *J. Adv Nurs*. *73,* 3220–3230. https://doi.org/10.1111/jan.13459

Messing, J.T., Patch, M., Wilson, J.S., Kelen, G.D., & Campbell, J. (2018). Differentiating among attempted, completed, and multiple nonfatal strangulation in women experiencing intimate partner violence. *Women's Health Issues*, *28*(1), 104–111.

Messing, J.T., Thaller, J., & Bagwell, M. (2014). Factors related to sexual abuse and forced sex in a sample of women experiencing police-involved intimate partner violence. *Health & Social Work*, *39*(3), 181–191.

Monahan, K., Purushotham, A., & Biegon, A. (2019). Neurological implications of nonfatal strangulation and intimate partner violence. *Future Neurology, 14*(3), FNL21.

Monckton Smith, J. (2019). Intimate partner femicide: Using Foucauldian analysis to track an eight-stage relationship progression to homicide. *Violence Against Women.* doi: 10.1177%2F1077801219863876

National Center for Injury Prevention and Control (NCICP). (2003). *Costs of intimate partner violence against women in the United States.* Centers for Disease Control and Prevention.

Rape, Abuse, & Incest National Network (RAINN). (2021). *Statistics.* https://RAINN.org/statistics

RESPOND Against Violence. (n.d.). *Strangulation Supplement.* Available at RESPONDAgainstViolence.org

Sorenson, S.B., Joshi, M., & Sivitz, E. (2014, November). A systematic review of the epidemiology of nonfatal strangulation, a human rights and health concern. *Am. J. Public Health, 104*(11), e54–e61.

Spencer, C.M., & Stith, S.M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, Violence, & Abuse*, *21*(3), 527–540.

Stark, E. (2007). *Coercive control: How men entrap women in personal life*. Oxford University Press.

Stark, E. (2012). Looking beyond domestic violence: Policing coercive control. *Journal of Police Crisis Negotiations*, *12*(2), 199–217.

Taylor, L., & Gaskin-Laniyan, N. (2007, February). Sexual assault in abusive relationships. *NIJ Journal, 256*.

Vella, S.A. (2013). *Cognitions and behaviors of strangulation survivors of intimate terrorism*. Alliant International University.

White, C., & Majeed-Ariss, R. (2018). Non-fatal strangulation amongst clients attending Saint Mary's SARC. Manchester University NHS Foundation Trust. https://www.StMarysCentre.org/application/files/5815/6439/0323/White2018.pdf

Wilbur, L., Higley, M., Hatfield, J., Surprenant, Z., Taliaferro, E., Smith Jr., D.J., & Paolo, A. (2001). Survey results of women who have been strangled while in an abusive relationship. *The Journal of Emergency Medicine*, *21*(3), 297–302.

Wiseman, J. (2007). *Liability aspects of BDSM clubs and presenters regarding "do try this at home"* [Presentation]. Leather Leadership Conference, Minneapolis, MN.

World Health Organization. (2019). Violence against women—Evidence brief. Available at https://www.WHO.int/reproductivehealth/publications/vaw-evidence-brief/en/

Zaferes, A., & McKay, K. (2021, August 16). *How to get away with murder: Misdirection by criminal asphyxiation* [Presentation]. Regional Organized Crime Information Center (ROCIC) 30th Annual Homicide Conference, Biloxi, MS.

Zaferes, A., & McKay, K. (2022, February 2-4). *How to catch a killer: Misdirection of criminal asphyxiation deaths* [Presentation]. Regional Organized Crime Information Center (ROCIC), Nashville, TN (3-day homicide course).

Zilkens, R.R., Phillips, M.A., Kelly, M.C., et al. (2016). Non-fatal strangulation in sexual assault: A study of clinical and assault characteristics highlighting the role of intimate partner violence. *J. Forensic Leg Med., 43,*1–7.