Title:
Opportunities for International Interdisciplinary Research Collaborations to Improve Health Outcomes for Intimate Partner Strangulation Survivors

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Session Title:
Conversations on Intimate Partner Violence
Slot:
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Abstract Describes:

Keywords:
International Collaboration, Intimate Partner Violence (IPV) and Strangulation

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**Abstract Summary:**
This presentation will describe the current health care literature from the US and UK on intimate partner strangulation, and suggest areas for international research collaboration among nurses, physicians and domestic violence advocacy to better understand this unique form of violence and inform practice and policy efforts.

**Learning Activity:**

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>By the end of this session, the learner will be able to recognize short- and long-term health risks, including risk of lethality, related to strangulation.</td>
<td>We will discuss findings from our literature search on intimate partner strangulation research in the U.S. and U.K., including prevalence statistics, health outcomes and lethality risk.</td>
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<td>By the end of this session, the learner will be able to identify gaps in the health care literature from the US and UK regarding intimate partner strangulation as well as collaborative opportunities between nursing, medicine and domestic violence advocacy to address these gaps.</td>
<td>We will highlight opportunities for collaborative, interdisciplinary research, including design methodologies, item consistency across surveys, and testing of screening instruments and protocols.</td>
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**Abstract Text:**

**Purpose:** The purpose of this presentation is to describe the current health care literature on intimate partner strangulation from the US and UK, and to suggest areas for international research collaboration among nurses, physicians and domestic violence advocacy to better understand this unique form of violence and inform practice and policy efforts.

**Methods:** A literature review was conducted by U.S. and U.K. researchers to illustrate the current state of the science related to intimate partner strangulation (IPS) and its health outcomes in both regions, and to identify gaps in IPS knowledge amenable to international research collaborations.

**Results:** Internationally, being strangled by a current or former intimate partner is a very real threat to health and life for significant numbers of women (Sorenson, Joshi & Sivitz, 2013). In the most recent U.S. National Intimate Partner and Sexual Violence Survey (NISVS, 2011) (Breiding et al., 2014), approximately 10% of female respondents reported surviving a strangulation attack by a current or former intimate partner at least once in their lifetimes, extrapolating to approximately 11 million U.S. adult women. The estimated prevalence ratio in NISVS shows non-fatal intimate partner strangulation to be 13 times higher in women than men, with men’s lifetime prevalence proportion of 0.7% equal to women’s 12-
month prevalence proportion, suggesting an extreme gender disparity. Additionally, for female victims of intimate partner violence, prior nonfatal strangulation has been associated with a 6-fold odds of future attempted homicide and a 7-fold odds of completed homicide (Glass et al., 2008). In the U.K., evidence exists that strangulation remains largely under-reported and has far outstripped assault with a weapon as a feature of domestic abuse. This was most recently highlighted in a Scottish Crime Survey from 2014/15, in which 22.7% of women with experience of partner abuse since the age of 16 reported their partner had tried to “choke”/strangle them compared to 12.9% reporting a weapon was used against them (Murray, 2016). Nonetheless, the health implications of non-fatal strangulation remain under-assessed. Intimate partner strangulation (IPS) has been increasingly recognized as a significant risk factor for serious negative health outcomes such as carotid artery dissection, stroke, seizures, PTSD, depression and future attempted or completed homicide (Joshi, Thomas & Sorenson, 2012; Kwako et al., 2011; Le Blanc-Louvry, Papin, Vaz & Proust, 2013; Vella, 2013). However, much of the extant literature on IPS outcomes in the U.S. is limited to case reports and descriptive studies with relatively small sample sizes. Similarly, in Scotland and the wider U.K., despite occasional case studies spaced across decades reporting catastrophic injuries in living strangulation victims, there remains a dearth of IPV strangulation research and little assessment of prevalence or long term health outcomes. This is despite the evidence of its potential lethality, illustrated in a homicide report for 2014/15 in England and Wales, showing almost a quarter of female domestic homicide victims are killed in this manner (ONS, 2016).

**Conclusion:** Taken together, these data indicate an urgent need for more rigorous health care research efforts regarding IPS. Many opportunities for international health care research collaborations exist, such as: greater frameworks for multi-centre, multi-national studies assessing the link between IPS and complex long term injury, using robust longitudinal, prospective and mixed methods designs; psychometric testing of IPS screening tools and protocols in different geographic populations; qualitative studies on women’s experiences seeking care after being strangled; and development and testing of staff training on IPS recognition and treatment.