

# Cultural Competency Panel

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# The Lethality of Sex and Strangulation

AJ Greer, MS

# Asphyxiation

- Strangulation
- Suffocation
- Aquatic
- Choking
- Traumatic
- Positional
- Co-Occurring

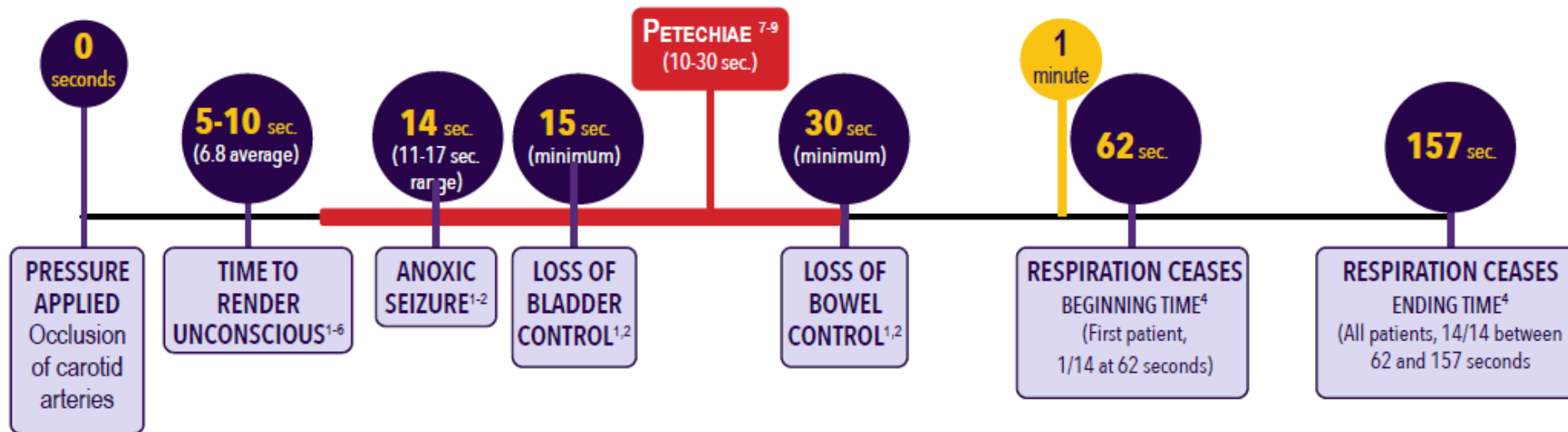
# What is strangulation?

- Pressure to the neck
- Restriction of airflow and/or reduction of blood flow
- 3 forms – hanging, ligature, manual
- 4lbs (jugular) of pressure, 5 to 11 lbs (carotid), 33lbs (trachea), 66lbs (vertebral arteries).
- Strangulation vs. Choking

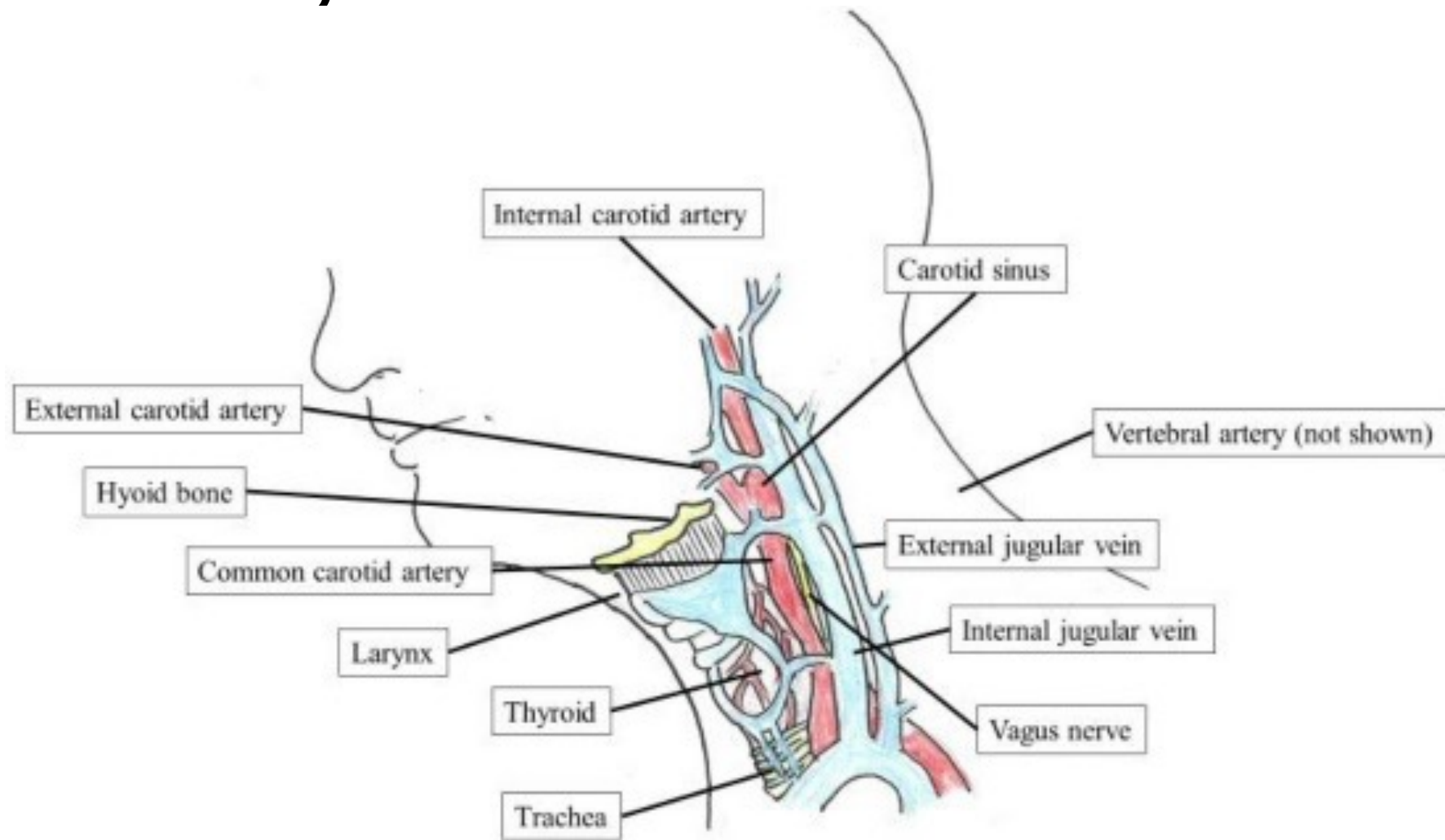
# Strangulation Timeline

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

CREATED BY: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Sean Dugan, MD; Marisol Martinez, MA; Yesenia Aceves; and Ashley Peck



# Anatomy



Bichard, H., Byrne, C., Saville, C. W. N., & Coetzer, R. (2022). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*, 32(6), 1164–1192.  
<https://doi.org/10.1080/09602011.2020.1868537>

# Immediate Signs of Strangulation

- Headache, balance issues, vision problems, seizures, perception issues, memory impairments, voice changes, trouble speaking or swallowing, confusion
- petechiae, scratches on offender, scratches on victim (like clawing at themselves)
- Are you able to always see injury (like handprints) on the neck?

# Signs and Symptoms of Strangulation

- Respiratory: Difficulty breathing, shortness of breath
- Voice: Hoarseness, difficulty speaking or swallowing, drooling
- Cognitive: Confusion, memory loss, amnesia, agitation, restlessness
- Loss of Consciousness

Neck: Redness, scratch marks, bruising, swelling

Face: Redness petechiae, scratch marks

Eyes: Petechiae, bloodshot eyes, vision changes

Ears: Petechiae, ringing in ears

Mouth: Bruising, swollen tongue or lips, cuts/abrasions

Head: Petechiae on scalp, pulled hair, bumps

Chest and Shoulders: Redness, scratch marks, bruising, abrasions

# Hypoxic and Anoxic Brain Injury

- Hypoxic Brain Injury – gradual loss of oxygen to the brain
- Anoxic Brain Injury – complete loss of oxygen to the brain
- May see both physical and behavioral changes because of the brain injury
- Brain Stem and Hippocampus

# The Long Term Consequences of Strangulation

- Neural Consequences (fMRI research)
- Memory Issues
- Cognitive Issues
- Mental Health Disorders
  - Anxiety relationship
- Brain Injuries
  - TBI

# Media and Strangulation

Pop Culture

Literature

Porn

Normalization

# Media Representation

- The media often portrays strangulation in a positive light
- Few articles give information about what would be a sign to seek healthcare
- Few undergo review by healthcare professional
- Inaccurate information
  - Referring to strangulation as choking
- Articles referred to the person being strangled as a female, girl, or woman

# Erotic Asphyxiation

- What is it?
- How is it done?
- Historical evidence for the link between sexual pleasure and strangulation
- Asphyxiophilia
- Autoerotic asphyxiation
- With a partner
- Gender based

# Brief Psychology of Solo/Autoerotic Asphyxiation

- Starts in adolescent
- Experiencing a high
- The Choking Game
- Peer pressure
- Follows into adulthood
- Addiction component

# Asphyxiation, Suicide, and Accidental Deaths

- Death by autoerotic asphyxiation
- Suicide vs. accidental auto-erotic asphyxiation
- Gender Differences
- In accidental auto-erotic asphyxiation – a history of experimenting with asphyxiation.

# Introduced to sexual strangulation

- Research with young adults
  - 33% of undergrad women were strangled more than 5 times during sex. (Herbenick)
  - 22.3% of trans and non-binary (Herbernck) (more than 5 times)
  - 6% of men (Herbernck) (more than 5 times)
  - Why does this matter?
- The lack of consent
- An increase in the problem (single incidents of strangulation)
  - A more recent study, 58% of undergraduate women report being strangled during sex

# Survivor Quotes Strangulation

- “They wanted to try breath play or choking. I said I didn’t, they started choking me before I consented and I passed out”
- “He put his hands on my throat to where I almost couldn’t breathe”
- “Someone strangled me during sex which made me feel scared.”

# Offender Quotes

"it's sign language for 'you better not tell'"

"No better way to get her full attention, especially when she realizes I could end her life in a snap, literally"

"Did you know you can come this close to killing her and not leave a trace of evidence? How's that for the perfect crime?"

"It's weird. Sometimes they're not in the mood [for sex]. But once you've used it during sex, they don't seem to say 'no' anymore. Not sure why, but it works.

# Offender Use of Strangulation

## Why?

- Power & Control
- Coercive control
- Incapacitating a victim
- Homicide
- Sexual Gratification

## When?

- Domestic Violence
- Sexual Violence

## 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.**

10. Does he ever try to choke you?

# Serial and Sexual Homicide

- Stranger/Acquaintance Offenders
  - Targeting Women
  - Non-consensual sexual sadism, psychopathy, and strangulation
- Intimate Partner Sexual Homicide Offenders
  - 20% of sexual homicides are related to IPV
  - Use of strangulation
  - Intent: different than stranger sexual homicide
- Sexual vs. Non-Sexual Homicide
  - Strangulation may play a role in helping distinguish a sexual homicide

# The Rough Sex Defense and Consenting to Strangulation

How do we best address this? Is there a safe way to asphyxiate someone?

"Breath Play"

Fight, flight, freeze, appease

Educate, both professionally and personally

# Culturally Competent and Trauma-Informed Interrogatories for Interacting with Kink Sexual Minority Populations

**Stephen Ratcliff, MA, LPCC**

# Interrogatories

Questions to ask when a criminal case involves the erotic use of force or restraint, as per Explicit Prior Permission.

# Terminology

Kink

BDSM

Lifestyle

S&M

# Prevalence

## Sexual Diversity in America (2017)

Herbenick, D. et al (2017). Sexual Diversity in the United States: Results from a nationally representative probability sample of adult women and men.

“Common lifetime sexual behaviors included... public sex ( $\geq 43\%$ ), spanking ( $\geq 30\%$ ), role-playing ( $\geq 22\%$ ), tying/being tied up ( $\geq 20\%$ ).

Having engaged in threesomes (10% women, 18% men) and playful whipping ( $\geq 13\%$ ) were less common.

Lifetime attendance at sex parties, taking a sexuality class/workshop, and going to BDSM parties were uncommon (each  $< 8\%$ ).”

# Discrimination against Kink

## NCSF's Survey of Violence & Discrimination Against Sexual Minorities (2008):

**11.3%** of the total number of respondents (n=3,058) reported being discriminated against by professional or personal service providers.

That is **30%** of the respondents who reported they were discriminated against.

**7.8%** reported being discriminated against by a legal professional

# 1.0 General Background of the Incident

1.1 What was the date, time, address, and room (i.e., bedroom, carport) of the occurrence of the Incident?

1.2 Which body part(s) of yours which were contacted, and how?

1.3 Which body part(s) of the other person(s) were contacted, and how?

1.4 Were any objects used during the Incident? If yes, specify the object(s) and how they were employed.

1.5 Was there a risk of serious physical injury (i.e., leaving a permanent mark, impairment of a limb or organ, or risk of death)?

1.6 Was any physical harm caused? If yes, is there any physical or electronic evidence, which in any way depicts, refers to, or memorializes said harm?

1.7 Is there any person who observed or has knowledge of the Incident? If yes, identify by name and relationship to you, any person with knowledge.

# 2.0 Consent:

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2.1 Was consent given to specific act(s) in the Incident? If yes, which act(s) were consented to explicitly?

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2.2 How was the consent expressed (i.e., verbally or in writing)?

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2.3 Did you understand the risks involved in the act(s)?

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2.4 Was consent given to the intensity of the act(s)?

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2.5 Was any act not explicitly consented to in the Incident? If yes, which act(s) were not explicitly consented to?

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2.6 Was there any agreement that verbal or physical resistance could be ignored and that a withdrawal of consent would only be expressed in a specific and agreed-upon manner (i.e., safeword or safe signal)?

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2.7 Was consent withdrawn during the Incident? If yes, specify how was the withdrawal was expressed (i.e., verbal, physical, or otherwise).

## 3.0 Ability to Consent:

3.1 Were there any circumstances that prevented the withdrawal of consent (i.e., unconscious, asleep or gagged)?

3.2 Were you or the other person intoxicated or drugged to the extent that you were unable to either grant consent or to withdraw consent? If yes, please identify the intoxicant substance(s), if known.

3.3 Were you having a mental health crisis to the extent that you were unable to either grant consent or to withdraw consent? If yes, please identify the mental health crisis, if known.

3.4 Were you coerced or threatened into doing the act(s)? If yes, please identify the coercion or threats that occurred.

Don't forget that based on the research we shared with you, you likely know lots of people who are engaging in Kink and Consensual Non-Monogamy.

Don't make fun or be judgmental of kink or CNM. There are people in your office and in your circle who are engaging in the alt-sex communities.

Saying those things makes you unsafe for fear of judgment or outing.

You will lose rich and valuable resources in those colleagues.

## Stigmatizing Questions

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**NOT APPROPRIATE**

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What did you expect when you agreed to do BDSM?

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How many people do you have sex with?

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Are you addicted to sex?

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Isn't that unhealthy?

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Do you self-harm?

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# Stigmatizing Language

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## NOT APPROPRIATE

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Making jokes: “I guess she wears the pants in the family.” “I guess that’s one way to get your aggression out.”

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Using terms like: deviant, perverted or “you people.”

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Making facial expressions of disgust or dislike.

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Expressing personal interest in a fetish or kink.

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# Affirming Statements

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I understand that people are discriminated against for being kinky.

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I know that a lot of people enjoy kink or consensual non-monogamy.

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As long as it's consenting adults, and no one is harmed, I have no problem with it.

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I know kinky and non-monogamous people make good parents.

# Tips

- **Education:** Look up information about kink before you need it.
- **Avoid Assumptions:** Don't assume someone is the top/bottom according to gender, or that married means monogamous.
- **Inclusive Language:** Ask about preferred language, ie, spouse or partner rather than wife/husband.
- **Keywords:** Watch for words like “scene” or “play” or “bottom” to help identify kink relationships.

# MPC Section 213.10: Affirmative Defense of Explicit Prior Permission

**Tess Zachary**

# Explicit Prior Permission

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# The Model Penal Code on Sexual Assault



- The ALI updates and standardized the criminal law that is approved by each State.
- The MPC on Sexual Assault has to be approved by each State Legislature to become law, however the text of the model law can be introduced into any criminal court case or cited in briefs.

<https://www.ali.org/projects/show/sexual-assault-and-related-offenses/>

## Section 213:10 - Affirmative Defense of Explicit Prior Permission

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You may personally give another person **explicit prior permission** to use or threaten to use **physical force or restraint**, or to inflict or threaten to inflict any harm in connection with an act of sexual penetration, oral sex, or sexual contact, **as long as it doesn't cause serious injury.**

# Explicit Prior Permission

Permission is “explicit” under Section 10 when it is personally given verbally or by written agreement:

(a) specifying that the actor may ignore the other party’s expressions of unwillingness or other absence of consent;

(b) identifying the specific forms and extent of force, restraint, or threats that are permitted; and

(c) stipulating the specific words or gestures that will withdraw the permission.

# Explicit Prior Permission for Consent to Kink

1. Consent must be explicit, that means talking and agreeing to what you'll be doing before you start.
2. You must specify what kinds of expressions of unwillingness are okay to ignore.
3. You must identify the specific activities and how intense they will be, which requires being informed about the risks.
4. You must agree to a safe-word or gesture that will withdraw permission.

# Law Enforcement

The new Model Penal Code on Sexual Assault (*in print*) cites NCSF's evidence that police and prosecutors are especially reluctant to investigate and file charges for sexual assault when the complainant has engaged in kink "because they assume that a person who is injured or sexually violated in such a case 'must have asked for it.'

# Barriers to Reporting

## NCSF's Consent Violations Survey (2015)

Of the **1,041 people** who reported nonconsensual experiences

only **29 people (2.7%)** said that they reported it to the police

# Stigma associated with Criminalization

In NCSF's **2020 Consent Survey**, kinky respondents report being closeted to family and co-workers.

Also: Richard Sprott's Health and Healthcare Experience of Kink-Oriented People.

DOI:  
10.13140/RG.2.2.12386.73925

Percent of respondents who were open

ABOUT KINK/BDSM/LEATHER/FETISH:

80.4% TO PARTNERS

64.0% TO FRIENDS

67.7% TO ALT-SEX MEMBERS

11.8% TO FAMILY MEMBER

8.6% TO COWORKERS

1.3% NONE OF THESE

<https://ncsfreedom.org/wp-content/uploads/2021/01/Consent-Survey-2020-report.pdf>

NCSF Explicit Prior Permission Creative Commons

## KINK

You have a way to stop what's happening.

You discuss things as equals prior to beginning the activity.

You have enough information to know what you're agreeing to do.

## ABUSE

You can't stop what's happening.

There is little to no discussion about what will happen.

Your questions aren't answered truthfully.

## KINK

You set your own limits, and your partner(s) set theirs.

Your limits are respected by your partner(s).

You can express your feelings without fear.

## ABUSE

You are tricked, coerced or pressured into doing things.

You may be forced to drink, take drugs or necessary medication is refused.

You are afraid to be honest about what you think and feel.

## KINK

You can communicate with whomever you choose.

Interactions happen when, how, and where you agree they happen.

You understand and agree to the risks involved.

## ABUSE

You can't communicate with certain people or go certain places.

You are threatened and can't leave.

You are seriously injured.

# Learn More

[NCSF Consent Count Resources](#)

[American Law Institute](#)

[The ALI Advisor](#)

[Video: Model Penal Code: Sexual Assault and Related Offenses - Overview of Tentative Draft No. 5 \(2021\)](#)

# NCSF Resources

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NCSF's Professional Resources - [https://ncsfreedom.org/resource-library/#Professional\\_Resources](https://ncsfreedom.org/resource-library/#Professional_Resources)

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Consent & BDSM Legal Cases - <https://ncsfreedom.org/consent-legal-cases-3/>

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Legal resources - <https://ncsfreedom.org/legal-resources/>

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American Law Institute Project - [https://ncsfreedom.org/key-programs-2/consent-counts/#American\\_Law\\_Institute\\_ALI\\_Project](https://ncsfreedom.org/key-programs-2/consent-counts/#American_Law_Institute_ALI_Project)

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Expert Witnesses - <https://www.kaprofessionals.org/>

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Interrogatories - <https://ncsfreedom.org/legal-resources/>

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Incident Reporting & Response - <https://ncsfreedom.org/incident-reporting-response/>

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Brochures and Materials- <https://ncsfreedom.org/order-ncsf-materials/>

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# Training is Available for you and your department.

Explicit Prior Permission and Interview Techniques

## NCSF is an all-volunteer nonprofit organization

- A coalition of educational and social groups and businesses that serve consenting adults
- An advocacy group that challenges systemic discrimination in government and private sector services
- Educating law enforcement, agencies, state and local officials, and professionals about the Alt-sex communities
- A media advocacy and training organization that is changing the way people think about diverse sexualities among consenting adults
- A non-profit membership organization that provides direct services
- A charitable foundation that provides education about diverse sexualities



Who We Are

# TO REACH NCSF

[NCSFreedom@NCSFreedom.org](mailto:NCSFreedom@NCSFreedom.org)

[NCSFreedom.org](http://NCSFreedom.org)



Additional Resources:  
Slide Deck and Links

