

Sex Offender Law Report™

Vol 23 No. 2

ISSN 1529-0697

Pages 17 – 32

February/March 2022

Detecting Sexually Motivated Asphyxiation

by Kelsey McKay

Criminal asphyxiation is a form of violence that is dangerous and deadly. Asphyxiation is used as a method of homicide and is disproportionately present in sexually motivated crimes. Depriving a person of oxygen, whether causing unconsciousness or death, is associated with rape, sexual sadism, domestic abuse, and other interpersonal crimes.

Tactics, like strangulation or drowning, are often used by sexual predators to fulfill motivations within the framework of their psychopathology, ranging from coercion to control and power to sexual gratification.

Strangulation specifically is prevalent in gender-based violence, especially cases driven by sexual motivations. Research, however, is limited in this area and has primarily focused on the occurrence of strangulation in nonsexual aspects of domestic abuse. As a result, legislation, funding, and research has excluded one of the most significant intersections that could provide powerful information in the prevention of serial rape and sexually motivated killers. An understanding of this intersection provides a path for overcoming some of the most common defenses in sexual violence and sexually motivated killings of women.

When a victim survives asphyxiation, the impact can be multifaceted with psychological, physical, neurological, and behavioral outcomes

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An Integrated Approach to Treating Sexual Offenders

by Jeffrey Abracen, Jan Looman, Kristina Shatokhina, Emma Collie, and Janice Picheca

The purpose of this article is to provide the reader with some knowledge regarding work with individuals who have been charged or convicted of sexual crimes. Although our work has focused primarily on incarcerated populations who have been convicted of one or more sexual crimes, the principles described in this article have been applied to those living in the community and/or who represent lower risk groups of offenders. The information contained in this article is based, at least in part, on the text published by Abracen and Looman (2016) related to the treatment of high-risk sexual offenders. Readers interested in more detailed information than included below are encouraged to consult this text. Some newer material, not included in our book will also be summarized below.

The present article is intended for a variety of professionals working with individuals adjudicated for sexual crimes including mental health professionals as well as those involved in the criminal justice system. The present article will discuss contemporary approaches to the management of sexual offenders in institutional and community settings. Several well-known models of treatment will be explained, including the Risk-Need-Responsivity Model (Andrews & Bonta, 1998, 2010) as well as the Good Lives Model (GLM) (e.g., Ward & Maruna, 2007). The article also discusses the Integrated Risk

Assessment and Treatment System Model (IRATS) developed by our group (e.g., Abracen, Looman, & Ferguson, 2017).

Re-entering Communities With Sex Offender Conviction and Mental Illness

Perhaps the most logical place to begin is by stating that the vast majority of sexual offenders who are incarcerated or who are before the courts will be released to the community (if they have been incarcerated at all). Many of these individuals will struggle to initiate and maintain healthy relationships with consenting adults. Further, many of the clients with whom we work suffer from the dual stigma of having both mental illness and being a convicted sexual offender. Helping such clients navigate issues associated with healthy relationships therefore becomes a focus of treatment.

In order to help the clients with whom we work, accurate assessment is critical. To treat our clients, we need to possess accurate information regarding the range of difficulties with which they present. One of the most critical areas to understand in any forensic assessment is the client's potential risk of future offending (be that general, violent, or sexual). As this area of assessment is unique to forensic populations, we will turn our attention to this matter first.

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(Richard et al., 2021). Yet, despite the seriousness of this crime and the potentially lethal consequences, offenders often escape accountability due to minimal external signs that the act occurred. Without significant visible external injury, asphyxiation can be easy to miss, even in an autopsy. In both fatal and nonfatal cases, law enforcement lacks adequate training to overcome typical defenses, and as a result, this hidden crime goes uncounted. This leaves significant gaps throughout the system and results in missed opportunities to recognize offenders, identify significant patterns for prevention, and make informed policy decisions.

Asphyxiation as Part of Sexual Arousal, Assault, and Homicide

As a weapon, asphyxiation may seem less prevalent or less of an immediate threat when compared to guns or other weapons. Overall homicides rates in the United States reflect very low rates of killing by asphyxiation. Even in intimate partner homicide, where gender plays a role, reports consistently show the rate of strangulation as the cause of death in approximately 10% of these murders (TCFV, 2021). But existing data underestimate the rates at which offenders use asphyxiation in violent offenses.

In sexually motivated homicides, strangulation has been identified as the cause of death in 67% of cases (Warren et al., 1996). Additionally, strangulation was the cause of death in 63% of sexually motivated homicides of elderly females, and 61% of sexually sadistic homicides (Warren et al., 1996).

Another study identified 133 homicide cases in which death was attributed to asphyxiation. Among those cases, sexual assault was the primary motivation against female victims in cases of both ligature strangulation (66%) and manual strangulation (52%) (DiMaio, 2000).

Godlike Control Over Victim's Life.

Research on sexually sadistic serial murderers highlights that those killings often included painful sexual acts, intentional torture, and death primarily by means of strangulation (Warren et al., 1996). This highlights the value offenders draw from using strangulation, as the murderers consistently reported seeking and/or feeling “sexual arousal to the pain, fear, and panic of their victims” (*id.*). Specifically:

One of the men, who murdered victims by manual strangulation, told of breathing air into his dying victim so that he could watch more closely her

dawning realization that he was, in fact, going to kill her. This sense of being Godlike and in control of the life and death of another human being is reported by some of the men as one of the most exhilarating aspects of their sexual experiences and of their crimes (*id.*).

Sexual Gratification From Asphyxiation. Some offenders use asphyxiation itself to achieve sexual gratification. Offenders may feel sexual arousal by instilling fear, the act of torture, or the power and control they gain over the victim using asphyxiation. This is a significant consideration within the context of serial sexual offenders and serial killers, who often have a history of being sexually gratified in this manner.

For some offenders, sexual gratification can be achieved without a sexual assault. If an offender is sexually aroused or gratified by pain, torture, helplessness, death or corpse control, a god complex, or has a hero-saving complex, asphyxiation provides them an avenue to enact these sexual desires. Some offenders specifically derive

and Maryland, have a special enhancement for crimes that involve sexual motivation or sexual gratification, highlighting the significance of this overlap.

Targeting Marginalized Victims. A recent review of cases in Chicago, between 2001 and 2017, identified 75 women who were killed by asphyxiation—specifically strangled or smothered. Of those cases, at least 55 of them remained unsolved (Sweeney, 2019). Many of those victims were members of marginalized communities, particularly victims of sex trafficking or women who engaged in sex work. These populations may be targeted by serial offenders because their deaths often go unnoticed or misdiagnosed, as was the case with the Green River Killer, Samuel Little, Darren Vann, and many other sexual serial killers.

Power and Control Reinforced When Strangulation Goes Undetected

Professionals also need to be aware of many tactics commonly used by these types of offenders to misdirect an investigation. Serial offenders of gender-based violence

Among sexually-posed homicides, the most common modality of death was by strangulation (71%).

sexual pleasure from the act of torture (sexual sadism), the act of killing, or both. In 2019, Samuel Little confessed to the Texas Rangers that he had murdered 93 women. Little strangled most of his victims and drowned at least one, reportedly often masturbating while strangling his victims (Chaudhary, 2021).

Sexually Posed Homicides. Fatal asphyxiation is also commonly present in sexually posed homicides. Sexual posing involves intentionally positioning the body of a victim in a sexual manner, for example, exposing the victim's breasts or spreading the victim's legs (Geberth, 2010b). One study found that, among sexually posed homicides, the most common modality of death was by strangulation (manual and ligature), present in 71% of the cases (Geberth, 2010a).

Most of these offenders used the combination of strangulation and sexual posing to further their sexual fantasy or arousal (*id.*). So, even in cases that do not appear to be explicitly sexual in nature, we must consider whether an offender was sexually motivated. Some states, like Washington

use tactics including violence that lacks obvious trauma, scene staging, claiming “consensual rough sex,” and targeting marginalized and vulnerable populations. These tactics shift the blame to victims, exploit investigators' lack of understanding around the dynamics of consent, and ultimately highlight the inherent biases within the criminal legal system. When successful, these tactics allow offenders to skirt accountability and avoid detection for their crimes, reinforcing their own sense of entitlement, power, and control.

Despite the known patterns related to fatal asphyxiation, data related to sexual homicides is not consistently collected or published. And nonfatal acts of sexual violence that include the use of strangulation are not tracked by any database. A sexual offender's use of asphyxiation should always raise a red flag, regardless of if the offender is a known or unknown party (acquaintance or otherwise) and regardless of whether it occurs within the context of a homicide (a fatal event) or an assault (a non-

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fatal event). Understanding these patterns allows the criminal legal system to better identify serial offenders and to catch them before they become killers.

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This article was edited by Tiffany Lee at RESPOND. ■



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