

Crisis Connection

Non-lethal Strangulation



Strangulation is defined as a form of asphyxia and is characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck. It is often incorrectly referred to as choking which involves internal blocking, or obstructing the windpipe.

Strangulation is intentional: to obstruct seriously or fatally the normal breathing of a person. **Choking is accidental:** having the windpipe blocked entirely or partly by some foreign object like food.

- 99% of perpetrators of strangulation are male.
- 90% of cases have a history of domestic violence (in 70-80% of domestic violence cases the victim will recant: she does not understand the danger)
- Children are present in 50% of the cases.
- Only 3% of victims voluntarily seek medical attention.
- In 50% of cases, there is no visible injury to the untrained eye.
- In 35% of cases, the injury is too minor to photograph at the scene.
- 15% of cases display significant injuries immediately.
- 10% of violent deaths in the U.S. each year are due to strangulation, with six female victims to every male victim. Death (as well as miscarriage) can occur

hours, days or even weeks later.

There are three forms of strangulation:

- Hanging
- Ligature (garroting)
- Manual: by far the most common (throttling)

Death occurs from strangulation in one of the following three ways:

- Depriving the brain of oxygen
- Preventing deoxygenated blood from exiting the brain
- Closing off the airway, causing the victim to be unable to breath

Four Principles of Strangulation:

- Quantity of applied force (11 lb. of pressure=unconsciousness).
- Duration of applied force (10 seconds = unconsciousness; 50 seconds of continuous oxygen deprivation =point of no return; 4-5 minutes = death).
- Surface area of applied force.
- Exact anatomic location of applied force (Hyoid bone, larynx, carotid arteries, and jugular veins).

Signs (objective observation) & Symptoms (subjective descriptions) of Strangulation

- **Voice changes: in at least 50% of cases, ranges from hoarseness (raspy) to total loss of voice**
- **Swallowing changes**
- **Breathing changes (hyperventilation, gasping, panting) and coughing**
- Pain to neck/throat and/or lumps in neck
- Mental status change (disoriented, combative, restlessness, “spaced-out”, memory loss, severe stress)
- Scratch, scrape, pattern injuries or claw marks to neck and/or chest and chin
- Redness, impression marks, or abrasions to neck
- Spasm: loss of bodily function (vomiting, urination, defecation) and/or uncontrollable shaking
- Ears ringing
- Head “rush”
- Petechiae (eyes (around, under, whites), ears, anywhere on face or neck, shoulders, upper chest) always above the area of constriction)

Symptoms can be as important as physical evidence.

Identifying the Primary Aggressor

Frequently, in attempted strangulation cases, there are claims of mutual combat or self-inflicted injuries. Because victims fear for their lives, they may protect themselves by pushing, biting, scratching, or pulling their assailant's hair.

Depending on the method of strangulation used, the assailant may be the only individual with visible injury.

If the assailant strangles the victim from behind using a chokehold, the victim may protect herself by biting the assailant's arm or hand. If the assailant manually strangled the victim from the front (face-to-face); the victim may push him, scratch him, claw him, gouge him, or pull his hair.

When officers arrive at the scene, they may find the suspect with visible injuries and the victim with no apparent injury at all. If both parties claim self-defense, and you can be absolutely sure the assailant will be the first to squawk, **officers must resist the temptation to arrest both or the one who appears to have "won the fight"; i.e. the person with no apparent injury: the strangulation victim.**

Consider the following before making an arrest:

- Height/weight of both parties
- Who appears fearful of whom
- Corroboration of statements
- History of domestic violence, assaults, or criminal history
- Use of alcohol or drugs
- Is either party on probation or have a P.O. against them?
- Pattern evidence
- Injuries consistent with statement
- Examine both parties hands and nails for hair, blood, fiber or skin
- Thoroughly check for signs and symptoms of strangulation
- Offensive or defensive? Expect both parties to minimize what has occurred, the assailant to protect himself and the victim out of fear.

When questioning the alleged assailant please remember that he will:

Lie
Minimize
Blame the victim
Manipulate you

How often does he lie? Whenever his lips are moving.

Follow-up Questions in Non-lethal Strangulation Investigations:

1. Ask the victim to describe how she was strangled? Describe method. One or two hands? Forearm? Object?
2. What did the suspect say while he was strangling (putting his hands, arm or an object around her neck) the victim?
3. Was the victim shaken simultaneously while being strangled? Describe.
4. Was the victim thrown against wall, floor or ground? Describe facts & surface.
5. How long did the defendant strangle the victim?
6. How many times was the victim strangled? Describe each incident & method.
7. How much pressure was used? Describe. Was it continuous?
8. Any difficulty breathing?
9. Any complaint of a hoarse or raspy voice?
10. Any complaint of pain to throat?
11. Any coughing or trouble swallowing?
12. How did the victim feel? (e.g. dizzy, faint or lose consciousness?)
13. Did the victim vomit, urinate or defecate as a result of being strangled?
14. Look for injuries behind the ears, all around the neck, chin, jaw, eyelids, shoulders and chest area. Take photographs of any visible injury however minor and describe injuries.
15. After photos are taken of the victim's injuries, ask victim to demonstrate how she was strangled. Document pain, points of contact and method of strangulation.
16. Ask victim to describe suspect's demeanor and facial expressions.
17. What did the victim think was going to happen? (e.g. Did she think she was going to die?)
18. If an object was used to strangle the victim, describe, photograph and impound object as evidence.
19. Was the suspect wearing any rings? Look for marks caused by rings.
20. Any prior incidents of strangulation? Or any pre-existing injuries?
21. Did the victim try to protect herself or himself (defensive injuries to perpetrator)? Describe.
22. Encourage medical treatment, it could save her life and you may need the medical evidence for a trial.
23. During follow-up investigation, take follow-up photos of any subsequent injuries. Ask if she showed injuries to anyone, took any subsequent photographs, or sought medical attention? Crisis Connection Inc. can take these forensic photos if desired.

Dr. George McClane, Emergency Physician & Gael B. Strack, San Diego Assistant District Attorney

The crimes of power and control are:

Serial murder
Domestic violence

These are also the crimes where you will see strangulation.

When he strangles her he may be trying to kill her, or he may be putting her on notice...I can kill you just like that.

It takes 3-6 lbs. of pressure to pull a trigger and 20 lbs. of pressure to open a pop can.

Source: Dr. George McClane, Emergency Physician & Gael B. Strack, San Diego Assistant District Attorney



Safer Southwark Partnership

CCI staff is available for professional non-lethal strangulation training.

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