

Strangulation

What are we doing about it?



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Why This Training?

- TM Law Enforcement
- TM Prosecutors
- TM Victim Advocates
- TM Medial Community

All disciplines knew very little about strangulation

Why This Training?



TM In 2009, House Bill 2353 was in the Arizona State Legislature attempting to be passed. This bill addressed a “**person who knowingly or intentionally impedes the normal breathing or circulation of blood in another person by applying pressure to the throat or neck or by obstructing the nose or mouth...**”

Corroborative Effort

- Ø Met with the Maricopa County Attorney's Office – Family Violence Bureau Chief (Angela Andrews) and spoke about any strangulation training they had.
- Ø Immediately discovered that they were in need of such training, especially after the passing of HB 2353
- Ø MCAO advised that this training would be the baseline used for prosecuting cases under this new aggravated assault statute.

Strangulation Study

- TM In 1995, the San Diego Police Department and the San Diego City Attorney's Office conducted a study of 300 strangulation cases
 - These reports were randomly selected over a 5 year period

Study Findings

TM Victims reported being “choked”

- Bare hands
- Arms
- Other objects:
 - TM Electrical cords
 - TM Belts
 - TM Ropes
 - TM Bras, etc

Study Findings

TM 99% of suspect were men

TM There was a history of DV in 90% of cases

TM Children were present in at least 50% of cases

TM Only 3% of the victims sought medical attention

Study Findings

TM 42% of cases, No visible injury

TM 20% of cases, Pain only

TM 22% of cases, Minor visible injury - too minor to photograph

TM 16% of cases, significant visible injury

High Risk & Lethality...

Strangulation is different!

TM When battered women were asked what made them believe they were in danger or not – the majority of women perceiving a great amount of danger mentioned “**choking**” as a tactic used against time that made them believe their partner might kill them

TM Stuart & Campbell, 1989



Manual Strangulation

Most commonly used

Minimization by Victims

- TM Most victims may be reluctant to seek medical attention because they don't understand the dangers
 - “He didn't really choke me, he just had me in a headlock and I couldn't breathe.”
- TM Who's job is it to call paramedics?

YOURS!



Minimization by Professionals

TM Dispatch operators may not realized the danger and trivialize the violence



Minimization by Offenders

TM San Diego, California case:

- Why are you arresting me? All I did was choke her.

TM Portland, Oregon case:

- “Officer, I swear I didn’t hit her. All I did was choke the living shit out of her once or twice. I swear I didn’t hit her.”

Minimization at Court

- TM Don't expect your judges or jurors to understand the seriousness of strangulation
- TM Without an expert, jurors are likely to think it didn't happen because the injuries were too minor (San Diego Jury)
- TM With an expert, jurors wanted to know why the case was only prosecuted as a misdemeanor (Orange County Jury)

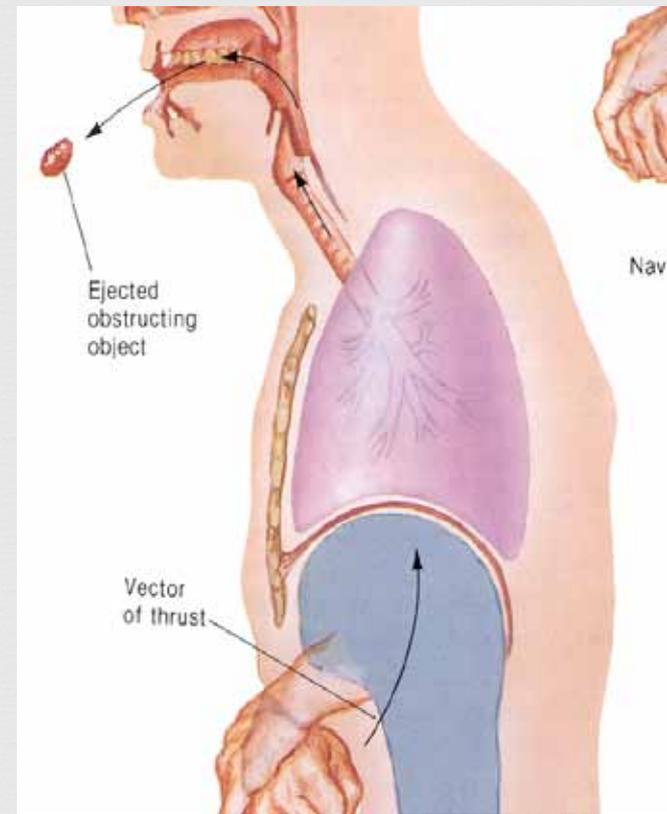
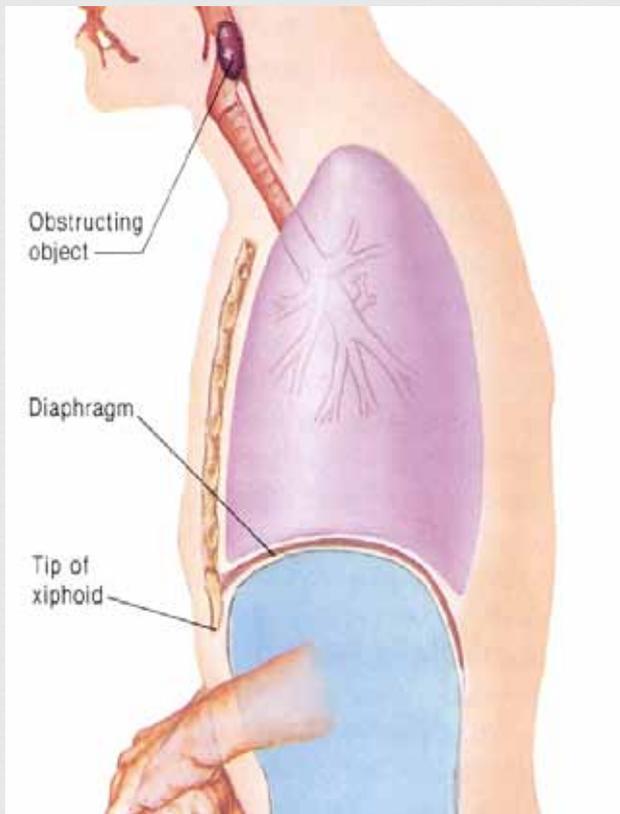
Choking & Strangulation

Is there a difference?

Choking

TM Choking is defined as a partial or total blocking of an air passage by a foreign object.

Strangulation is not “Choking”



Strangulation

TM Strangulation is defined as a form of asphyxia (lack of oxygen) characterized by closure of blood vessels and/or passages of the neck as a result of external pressure on the neck.

Three forms of Strangulation

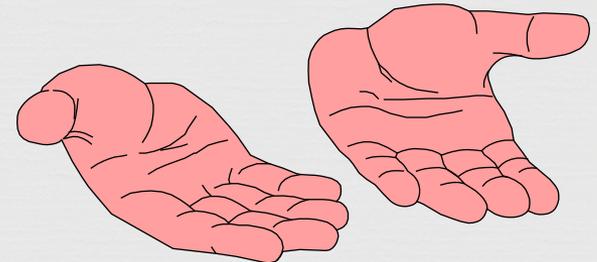
TM Hanging



TM Ligature



TM Manual

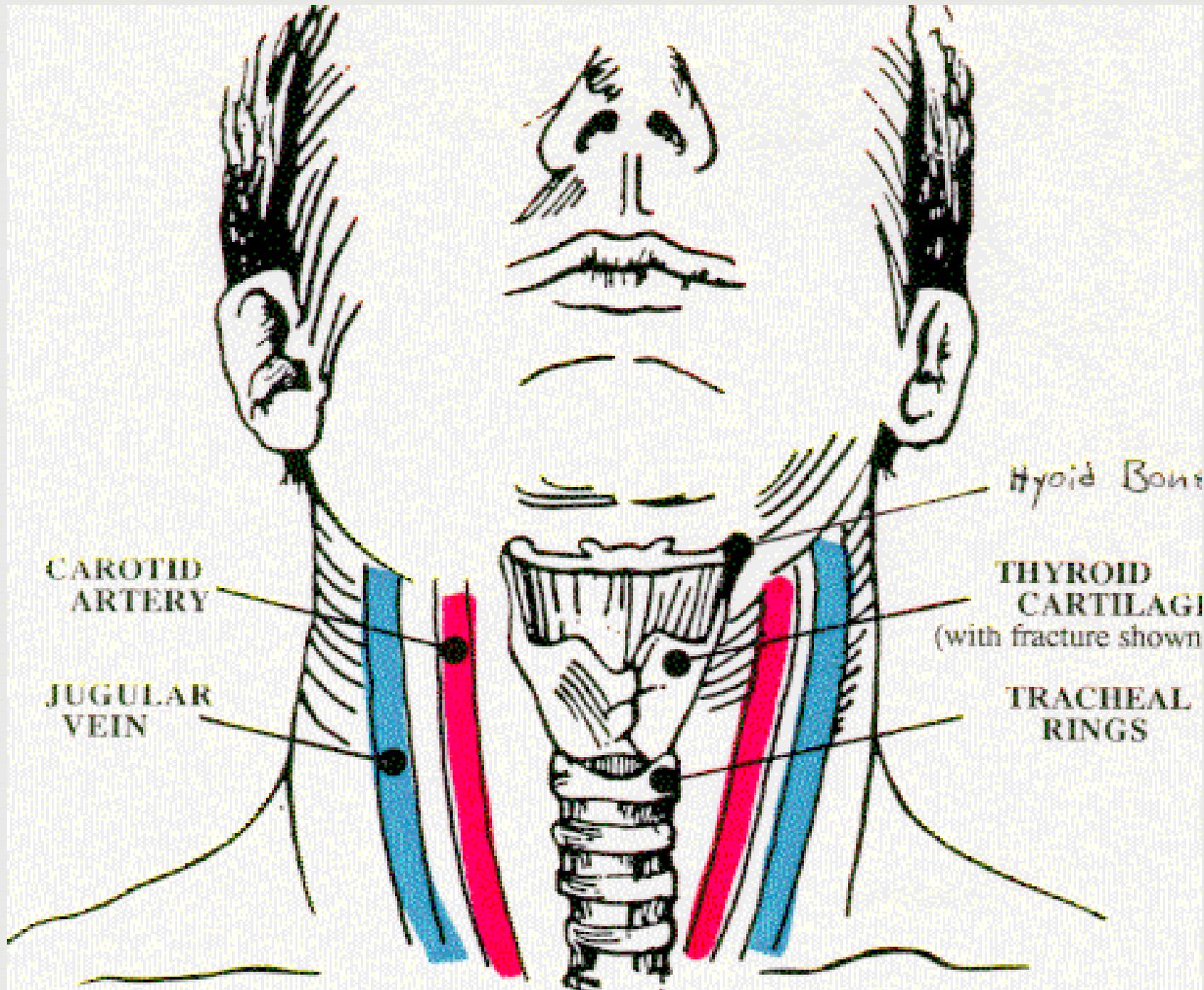


Strangulation Autopsy



Autopsy

- TM Face was congested
- TM Tongue was bitten
- TM Horizontal ligature mark below the thyroid cartilage
- TM Neck muscles showed signs of trauma
- TM Tracheal rings were fractured
- TM Multiple abrasions and contusions on chin, both arms and abdomen suggesting a struggle



CAROTID
ARTERY

JUGULAR
VEIN

Hyoid Bone

THYROID
CARTILAGE
(with fracture shown)

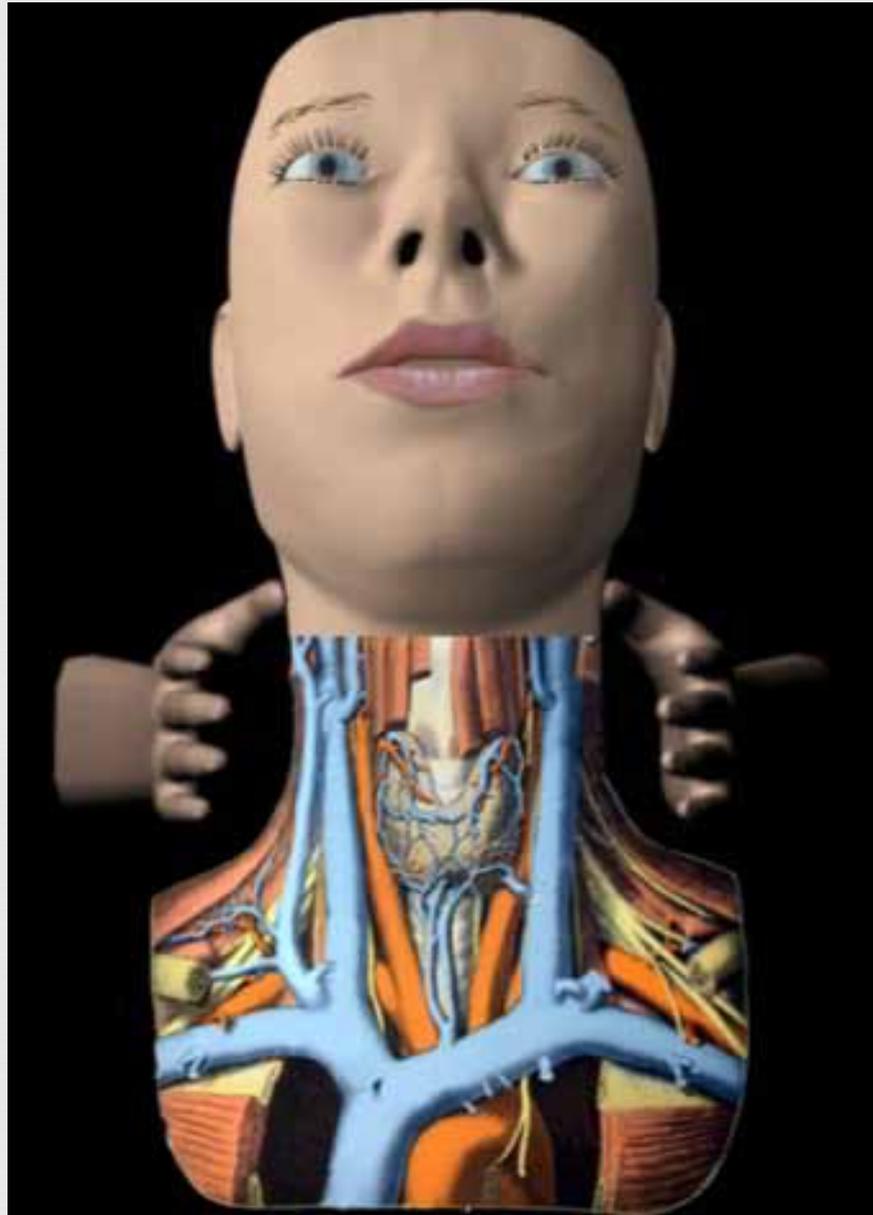
TRACHEAL
RINGS

The victim will lose consciousness

TM blocking of the carotid arteries
— depriving the brain of oxygen

TM blocking of the jugular veins
— preventing deoxygenated blood from exiting the brain

TM closing off the airway
— causing the victim to be unable to breathe



Quantity of applied force

TM 11 pounds of pressure

- Both carotid arteries
- 10 seconds

TM UNCONSCIOUSNESS.

TM Only 3-6 lbs. of pressure required to pull a trigger on some firearms.

TM Only 20 lbs. of pressure required to open a pop can

- To completely close off the trachea (33 lbs.) is required.

Duration of applied force

- TM If pressure is released immediately, consciousness will be regained within 10 seconds.
- TM 50 seconds “**point of no return,**” because a person’s bounce-back reflexes become inoperative.
- TM Brain death will occur in 4 to 5 minutes, if strangulation persists

Evidence of Unconsciousness

TM Loss of memory

TM Standing up one minute then waking up on the floor

TM Bowel or bladder incontinence

TM Unexplained bump on head

TM Visual impairment

Signs & Symptoms of Strangulation

Symptoms of STRANGULATION

- TM VOICE CHANGES:** hoarseness, change in pitch, raspy voice, partial or total loss of voice
- TM SWALLOWING CHANGES:** difficult but not painful, pain when swallowing, pain to throat, and coughing or clearing of throat
- TM BREATHING CHANGES:** hyperventilation, having trouble catching breath

Symptoms of STRANGULATION

TM BEHAVIORAL CHANGES:

- Restlessness to combativeness
- Feeling dizzy, faint, or loss of memory or consciousness

Symptoms of STRANGULATION

- TM MISCELLANEOUS:** involuntary urination or defecation, miscarriage, nausea/vomiting, vision faded or reported “seeing stars”
- TM LUNG DAMAGE:** Vomit inhaled during strangulation.

VISIBLE INJURIES

Signs of Strangulation

Scratches, Abrasions, Scrapes

- May also be due to a defensive maneuver by victim
- Ligature marks
 - TM Rope, belt, cord, etc.



Scratches



Scratches



Scratches



Scratches



Claw Marks

Defensive Wounds



Impression Marks

Be suspicious

Bruises (ecchymoses or purpura)

- Fingertip bruises are circular or oval, often faint
- Single bruise on neck is most frequently from assailant's thumb
- Bruising behind the ears

Bruising behind the ear



Thumb-print bruise



Ligature Mark



Chin Abrasions

TM Instinctive effort by victim to protect her neck

Chin Abrasions



Blood Red Eyes

- Capillary rupture in the sclera of the eyes
- This suggests a particularly vigorous struggle

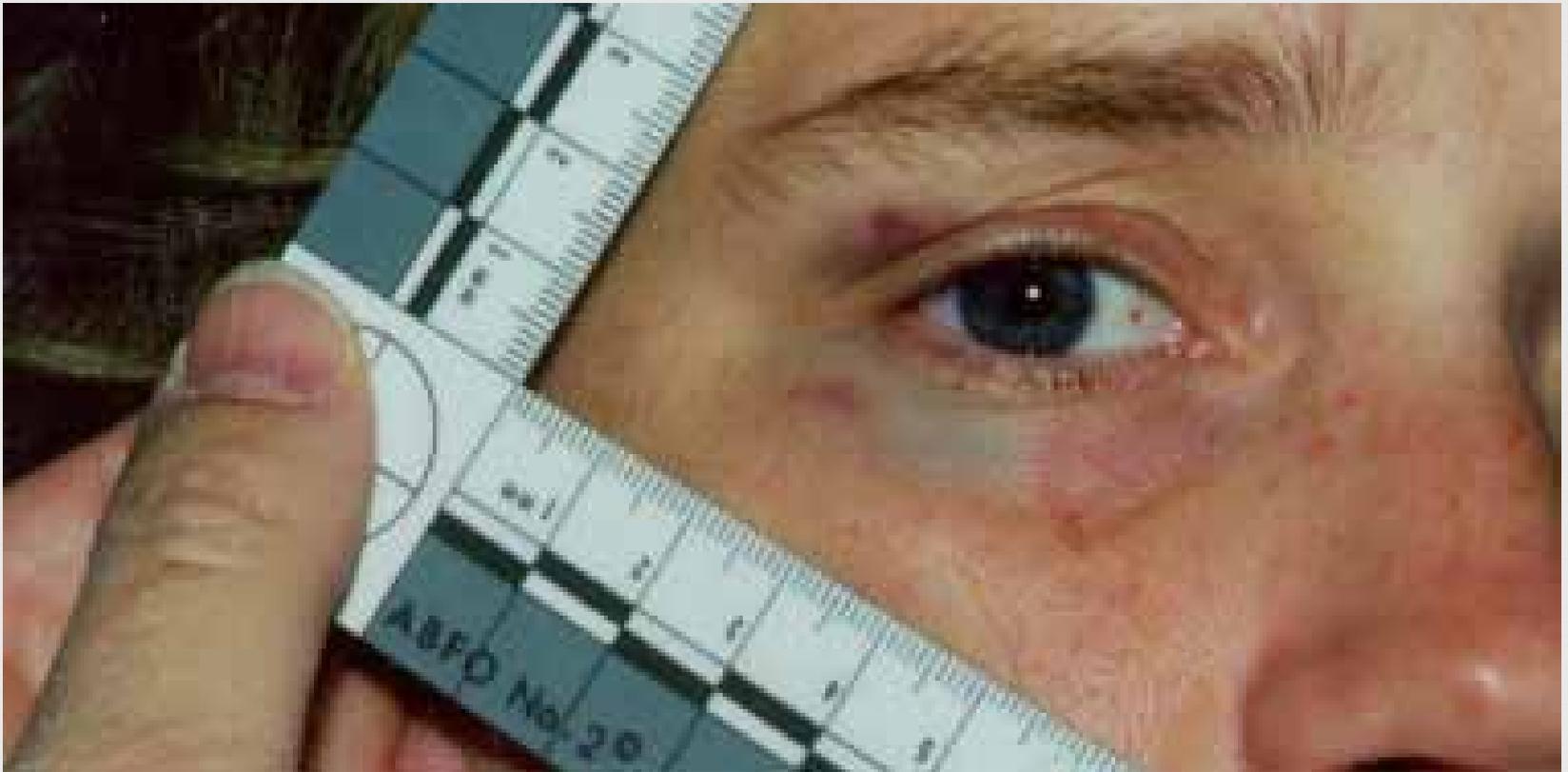
Subconjunctival Hemorrhage



Petechiae (tiny red spots)

- Rupturing of capillaries
- From point of strangulation and up (never below strangulation point)
 - ™ Eyelids, both outside and inside
 - ™ Hairline
 - ™ Inner ear (usually only visible with magnified scope)
 - ™ Presence or lack of presence does not prove or disprove strangulation

Petechiae



Petechiae



Over the Eyelid



On the Neck



On the Face



Courtesy of Fresno Police Department,
Mike Agnew

Are there other causes for petechiae?



TM YES!

TM Strenuous labor

TM Scuba diving

TM Severe coughing or vomiting

TM What else?



Swelling (edema)

- Neck or tongue

TM Usually caused by internal bleeding, injury of any of the underlying neck structures, or fracture of the larynx allowing air to escape into the tissues of the neck

Massive Tongue Swelling (edema)



Hand Print on Throat





Questions to Ask

- TM Routinely ask every abuse victim, “Did the suspect strangle (“choke”) you?” If she says “no,” then ask, “Did he put his hands or object around your neck?”
- TM Did the suspect use his hands? One or two?
- TM Did the suspect use an object? Plastic bag? Clothing?
- TM How long did the suspect strangle you?

Questions to Ask

- TM How hard did the suspect grab the victim's throat?
- TM Was the victim shaken simultaneous to being strangled?
- TM How much shaking? Little to whipping back and forth?
- TM Did the victim have difficulty breathing?
- TM Did the victim report urinating or defecating?

Questions to Ask

- TM Did the victim faint, black out, or lose consciousness?
- TM Did the victim complain of nausea or report vomiting?
- TM Any complaint of pain, discomfort, trouble swallowing or raspy voice?
- TM Any prior incidents of strangulation? How many? How often?
- TM Any pre-existing neck injuries?

Questions to Ask

TM Was the suspect wearing any rings?

TM What did the suspect say while he was strangling the victim?

TM Describe the suspect's demeanor and facial expression.

Points for Officers to Remember for the Report

TM Have you described the visible injuries in detail and photographed them clearly?

TM Have you taken follow-up photographs 1-3 days after the incident?

TM If an object was used to strangle the victim, was it collected and photographed?

No Visible Injuries

TM Officers should always call EMS due to potential internal injuries, that can be fatal, and might not be apparent.

TM Because of underlying brain damage by lack of oxygen during strangling, victims have died up to several weeks later.

Study Findings

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Unconsciousness within Seconds
Death within Minutes
It's not just a slap in the face!

Contact Information

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