

# Strangulation

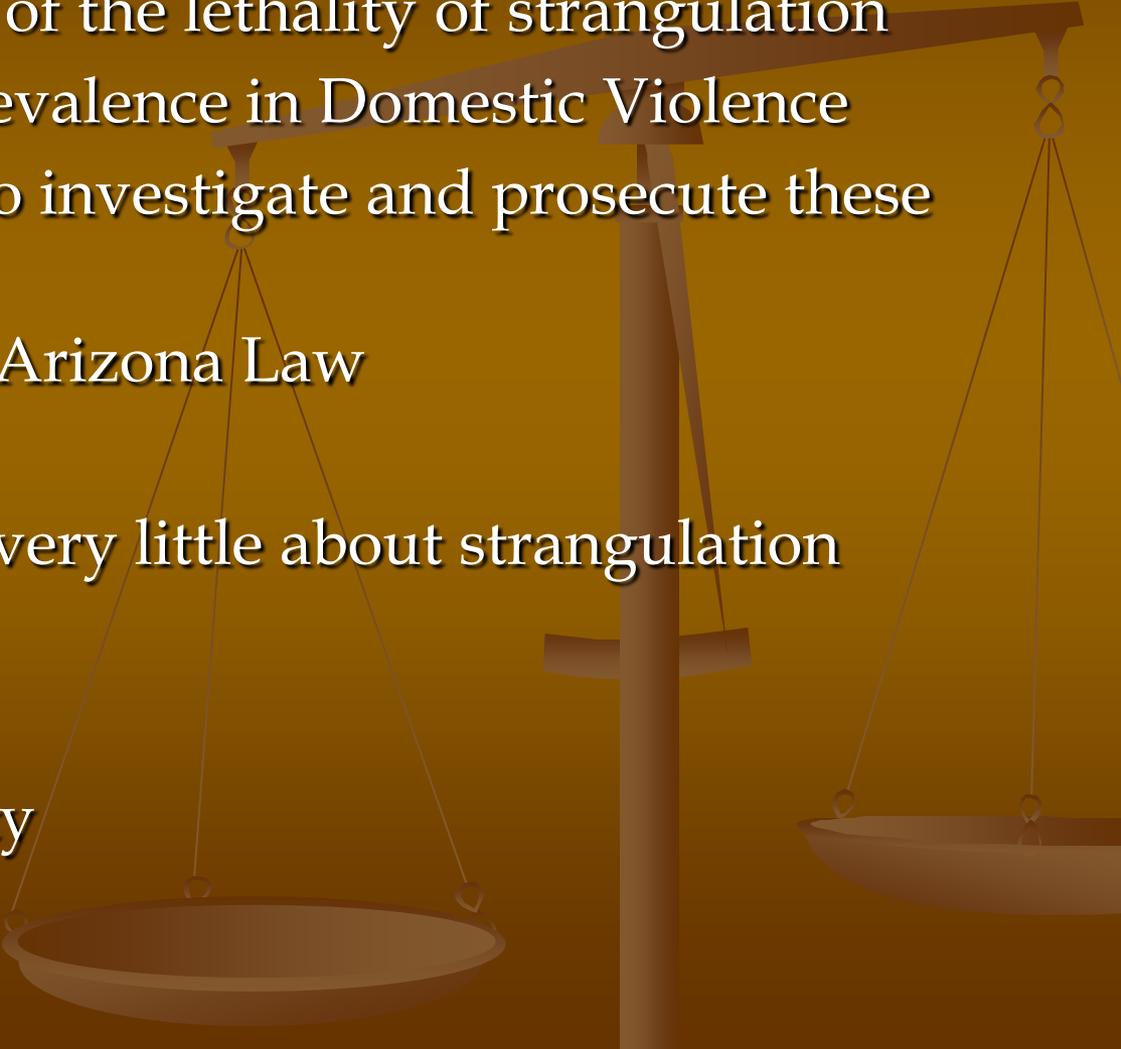
What are we doing about it?

Presented by:



Sergeant Daniel Rincon – Scottsdale Police  
Department

# Why The Need For This Training?

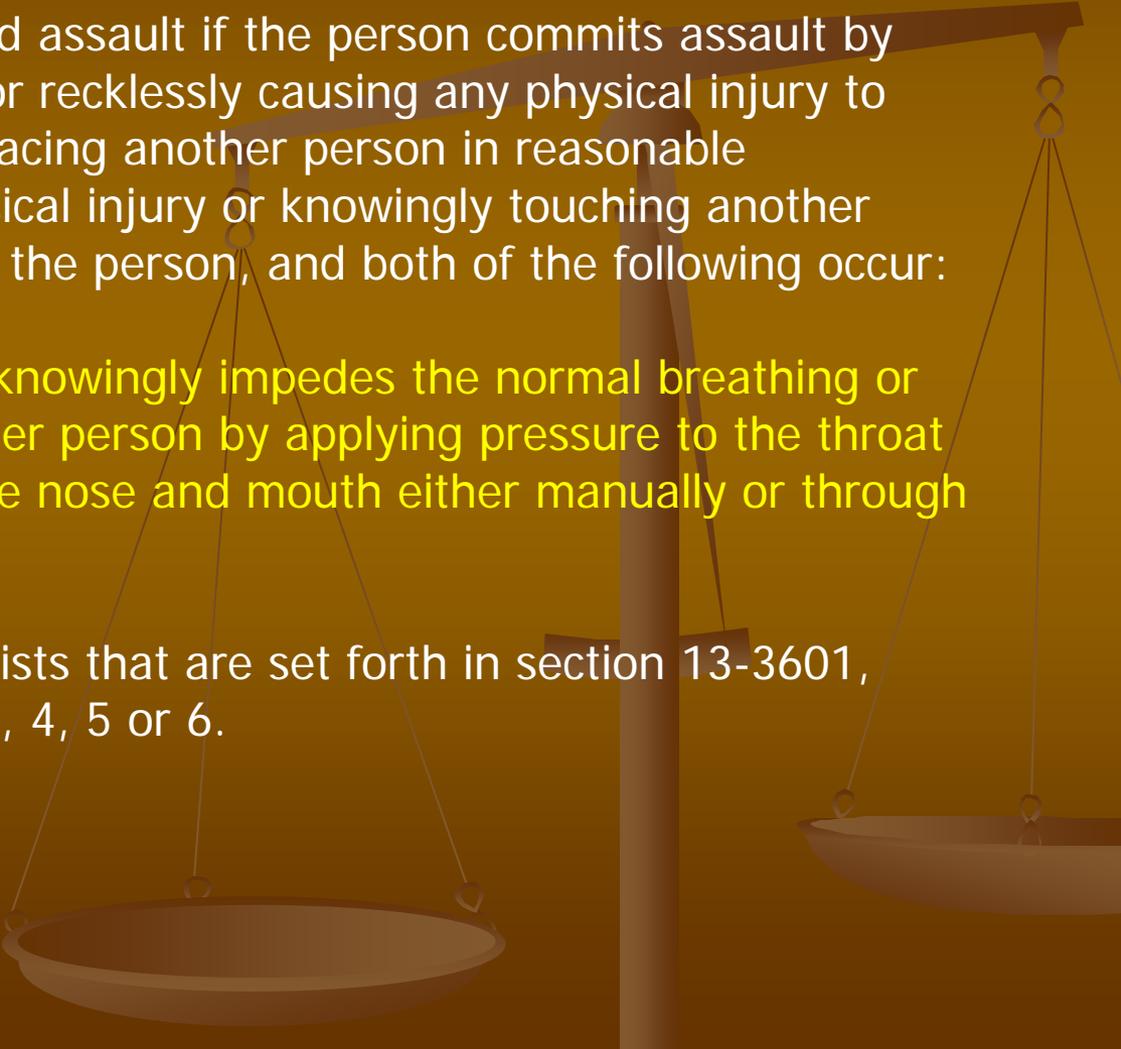
- To better understand of the lethality of strangulation
  - Understanding its prevalence in Domestic Violence
  - Learn best practices to investigate and prosecute these types of cases
  - The recent change in Arizona Law
  - All disciplines know very little about strangulation
    - Law Enforcement
    - Prosecutors
    - Medial Community
    - Victim Advocates
- 

# Why The Need For This Training?



- In 2009, House Bill 2353 was in the Arizona State Legislature
- This bill addressed a “person who knowingly or intentionally impedes the normal breathing or circulation of blood by applying pressure to the throat or neck or by obstructing the nose or mouth...”
- In September of 2010, HB 2353 became law (ARS: 13-1204.B)

# Aggravated Assault 13-1204.B

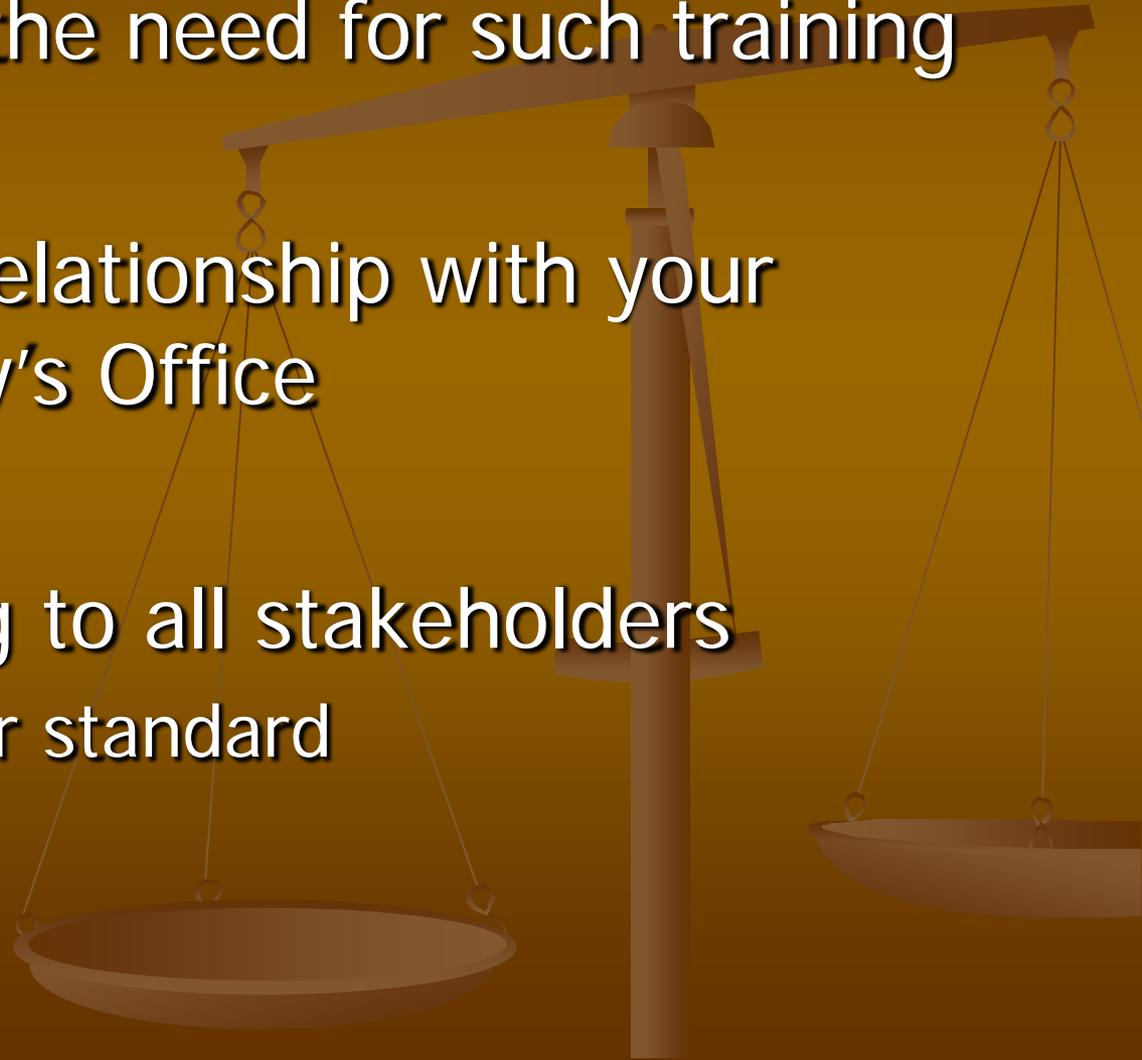


B. A person commits aggravated assault if the person commits assault by either intentionally, knowingly or recklessly causing any physical injury to another person, intentionally placing another person in reasonable apprehension of imminent physical injury or knowingly touching another person with the intent to injure the person, and both of the following occur:

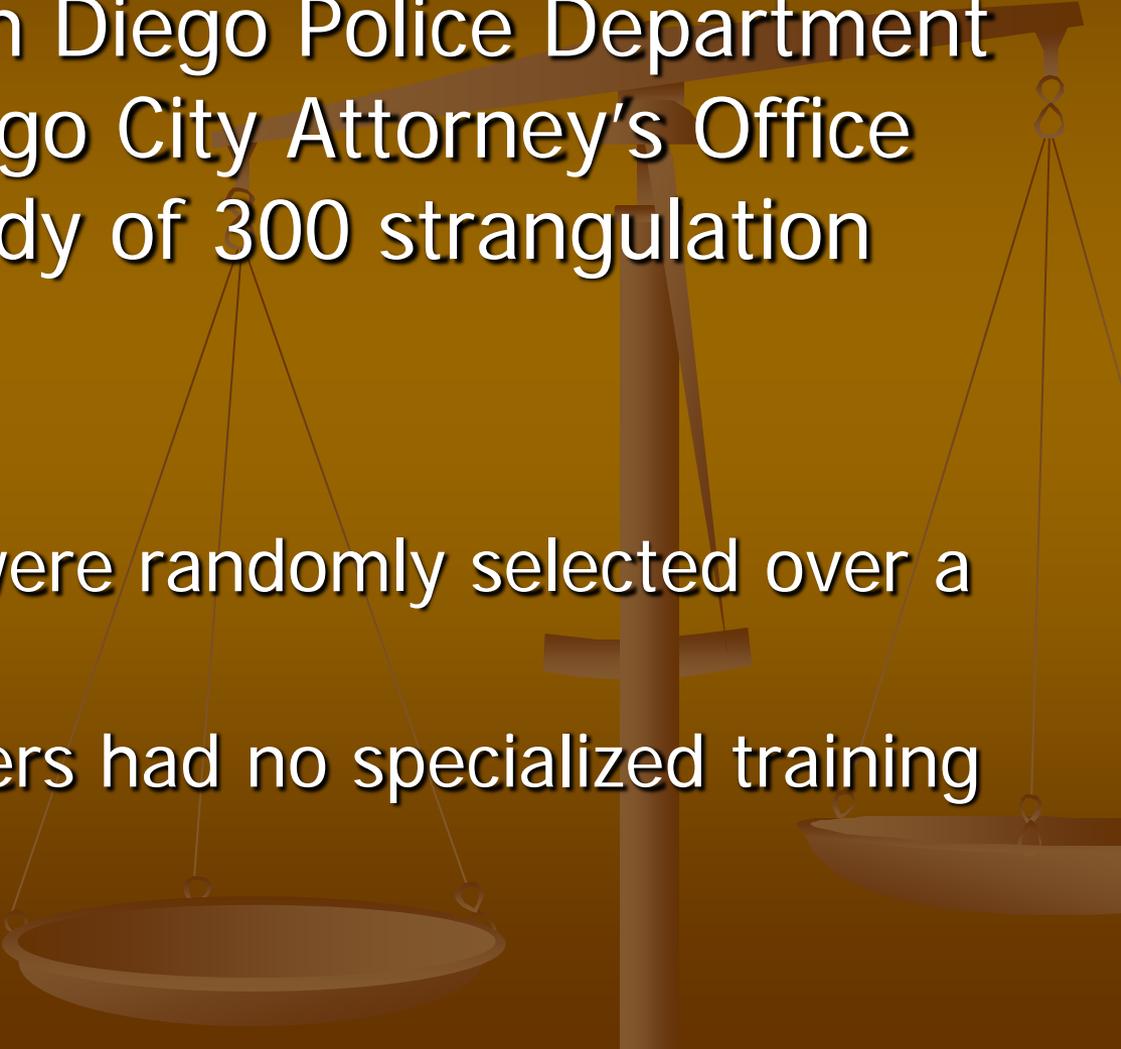
1. The person intentionally or knowingly impedes the normal breathing or circulation of blood of another person by applying pressure to the throat or neck or by obstructing the nose and mouth either manually or through the use of an instrument.
2. Any of the circumstances exists that are set forth in section 13-3601, subsection A, paragraph 1, 2, 3, 4, 5 or 6.

# Process of Success

- Understanding the need for such training
- Have a strong relationship with your County Attorney's Office
- Provide Training to all stakeholders
  - Establish a clear standard



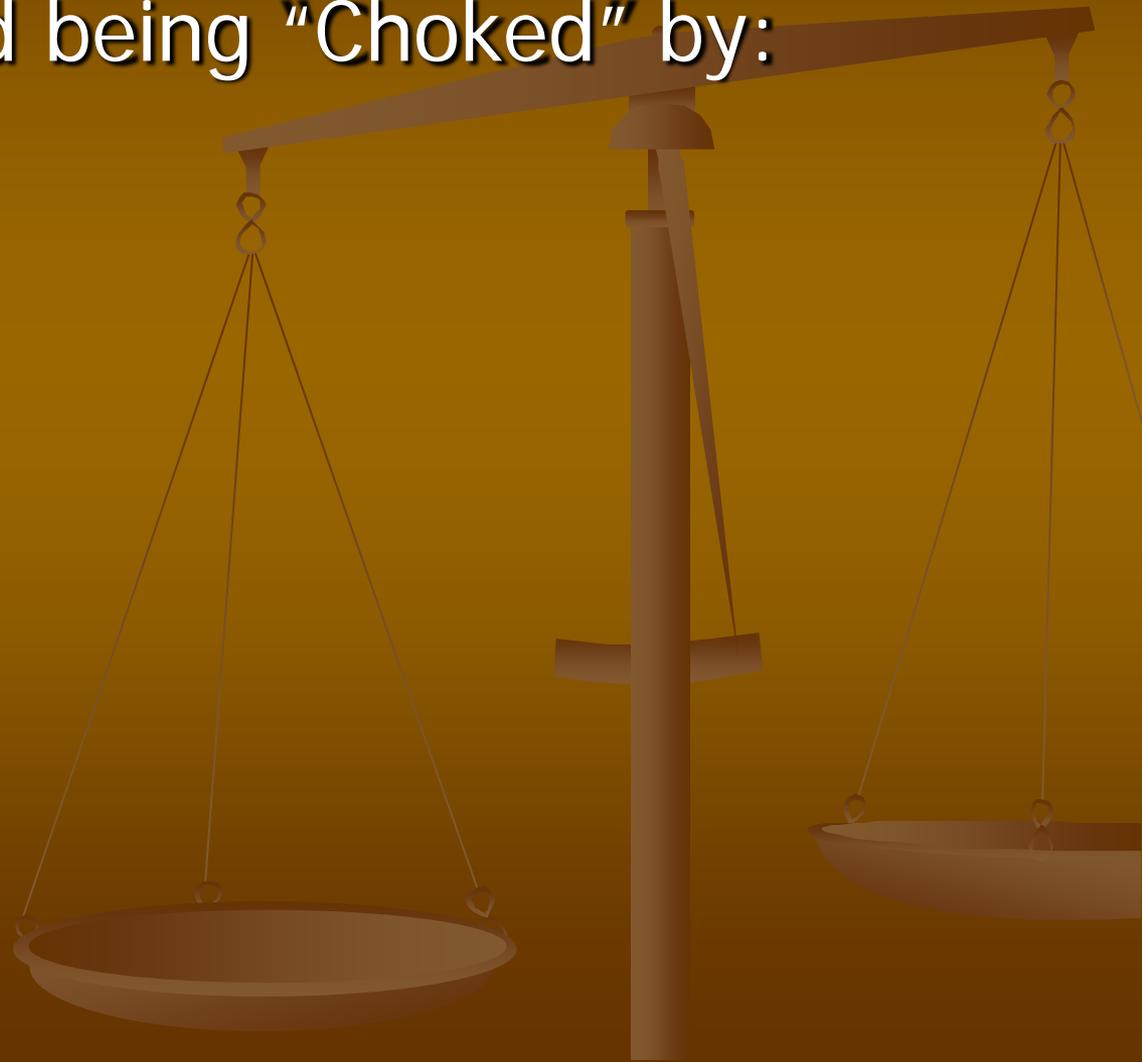
# Strangulation Study



- 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
  - The police officers had no specialized training

# Study Findings

- Victims reported being “Choked” by:
  - Bare Hands
  - Arms
  - Other objects
    - Electrical Cord
    - Belts
    - Ropes
    - Bras



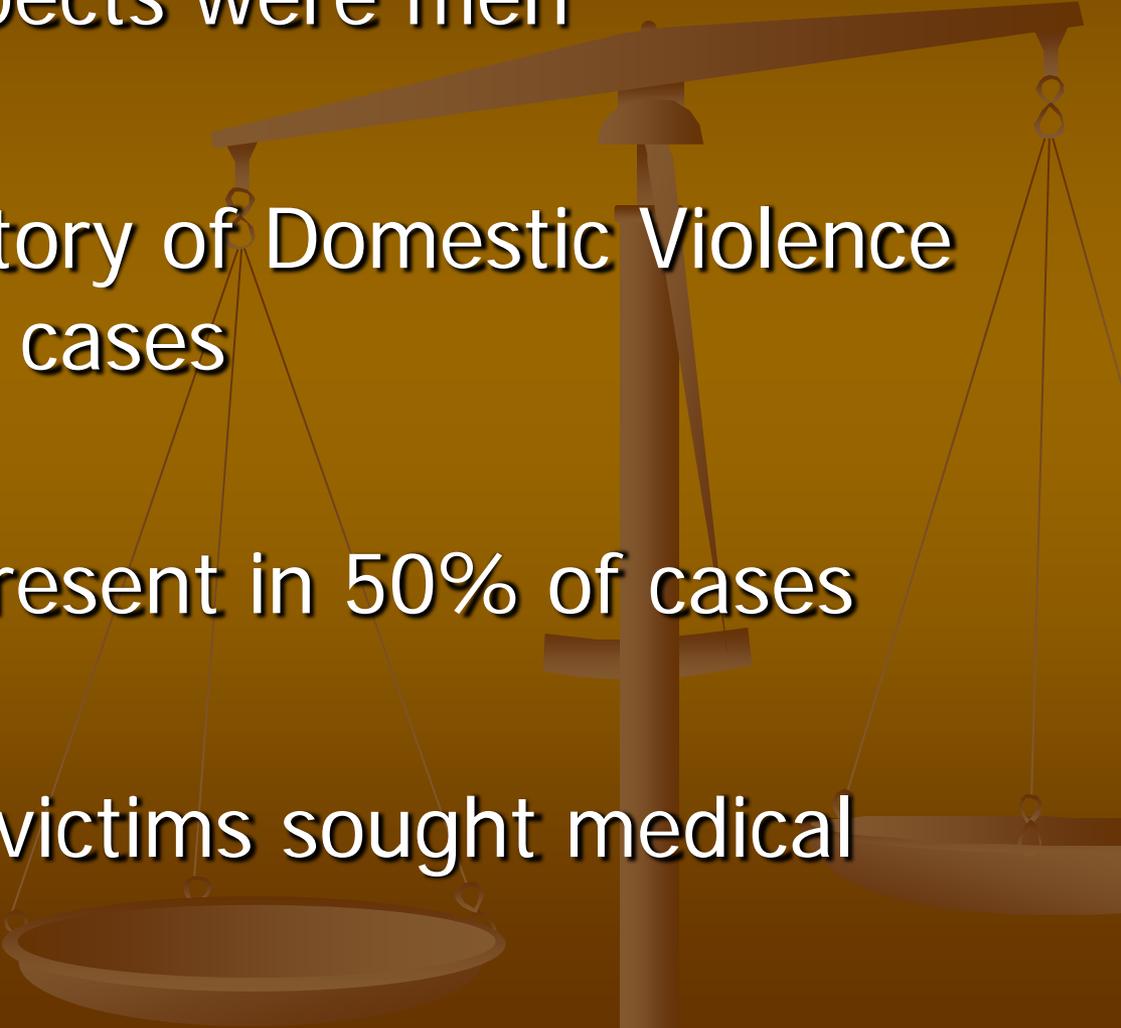


# Manual Strangulation

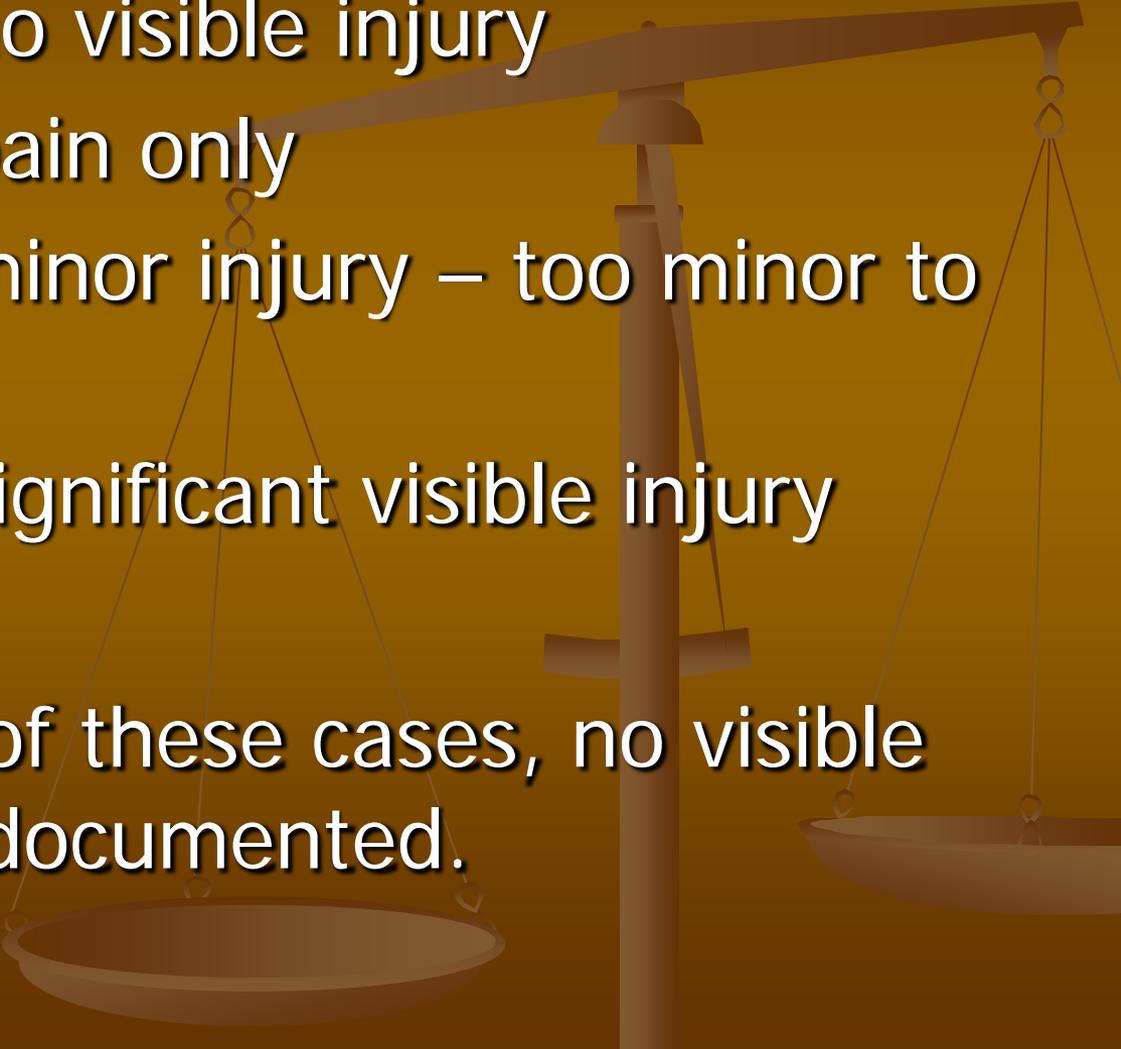
Most commonly used



# Study Findings

- 99% of the suspects were men
  - There was a history of Domestic Violence in 90% of these cases
  - Children were present in 50% of cases
  - Only 3% of the victims sought medical attention
- 

# Study Findings



- 42% of cases, no visible injury
- 20% of cases, pain only
- 22% of cases, minor injury – too minor to photograph
- 16% of cases, significant visible injury

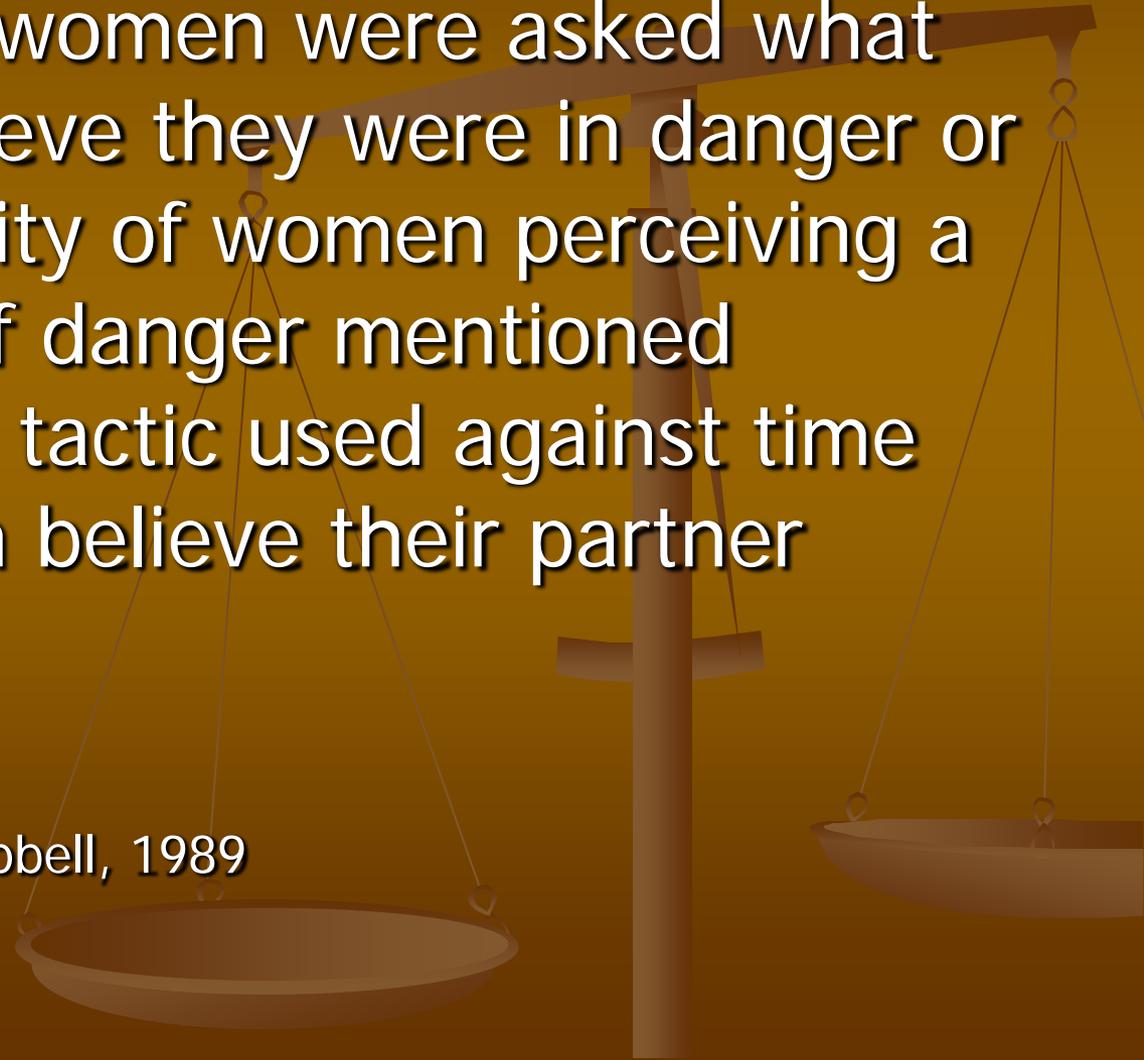
\*Overall, in 62% of these cases, no visible injury could be documented.

# High Risk & Lethality...

## Strangulation is different!

- 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

■ Stuart & Campbell, 1989



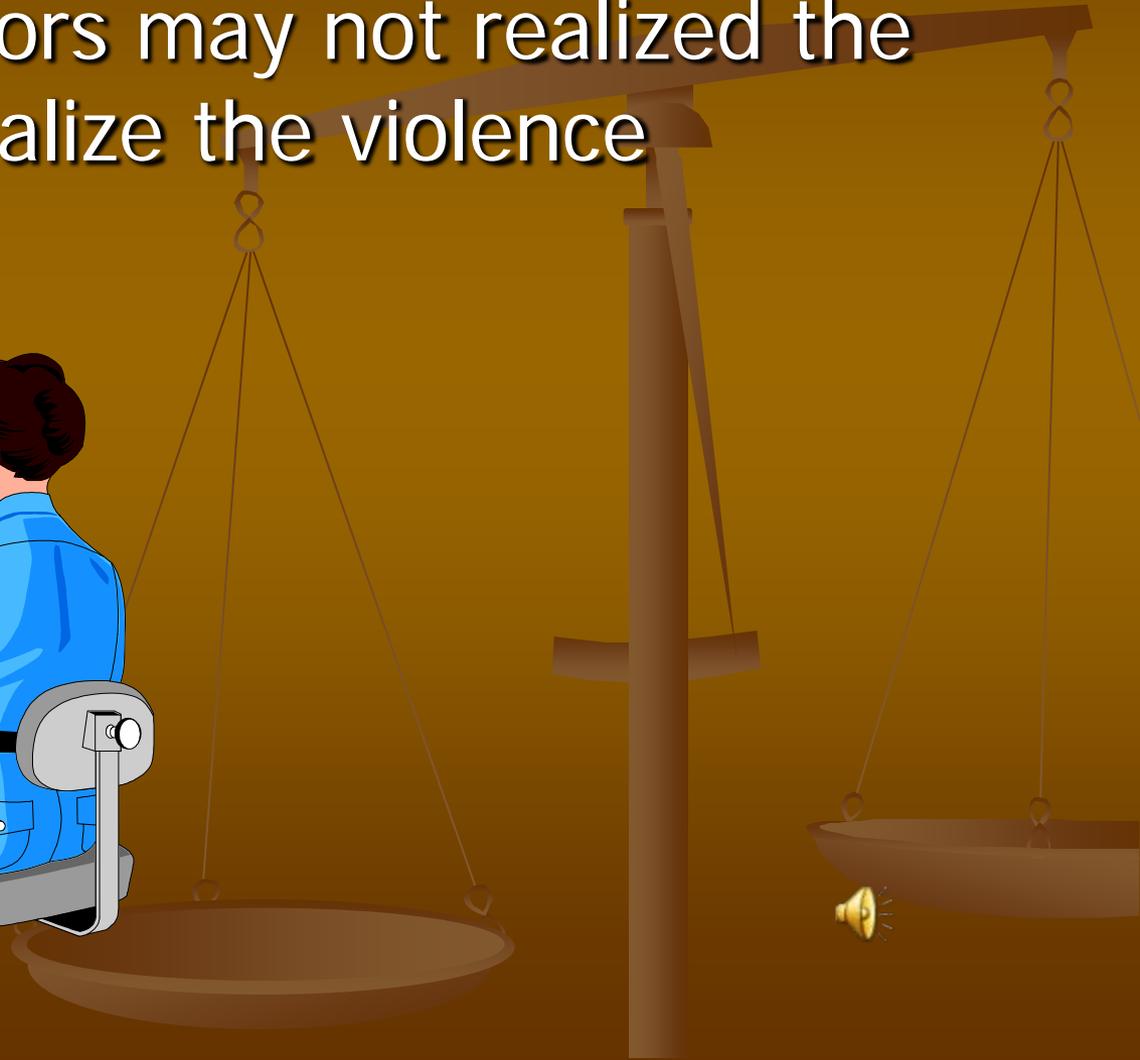
# Minimization by Victims

- 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."
- Question: Who is responsible for calling EMS?
  - The first responder



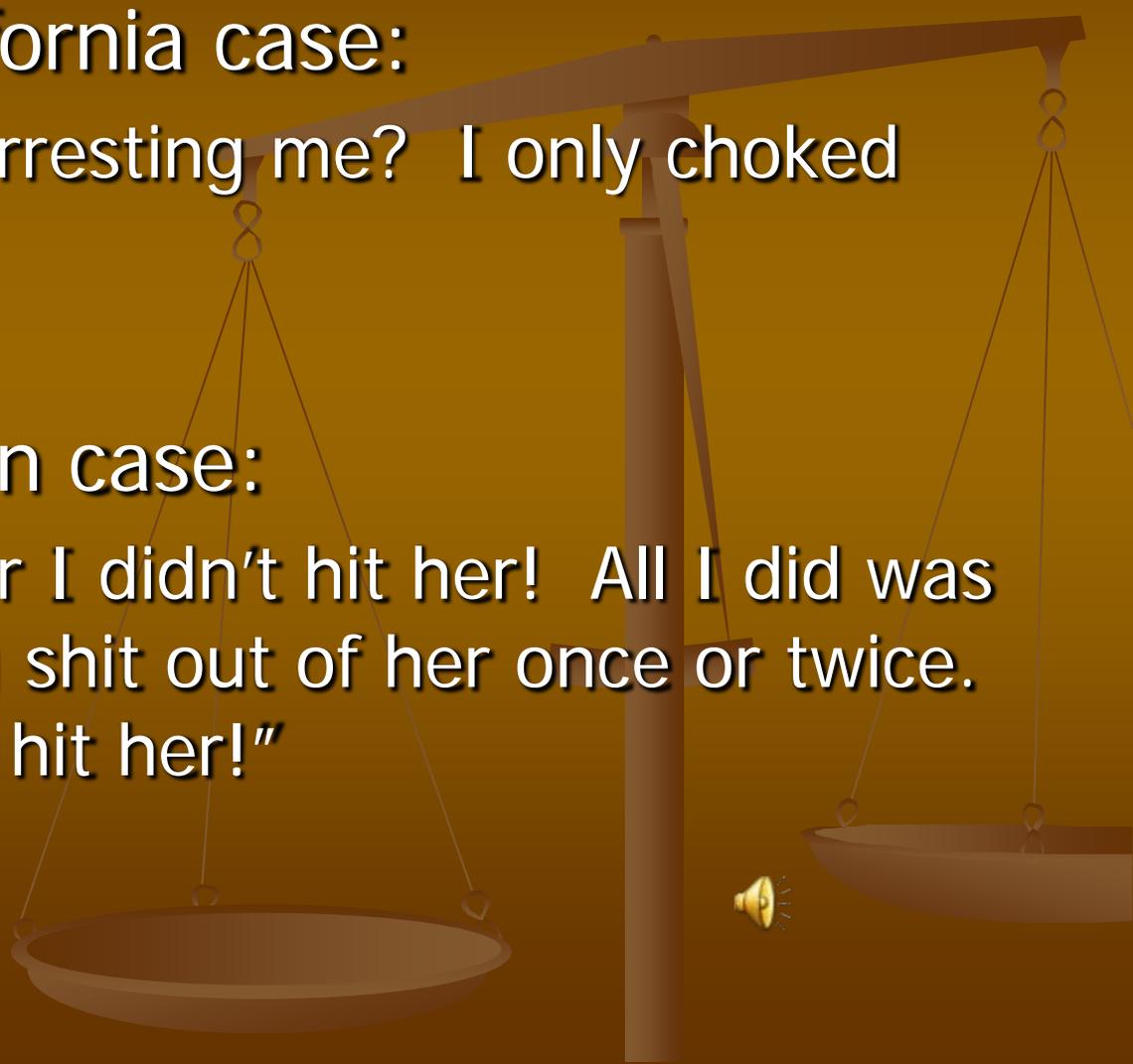
# Minimization by Professionals

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

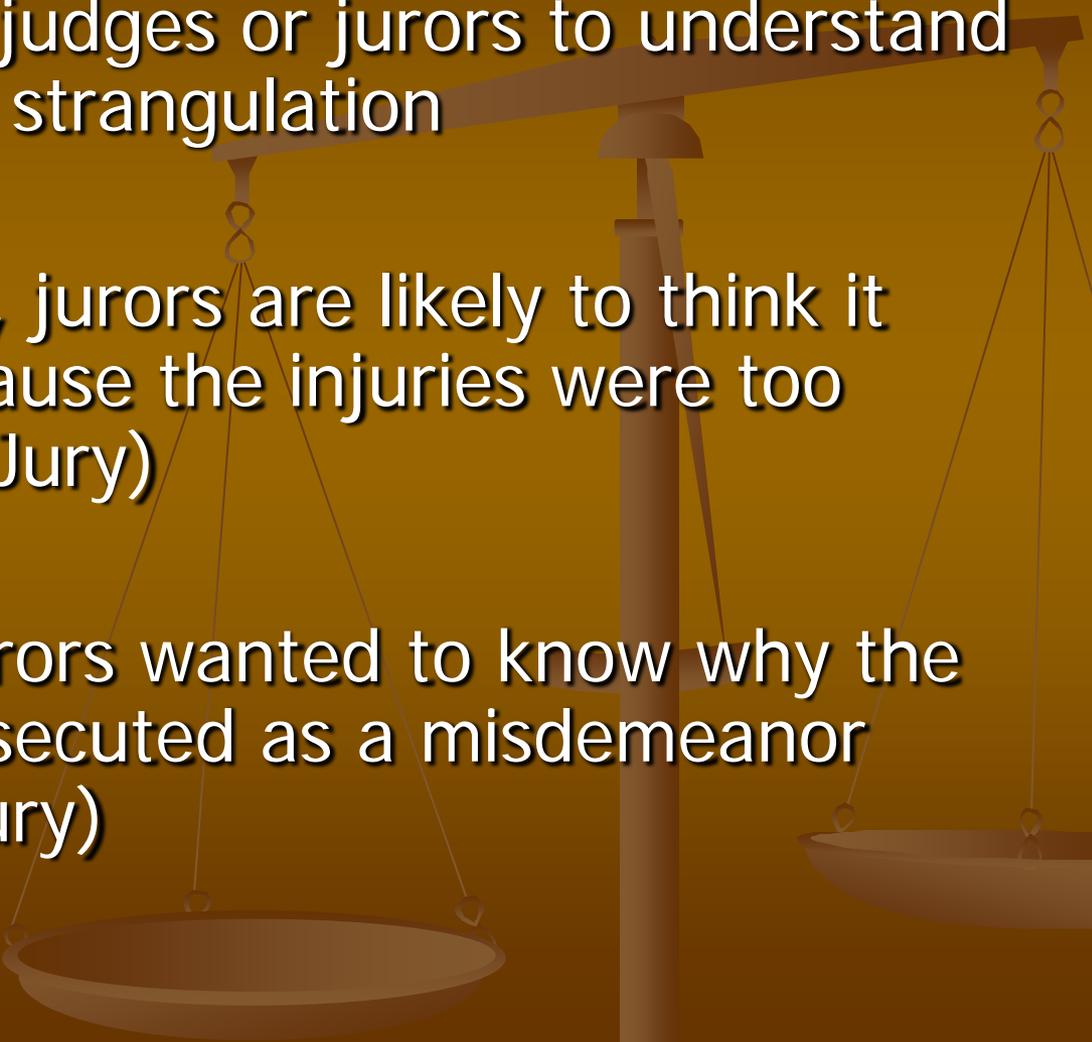


# Minimization by Offenders

- San Diego, California case:
  - "Why are you arresting me? I only choked her!"
- 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!"



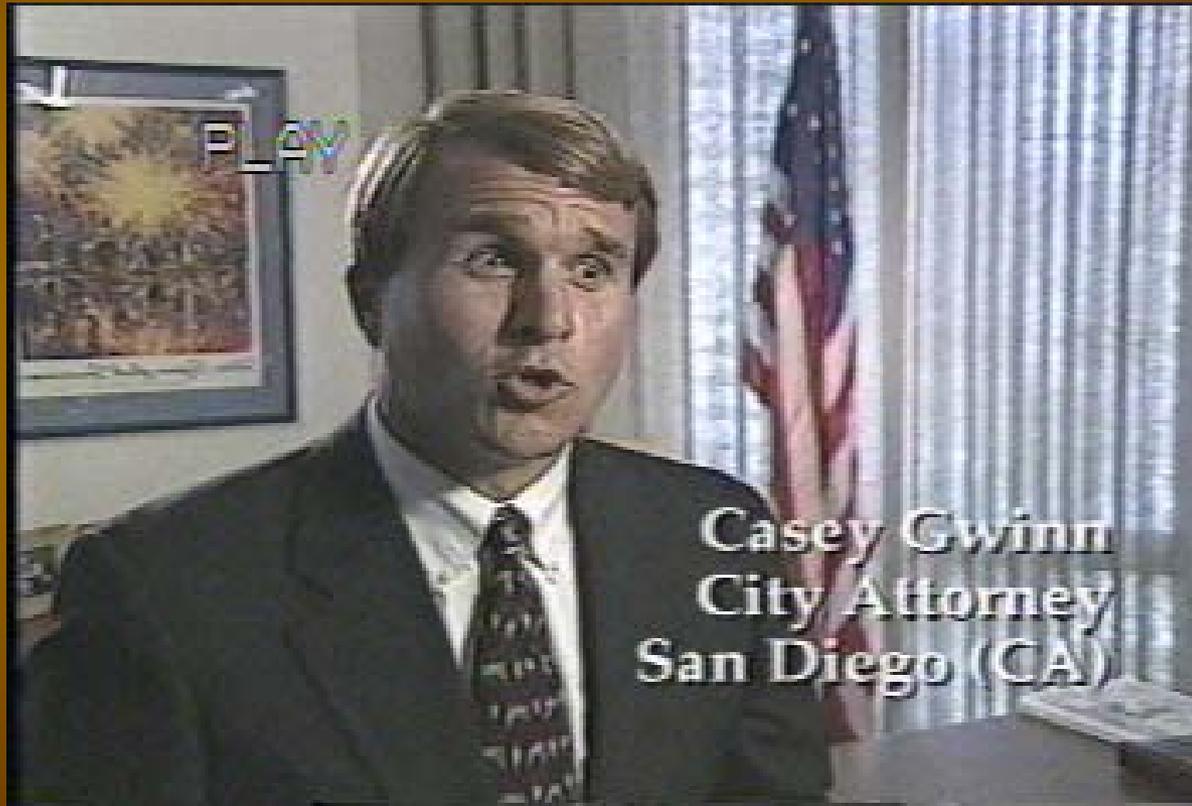
# Minimization by the Court



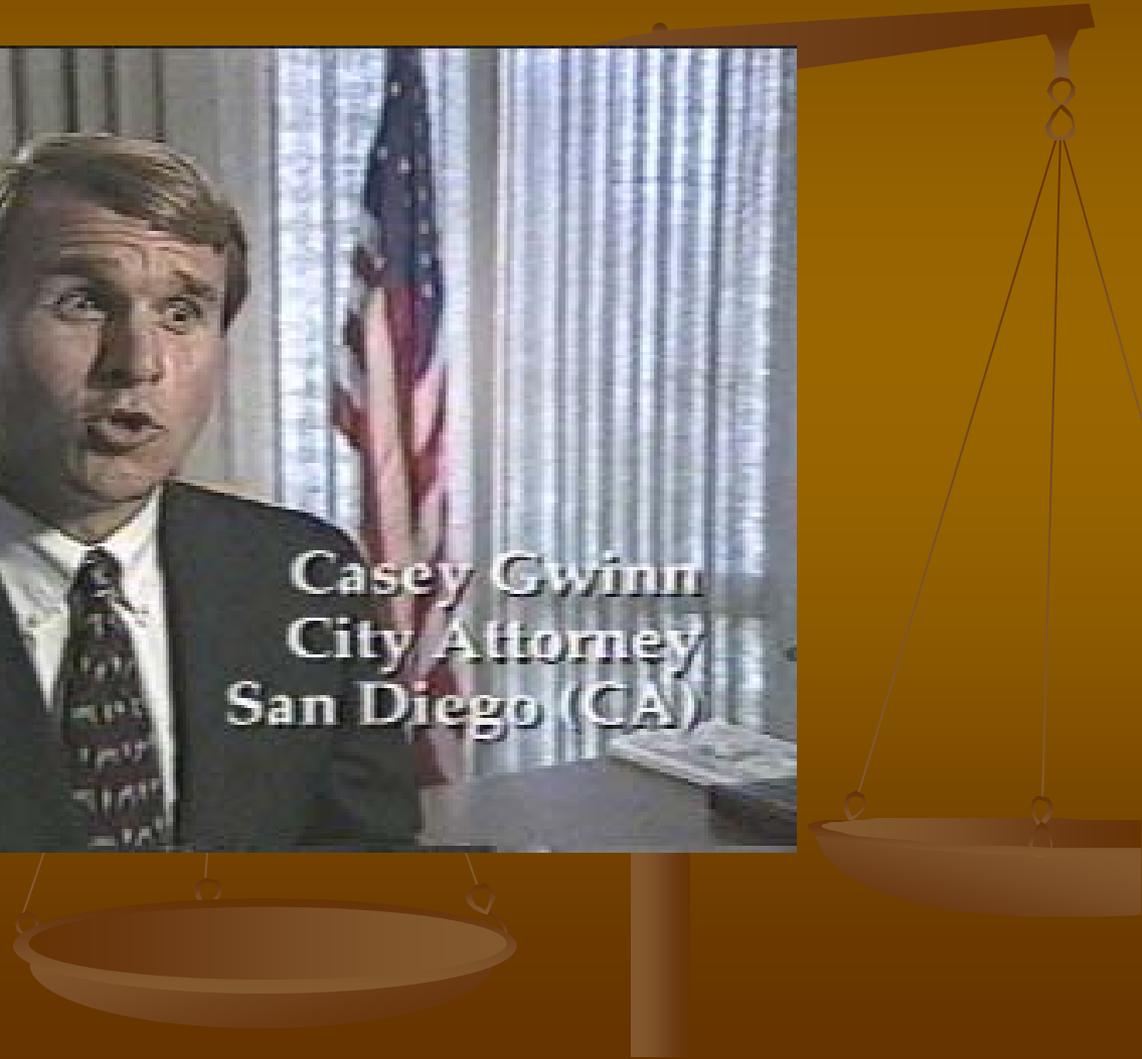
- Don't expect your judges or jurors to understand the seriousness of strangulation
- Without an expert, jurors are likely to think it didn't happen because the injuries were too minor (San Diego Jury)
- With an expert, jurors wanted to know why the case was only prosecuted as a misdemeanor (Orange County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

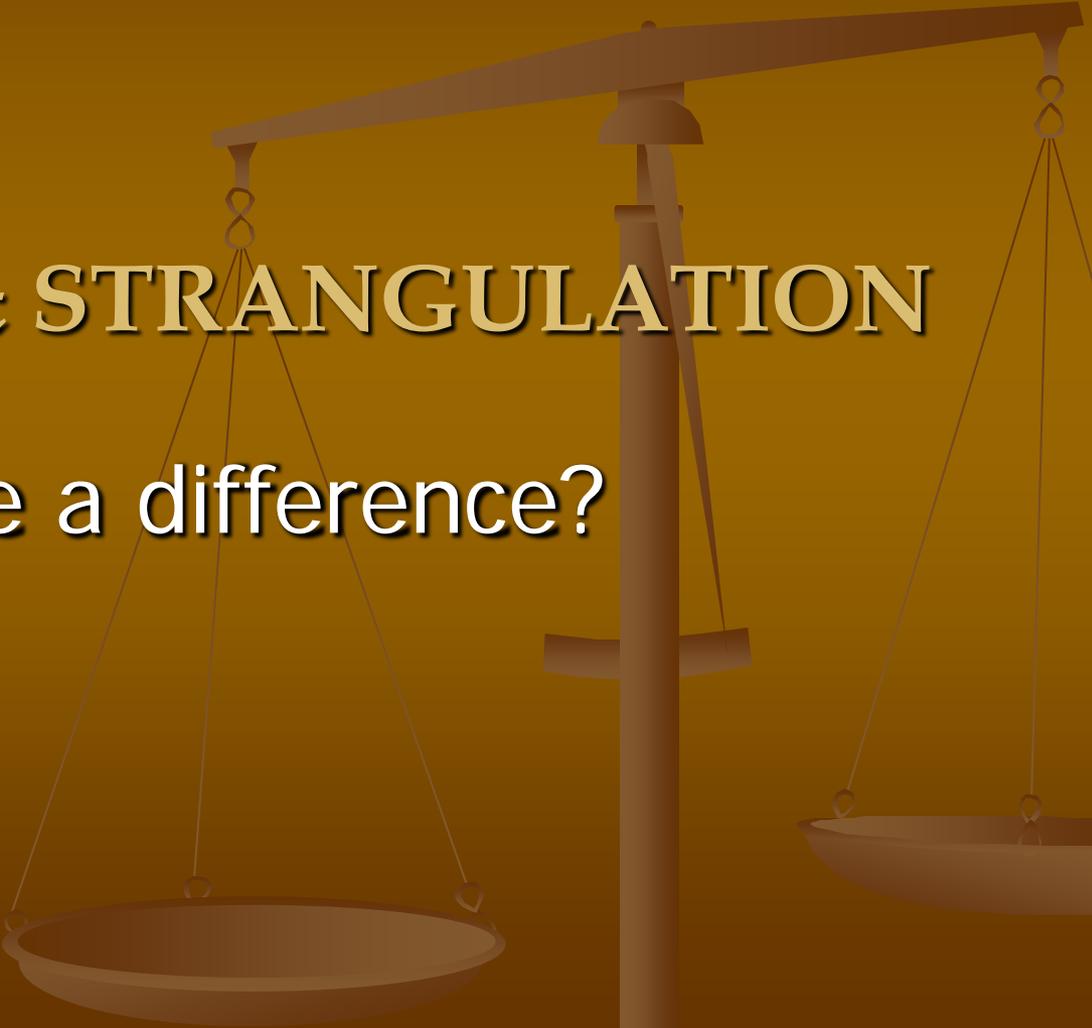
# Power & Control

Casey Gwinn, Co-Founder of the National Family Justice Alliance



Casey Gwinn  
City Attorney  
San Diego (CA)



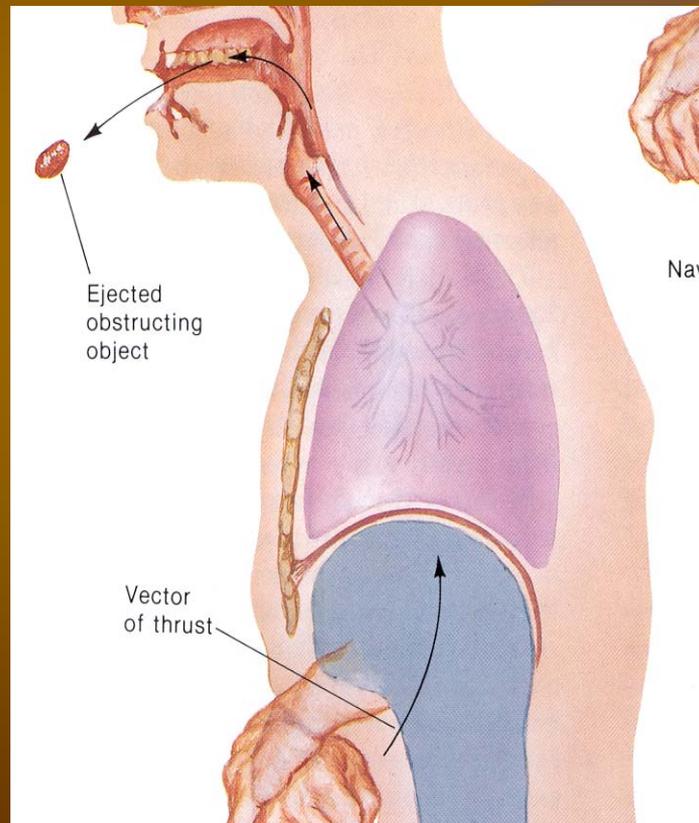


# CHOKING & STRANGULATION

Is there a difference?

# What's the Difference

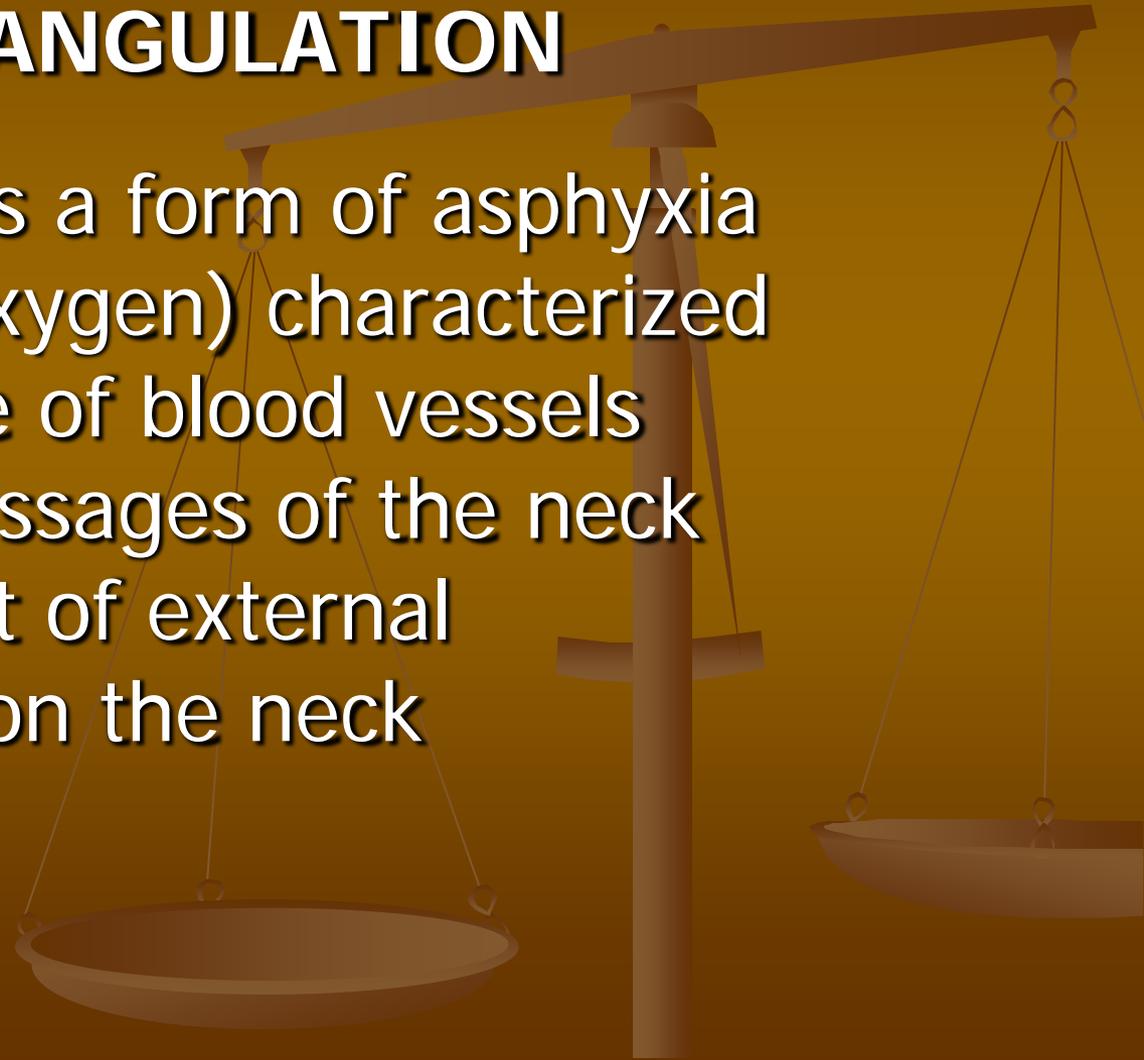
**Choking:** Simply defined as partial or total blockage of an air passage by a foreign object.



# What's the Difference

## **STRANGULATION**

- ❖ 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

- Hanging
- Ligature
- Manual

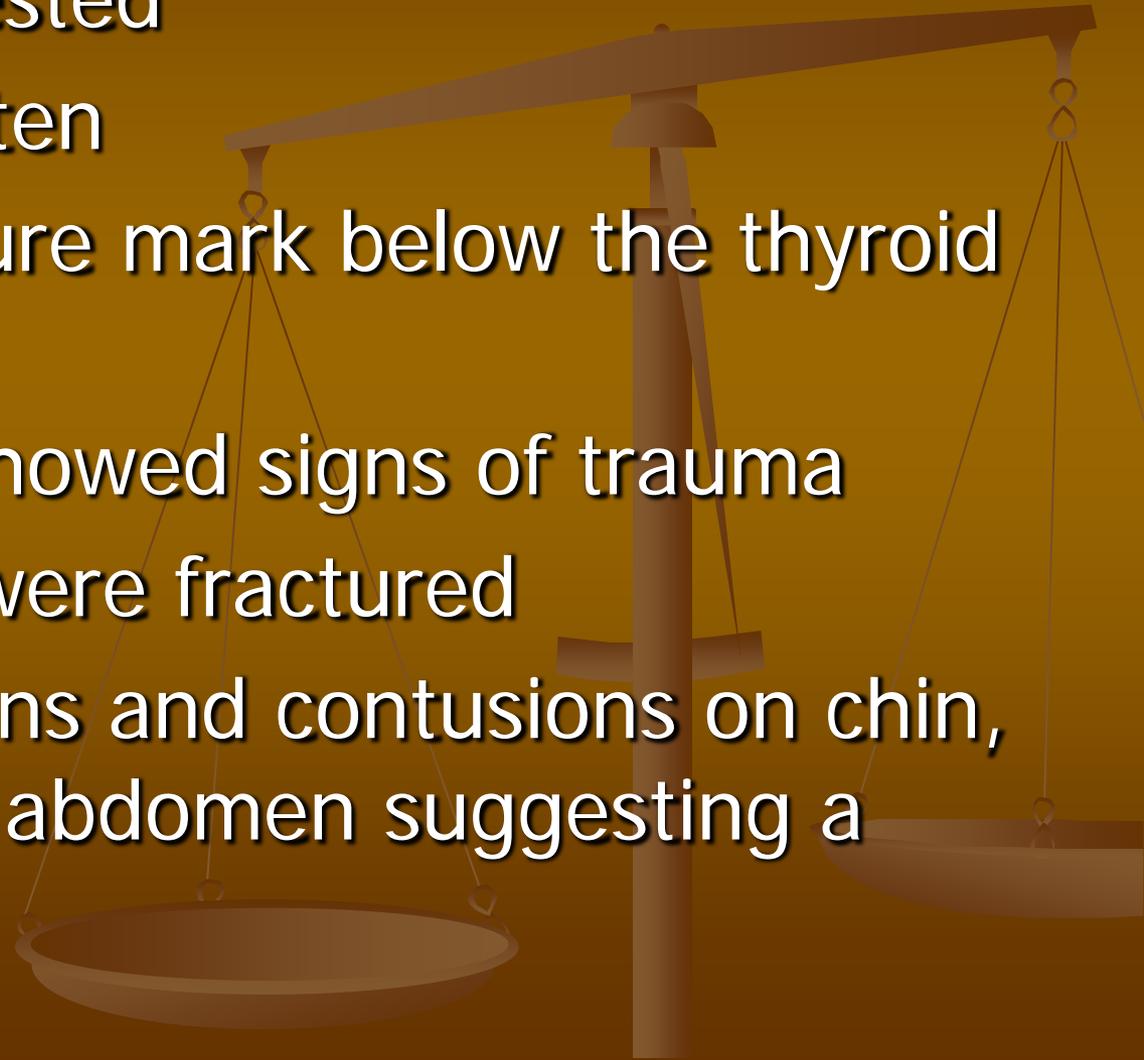


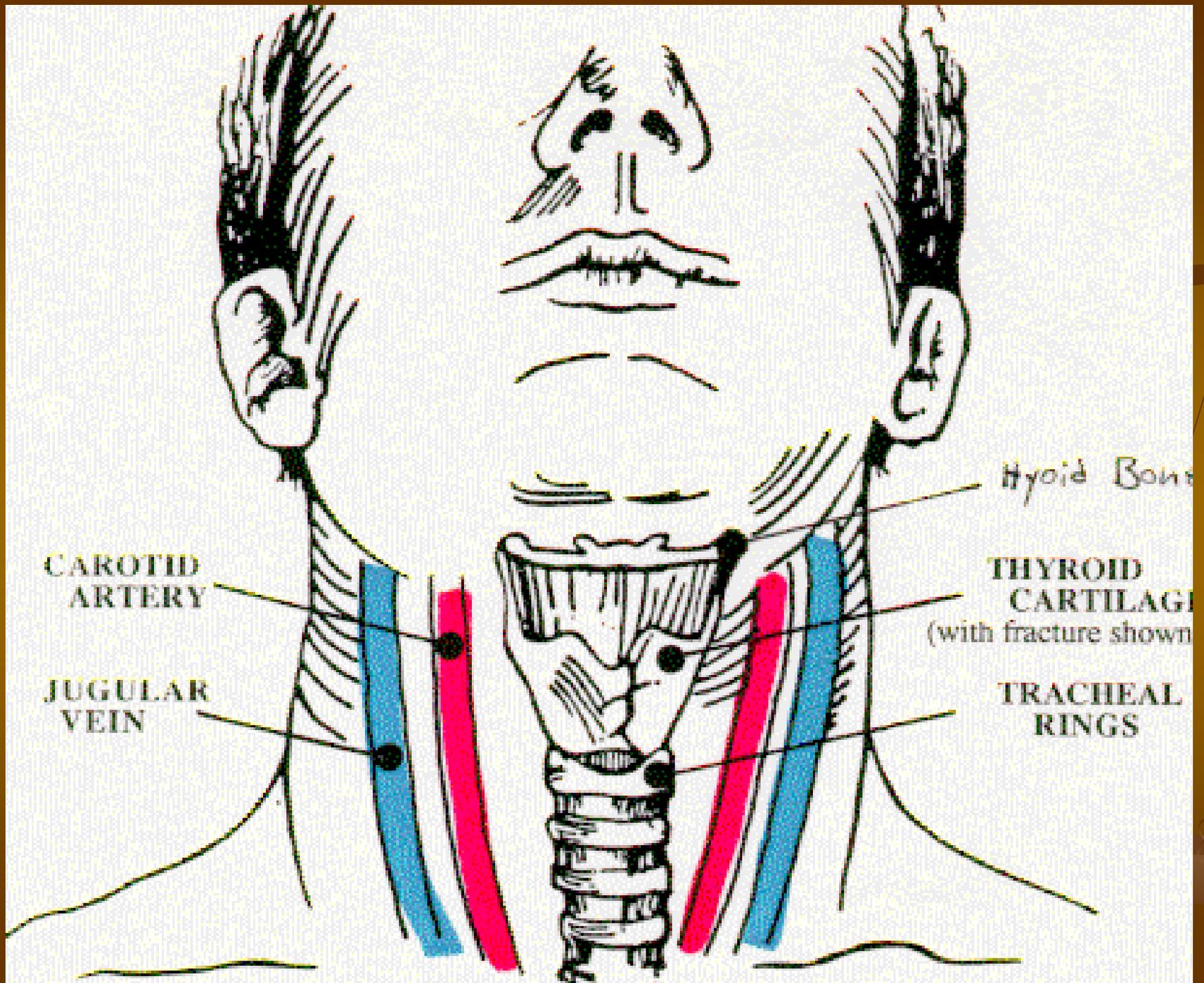
# Strangulation Autopsy



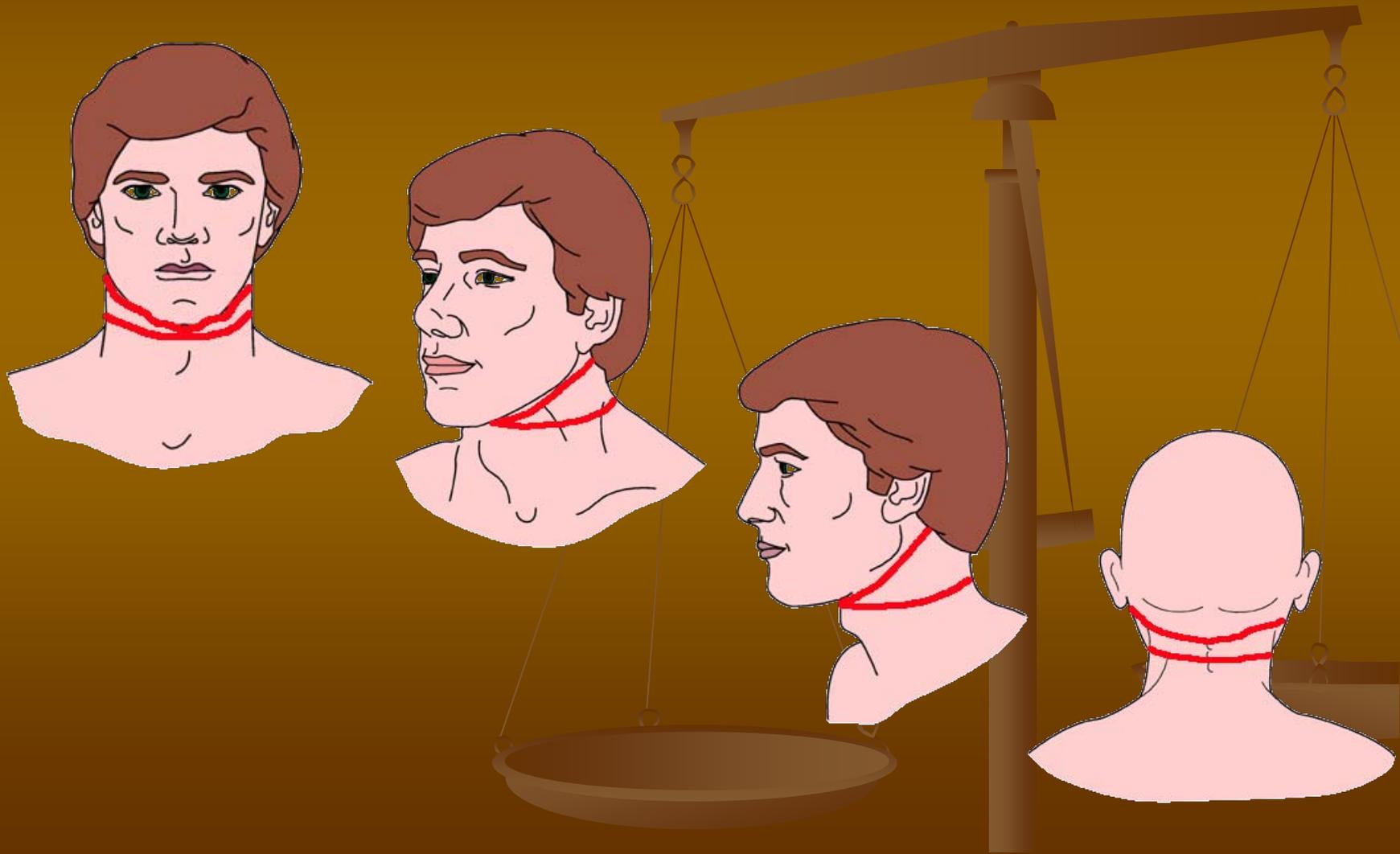
# Autopsy

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



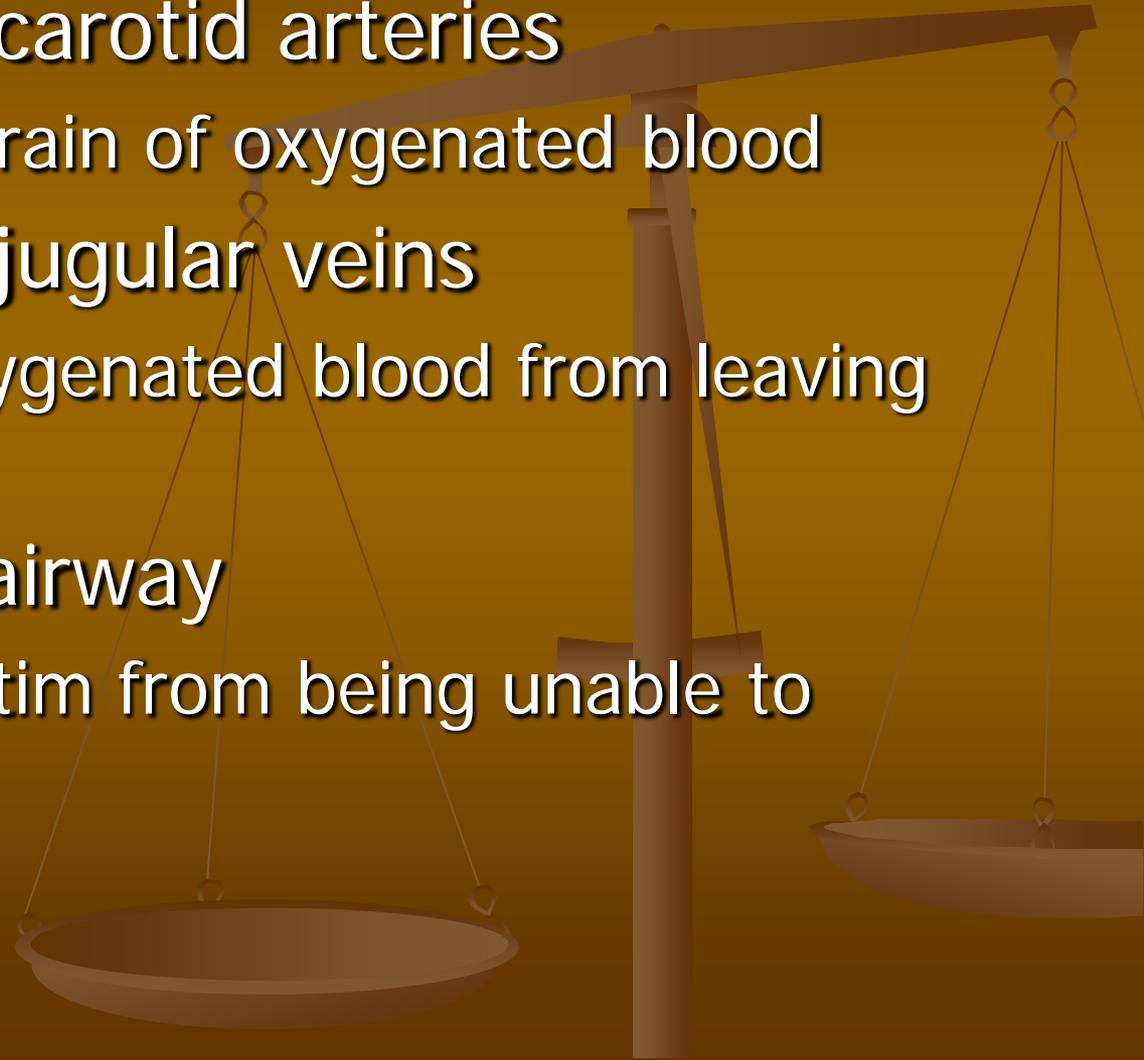


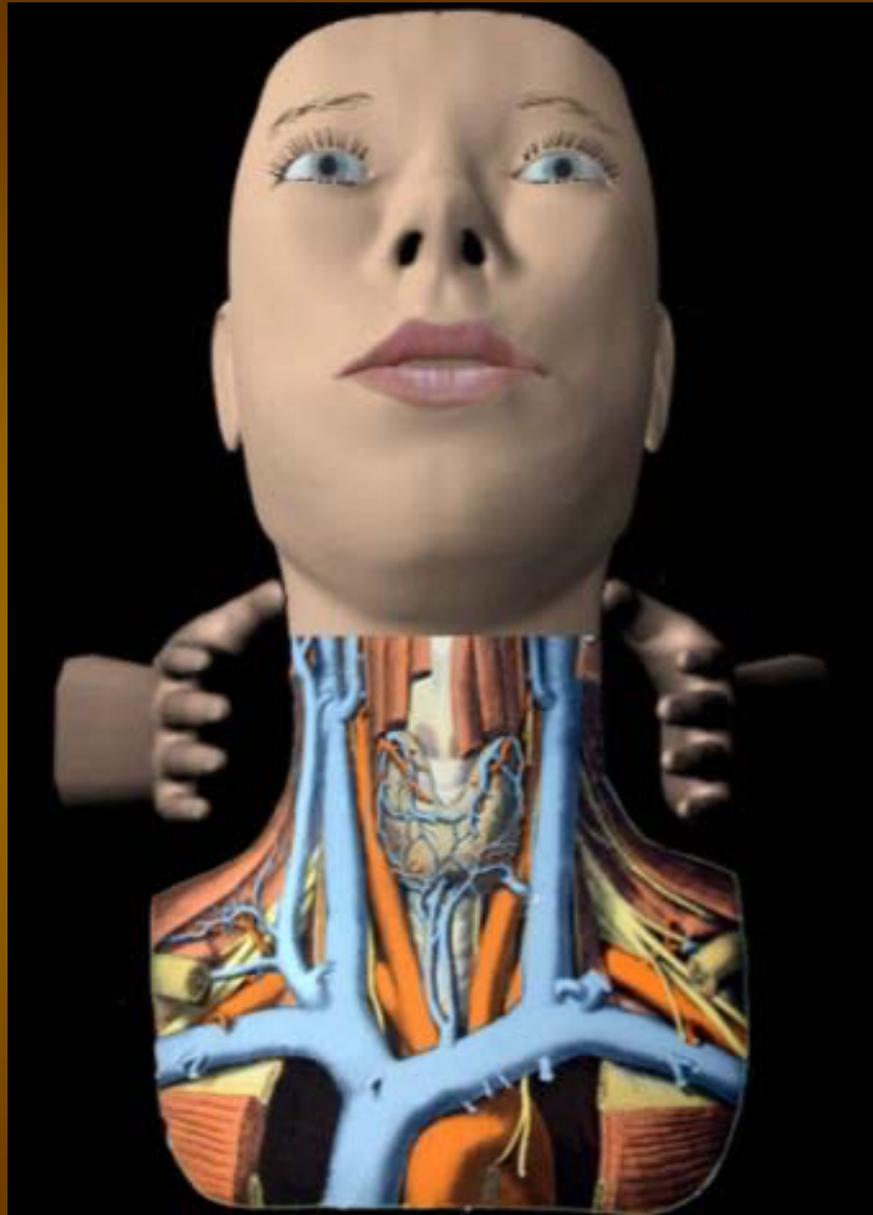
# Hanging vs. Ligature



# The victim will lose consciousness

- Blocking of the carotid arteries
  - Depriving the brain of oxygenated blood
- Blocking of the jugular veins
  - Prevents de-oxygenated blood from leaving the brain
- Closing off the airway
  - Causing the victim from being unable to breathe





# Quantity of Applied Force

- 4.4 lbs. of pressure: Can close the jugular veins
- 11 lbs. of pressure can close the carotid arteries and in 10 seconds and render someone...

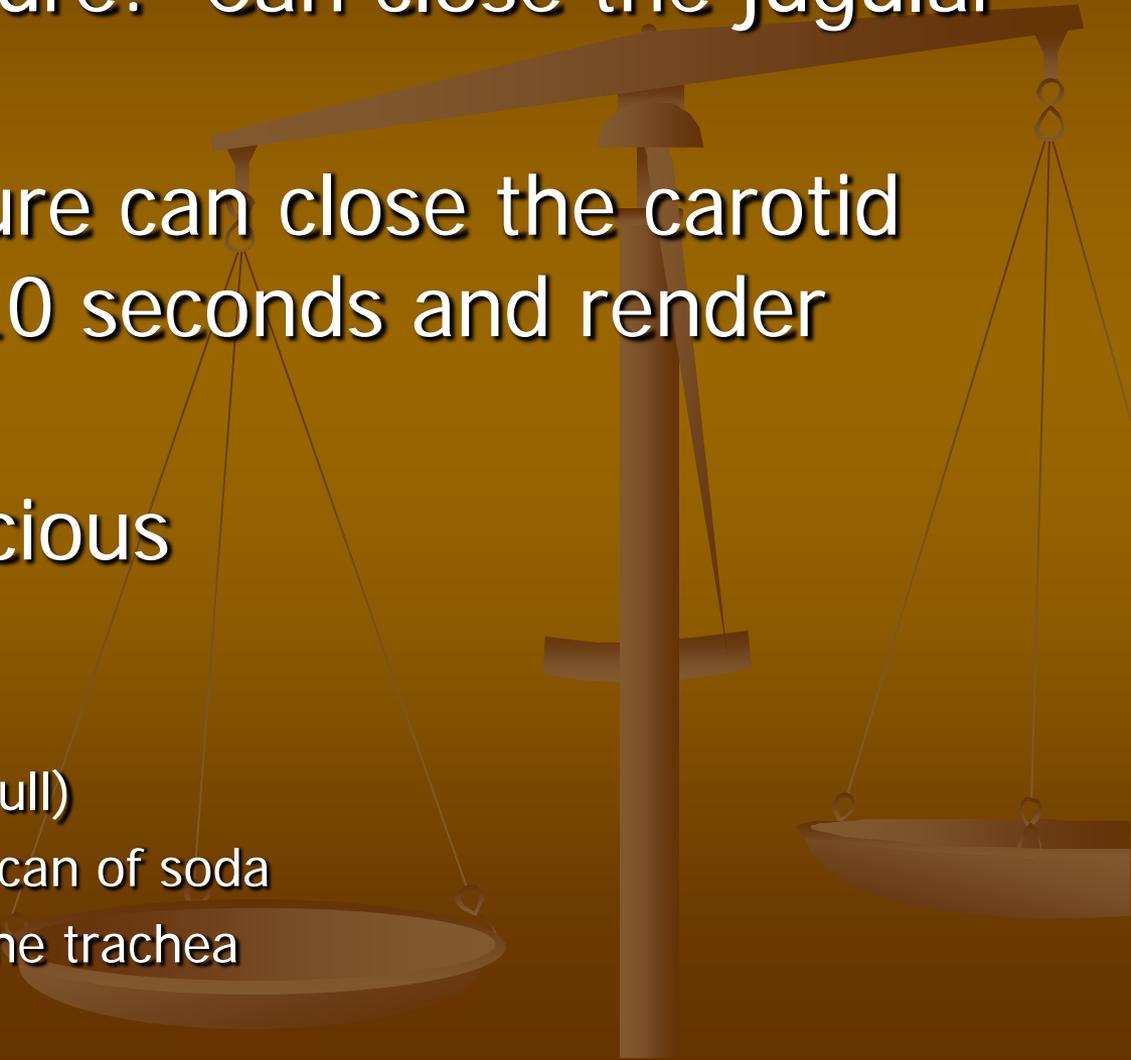
Unconscious

\*Comparisons:

4-6 lbs of pressure (trigger pull)

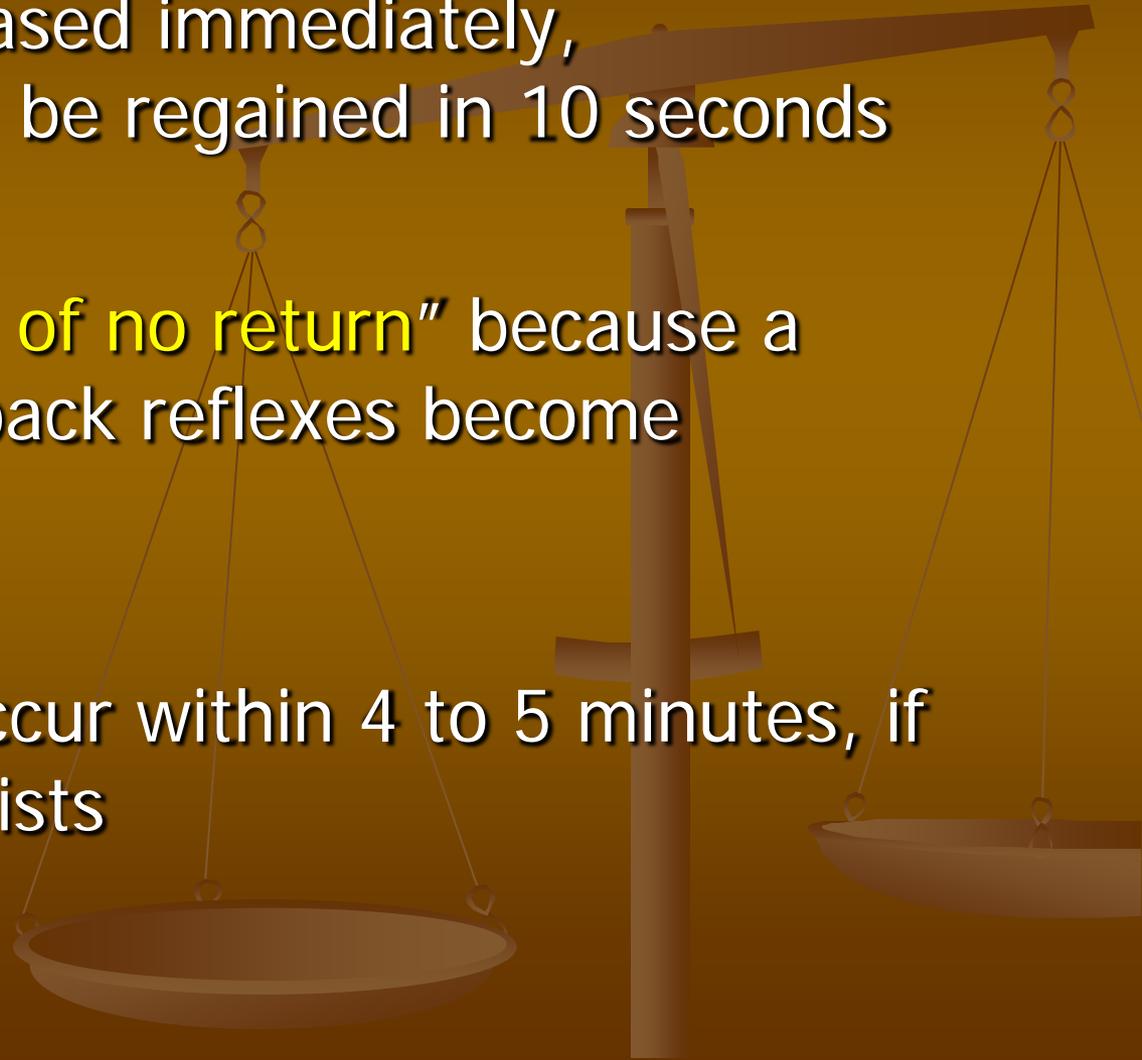
22 lbs of pressure to open a can of soda

33 lbs. of pressure to close the trachea

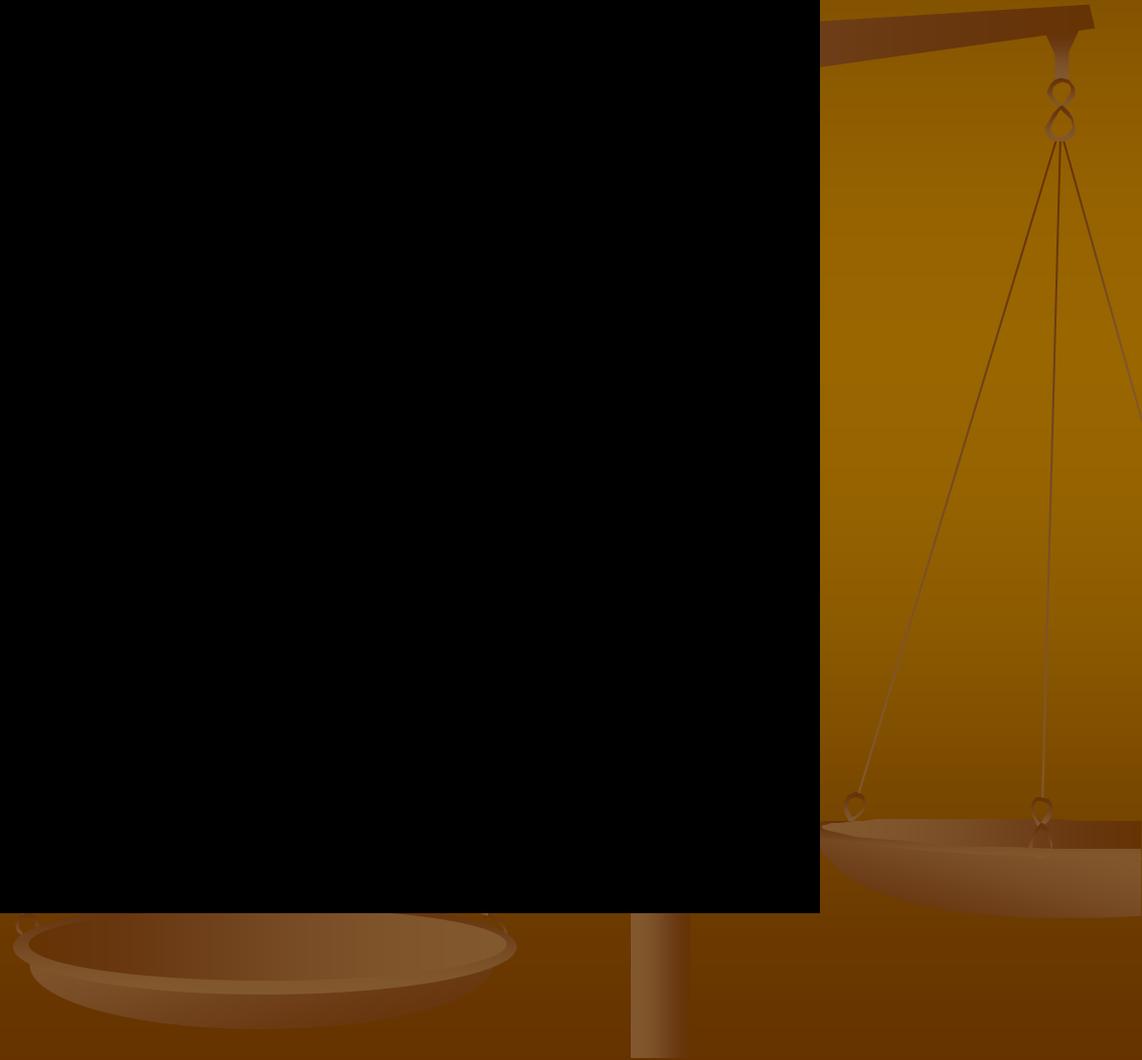
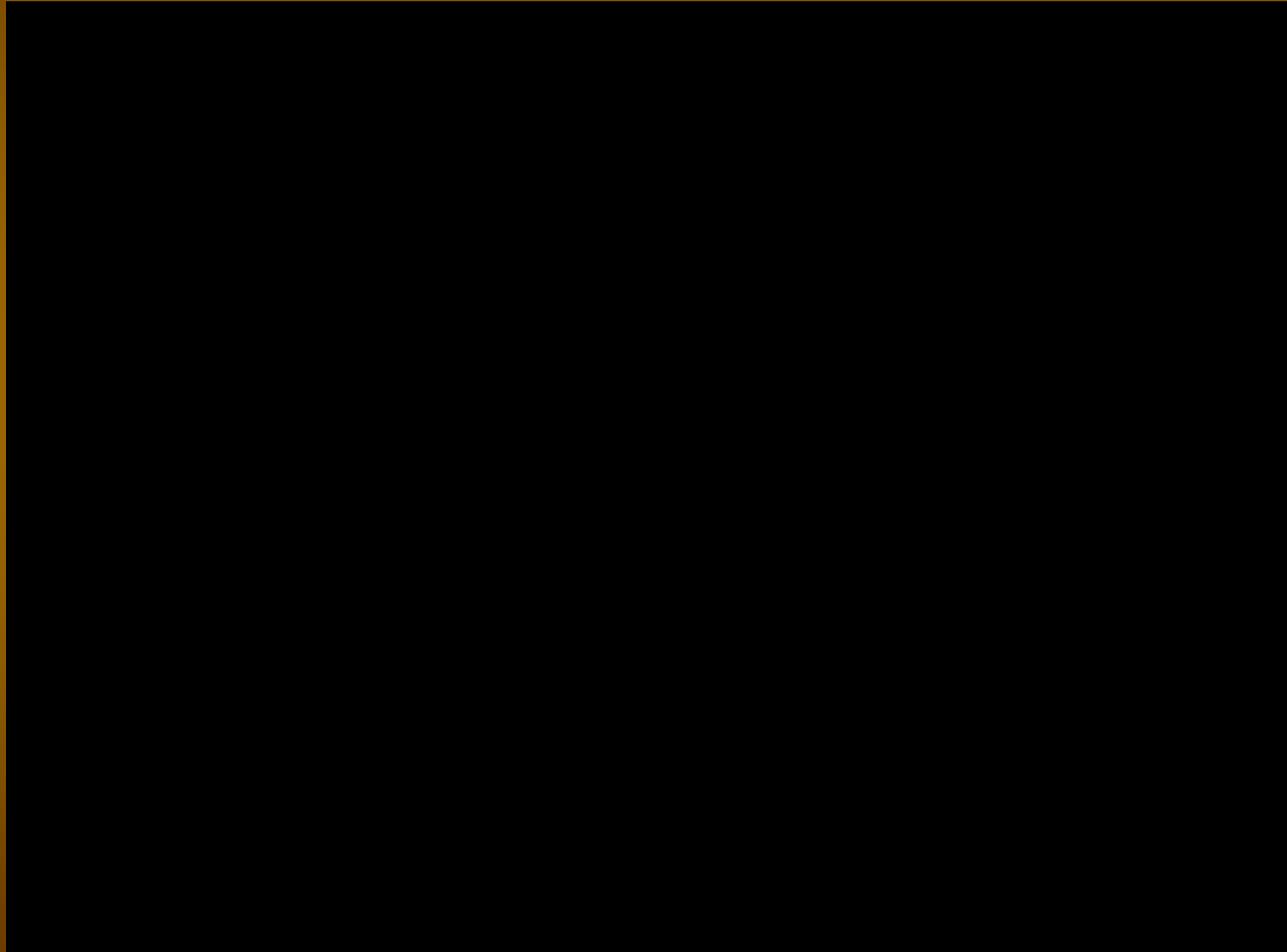


# Duration of Applied Force

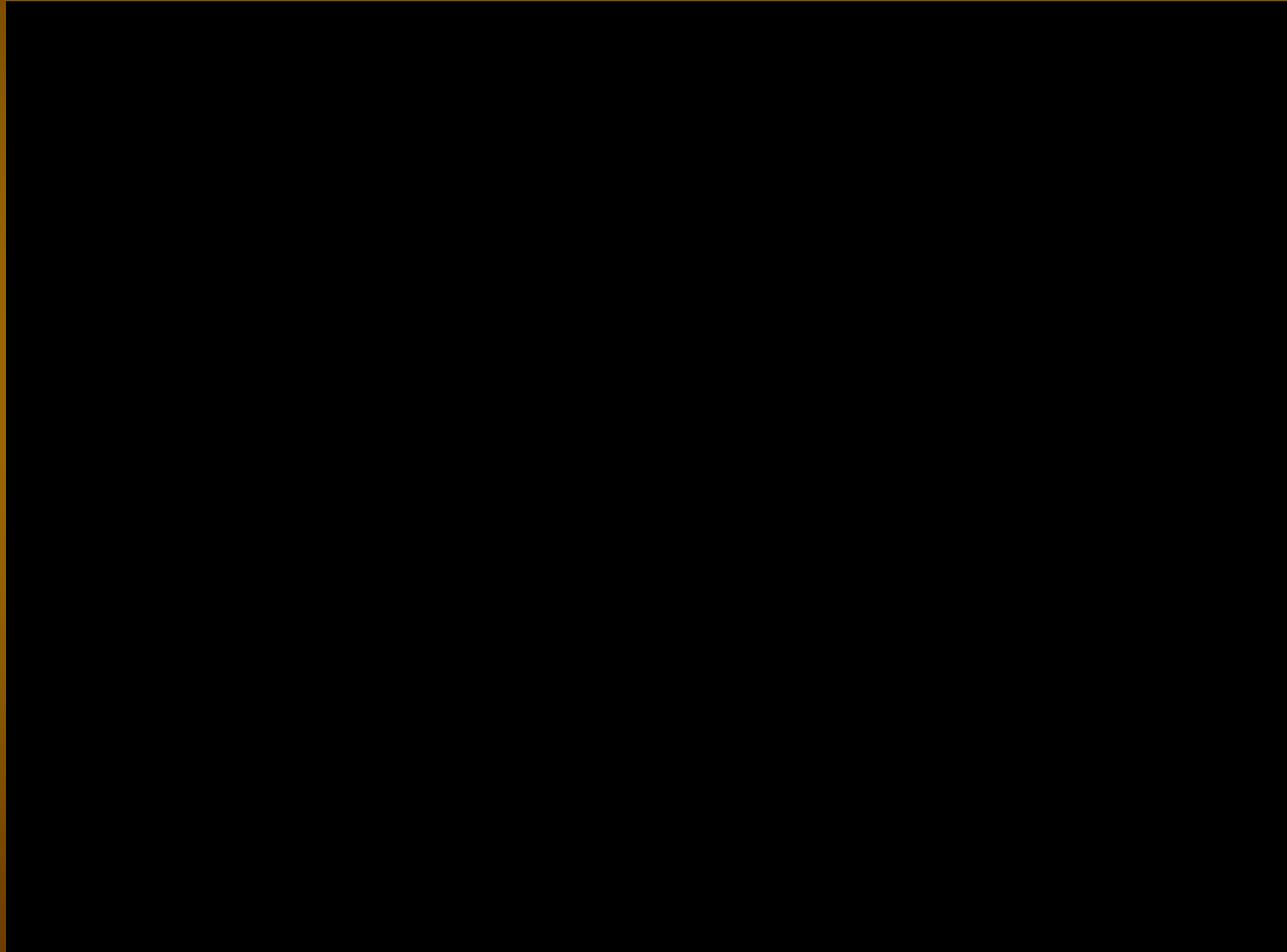
- If pressure is released immediately, consciousness will be regained in 10 seconds
- 50-seconds “point of no return” because a person’s bounce-back reflexes become inoperative
- Brain death will occur within 4 to 5 minutes, if strangulation persists



# Parking Lot Video – Real Time

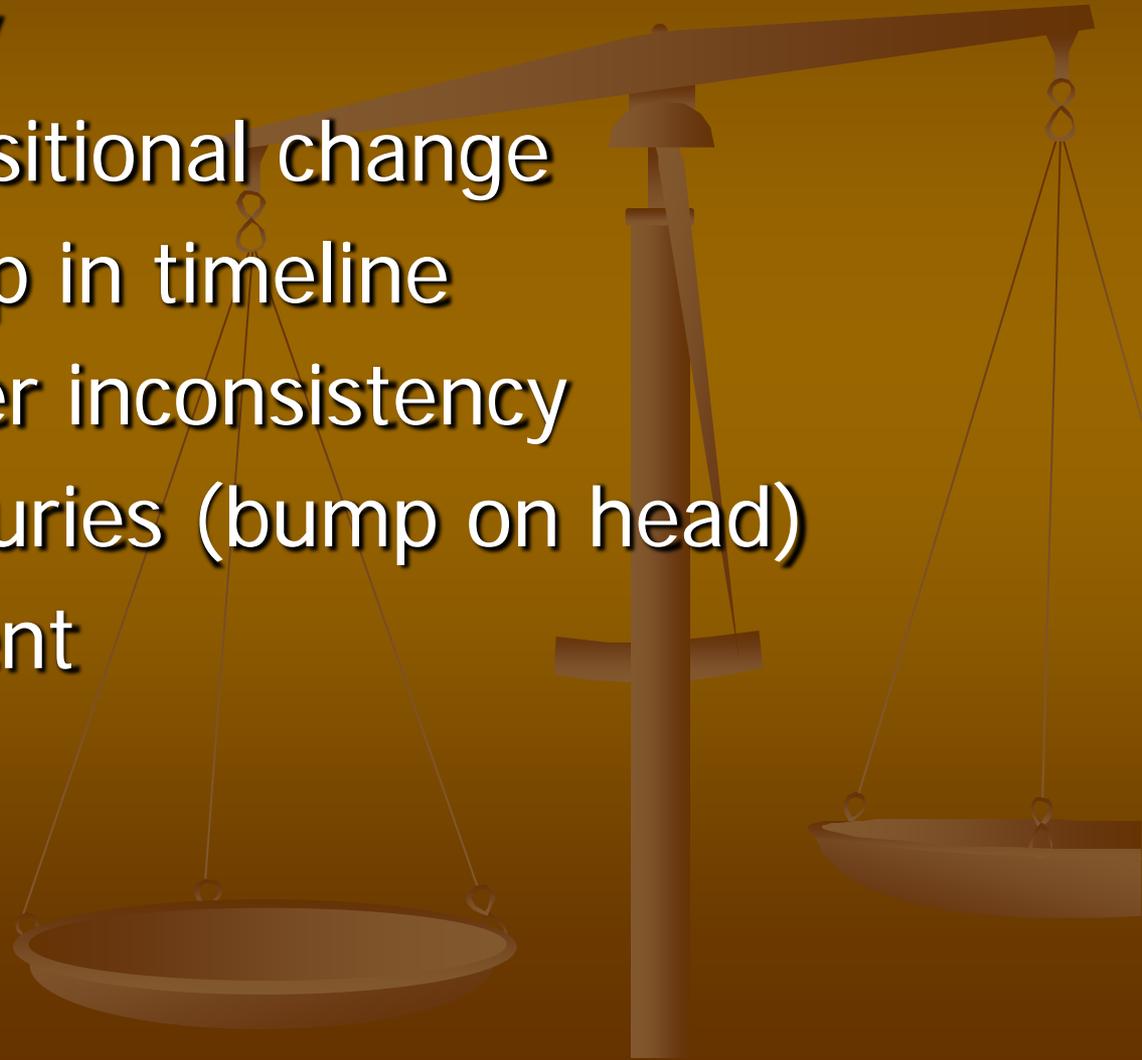


# Parking Lot Video – Slow Motion

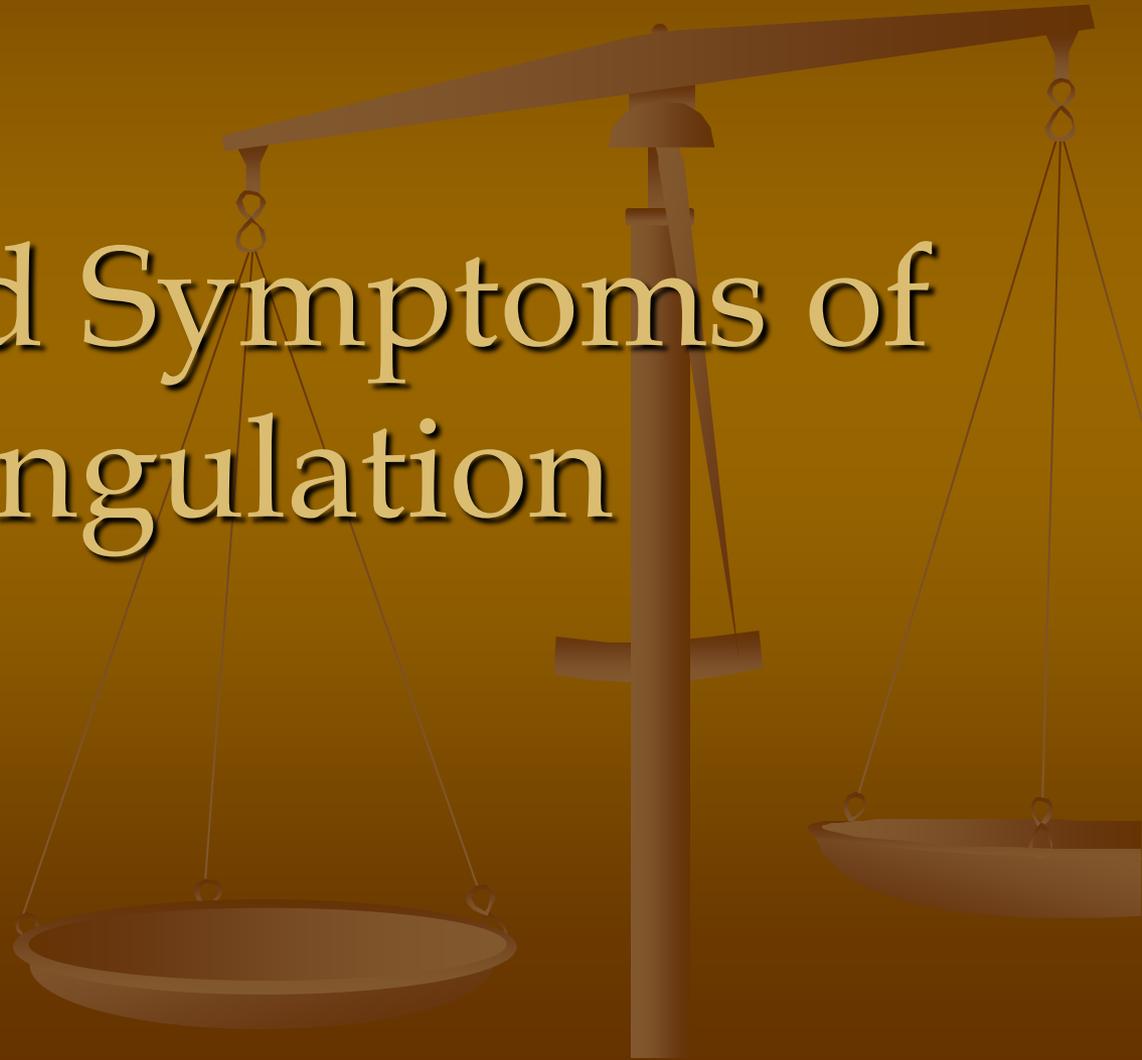


# Signs of Unconsciousness

- Loss of memory
- Unexplained positional change
- Unexplained gap in timeline
- Bowel or bladder inconsistency
- Unexplained injuries (bump on head)
- Visual impairment



# Signs and Symptoms of Strangulation



# Symptoms

## Voice Changes

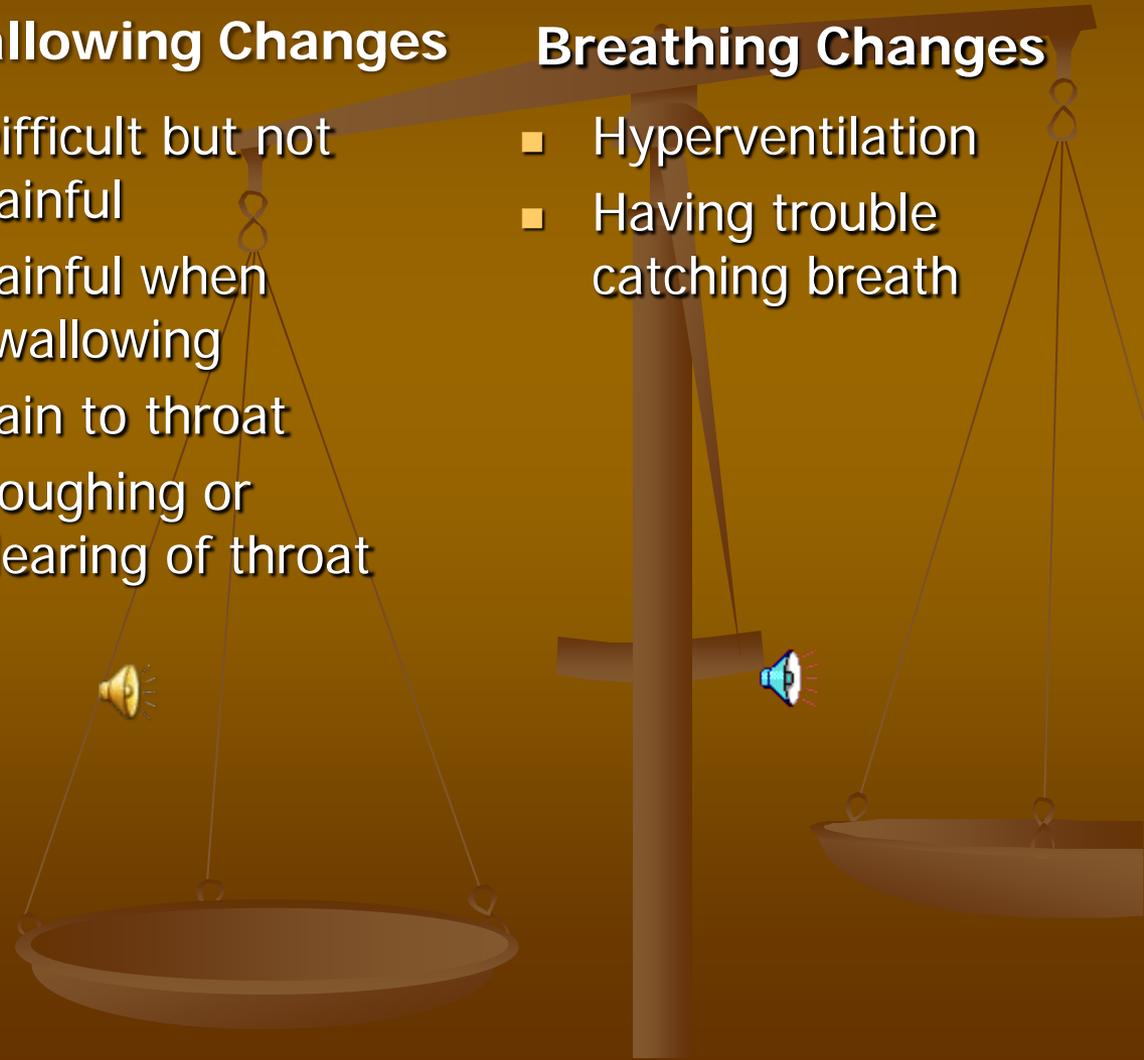
- Hoarseness
- Change of pitch
- Raspy voice
- Partial or total loss of voice

## Swallowing Changes

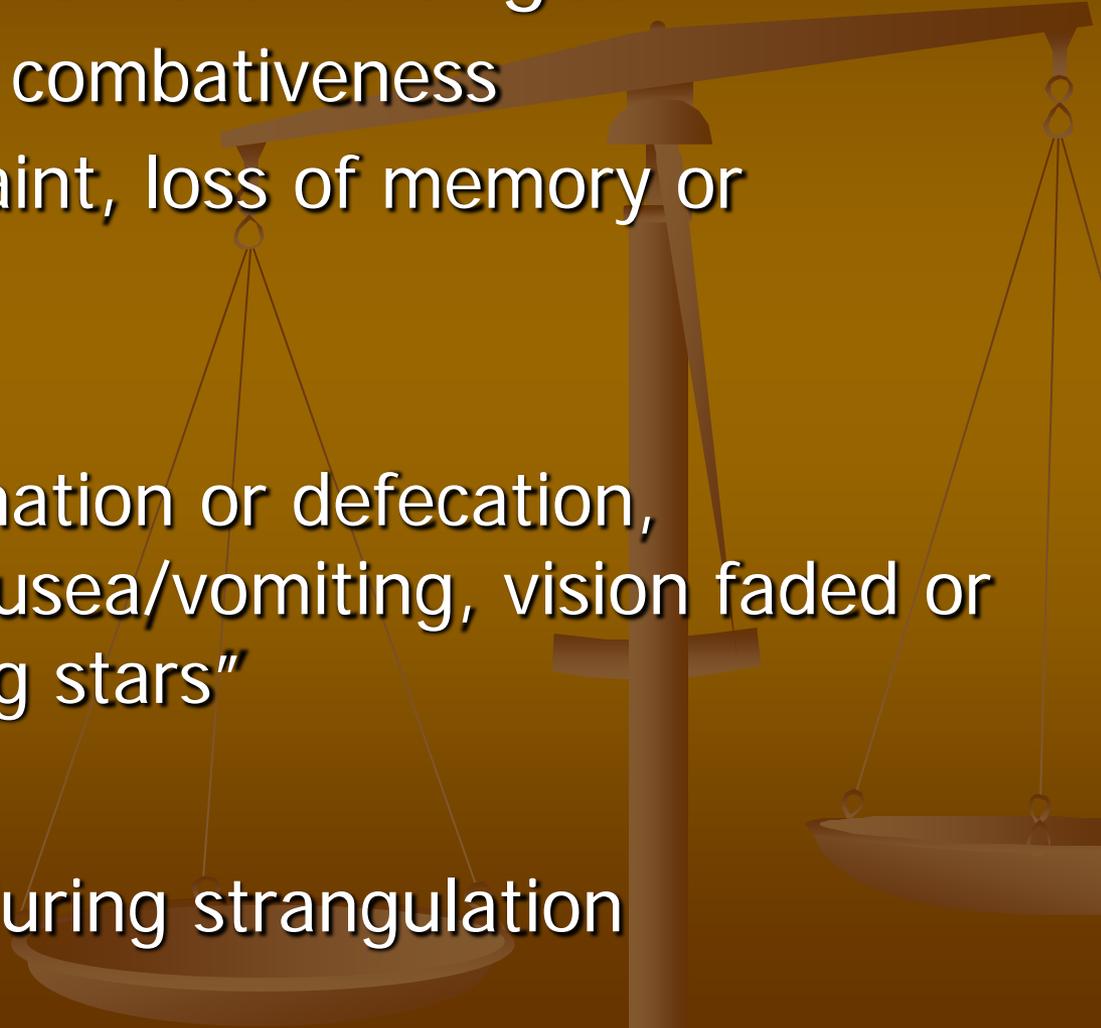
- Difficult but not painful
- Painful when swallowing
- Pain to throat
- Coughing or clearing of throat

## Breathing Changes

- Hyperventilation
- Having trouble catching breath



# Symptoms

- Take note of behavioral changes
    - Restlessness to combativeness
    - Feeling dizzy, faint, loss of memory or consciousness
  - Miscellaneous:
    - Involuntary urination or defecation, miscarriage, nausea/vomiting, vision faded or reported "seeing stars"
  - Lung Damage
    - Vomit inhaled during strangulation
- 

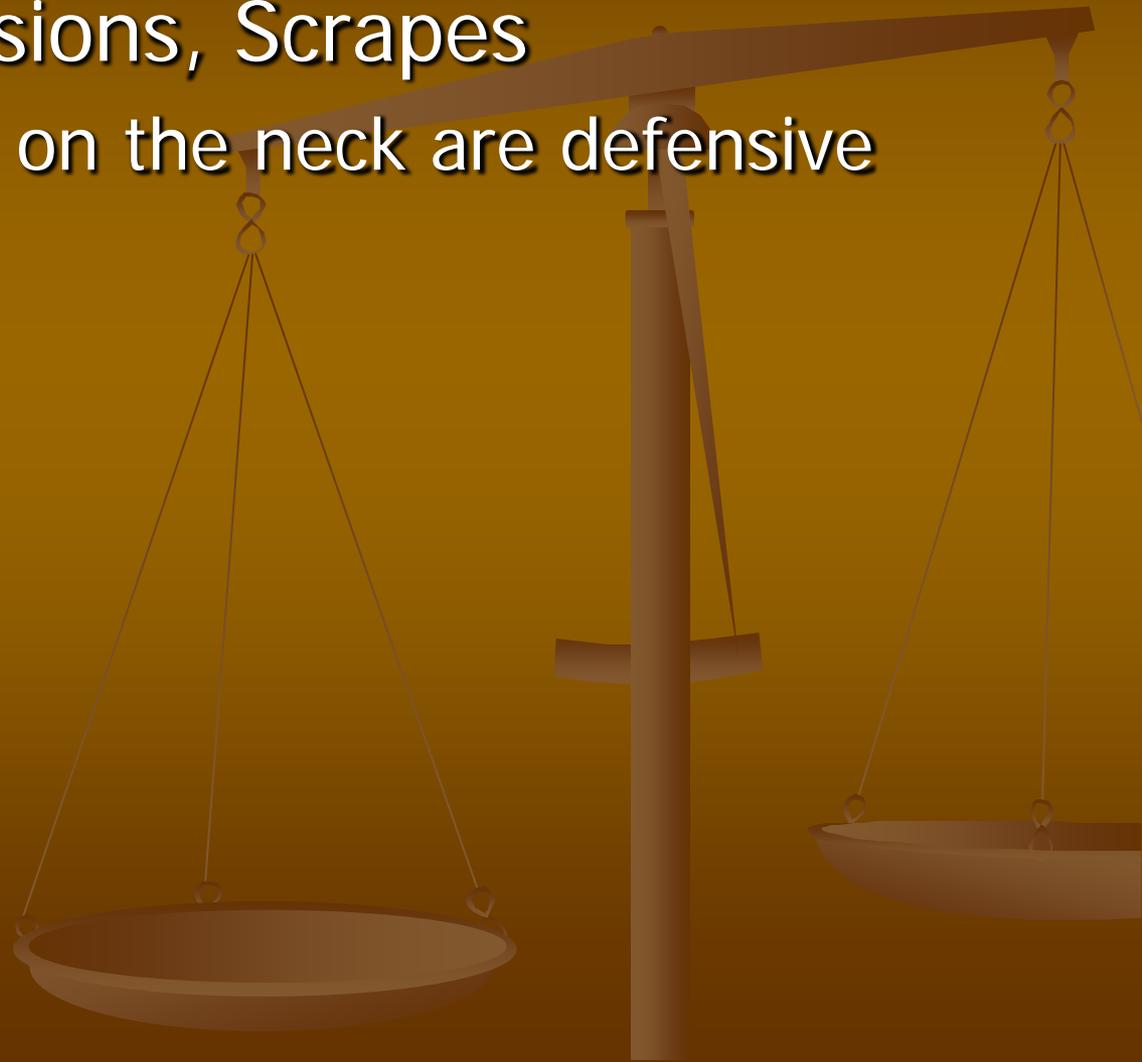


# Signs of Strangulation

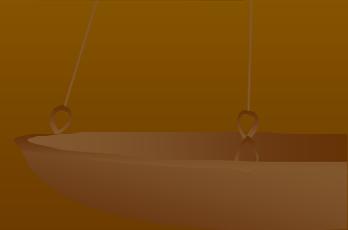
## **VISIBLE INJURIES**

# Visible Injuries

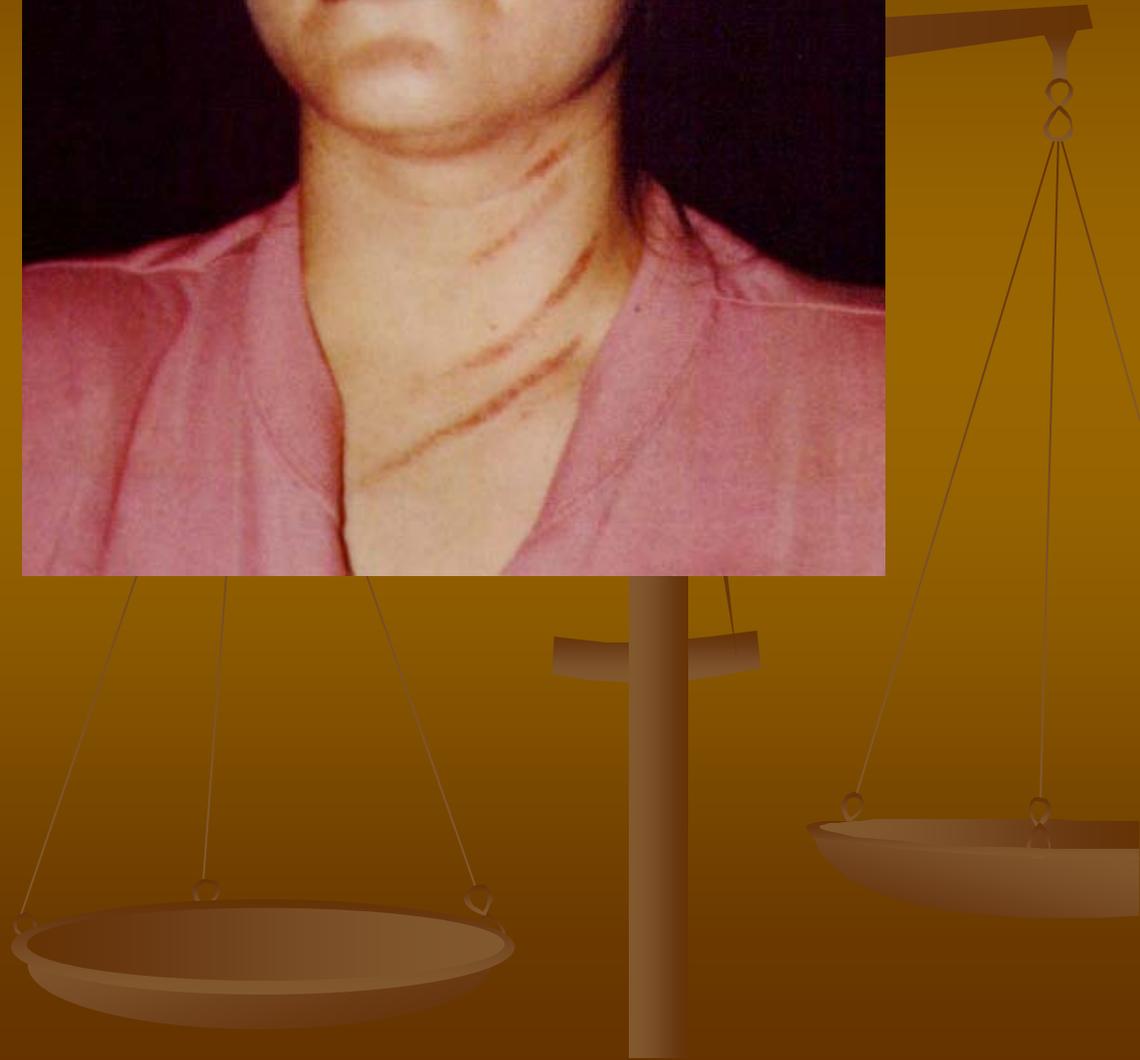
- Scratches, Abrasions, Scrapes
  - Many scratches on the neck are defensive wounds
- Ligature marks
  - Ropes
  - Clothing
  - Belt



# Scratches



# Scratches



# Claw Marks

Defense wounds



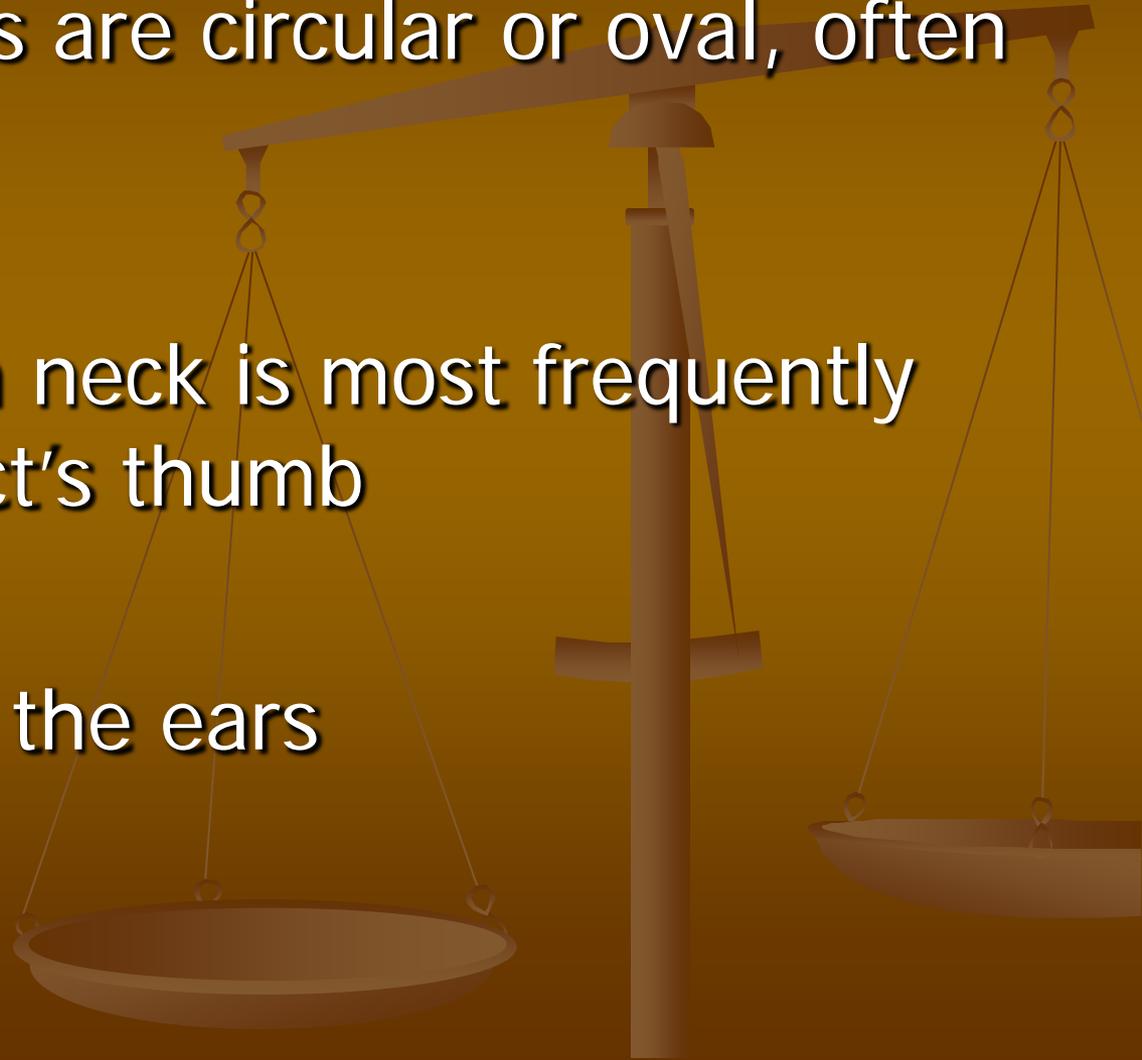
# Impression Marks

Be suspicious...

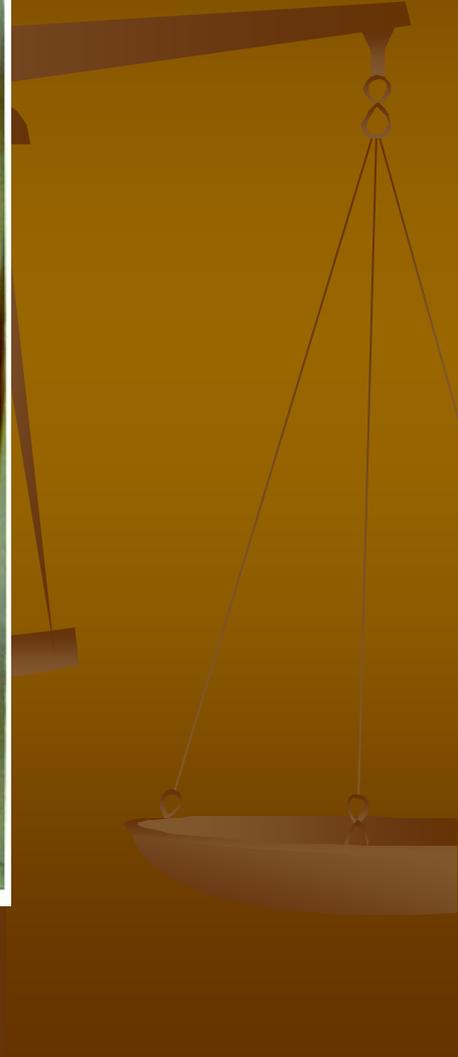


# Bruises (Ecchymoses or Purpura)

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



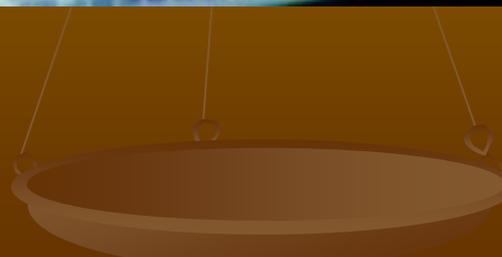
# Thumbprint Bruise



# Fingertip bruising



# Bruising Behind the Ear



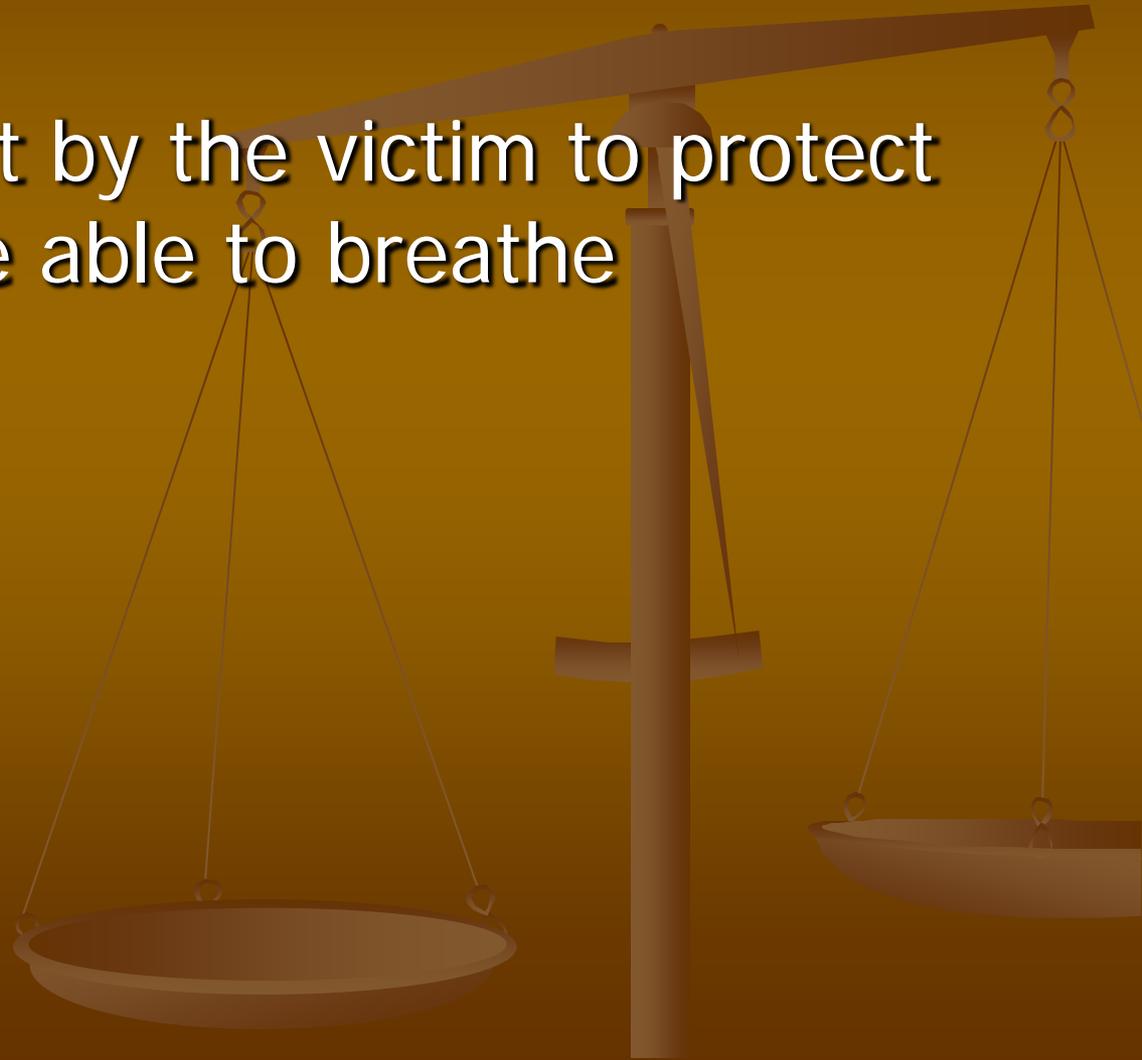
# Ligature Marks

\*Note: the mark is perpendicular to her neck



# Chin Abrasions

- Instinctive effort by the victim to protect her neck and be able to breathe

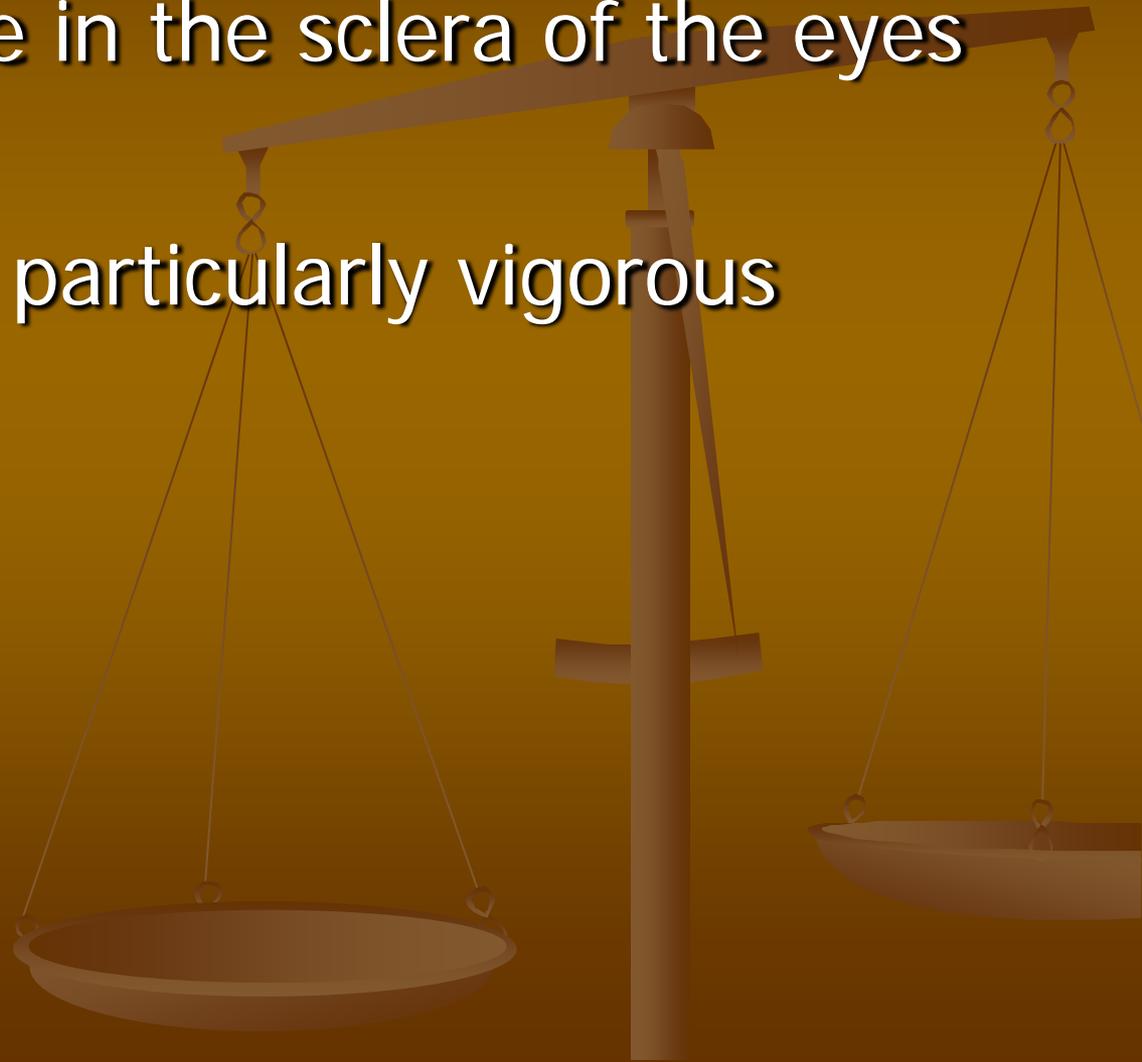


# Chin Abrasions



# Subconjunctival Hemorrhage

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

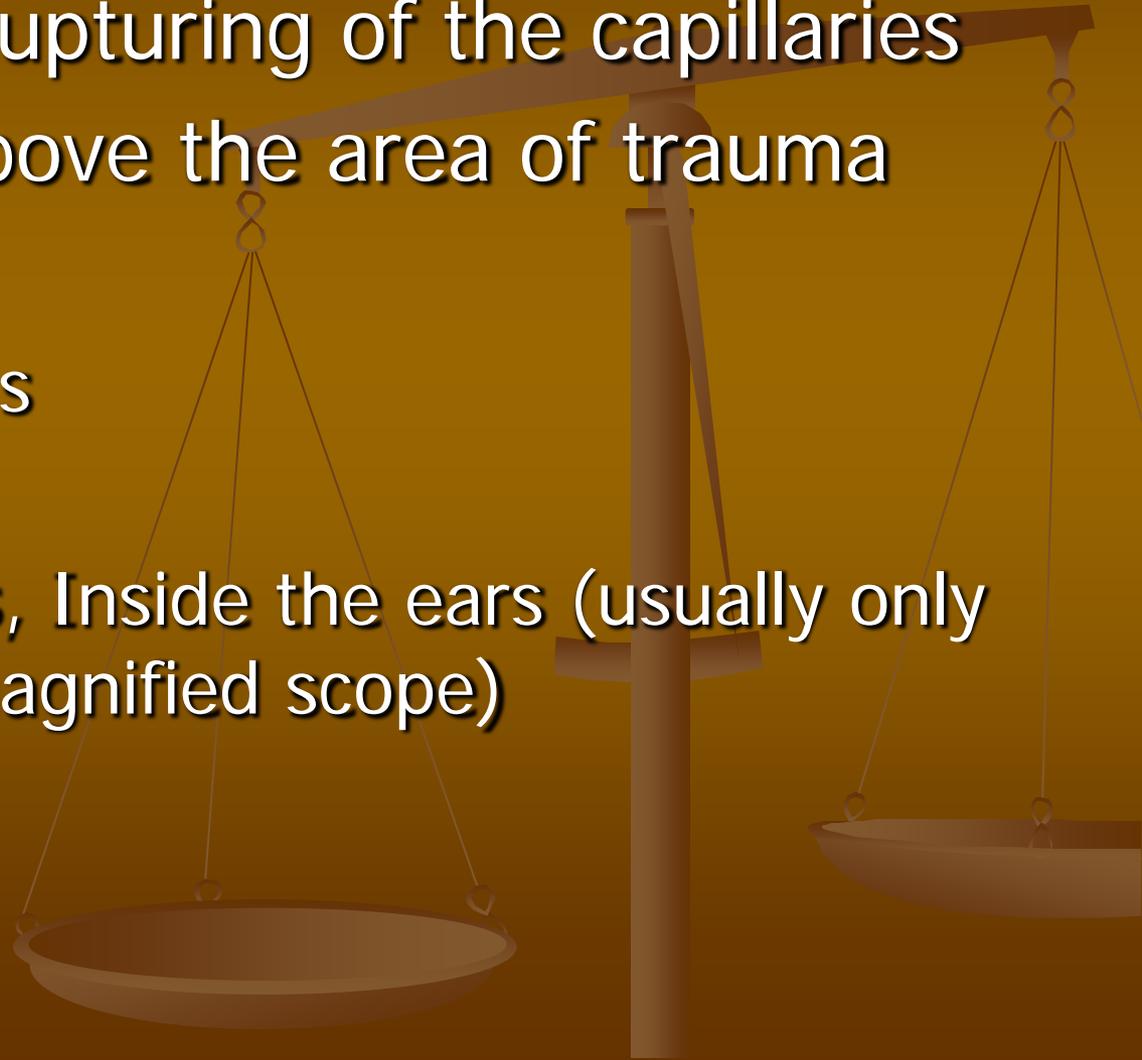


# Subconjunctival Hemorrhage



# Petechiae (Tiny Red Spots)

- A result of the rupturing of the capillaries
- Might appear above the area of trauma
- Areas to check:
  - Eyes and eyelids
  - Face
  - Behind the ears, Inside the ears (usually only visible with a magnified scope)
  - Hairline



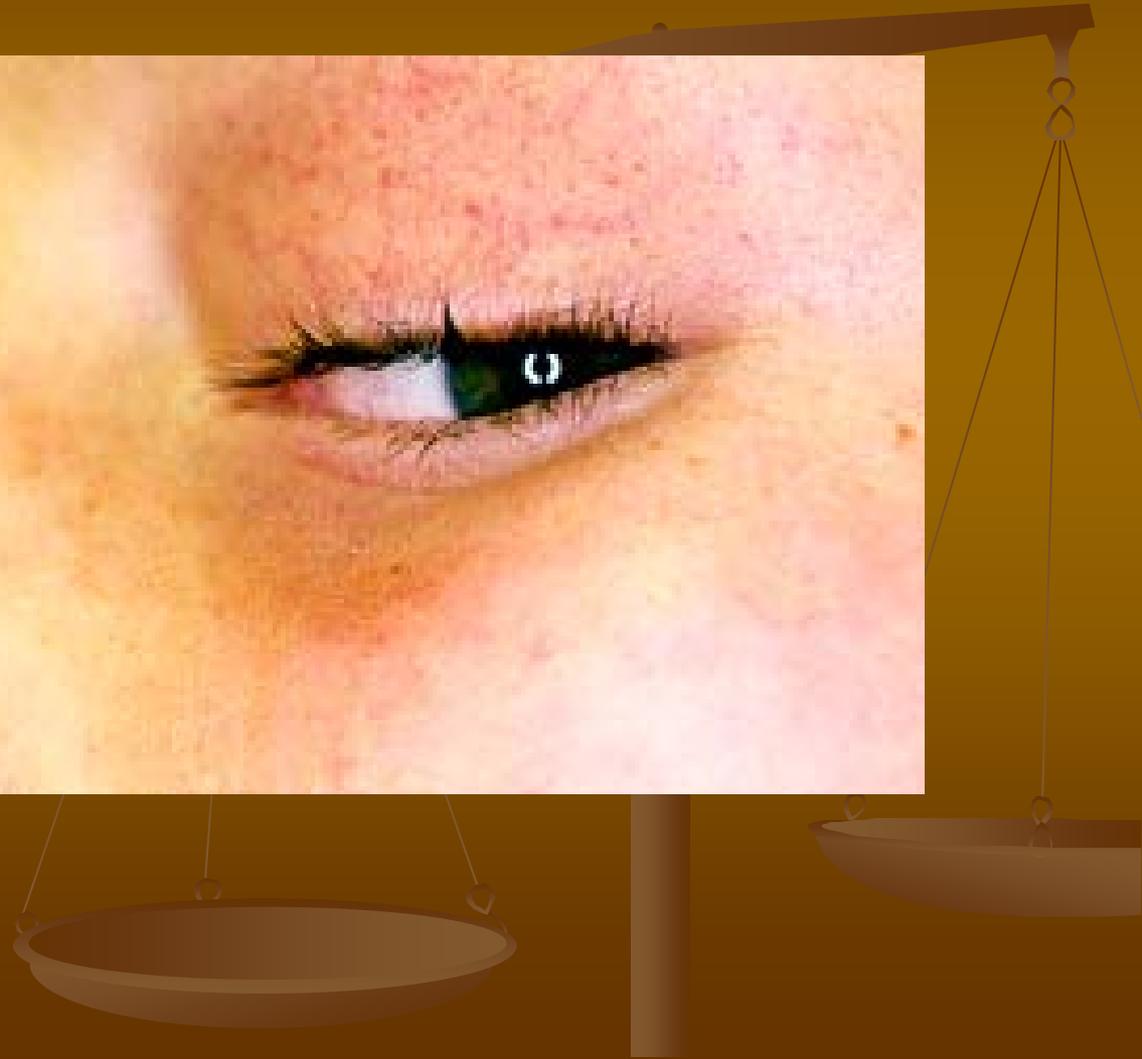
# Petechiae



# Petechiae



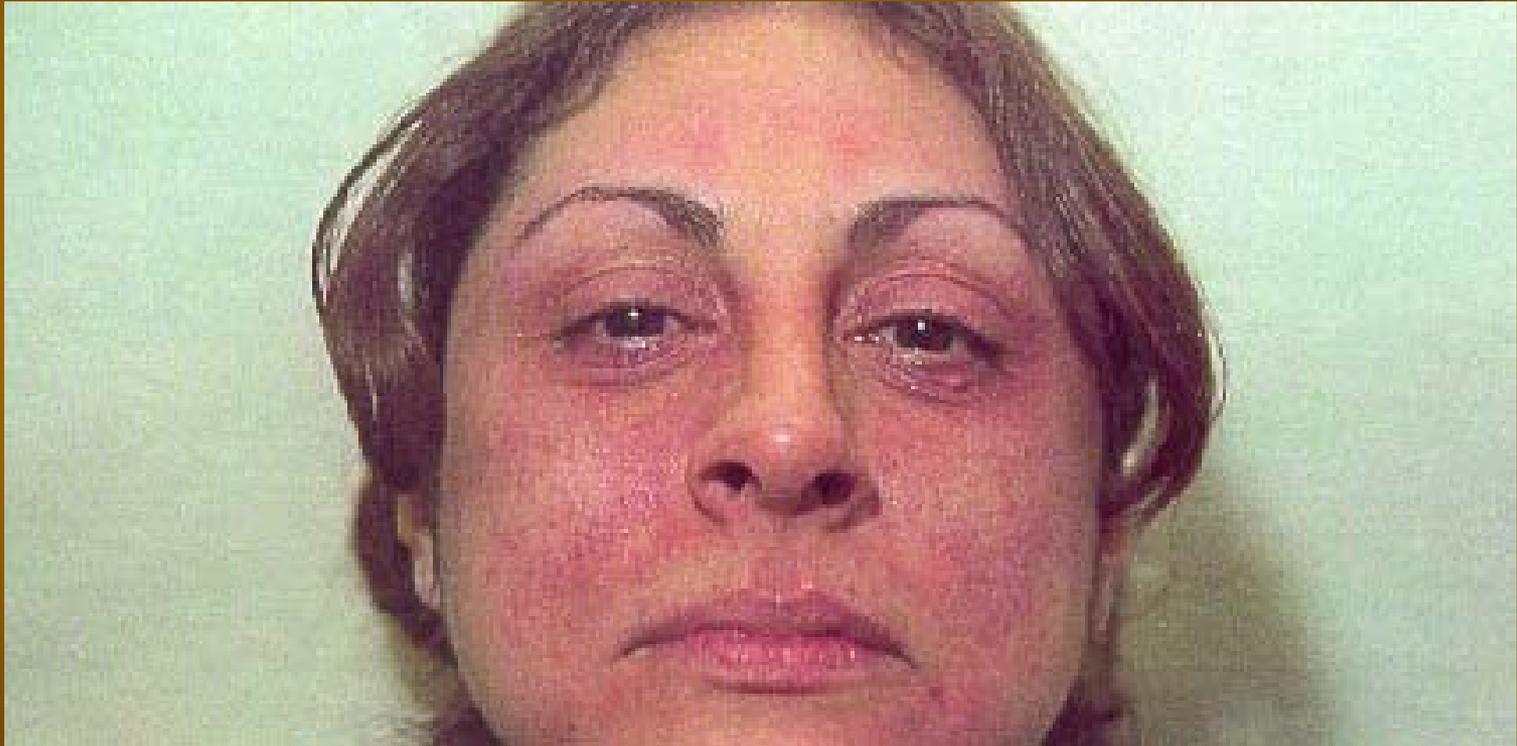
# Petechiae on the Eyelid



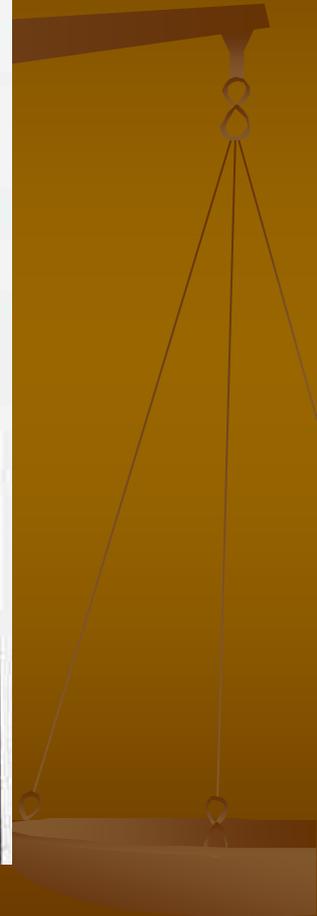
# Petechiae on the Neck



# Petechiae on the Face

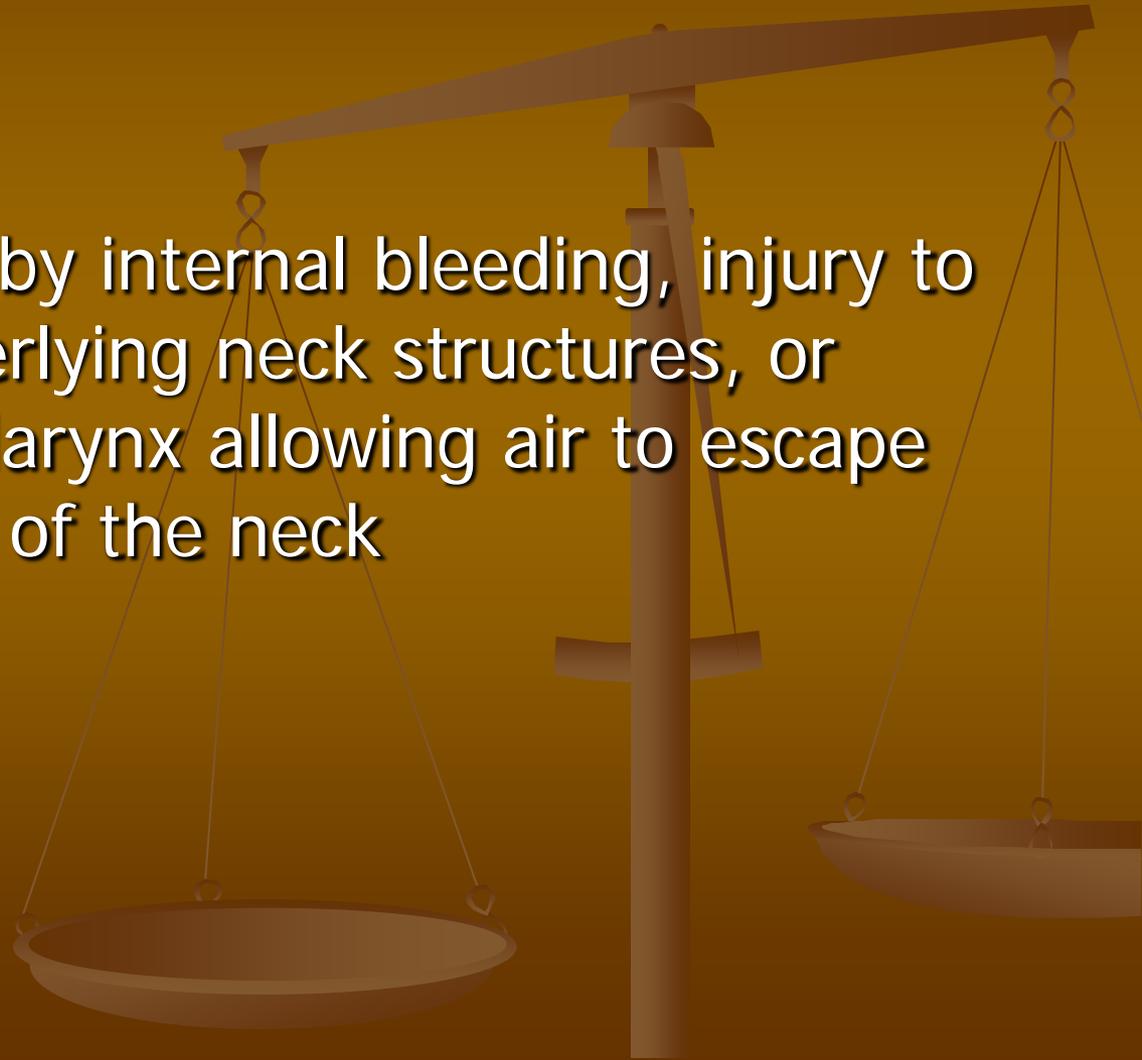


# Petechiae on the Hairline



# Swelling (Edema)

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



# Swelling

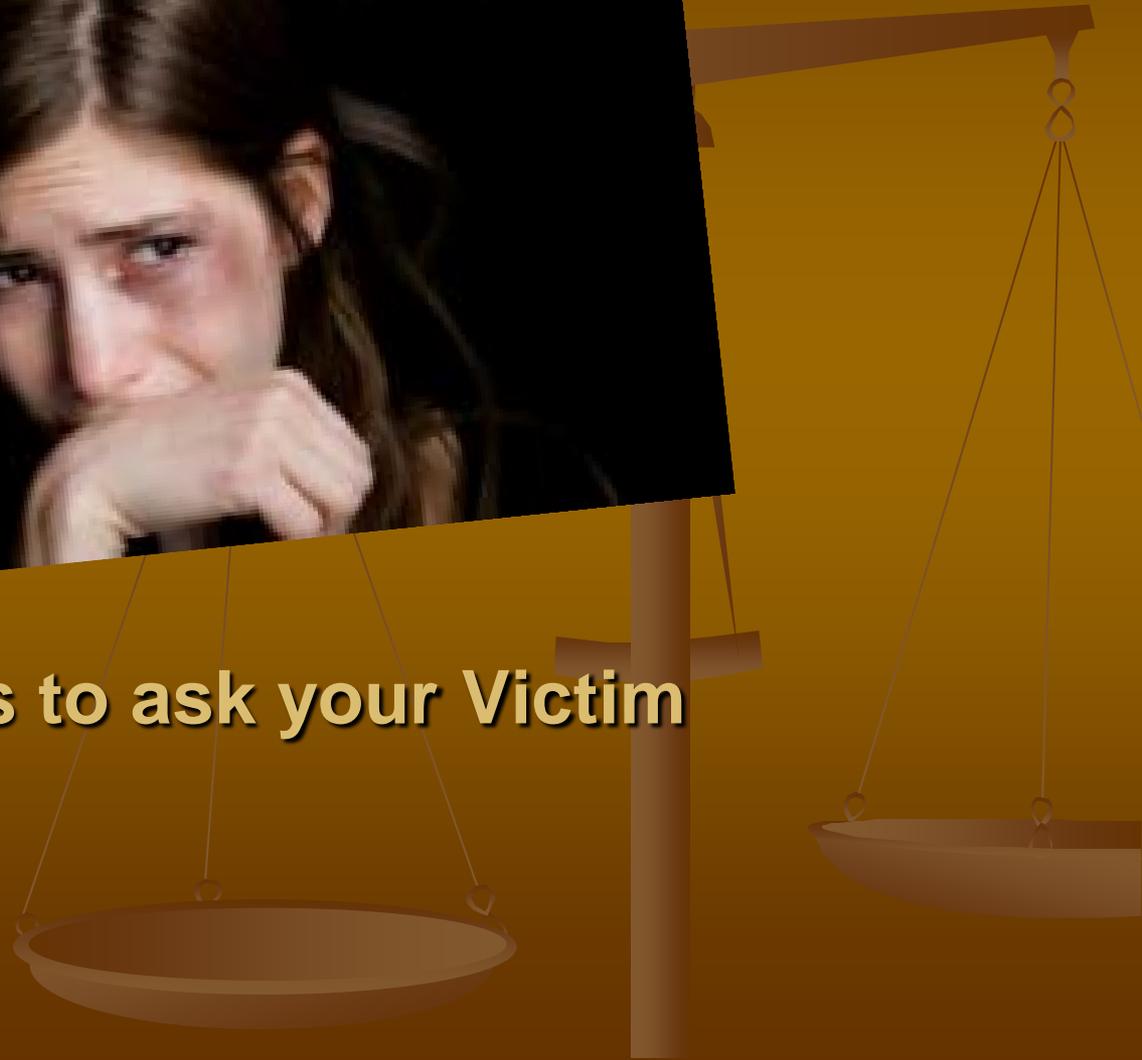


# Handprints on the Neck

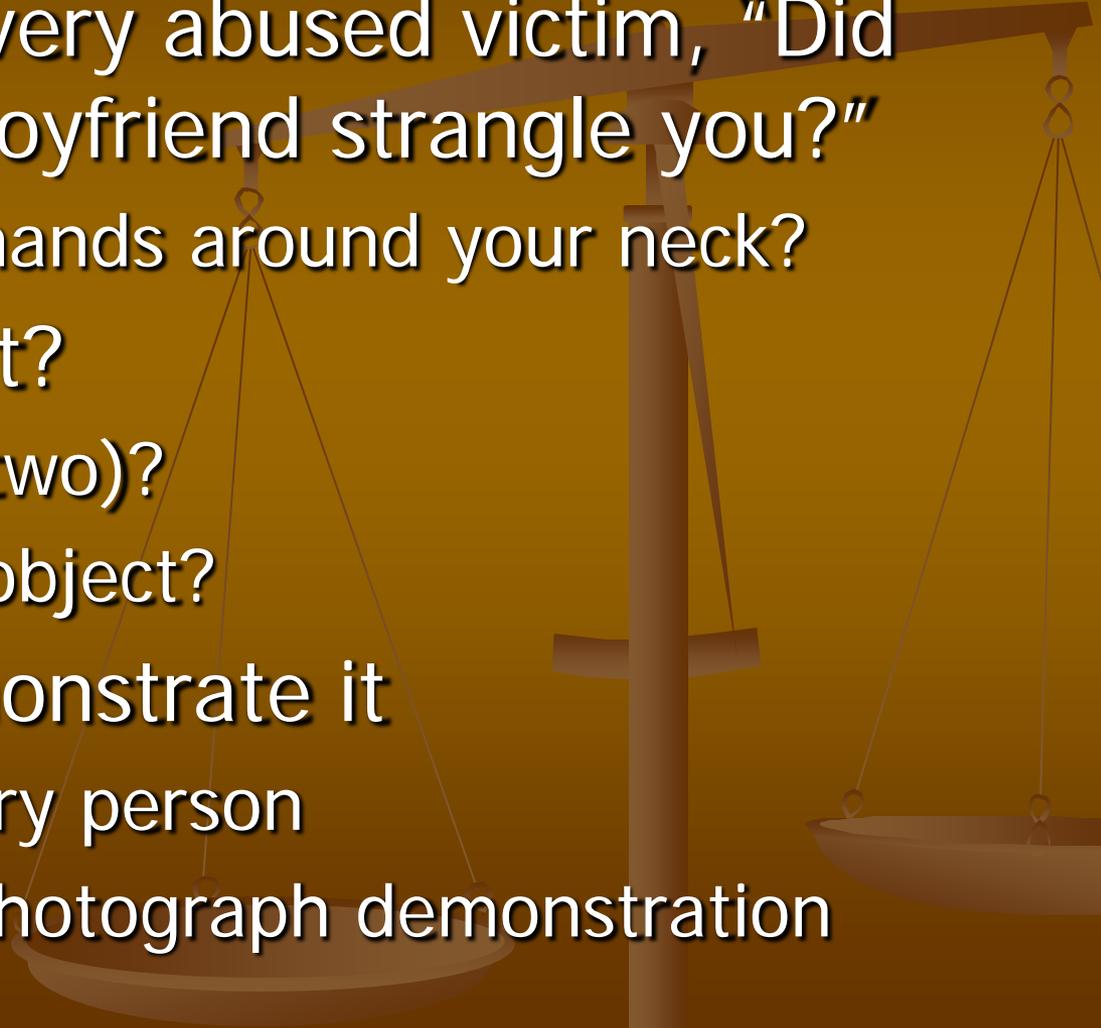




## Questions to ask your Victim

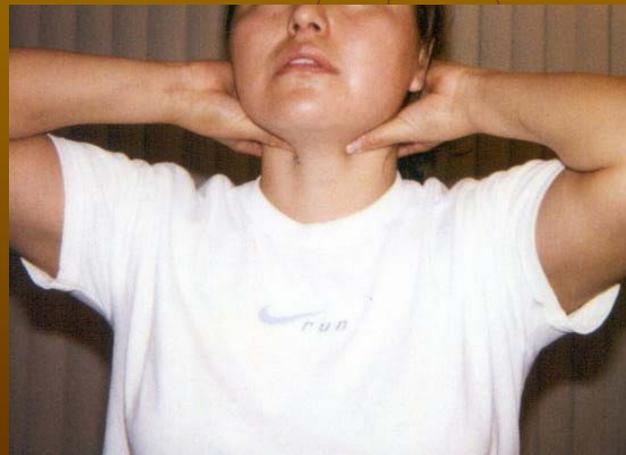


# Questions to Ask

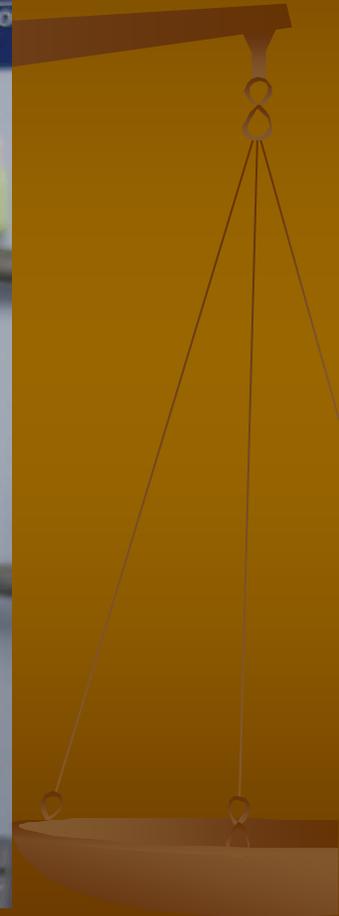


- Routinely ask every abused victim, "Did your husband/boyfriend strangle you?"
  - Did he put his hands around your neck?
- How did he do it?
  - Hands (one or two)?
  - Object? What object?
- Have them demonstrate it
  - Use an imaginary person
  - Video tape or photograph demonstration

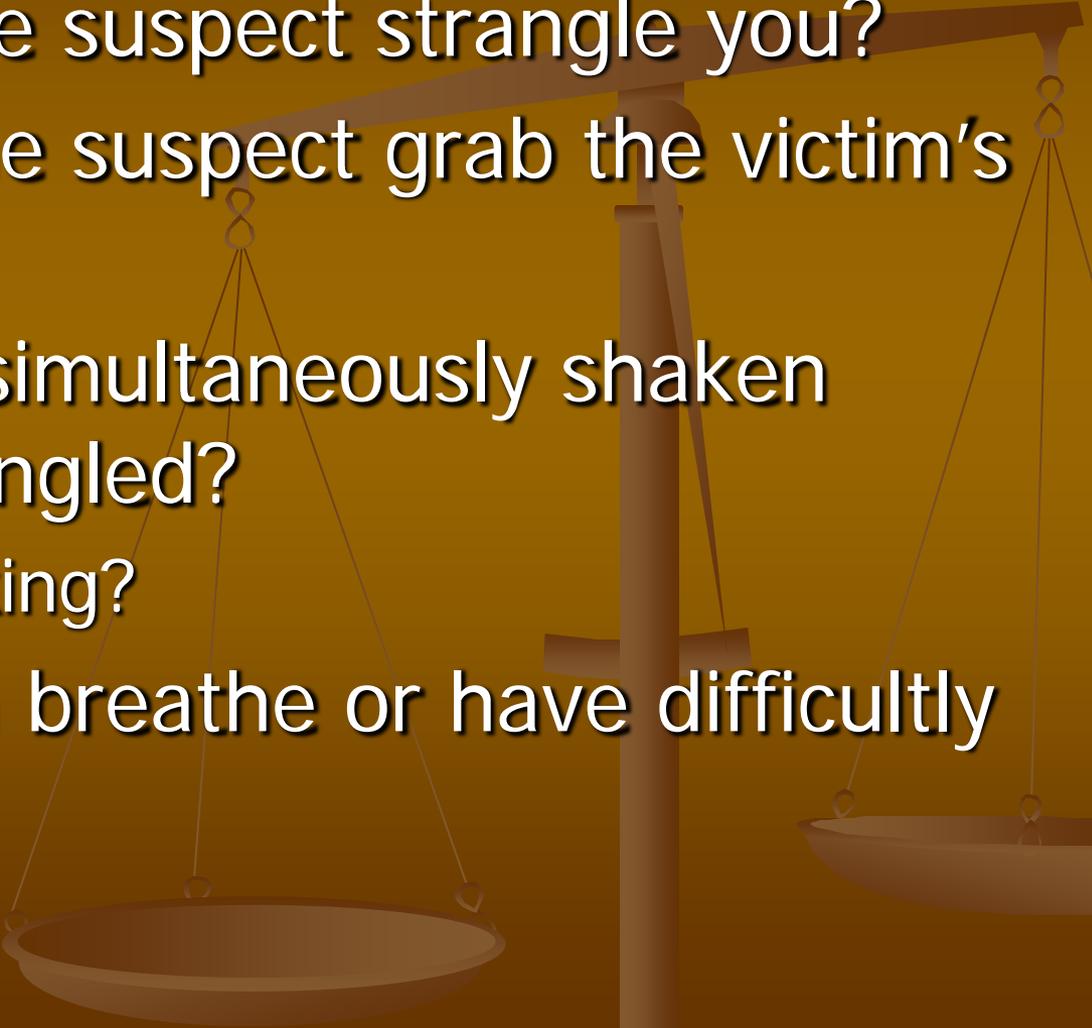
- Do not have them demonstrate on themselves or have someone demonstrate on the victim



# Better way to demonstrate

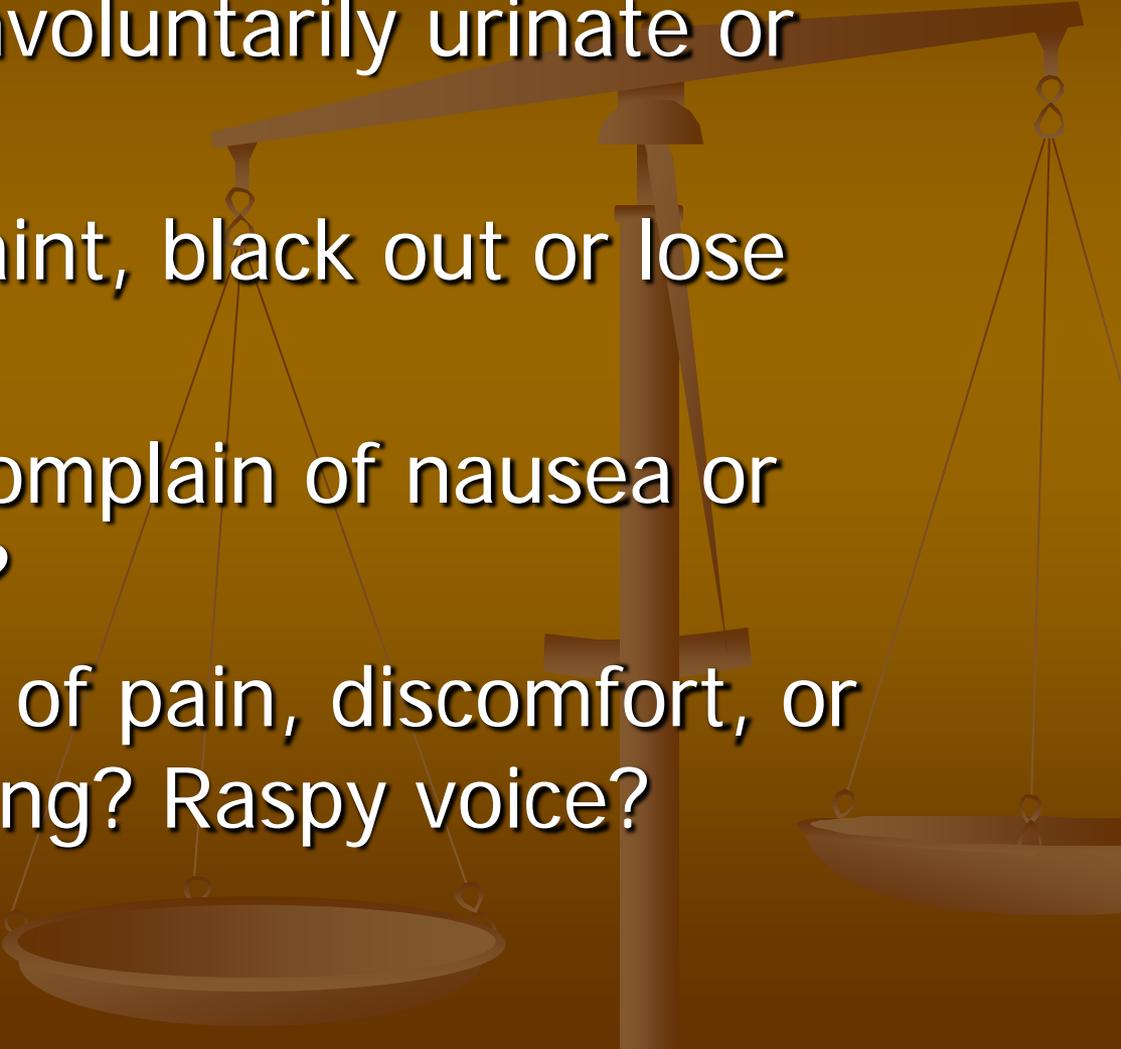


# Questions to Ask



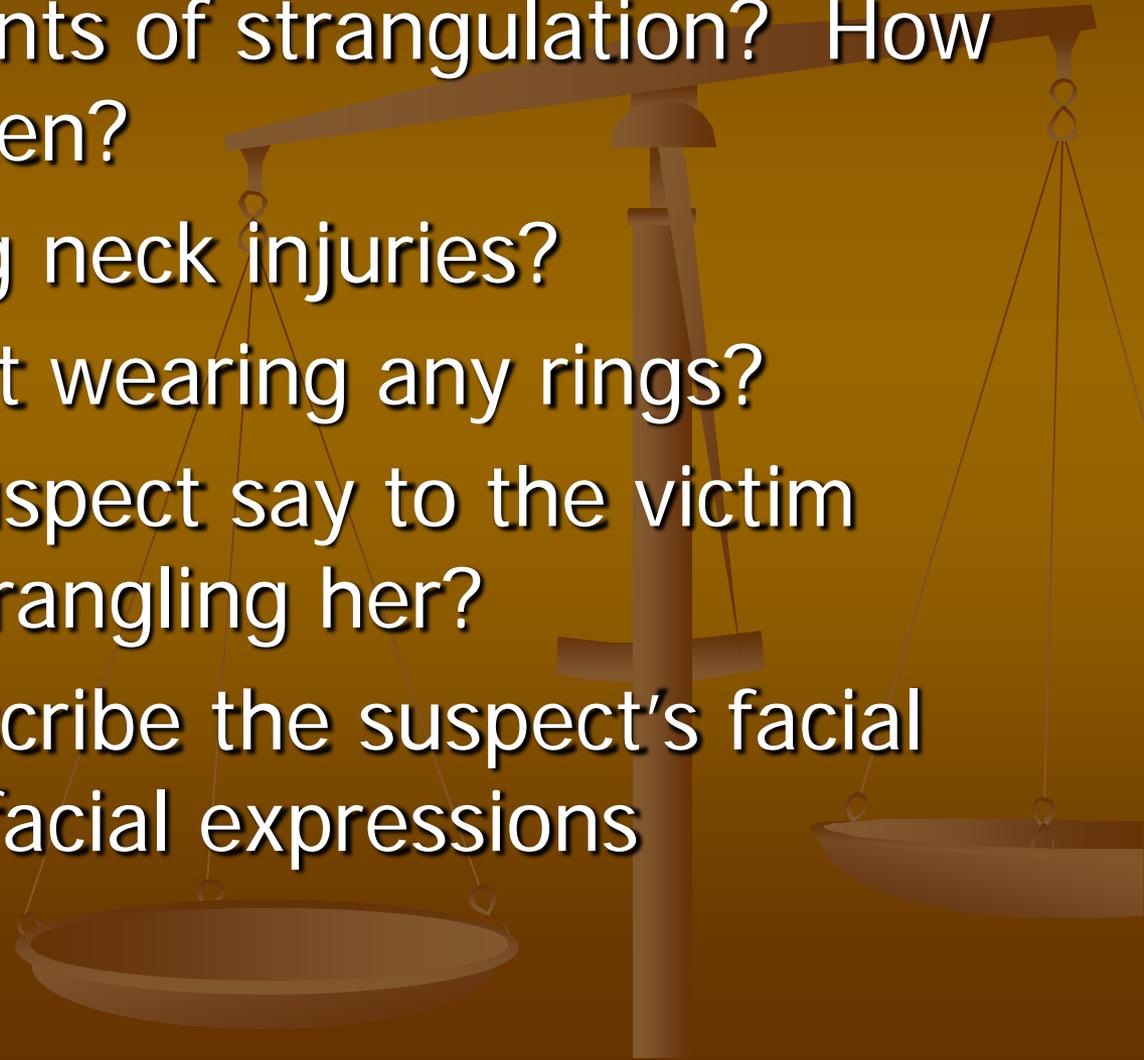
- How long did the suspect strangle you?
- How hard did the suspect grab the victim's throat?
- Was the victim simultaneously shaken while being strangled?
  - How much shaking?
- Could the victim breathe or have difficulty breathing?

# Questions to Ask

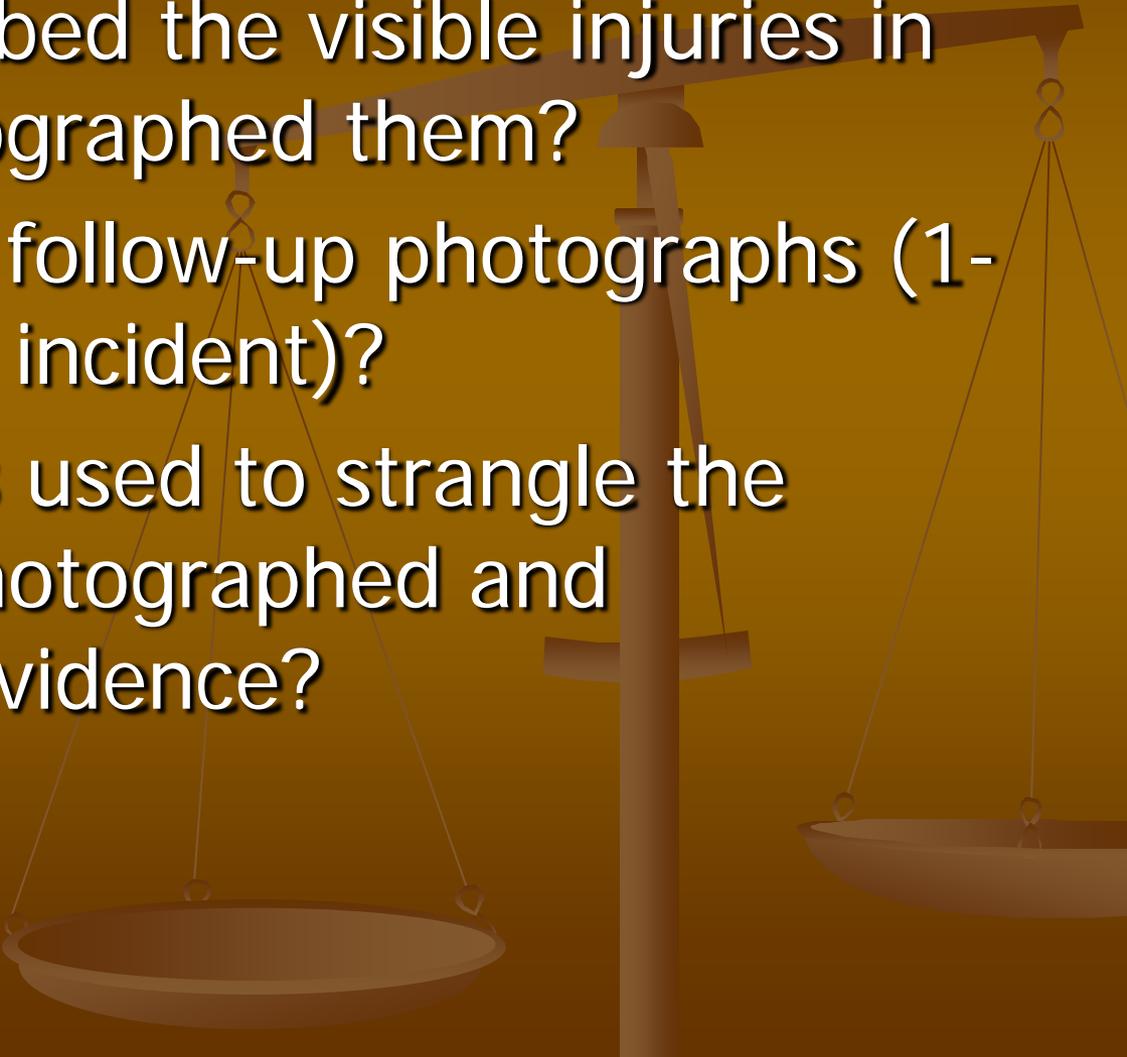
- Did the victim involuntarily urinate or defecate?
  - Did the victim faint, black out or lose consciousness?
  - Did the victim complain of nausea or report vomiting?
  - Any complaints of pain, discomfort, or trouble swallowing? Raspy voice?
- 

# Questions to Ask

- Any prior incidents of strangulation? How Many? How often?
- Any pre-existing neck injuries?
- Was the suspect wearing any rings?
- What did the suspect say to the victim while he was strangling her?
- Have victim describe the suspect's facial demeanor and facial expressions

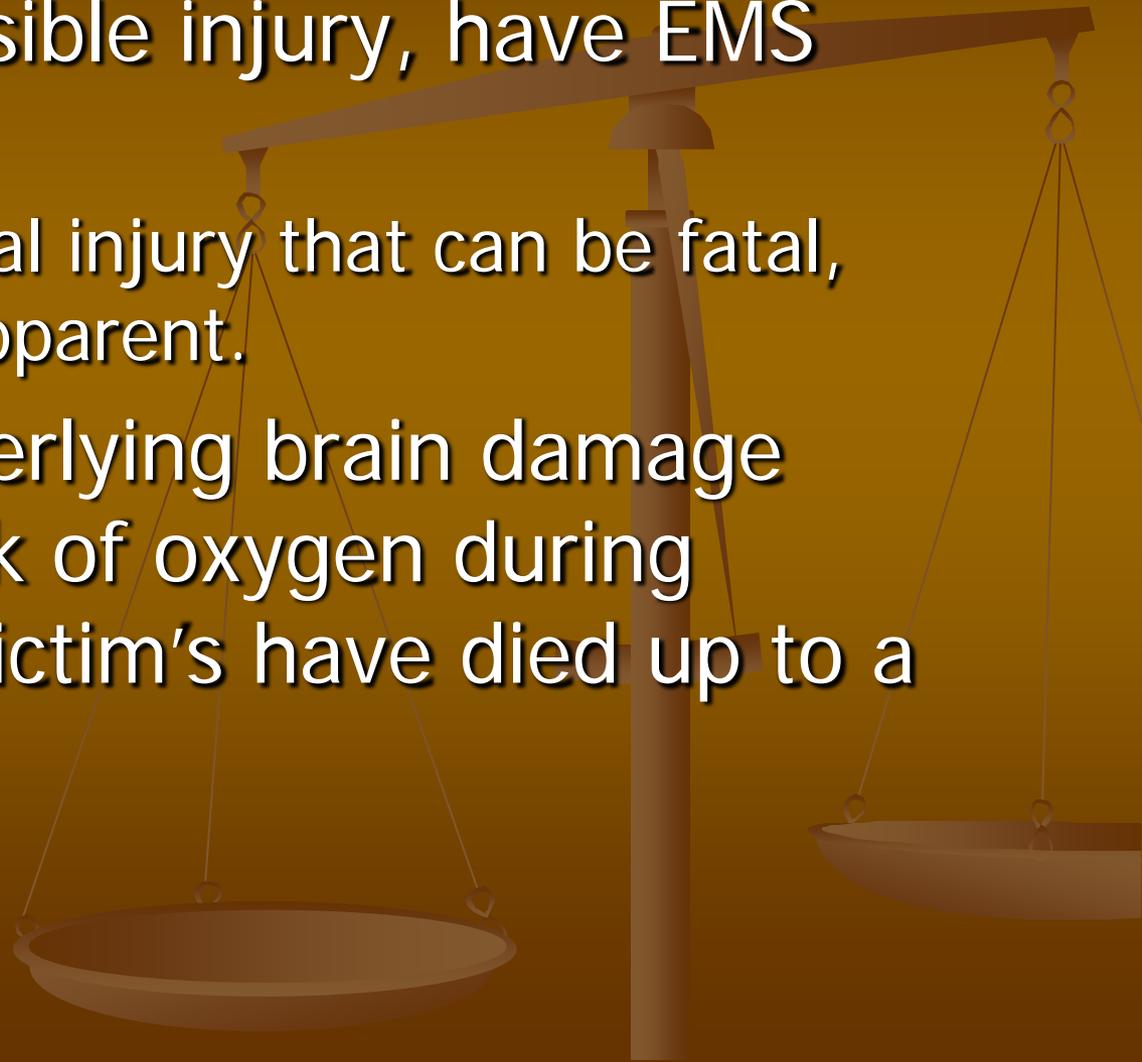


# Investigative Points to Remember

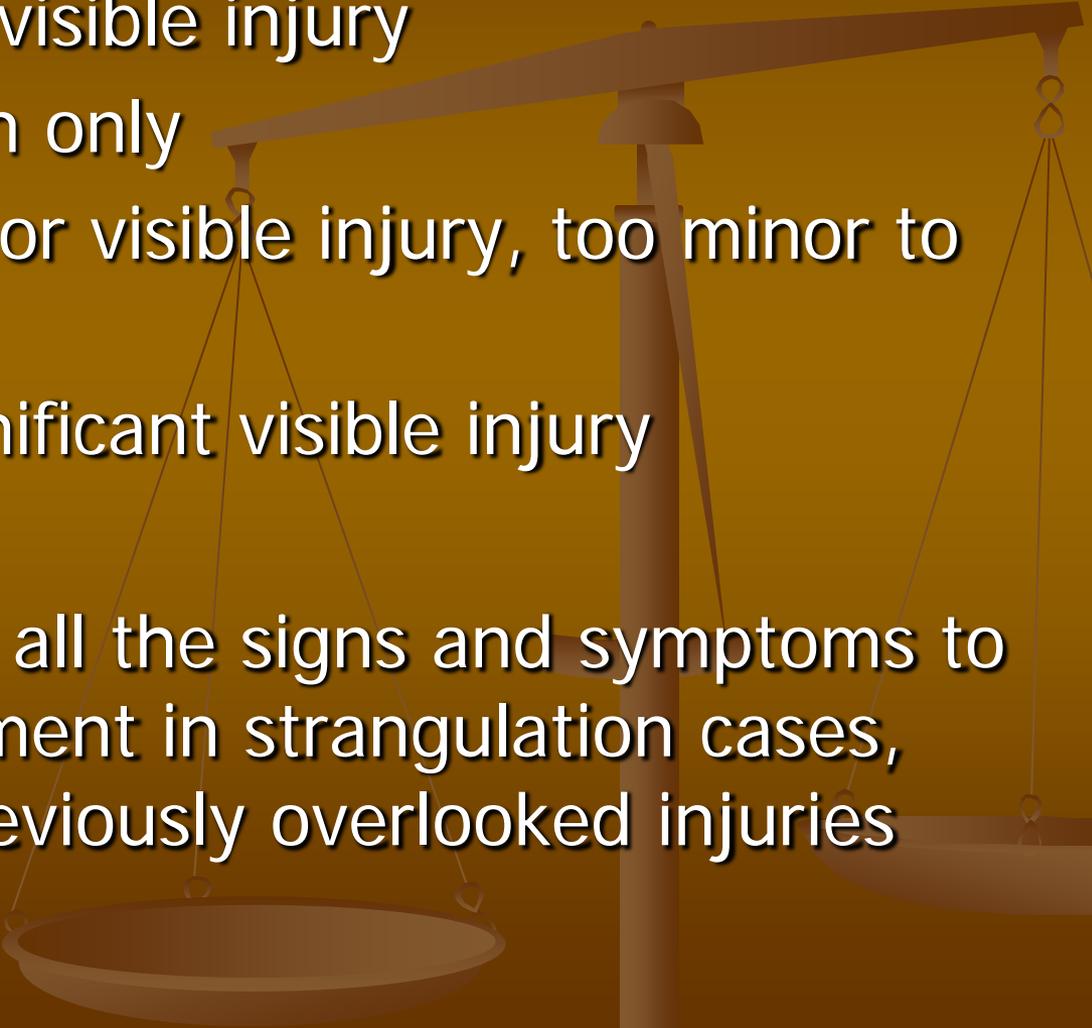
- Have you described the visible injuries in detail and photographed them?
  - Have you taken follow-up photographs (1-3 days after the incident)?
  - If an object was used to strangle the victim, was it photographed and impounded as evidence?
- 

# Liability

- Even with no visible injury, have EMS respond.
  - Potential internal injury that can be fatal, might not be apparent.
- Because of underlying brain damage caused by a lack of oxygen during strangulation, victim's have died up to a week later.



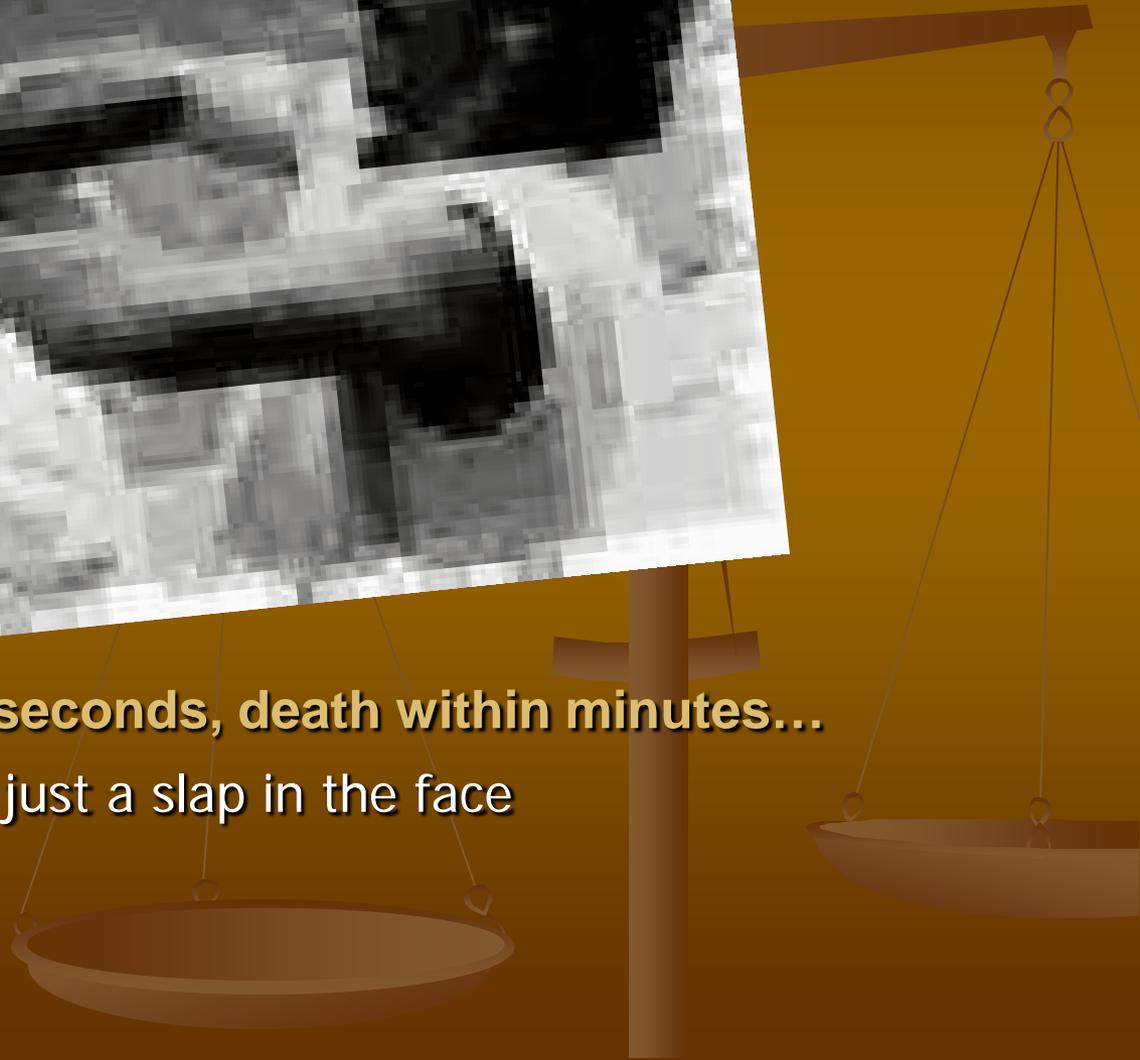
# Recap and New Goal

- 42% of cases, No visible injury
  - 20% of cases, Pain only
  - 22% of cases, Minor visible injury, too minor to photograph
  - 16% of cases, significant visible injury
  - **Goal:** By knowing all the signs and symptoms to look for and document in strangulation cases, we can identify previously overlooked injuries
- 



**Unconscious within seconds, death within minutes...**

It's not just a slap in the face



# Contact Information

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