Strangulation....what you thought you knew

Detective Shannon Leeper-Lenexa Police Department

&

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DISCLOSURE

WARNING
This gallery contains graphic images that some viewers may find disturbing
“Men use strangulation for control and power over women. Once they learn it, they don’t stop.”

Dr. Ellen Taliaferro
It is unmistakably understood that the act of placing pressure around someone’s neck and impeding the flow of blood and oxygen is one of the most lethal forms of IPV.

(Montgomery et al., 2015; Shields et al., 2010; Sorenson et al., 2014; Strack & Gwinn, 2011).
Strangulation is NOT choking

- Choking happens when the windpipe is blocked entirely or partly by a foreign object, such as food.
- Victims typically use the term “choked,” but we must use the term “strangled” in reports.
- It is important to educate victims about the difference.
Intimate partner homicide is the ultimate form of IPV

14% of all murders and 70% of those victims being women in the United States

Smith et al., 2014
DEATH

• Strangulation accounts for 10 to 20% of all violent intimate partner deaths in the United States.

• The risk of homicide in intimate partner NFS is a major risk factor for women.

• Women who had sustained a NFS event previously had a seven-fold risk of becoming a victim of a homicide in the future.

(Armstrong & Strack, 2016; Glass et al., 2008; Shields, Corey, Weakley-Jones, & Stewart, 2010; Suffla & Seedat, 2015).
What is strangulation?

- Application of pressure and/or objects around the neck and upper chest region
- Strangulation obstructs the flow of blood and decreases the flow of air. The constriction on the neck region results in venous obstruction with subsequent loss of consciousness due to the lack of oxygen and blood reaching the brain (Shields et al., 2010).
- The increased pressure may lead to arterial blockage and airway collapse leading to death (Shields, Corey, Weakley-Jones, & Stewart, 2010). Sorenson, et al., (2014) reported that the symptoms experienced are immediate.
Dominic Camacho, 10-18-1974
Johnson county case 12CR00535

- Murder 2\textsuperscript{nd} Degree (DV)
- Victim, wife, mother of 3
- \textbf{23 years, 7 months (2012 case)}
- Earliest release 2032
- Home Sweet Home: Lansing Prison
Jason Cott, 12-04-1979
Johnson County case 10CR00195

- Murder 1st Degree
- Victim, pregnant wife
- LIFE (2010 case)
- Home Sweet Home: El Dorado
“He only choked me…”

- Regardless of visible injury, the following questions should be asked.
  - How strangled: One hand or two hands, forearm, object, etc.
  - How their bodies were positioned: Standing, lying down, surface, etc.
  - How many times? The suspect may release and apply pressure repeatedly.
  - What did the suspect say before, during and after?
  - What was the victim thinking while being strangled?
  - What caused the suspect to stop?
  - Prior incidents of strangulation?
Checklist

- **S** Scene & Safety: Take in the scene. Make sure you and the victim are safe.
- **T** Trauma: Keep in mind the victim is traumatized. Be respectful and patient.
- **R** Reassure & Resources: Reassure the victim and provide resources.
- **A** Assess: Assess the victim for signs and symptoms of strangulation and TBI.
- **N** Notes: Document your observations. Victim statements in quotes.
- **G** Give: Give the victim an advisory about delayed consequences.
- **L** Loss of Consciousness: Lapse of memory? Change in location? Urination?
- **E** **Encourage:** Encourage medical attention, provide transportation.
Transport If...

It is imperative that EMS & Law Enforcement transport to a medical facility. Medical providers must provide a thorough examination and assessment to prevent subsequent death.

Armstrong & Strack, 2016
Your Training and Experience

Narrative example:

“I have been a patrol officer for 3 years. During that time, I have investigated over 100 domestic violence cases. In some of those cases, victims reported being strangled. I have received training about domestic violence and, in particular, the medical signs and symptoms of strangulation. Based on my training and experience, I know strangulation can cause serious injury. Unconsciousness can occur within seconds. Death can occur within minutes. The symptoms and injuries as reflected in this investigation are consistent with someone who has been strangled. The elements of a felony, aggravated batter are present.”
The medical & forensic aspects of strangulation
The Clinical Sequence

Carotid artery occlusion - deprives the brain of Oxygen
- Anterior neck
- 11 pounds of pressure for 10 seconds

Jugular vein occlusion - preventing deoxygenated blood from exiting the brain
- Lateral neck
- 4.4 pounds of pressure for 10 seconds

Closing off the airway

UNCONSCIOUSNESS
Brain Death

4 Minutes …
Signs of Strangulation

Behavioral Changes
- Amnesia
- Dizzy
- Headaches
- Fainted
- Urination
- Defecation

Face
- Red or flushed
- Pinpoint red spots (petechiae)
- Scratch marks

Eyes & Eyelids
- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)

Mouth
- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions

Neck
- Redness
- Scratch marks
- Finger nail impressions
- Bruise(s)
- Swelling
- Ligature marks

Voice and Throat Changes
- Raspy or hoarse voice
- Coughing
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Nausea
- Drooling

Chest
- Redness
- Scratch marks
- Bruise(s)
- Abrasions

Breathing Changes
- Difficulty breathing
- Hyperventilation
- Unable to breathe

Source: Family Justice Center Legal Network
The Injuries.....

Strangulation produces many different types of injuries: minor injury, bodily injury, and or immediate or prolonged death.

According to Armstrong and Stack (2016), clinical evaluation is deemed imperative as most survivors of NFS as most have no symptoms after the event based on their study, approximately

• 18% reported pain,
• 2% reported dysphagia and only
• 1% had a raspy or hoarse voice (Armstrong & Strack, 2016).

Symptoms can appear hours later and include petechiae, but even days after the NFS bruising may become evident, prolonged neurological changes, bleeding from the ears, and possible a cerebrovascular injury

It is imperative that EMS, Law Enforcement transport to a medical facility & medical providers provide a thorough examination and assessment to prevent subsequent death in this vulnerable population, NFS victims

(Armstrong & Strack, 2016; Sorenson et al., 2014)
Visible Injuries
Petechiae

In strangulation, the jugular vein requires compression for approximately 15 to 30 seconds for petechial hemorrhages to occur.

(Armstrong & Strack, 2016; Stapczynski, 2010)
The physical presentation, or the lack thereof

<table>
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<tr>
<th>San Diego Attorney’s Office 1995 study</th>
<th>The FACT Program: 412 NFS patients</th>
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<tbody>
<tr>
<td>300 Attempted Strangulation Cases</td>
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<tr>
<td>• 42% - No visible injury</td>
<td>• Visible Presentation (bruising, circumferential marks) 134 32.5%</td>
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<td>• 20% - Pain only</td>
<td>• Petechiae 46 11%</td>
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<td>• 22% - Minor visible injury</td>
<td>• NO Visible injury 109 26.4%</td>
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<td>• redness and/or scratches</td>
<td>• Neck pain 207 50.2%</td>
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<td>• 16% - Visible injury</td>
<td>• Scratch marks to Neck 93 22.5%</td>
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<td>• red marks and/or bruising</td>
<td>• Loss of consciousness 48 12%</td>
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<td>• Incontinence 10 0.02%</td>
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Not just fractures….but something worse
Silent but DEADLY

- Cervical artery dissection (CAeD) from strangulation can go undiagnosed is a serious modality.
- The onset can be evident a few hours after injury or months later.
- Dissection may include one or both of the structures and symptoms:
  - absence of any symptoms
  - blindness, cerebral edema,
  - cerebrovascular events or
  - subarachnoid hemorrhage
- 20-30% experience nonspecific symptomology, such as a headache and neck pain, both common complaints in the NFS patient.

Documentation is Critical!

- Photographic and video evidence:
  - Photos need to be taken even if visible injuries are not present.
  - Swelling of the neck may be hard to detect.
  - Take follow up photos to show the progression of healing injuries.
  - Take multiple photos and from various angles, with and without a scale.
  - Don’t just focus on the neck. Look for injuries behind the ears, under the chin and jaw, shoulders, chest, eyelids, cheeks, inside the mouth.
  - Check suspect for defensive injuries and document those thoroughly.
  - If possible, capture a brief, recorded interview with the victim...voice changes.

During the work, you have to be sure that you haven’t left any holes, that you’ve captured everything, because afterwards it will be too late.

- Henri Cartier-Bresson
Not just Medical Evaluation but Forensic Evaluation: Support for Felony Charging

If a woman's injuries resulting from strangulation are not adequately documented, there may be an impediment of criminal charges may occur.

During the work, you have to be sure that you haven't left any holes, that you've captured everything, because afterwards it will be too late.

Henri Cartier-Bresson
Aggravated Battery – K.S.A. 21-5413

- (A) Knowingly causing great bodily harm to another person or disfigurement or another person; or (level 4, or 5 if reckless)
- (B) knowingly causing bodily harm to another person with a deadly weapon, or in any manner whereby great bodily harm, disfigurement or death can be inflicted; or (level 7, or 8 if reckless)
- (C) knowingly causing physical contact with another person when done in a rude, insulting or angry manner with a deadly weapon, or in any manner whereby great bodily harm, disfigurement or death can be inflicted; or... (level 7)
Kansas Sentencing Grid

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