Strangulation...what you thought you knew

Detective Shannon Leeper-Lenexa Police Department

&

Jennifer Johnson, APRN, AFN-BC, CFN, SANE-A, SANE-P Shawnee Mission Health



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."

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

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

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 2nd Degree (DV)
- Victim, wife, mother of 3
- 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



Date	Class	Location	Type of report
Mar 04, 2015	2	El Dorado Correctional Fac Central	Insub/Disrespect Officer/Other
Apr 26, 2013	1	El Dorado Correctional Fac Central	Threaten or Intim Any Person
Apr 26, 2013	2	El Dorado Correctional Fac Central	Insub/Disrespect Officer/Other
Apr 25, 2013	1	El Dorado Correctional Fac Central	Dangerous Contraband
Dec 18, 2012	1	El Dorado Correctional Fac Central	Dangerous Contraband
Dec 17, 2012	2	El Dorado Correctional Fac Central	Unauthorized Dealing or Trade
Sep 11, 2012	2	El Dorado Correctional Fac Central	Mail
Sep 11, 2012	2	El Dorado Correctional Fac Central	Mail
Aug 22, 2012	2	El Dorado Correctional Fac Central	Mail
Mar 15, 2012	1	Lansing Correctional Facility - Central	Dangerous Contraband
Mar 15, 2012	1	Lansing Correctional Facility - Central	Viol Statutes (Felony Crime)
Feb 27, 2012	1	Lansing Correctional Facility - Central	Battery
Feb 27, 2012	1	Lansing Correctional Facility - Central	Dangerous Contraband
Feb 27, 2012	3	Lansing Correctional Facility - Central	Restr Area/Unauthor Presence
Feb 19, 2012	2	Lansing Correctional Facility - Central	Restr Area/Unauth Presence
Feb 18, 2012	2	Lansing Correctional Facility - Central	Taking W/O Permission
Feb 18, 2012	1	Lansing Correctional Facility - Central	Battery
Feb 18, 2012	2	Lansing Correctional Facility - Central	Insub/Disrespect Officer/Other
Jan 06, 2012	2	Lansing Correctional Facility - Central	Insub/Disrespect Officer/Other
Nov 10, 2011	1	Lansing Correctional Facility - Central	Threaten or Intim Any Person
Jul 27, 2011	1	Hutchinson Correctional Fac Central	Battery
May 26, 2011	1	Hutchinson Correctional Fac Central	Interfering W/Official Duties
Apr 19, 2011	1	Hutchinson Correctional Fac Central	Dangerous Contraband
Feb 25, 2011	1	Hutchinson Correctional Fac Central	Disobeying Orders
Feb 25, 2011	1	Hutchinson Correctional Fac Central	Violation of Published Orders
Nov 25, 2010	2	El Dorado Correctional Fac RDU	Unauthorized Dealing or Trade

"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

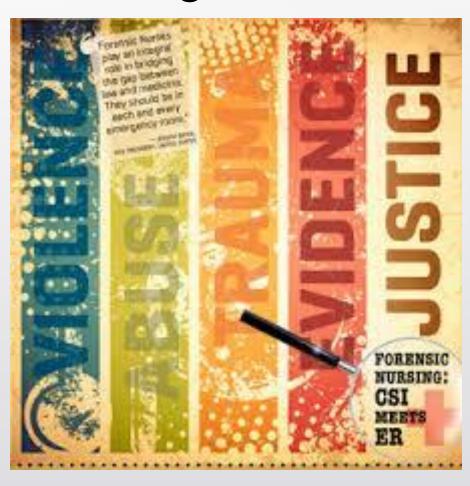


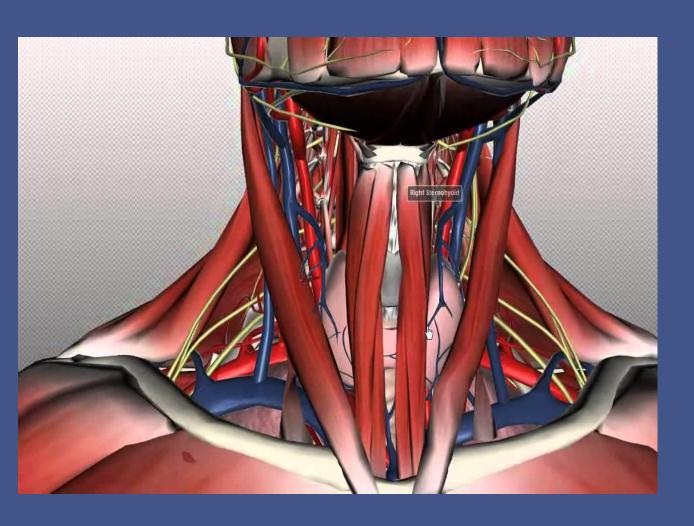
Narrative example:

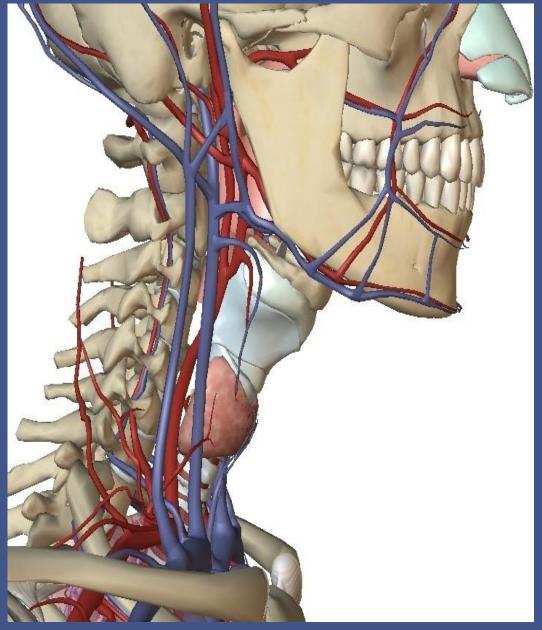
"I have been a patrol officer for 3 years. During that time, I have investigated over 100 domestic violence cases. In some of those cases, victims reported being strangled. I have received training about domestic violence and, in particular, the medical signs and symptoms of strangulation. Based on my 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

Closing off the airway



Jugular vein occlusion-preventing deoxygenated blood from exiting the brain

- Lateral neck
- 4.4 pounds of pressure for 10 seconds

UNCONSCIOUSNESS

Brain Death



4

Minutes ...

Signs of Strangulation

Behavioral Changes

- Amnesia
- Fainted
- Dizzy Urination
- Headaches 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

Source: Family Justice Center Legal Network

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 breath

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

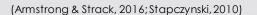
It is imperative that EMS, Law Enforcement transport to a medical facility & medical providers provide a thorough examination and assessment to prevent subsequent death in this vulnerable population, NFS victims

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



Petechiae

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





The physical presentation, or the lack thereof

San Diego Attorney's Office 1995 study

300 Attempted Strangulation Cases

- 42 % No visible injury
- 20 % Pain only
- 22 % Minor visible injury
 - redness and/or scratches
- 16 % Visible injury
 - red marks and/or bruising

•	The	FACT	Program:	412	NFS	patients
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Visible Presentation (bruising, circumferential marks)
 134
 32.5%

Petechiae
 46
 11%

• NO Visible injury 109 26.4%

Neck pain
 207
 50.2%

Scratch marks to Neck
 93 22.5%

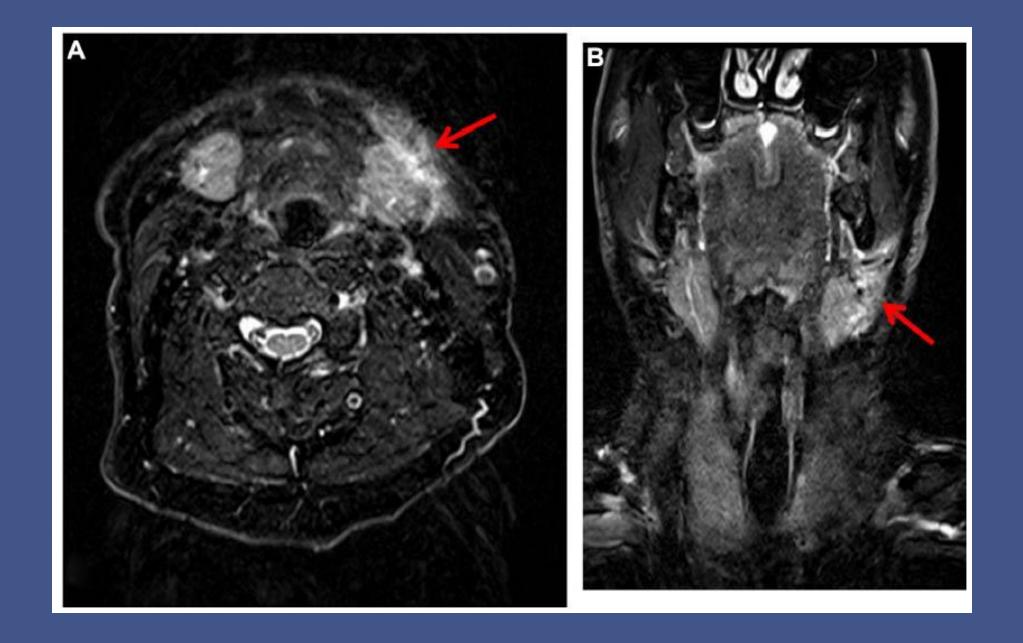
Loss of consciousness4812%

Incontinence 10 0.02%

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.

(Cronlein, et al., 2015; Garcia-Zornoza, et al., 2012; Grond-Ginsbach, et al., 2013; Le Blanc-Louvry, Papin, Vaz, & Proust, 2013; Robertson & Koyfman, 2016).



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

Documentation Chart for Attempted Strangulation Cases

Symptoms and/or Internal Injury:

	Symptoms and	or Internal In	jury:	•	
	Breathing Changes	Voice Changes	Swallowing Changes	Behavioral Changes	OTHER
_	☐ Difficulty Breathing ☐ Hyperventilation ☐ Unable to breathe Other:	☐ Raspy voice ☐ Hoarse voice ☐ Coughing ☐ Unable to speak	☐ Trouble swallowing ☐ Painful to swallow ☐ Neck Pain ☐ Nausea /Vomiting	☐ Agitation ☐ Amnesia ☐ PTSD ☐ Hallucinations	① Dizzy ☐ Headaches ☐ Fainted ☐ Urination
			□ Drooling	□ Combativeness	☐ Defecation

Use face & neck diagrams to mark visible injuries:





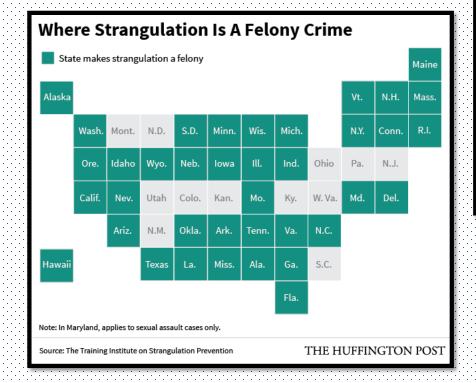


Face	Eyes & Eyelids	Nose	Ear	Mouth Bruising Swollen tongue Swollen lips Cuts/abrasions (ancillary finding) Head	
☐ Red or flushed ☐ Pinpoint red spots (petechiae) ☐ Scratch marks	☐ Petechiae to R and/or L eyeball (circle one) ☐ Petechiae to R and/or L eyelid (circle one) ☐ Bloody red eyeball(s)	☐ Bloody nose ☐ Broken nose (ancillary finding) ☐ Petechiae	☐ Petechiae (external and/or ear canal) ☐ Bleeding from car canal		
Under Chin	Chest	Shoulders	Neck		
☐ Redness ☐ Scratch marks ☐ Bruise(s) ☐ Abrasions	☐ Redness ☐ Scratch marks ☐ Bruise(s) ☐ Abrusions	☐ Redness ☐ Scratch marks ☐ Bruise(s) ☐ Abrasions	☐ Redness ☐ Scratch marks ☐ Finger nail impressions ☐ Bruise(s) ☐ Swelling ☐ Ligature mark	☐ Petechiae (on scalp) Ancillary findings: ☐ Hair pulled ☐ Bump ☐ Skull fracture ☐ Concussion	



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

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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

Catego ry→	A	В	C	D		F	G	Н	I
Severit y Level	3+ Perso n Felon ies	2 Perso n Felon ies	1 Person & 1 NonPerson Felonies	Perso	NonPer son	2 NonPer son Felonie s	son	2+ Misd	1 Misd. No Record
I	653 620 592	618 586 554	285 272 258	267 253	246	226 214 203	203 195	176	165 155 147
II	493 467 442	460 438 416	216 205 194	200 190 181	184 174 165	168 160 152	154 146 138	138 131 123	123 117 109
III	247 233 221	228 216 206	107 102 96	100 94 89	92 89 82	83 79 74	77 72 68	71 66 61	61 59
IV	172 162 154	162 154 144	13	69 66 62	64 60 57	59 56 52 47 44	52 50 47	48 45 42	43 41 38
V	136 130 122	128 120 114	57	52	46	41	38	38 36 34	34 32 31
VI		41 39 37	53 38 36 34	36 34 32	32 30	29	26 24	21 20	19
VII	34 32 30	31 29 27	38 36 34 29 27 25	26 24 22	23 21	19	17	14	13
VIII	23 21 19	20 19 18	18	16	15 14 13	13 12 11	11	11 10 9	9 8 7
IX	17 16 15	14	13 12	13 12 11	11 10	10 9	9 8	8 7 6	7 6 5
X	13	12 11 10	11 10	10	9 8	8 7 6	7 6 5	7 6 5	7 6 5