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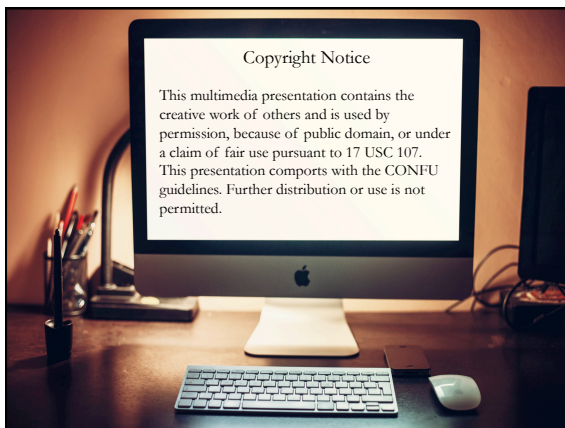
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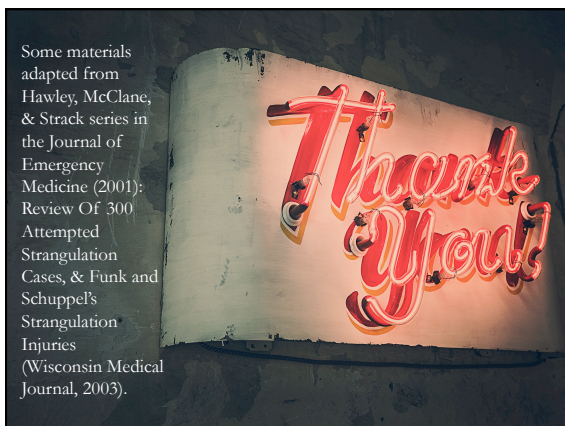
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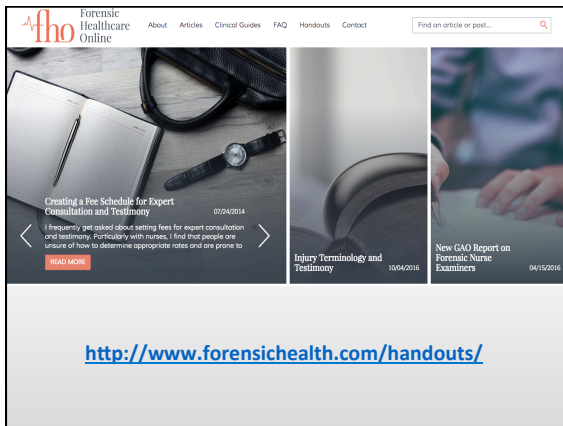
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**fho** Forensic Healthcare Online

## Definition

- Strangulation is a form of asphyxia characterized by closure of the blood vessels and air passages of the neck as a result of external pressure on the neck
  - Differentiate from “choke” which means to have the trachea blocked partly or entirely by a foreign object (i.e. food)

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## Asphyxia

- Pathological changes caused by lack of oxygen, resulting in a deficiency of oxygen in the blood (hypoxia) and an increase in carbon dioxide in the blood and tissues

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## Classification of Asphyxia

<b>Suffocation</b>
• Smothering
• Choking
• Confined space entrapment
<b>Strangulation</b>
• Manual
• Ligature
• Hanging
<b>Mechanical</b>
• Positional
• Compressive or traumatic
<b>Drowning</b>
• Death due to immersion in liquid

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## Types of Strangulation

- Manual (most common)
  - Chokehold
- Ligature
- Hanging

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## Anatomy of the Neck



- Spinal Cord
- Airway
- Vascular supply to the brain

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## Vessel Occlusion

<p><b>Carotid artery occlusion</b></p> <ul style="list-style-type: none"> <li>• Anterior neck</li> <li>• 11 lbs of pressure for 10-15 seconds</li> </ul>	<p><b>Jugular vein occlusion</b></p> <ul style="list-style-type: none"> <li>• Lateral neck</li> <li>• 4.4 lbs of pressure for 10-15 seconds</li> </ul>
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**UNCONSCIOUSNESS**

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## Airway Occlusion

- Usually minor (if any) role in causing death (as opposed to fracture of the trachea)
- 33 lbs of pressure to completely occlude
- At least 33 lbs of pressure or more to fracture tracheal cartilage



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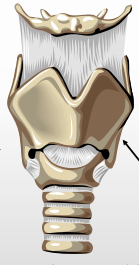
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## Variables Required for Effective Strangulation

Exact anatomic location of applied force



Quantity of applied force

Duration of applied force

Surface area of applied force

Adapted from D. Hawley MD: Death by Strangulation

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## Fatality

Although death can occur at the time of strangulation, there is also potential for delayed fatalities days after the event.

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## Research

- Limited due to study constraints
- Much of the descriptive statistics we have regarding clinical picture is old

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## Clinical Presentation

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## Signs and Symptoms

Dependent upon the method used, the force used, the surface area and the duration of the strangulation

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## Signs and Symptoms

These can be minimal at first, since it takes time for underlying injury such as swelling and bleeding to cause issues

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*We had a strangulation patient with a vertebral artery dissection from C6 to C2. She is in the ICU, no deficits, she came in the day after it happened only because she had so much neck pain and couldn't swallow.....NO external injuries noted....*

[Vertebral artery dissection = flap-like tear of the inner lining of the vertebral artery, which is located in the neck and supplies blood to the brain.]

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## Voice Changes

- May occur in up to 50% of patients
- Ranging from hoarseness to complete loss of voice

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## Swallowing Changes

- May be difficult, but not painful (dysphagia), or painful (odynophagia)
- May not be reported in immediate aftermath, but commonly reported in the weeks after the event.

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## Neck Swelling

- Edema from:
  - Internal hemorrhage
  - Injury of underlying neck structures
  - Fracture of the larynx causing subcutaneous emphysema

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## Breathing Changes

- From hyperventilation or secondary to underlying neck and airway injury
- Difficulty breathing (including positional difficulties)
- Although changes may appear mild, they can become fatal within 36-72 hours

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## Lung Injury

Aspirating vomit during strangulation event can lead to *aspiration pneumonia*, an acute lung injury from inhaling gastric contents

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## Neck Pain

- Decreased range of motion
- Localized or diffuse

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## Mental Status Changes

- Restlessness and combativeness secondary to hypoxia and severe stress reaction
- Changes can also be long-term, resulting in amnesia and psychosis

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## Visible Injury

It is no coincidence that the best medical evidence of strangulation is derived from post mortem examination (autopsy) of the body, but even in living survivors of strangulation assaults it may be possible to recognize a pattern of injury distinctive for strangulation.

-Dean Hawley, MD

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## Visible Injuries to Neck

- Abrasions/claw marks (self-inflicted)
- Pressure erythema
- Contusions, including finger pad contusions
- Only about half of strangulation victims have visible injury\*

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## Visible Injuries to Other Areas

- Contusions behind ears, jaw line, submandibular area
- Tongue injury, including edema and bite wounds (from victim)
- Chin abrasions: protective mechanism causes injury as victim tries to protect neck by bringing chin to chest

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## Ligature Marks

- Presence should increase suspicion of hyoid bone fracture
- May resemble natural folds of neck
- Presence of jewelry can cause ligature-type marks, even when manual strangulation was sole mechanism of injury

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## Petechiae

- Burst capillaries occurring at or above the point of pressure
- May be found under and on eyelids, periorbital areas, face, scalp, and neck; also look at lower lip and hairline

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## Petechiae

- HOWEVER, it's a non-specific finding which can be caused from asphyxia of any type:
  - Hanging
  - Drowning
  - Sudden infant death syndrome (SIDS)
  - Aspiration of gastric contents
  - Profound depressant drug intoxication
    - Lack of petechiae does not disprove strangulation

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## Subconjunctival Hemorrhage

- May be to entirety of conjunctiva, or isolated spot
- Particularly common with repeated pattern of pressure and release

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## Neurological Findings

- Ptosis
- Facial droop
- Unilateral weakness
- Paralysis
- Loss of sensation

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## Neurological Findings

Studies indicate that victims of repeated strangulation have a significant increase in these symptoms (Smith, et al. 2001)

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## Psychiatric Symptoms

- Memory loss
- Depression
- Anxiety
- Suicidal ideation
- Post traumatic stress disorder (PTSD) symptoms
- Nightmares (significant increase in patients who have experienced multiple strangulations)

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## Medical Evaluation and Documentation

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## Evaluation

- Strangulation victims consistently under-evaluated in Emergency Departments
- Lack of visible injury often correlates with lack of thorough evaluation
- Patients may frequently be dismissed as hysterical, emotionally labile, intoxicated, exaggerating assault details

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## Evaluation

Existing symptoms, such as hyperventilation and agitation easily written off as patient drama rather than seen as a logical response to a terrifying and hypoxic event

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## Evaluation

- New toolkit now available from IAFN on evaluating strangulation patients
- Input also provided by ACEP, so more than just guidance for forensic nurses
- Free download available at <http://www.forensicnurses.org/page/STOverview>

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**NON-FATAL STRANGULATION DOCUMENTATION FORM**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
Medical Record Number \_\_\_\_\_ Time \_\_\_\_\_

Strangulation is a serious event that often occurs in the context of intimate partner violence (IPV). Many cases of strangulation present with **NO VISIBLE INJURIES**. It is important to ask about strangulation in all IPV cases, and document positive evidence or any signs and symptoms.

**Strangulation Event History**  
How long did the strangulation last? \_\_\_\_\_ seconds \_\_\_\_\_ minutes \_\_\_\_\_ recent recall  
How many times did strangulation occur? \_\_\_\_\_  
Why did the strangulation occur? \_\_\_\_\_  
What type of strangulation occurred? (Check all that apply) \_\_\_\_\_  
Choking \_\_\_\_\_ Choking \_\_\_\_\_ Other \_\_\_\_\_  
What was used to strangle the patient? \_\_\_\_\_  
Clothing \_\_\_\_\_ Chair handle \_\_\_\_\_ Choker \_\_\_\_\_ Choker (describe) \_\_\_\_\_  
Was the patient conscious? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ (describe) \_\_\_\_\_  
Was the patient awake during the incident? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ (describe) \_\_\_\_\_  
Was the patient's head pressed against any object during the incident? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ (describe) \_\_\_\_\_  
Was the patient dropped, kicked, or bitten anywhere? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_ (describe) \_\_\_\_\_  
Was the assailant wearing any jewelry on hands or wrists? \_\_\_\_\_  
Choker \_\_\_\_\_ Choker (describe) \_\_\_\_\_  
Describe the neck pressure during strangulation on a 0-10 scale (0=non-pressure and 10=crushing pressure) \_\_\_\_\_  
What is the measurement of the patient's neck circumference? \_\_\_\_\_  
Was the patient sexually assaulted? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_  
What was the patient thinking during the strangulation? \_\_\_\_\_  
What did the assailant say before, during, or after the strangulation? \_\_\_\_\_  
Describe forensic documentation (where applicable) \_\_\_\_\_

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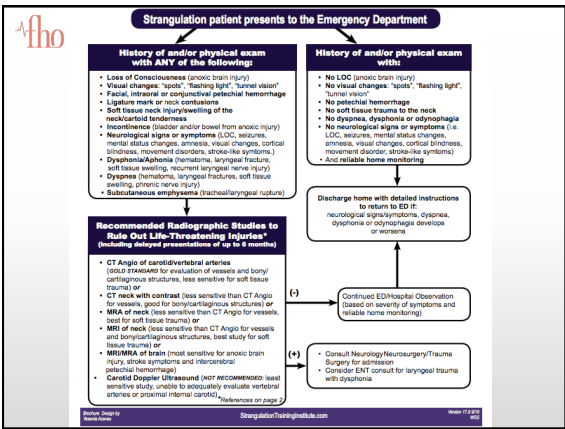
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**Assessing Dangerousness**

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## Dangerousness

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## Danger Assessment

- An instrument that helps to determine the level of danger an abused **woman** has of being killed by her intimate partner.
  - <https://www.dangerassessment.org/>
- Modified version has been tested for law enforcement
  - <https://lethalityassessmentprogram.org/>

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## Considerations

- Victim will always be best source of info:
  - Her prediction of risk significantly enhances usefulness of any tool
  - Victim's perceptions should not be ignored: her belief that she is in danger most important factor, even if there are no other identifiable risks

[http://www.pssp.gc.ca/res/cor/rep/lra\\_ipv\\_200707-eng.aspx](http://www.pssp.gc.ca/res/cor/rep/lra_ipv_200707-eng.aspx)

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## Experts

- Any healthcare provider may be a potential strangulation expert assuming appropriate education and experience.
- Need to look at more than degrees and specialty to evaluate actual expertise.

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## Experts

- During the investigation, an expert may be able to help you identify subtle signs and symptoms of strangulation injury.
- At trial, an expert can help educate panel members about lack of visible injury and discuss lethality of the mechanism of injury.

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## Direct Exam

- 3 critical areas to include:
  - Terminology
  - Expert's specific experience with strangulation
  - Clinical picture of strangulation

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## Defense Tactics

- No injury means no strangulation
- Consensual sex play
- Victim was actually aggressor and was out of control
- Combatives (to counter agg charge or attempt murder)

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## Combatives

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## Combatives

- Also need to consider the issue of combatives
- Defense may make the point that it's safe enough because soldiers practice maneuvers on each other.
  - FM 3-25.150 is the official Army guidance
  - Can be coopted to help prove up your case if defense chooses to use this as a part of their strategy.

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## Combatives

### Examples:

- “Chokes are the best way to end a fight. They are the most effective way to incapacitate an enemy...” (p. 1-2)
- “Ensure that soldiers understand the use of both physical tapping and verbal signals to indicate to the partner when to stop the pressure in grappling and choking techniques.” (p. 2-2)
- *Note that throughout the field manual, the opponent is referred to as the enemy— that’s who combatives are meant for.*

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## Case Law: *US v Guitierrez*

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- Appellant’s conviction for aggravated assault stems from his failure to disclose that he had human immunodeficiency virus (HIV) prior to engaging in otherwise consensual sexual activity with multiple partners.
- Reviewing the evidence in a light most favorable to the prosecution, the expert testimony presented in this case reflects that at most, Appellant had a 1-in-500 chance to transmit HIV to some of his partners.
- There is no evidence in the record to indicate that Appellant actually transmitted HIV.

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• Applying a plain English definition of “likely,” as well as this Court’s precedent regarding aggravated assault outside the context of HIV, testimony that the means used to commit the assault had a 1-in-500 chance of producing death or grievous bodily harm is not legally sufficient to meet the element of “likely to produce death or grievous bodily harm.”

<http://www.armfor.uscourts.gov/newcaaf/opinions/2014SepTerm/130522.pdf>

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• BLUF: Gutierrez doesn’t mean you can’t take these cases forward as agg assault

• HOWEVER, you’re going to need expert testimony to get you over the “means likely” hurdle more so than ever before.

- What happens if strangulation goes unabated
- Why neck is so vulnerable
- Delayed fatalities and inability to predict them
- Long-term consequences if applicable to your case

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