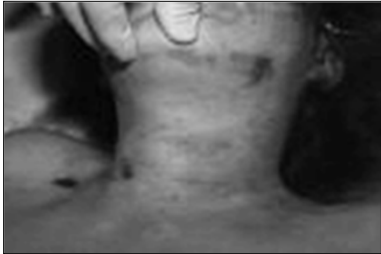



Strangulation



How long is 10 seconds when your breath stops and your lungs burn for air? 10 seconds is a lifetime, when you are in agony.

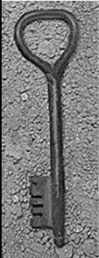
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Objectives

- ◆ To understand the Law of Strangulation
- ◆ To identify Strangulation
 - Methods
 - Symptomology
 - Evidence Sources; and,
 - Investigative Techniques


2



The Law of Strangulation



3



Effective December 1, 2004:
NCGS 14-32.4(b): Strangulation

Unless the conduct is covered under some other provision of law providing greater punishment, any person who

- assaults another person and
- inflicts physical injury
- by strangulation

is guilty of a Class H felony.

4



What is “Strangulation”

- ◆ NCGS 14-32.4(b) does not define strangulation
- ◆ Grabbing the victim by the throat, causing difficulty breathing, *St. v. Braxton, 183 NCA 36 (2007)*
- ◆ Pushing down on V’s throat with foot (V felt D was trying to “choke her out” or make unconscious and she was going to die), *St. v. Williams, 201 NCA 161 (2009)*

5



What is “Strangulation?”

- ◆ Closing of windpipe is NOT required, it was sufficient that defendant constricted the V’s airway by grabbing him under the chin, pulling his head back, covering his mouth and nose and hyperextending his neck. *St. v. Lanford, 225 NC App. 189 (2013).*
- ◆ *Method of airway constriction is immaterial to strangulation. St. v. Lanford, 225 NC App. 189 (2013).*

6



What is “Physical Injury?”

7

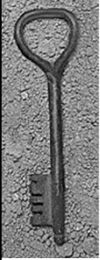


What is Physical Injury?

- ◆ NCGS 14-32.4(b) does not define physical injury; but . . .
- ◆ “Interpreting N.C. Gen. Stat. 14-32.4(b) to require extensive physical injuries would frustrate the purpose of the General Assembly in enacting this provision.”
– *State v. Lowery, 743 S.E.2d 696(2013)*

8

“Physical Injury”



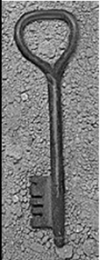
- ◆ NCGS 14-32.7 (Asslt on LEO, DOC, etc.) defines **Physical Injury** as cuts, scrapes, bruises or other physical injury that is not serious injury (12-1-11)
- ◆ Physical injury may not be immediately evident and may later manifest itself as the result of psychological trauma; but physical injury must be something more than emotional distress, *State v. Everhardt*, 96 N.C. App. 1, 384 S.E.2d 562 (1989), aff'd, 327 N.C. 777, 392 S.E.2d 391 (1990).

9

What does case law say about “Physical Injury?”

10

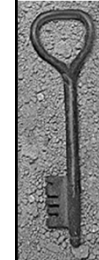
Physical Injury



- ◆ Physical injury need not be so great as to cause great pain and suffering as this imposes a greater degree of injury than necessary. *State v. Williams*, 29 N.C. App. 24, 222 S.E.2d 720, cert. denied, 289 N.C. 728, 224 S.E.2d 676 (1976)

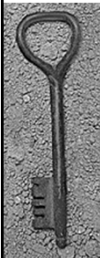
11

Physical Injury



- ◆ **Physical Injury** includes cuts, scrapes, bruises, or other physical injury need not constitute serious injury - G.S. § 14-34.7(c) (2011)
- ◆ NOT required to show complete inability to breathe - difficulty breathing is sufficient. *St. v. Braxton*, 643 S.E.2d 637 (2007).
- ◆ Difficulty breathing is sufficient, but not required. *St. v. Williams*, 201 N.C. App. 161 (2009).
- ◆ Cuts and bruises are sufficient. *St. v. Little*, 188 N.C. App. 152 (2008).

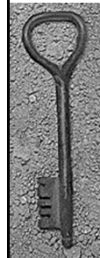
12



Physical Injury

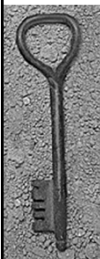
- ◆ Physical Injury **MAY** be present where no INJURIES were visible:
- ◆ Blurred vision, headache, difficulty breathing and sore neck sufficient to support felony strangulation. St. v. Brunson, 187 NC App. 472 (2007).
- ◆ Victim's testimony that she experienced pain when she moved her neck and had difficulty eating 2 days after assault sufficient. St. v. Christenson, 2022-NCCOA-545 (unpublished)

13



**Consider
The Injury
Hierarchy**

14



But, ain't that odd . . .

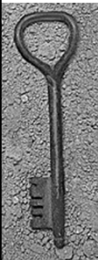
- ◆ NCGS 14-32.4 establishes Strangulation in the section setting out Assault Inflicting Serious Bodily Injury
- ◆ But Strangulation only requires proof of Physical Injury
- ◆ Why the difference?
- ◆ Because Legislature recognized that strangulation by itself is so dangerous that it does not require more than simple physical injury!

15



**Strangulation!
Dehydration, Facis
and Anatomy**

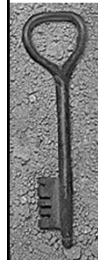
16



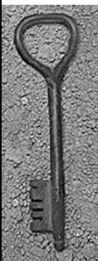
NC Pattern Jury Instructions defines Strangulation as:

“... a form of asphyxia characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck brought about by hanging, ligatures or the manual assertion of pressure”

NCPI 208.61, n. 1



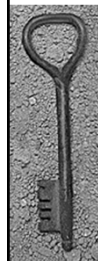
**Strangulation
is
Choking**



Strangulation is not Choking

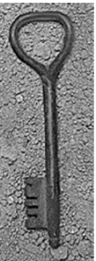
Strangulation is a form of asphyxia characterized by closure of blood vessels and air passages of the neck by **EXTERNAL PRESSURE**

Choking is a form of asphyxia characterized by an **INTERNAL BLOCKAGE** of the airway



Strangulation vs. Choking



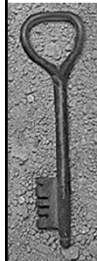


Strangulation Facts

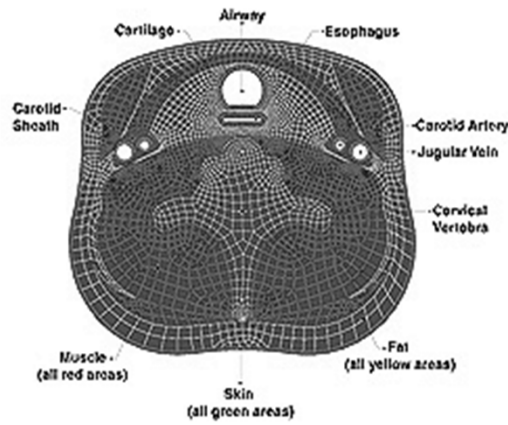
- ◆ Brain Death Occurs after 4 min. of oxygen deprivation
- ◆ 10% of all violent deaths are from Strangulation
- ◆ 19% of Same Sex DV deaths are from Strangulation
- ◆ Women are strangled 6X more than men
- ◆ Quiz: Can a woman ½ my size kill me with her bare hands?

NO - SHE CAN KILL YOU!!!

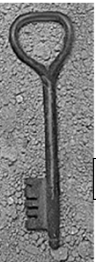
21



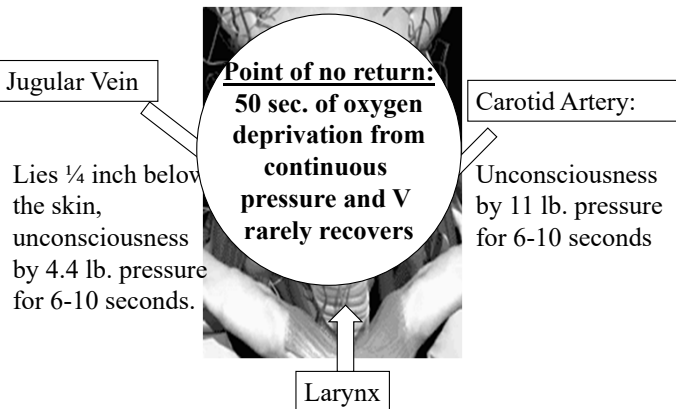
Anatomy of the Neck



22



Anatomy of Strangulation



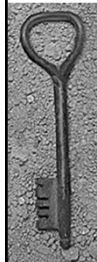
Point of no return:
50 sec. of oxygen deprivation from continuous pressure and V rarely recovers

Jugular Vein:
Lies ¼ inch below the skin, unconsciousness by 4.4 lb. pressure for 6-10 seconds.

Carotid Artery:
Unconsciousness by 11 lb. pressure for 6-10 seconds

Larynx:
Tracheal Occlusion occurs with 33 lb pressure

23



Additional Strangulation Considerations

- ◆ Unconsciousness requires compression of both **VEINS**
- ◆ B/c of neck size differences, Amount of Force is not as important as
 - DURATION; and,
 - Size of compression surface (i.e. the smaller the compression surface, the less force is required)

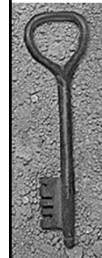
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Strangulation Impact

- ◆ What is the Hippocampus?
 - A complex region of the brain associated with memory
 - Very sensitive to a lack of oxygen
- ◆ How do you think strangulation would affect it?

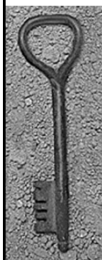
25



Strangulation Prevalance

- ◆ A study in the Journal of Emergency Med found that 68% of women in one shelter had been strangled
- ◆ Each of these had been strangled 5 times in her relationship
- ◆ A Chicago Study of 57 DV Homicide Victims showed 53% had reported being strangled by their partner

26



Strangulation Facts

- ◆ Hyoid Bone is rarely broken (only 10% of cases)
- ◆ Thyroid Cartilage is damaged in about 15% of cases
- ◆ Unconsciousness (brain cells begin to die) in 6-10 seconds (think sleeper hold in wrestling)
- ◆ Loss of Bladder Control in 15+ sec.
- ◆ Loss of Bowel Control in 30+ sec.

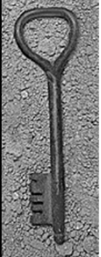
27



Strangulation Facts



- ◆ BUT, death can occur in as little as 11.5 sec if both arteries are occluded
- ◆ In CPR we are taught 4-6 min. of oxygen deprivation and you can't resuscitate the victim
- ◆ Death can occur months/years after strangulation due to strangulation
- ◆ Petechiae is not present in all cases

28




Petechiae

- ◆ Petechiae forms above the area of compression

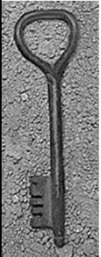
- ◆ Petechiae are smooth, flat and round

29




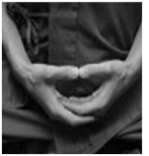

Strangulation Methology

30



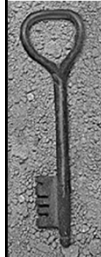
Methods of Strangulation

- ◆ Hanging
 - Rope
 - Cloth
 - Phone Cords
 - Etc.
- ◆ Ligature
 - Same as Hanging
- ◆ Manual

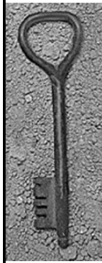
Least Common

31



Recent Symptoms Strangulation

32

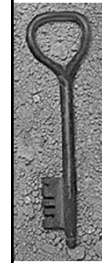


Signs and Symptoms of Strangulation

◆ **Signs** are objective observations that can be observed by the viewer

◆ **Symptoms** are subjective conditions that are noted by the victim's reporting

33



Absurdities

34



Methods of Manual Strangulation

F
o
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a
r
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H
o
l
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Headlock



Reverse Headlock



One Hand



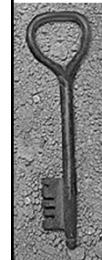
Sleeper Hold



Rear

Absurdities

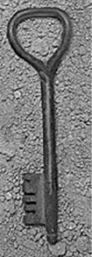
35



Signs of Strangulation


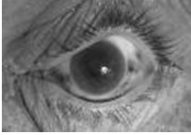
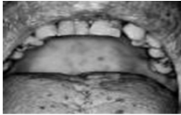
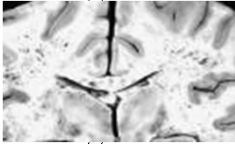
- ◆ San Diego Study of 300 strangulation cases found the following:
 - 50% of cases had NO VISIBLE INJURY
 - 35% had injuries too minor to photograph
 - 15% had injuries sufficient to photograph
- ◆ Behavioral Changes caused by Hypoxia include restlessness and violence due to V seeking oxygen (i.e. V may appear at scene this way)

36

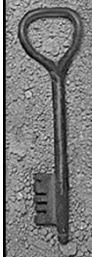


Strangulation Signs Continued:

- ◆ Petechiae
 - External (Eyelids most common)
 - Internal
 - None if carotid occluded
- ◆ Blood Red Eyes (Subjunctive Hemorrhage)

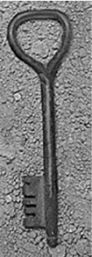
37



Signs Continued

- ◆ Neck Swelling
- ◆ Bruising
- ◆ Rope Burns
- ◆ Tongue Swelling
- ◆ Scratches
- ◆ Coughing Up Blood
- ◆ Bleeding from Mouth, Lip, Tongue
- ◆ Lung Damage, incl:
 - Pulmonary Edema
 - Aspiration Pneumonitis
 - Pneumonia
- ◆ Hanging v. Ligature Marks (larger area of surface contact, fewer marks left)

38



Signs Continued

- ◆ Involuntary Urination or Defecation (15-30 sec. of pressure)
- ◆ Miscarriage
- ◆ Cryptogenic Strokes (swelling of veins in brain) among young women can cause death up to 20 yrs later
- ◆ Hand Outline
- ◆ Fingerprint Impressions
- ◆ Abrasions under chin
- ◆ Scratches, Claw Marks
- ◆ Scrapes (from V's nails)
- ◆ Neck Lesions
 - Pressure Erythema
 - Bruises behind ears
- ◆ Thumb print bruises (look like hiccies)

39



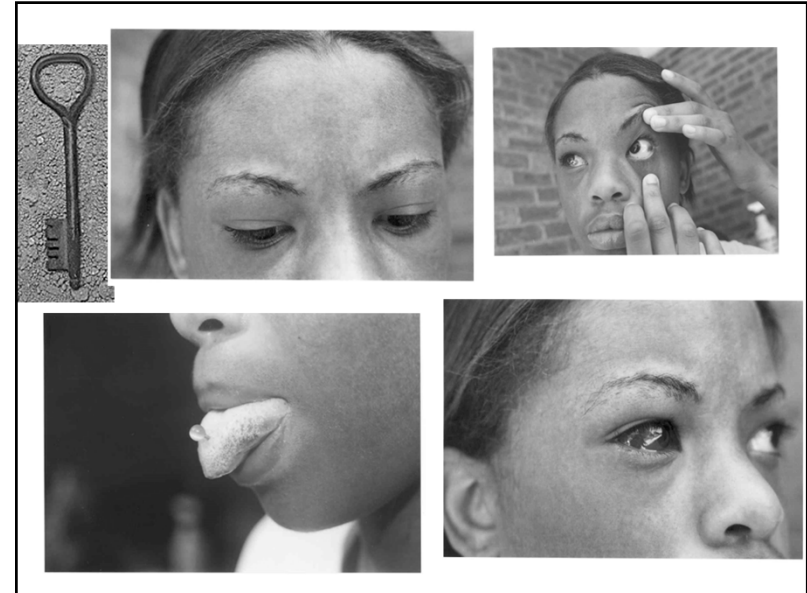
Choking and Strangulation Signs



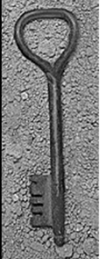
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41




42



Symptoms of Strangulations

- ◆ Voice Changes
 - Approx. 50% of victims complain of changes
- ◆ Problems Swallowing
- ◆ Breathing Changes
 - Apnea: Inability to Breathe
 - Dyspnea: Difficulty Breathing
 - These symptoms may appear mild, but can kill within 36 hours
- ◆ Headache

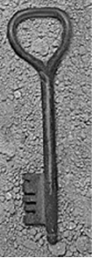
43



McClane's Quartet: Thoughts During Strangulation

By Dr. George McClane
Journal of Emergency Medicine
October 2001

44




Strangulation Victim's Experience

four stages of thought:

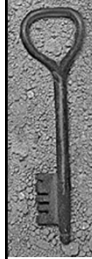
- ◆ Disbelief of event:
 - “I don’t believe this,”
 - “Hey, this is like TV”
- ◆ Realization:
 - “He is trying to kill me”
 - “I can’t breath”
- ◆ Primal (Survival) Response
- ◆ Resignation
 - “This is it, he is twice my size,
 - I am going to die”

Her children




As always in strangulation cases

45

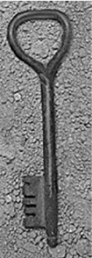


Autopsy Collection

Strangulation Cases



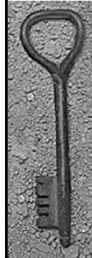
46



Proving Strangulation

- ◆ Injuries Related to the Method
- ◆ Signs and Symptoms of Strangulation
- ◆ Medical Evidence
- ◆ Victim Interview
- ◆ Physical Evidence
- ◆ Photographs

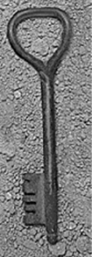
47



Medical Documentation of Strangulation

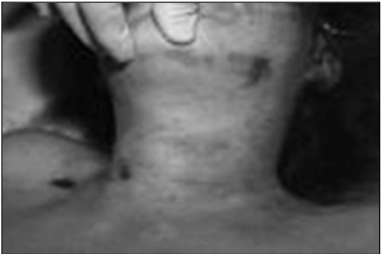
- ◆ C-Spine X-Rays
- ◆ Soft Tissue X-Rays
- ◆ CT of Neck
- ◆ Carotid Doppler Ultrasound
- ◆ DNA Typing of Epithelial Cells
- ◆ MRI of Neck
- ◆ Fiberoptic Examine of Larynx

48

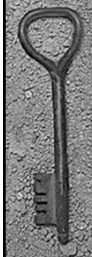


Physical Evidence

- ◆ Medical Evidence
- ◆ Damaged Property
- ◆ Torn Clothing
- ◆ Broken Jewelry
- ◆ Ligatures
- ◆ Demonstrations
- ◆ Photographs



49

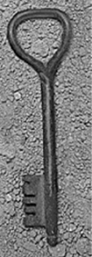


Photographs

Tell her: "I need to photograph where you hurt."

- ◆ Photograph
 - Both parties
 - Full body
 - Face Close-up
 - Neck
 - Eyes
 - Shoulders
 - Arms
 - Hands
- ◆ Visible Injuries present in only 25% cases
- ◆ Scratches
- ◆ Bruises
- ◆ Petechiae
 - Ask V to remove makeup
 - Photo before and after makeup removed
 - Photo 30 days later to determine if skin condition

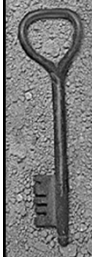
50



Victim Interview (Medical Issues)

- ◆ Does V need Med attention?
- ◆ Tell her: "This case is so serious that I am treating it as a Pre-Murder Investigation."
- ◆ Ask Victim if SHE has Symptoms
 - Breathing
 - Swallowing Problems
 - Pain/Tenderness
 - Voice Changes (approx. 80% of cases)
 - Tape it
 - 911 call
 - Swelling or lumps in throat?

51



Victim Interview (Physical Evid)

- ◆ Where did it happen?
 - Hair
 - Damage to dry wall, carpet, etc.
 - Broken Furniture, etc.
- ◆ If Ligature used:
 - Describe it
 - Where is it?

52



Victim Interview (Cont)

- ◆ How did Def. grab you?
 - Examine for visible injuries
 - Demonstrate (on you as V or mannequin)
 - Photograph Injuries/Demonstration
- ◆ How long did he hold you?
- ◆ Ask her to describe amount of force on scale of 1 (touch) to 10 (death)

53



Victim Interview (Cont)

- ◆ Did Victim: urinate, defecate, vomit or feel like she would?
- ◆ Did Victim blackout or suffer a blow to head?
- ◆ What did Defendant say during abuse?

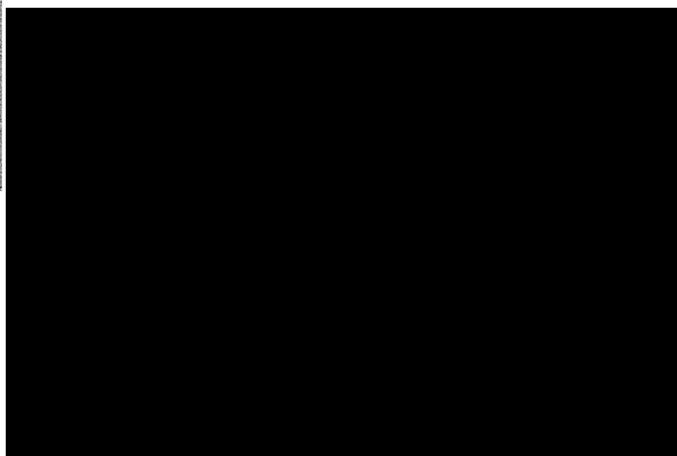
Blackout



54



Strangulation Video



55



Strangulation more violent than choking.

Ask Victim:

- ◆ How far away was the suspect from victim
Could defendant see:
 - Victim's fear, pain
 - Petechiae forming
 - Feel V going limp
- ◆ Have Victim Demonstrate on you
- ◆ WATCH the V's face when she squeezes
- ◆ Her face will often mirror abuser's face

56



Victim Interview (Cont)

- ◆ What did you SEE on his face, in his eyes?
 - Anger, Rage, Hatred, etc.
- ◆ What did you think was going to happen?
- ◆ How did it stop?
 - Escaped, passed out, played dead, kids screamed, neighbor interrupted, etc.
- ◆ Ask V to do a LOG of symptoms because they will get worse and she could die.

57



Possible Defenses

- ◆ Lack of Intent
 - Shime Waza (Wrestling: Choke Hold, Carotid Restraint Hold, Sleeper Hold)
 - Accidental Injury (she ran into my hands/restraint)
 - Rough Sex
- ◆ Reasonable Doubt
 - Attack Medical Evidence
 - Petechiae have other causes
 - Petechiae ALONE cannot diagnosis strangulation

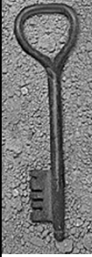
58



Defenses Continued

- ◆ No Crime Occurred or Defendant did not cause injuries:
 - Auto Erotica (V did to her/himself)
 - Suicide (V did to self)
 - Resuscitation injuries (EMS/Med Injuries to V)
 - Post Mortem Artifacts (body handling errors)
 - Victim staged her own homicide to frame defendant (Life of David Gell)

59



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60