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# Law Enforcement Bulletin

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## **Introduction**

Within the past ten years, strangulation has been recognized as one of the most lethal forms of abuse used in intimate partner assaults. It is a symbol of power and control which the perpetrator uses to silence his or her victim. It only takes a few seconds for the victim to be overpowered by the abuser, while she gasps for air; giving him complete control over her life. It has been found to cause severe trauma psychologically and physically; possibly leading to death.

Historically, the act of strangulation was minimized under the law as a serious offense due to the lack of physical evidence present in most investigations. When there was no physical evidence or injury even a misdemeanor crime of assault was not applicable. This left the victim vulnerable to escalating abuse or a potentially fatal strangulation episode.

By substantially increasing penalties for intentional strangulation, these offenses which were once thought to be unprosecutable, may now be considered either misdemeanor or felony crimes.

# Strangulation Prevention Act of 2010

Section 121.11 Criminal obstruction of breathing or blood circulation.

121.12 Strangulation in the second degree.

121.13 Strangulation in the first degree.

121.14 Medical or dental purpose.

**\* NB Effective November 11, 2010**

**\* § 121.11 Criminal obstruction of breathing or blood circulation.**

A person is guilty of criminal obstruction of breathing or blood circulation when, with intent to impede the normal breathing or circulation of the blood of another person, he or she:

- a. applies pressure on the throat or neck of such person; or
- b. blocks the nose or mouth of such person.

Criminal obstruction of breathing or blood circulation is a class A misdemeanor.

*\* NB Effective November 11, 2010*

**\* § 121.12 Strangulation in the second degree.**

A person is guilty of strangulation in the second degree when he or she commits the crime of criminal obstruction of breathing or blood circulation, as defined in section 121.11 of this article, and thereby causes stupor, loss of consciousness for any period of time, or any other physical injury or impairment.

Strangulation in the second degree is a class D felony.

*\* NB Effective November 11, 2010*

**\* § 121.13 Strangulation in the first degree.**

A person is guilty of strangulation in the first degree when he or she commits the crime of criminal obstruction of breathing or blood circulation, as defined in section 121.11 of this article, and thereby causes serious physical injury to such other person.

Strangulation in the first degree is a class C felony.

*\* NB Effective November 11, 2010*

**\* § 121.14 Medical or dental purpose.**

For purposes of sections 121.11, 121.12 and 121.13 of this article, it shall be an affirmative defense that the defendant performed such conduct for a valid medical or dental purpose.

*\* NB Effective November 11, 2010*

# Strangulation - Defined

Strangulation is a form of asphyxia and is characterized by closure of the blood vessels and/or air passage as a result of external pressure on the neck. It can often be confused with choking which involves the blocking or obstructing of the windpipe by a foreign object like food. To be clear, strangulation is intentional while choking is accidental.

- 10% of violent deaths in the United States each year are due to strangulation, with 6 female victims to every 1 male victim.
- Almost all perpetrators are male.
- 90% of strangulation cases have a history of Domestic Violence.
- Non-fatal strangulation is one of the biggest risk factors in the homicide of women.
- 50% of cases are likely to show no visible injury to the victim.
- 35% of victims will have injury too minor for photographic evidence.
- Death can occur hours, days, or even weeks later.

There are 4 methods of Strangulation:

- Hanging
- Manual (also called throttling) – the use of bare hands
- Ligature (also known as garroting) – the use of a cord like object
- Chokehold (also called a sleeper hold) – elbow bend compression

A victim who is being strangled first experiences severe pain, followed by unconsciousness, and eventually brain death. They may experience unconsciousness due to several things: depriving the brain of oxygen, preventing deoxygenated blood from exiting the brain, and closing the airway off causing the victim to be unable to breath. Only 11lbs of pressure for ten seconds is necessary to cause unconsciousness. If pressure is released immediately, consciousness will be regained within ten seconds. After 50 seconds of continuous oxygen deprivation the victim rarely recovers. For comparison purposes, it only takes 8 lbs of pressure to pull a trigger on a gun.

# Signs and Symptoms of Strangulation

The specific injury will depend on the method of strangulation, the force, and duration of the episode. Some signs to look for while at the crime scene are:

- Visible injuries to the neck, which includes scratches, abrasions, and scrapes.
- Redness may or may not be on the neck but if it is, it may demonstrate a detectable pattern
- Marks on the neck may or may not turn into bruises. Some bruises may not appear for hours or even days.
- Abrasions on the chin are common
- Also very common are tiny red spots called petechia. They are caused by ruptured capillaries and can be found around the eyes, under the eyelids, anywhere on the face, and on the neck about the area of constriction
- Blood red eyes are also due to capillary ruptures in the white portion of the eyes. If this is present, it suggests that there was a particularly vigorous struggle between victim and offender.
- Faint pressure marks behind the ears can easily be identified at the scene.
- Difficulty breathing
- Victims often urinate or defecate involuntarily during the struggle so officers may note wet spots on the floor or on clothing.

Symptoms of strangulation can be both short term and long term. Depending on the severity of the strangulation, side effects will vary. Note that symptoms can be as important as physical evidence. Some of these symptoms include:

- Voice changes which may be as mild as simple hoarseness or a complete loss of voice
- Difficulty or painful swallowing
- Injuries to the neck
- Difficulty breathing
- Any other physical injuries that may have resulted from the incident
- Amnesia
- Brain damage
- Mental status change (restlessness, combativeness, amnesia, disorientation, severe stress)

# Identifying the Primary Aggressor

When officers arrive at the scene, they may find it difficult to initially identify the primary aggressor. In many instances of alleged strangulation, both the victim and the defendant are likely to state mutual combat or defensive injuries. It is also common to find the assailant with visible injury while the victim has no apparent injury at all; this is dependant on the method of strangulation used.

Due to the intense fear a victim feels, he or she will protect themselves by trying to force the perpetrator to release their hold. If strangulation occurs from behind the resulting injuries to the suspect could be bite marks on the hands or arms. If the suspect is manually strangling the victim (face to face) the suspect may sustain scratches or abrasions to the face or pulled hair.

Officers should avoid the temptation to only arrest the person who is perceived to have won the fight – the person with no injuries. Please consider the following factors when making the decision to arrest:

- Height and weight of both parties
- Who is afraid of whom
- Corroboration of statements
- History of domestic violence, assaults, or criminal history
- Use of alcohol or drugs
- Is anyone on probation or have an order of protection against them?
- Pattern Evidence
- Injuries consistent with statement
- Thoroughly check for sings and symptoms of strangulation
- Expect both parties to minimize what happened (the assailant to protect himself and the victim out of fear)

# Follow-up Questions in Non-Lethal Strangulation Investigations <sup>(2)</sup>

1. Ask the victim to describe and demonstrate how s/he was strangled. Take photographs.
2. Document whether the victim was strangled with 1 or 2 hands? Forearm? Objects?
3. If an object was used to strangle the victim, locate, photograph, and impound the object.
4. Determine if the suspect was wearing any jewelry, such as rings or watches? Look for pattern evidence.
5. If an object was used, how did it get there? Determine if the subject brought it with him to the crime scene. This information may be used to determine premeditation.
6. What did the suspect say when he was strangling the victim? Use quotes.
7. Describe the suspect's demeanor and facial expression.
8. Was the victim shaken simultaneously while being strangled?
9. Was the victim thrown against the wall, floor, or ground? Describe surface.
10. How long did the suspect strangle the victim?
11. How many times and how many different methods were used to strangle the victim?
12. How much pressure or how hard was the grip?
13. Did the victim have trouble breathing or hyperventilate?
14. Any complaint of pain to the throat?

15. Any trouble swallowing?
16. Any voice changes? Complaint of a hoarse or raspy voice?
17. Any coughing?
18. Did the victim feel dizzy, faint, or lose consciousness?
19. What did the victim think was going to happen? (For example: Did she think she was going to die?)
20. Did the victim urinate or defecate as a result of being strangled?
21. Was the victim pregnant at the time? If pregnant, always call emergency medical services.
22. Did the victim feel nauseated or vomit?
23. Any visible injury however minor? If so, take photographs at scene and follow-up photos.
24. Any prior incidents of strangulation?
25. Any pre-existing injuries?
26. Were injuries shown to anyone? Any subsequent photos taken?
27. Did the victim attempt to protect her or himself? Describe.
28. Any medical treatment recommended or obtained? If so, obtain medical release.
29. Any witnesses?

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