

## Training Memo: Law Enforcement Response to Strangulation

[This memo includes material adapted from the Minnesota Coalition for Battered Women and from Gael B. Strack, *How to Improve Your Investigation and Prosecution of Strangulation Cases*, September 2007]

Strangulation is a serious crime and marker of risk to the victim. Only four pounds of pressure for ten seconds can cause unconsciousness and death can result in as little as one or two minutes, depending on the pressure applied.<sup>1</sup> Injuries are often not immediately evident. Fifty percent of victims in one study, for example, showed no visible injuries.<sup>2</sup> Strangulation may lead to death up to thirty hours after an incident.

Strangulation behavior is potentially lethal and it is a common action used by an abuser to dominate a victim. It sends multiple messages, such as: “Stop saying what I don’t want to hear,” “I can kill you if I want,” and “I’m more powerful than you.” It is more frequently an act of violence used by a person with a significant strength advantage than by people of equal strength. It is rarely used by a victim of violence as an act of self-defense or retaliation. Perhaps because of the frequency of strangulation as a tactic of ongoing violence and coercion, victims may not always offer a complete picture of the strangulation they have experienced or they may not mention it at all. As a result, it is easy for a law enforcement officer to overlook specific details about strangulation. Any incident in which an offender places his or her hand or arm or another object around the victim’s neck or throat and squeezes is potentially lethal behavior and creates a grave risk of injury or death. An offender’s use of strangulation may foreshadow escalating use of violence and homicidal intent.

Because of the danger inherent in strangulation, in 2005 the Minnesota Legislature made domestic assault by strangulation a separate felony crime. The law defines strangulation as intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person.<sup>3</sup>

It is critical that reports of “choking,” as many members of the public describe strangulation, be recognized at the scene and thoroughly investigated. Although there may not be visible injury, the victim can tell law enforcement about other indicators of strangulation and the offender's intent. A careful investigation from initial patrol involvement onward is central to successfully prosecuting this crime and intervening in ways that minimize the victim’s need to confront the offender and help protect the victim from retaliation. When strangulation has been used as an effective tactic of violence and coercion, a victim may be particularly fearful and reluctant to participate in prosecution.

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<sup>1</sup> See *State v. Carter*, 451 S.E.2d 157 (1994), [where expert testified manual strangulation would have taken four minutes for death to occur]; *State v. Bingham*, 719 P.2d 109 (1986) [three to five minutes]; and *People v. Rushing*, case no. SCD 114890 (1986), [court transcript where Deputy District Attorney Dan Goldstein elicited the following expert testimony from Dr. Christopher Swalwell: “The minimum amount of time to strangle somebody is somewhere around a minute to two for them to die, but obviously it could be longer.”]

<sup>2</sup> Gael B. Strack, *How to Improve Your Investigation and Prosecution of Strangulation Cases*, September 2007.

<sup>3</sup> Minn. Stat. § 609.2247, Subd.1(c).

**Recognizing and Investigating Strangulation**

**Patrol Officer’s Role:**

1. Be alert to initial symptoms and signs of strangulation and investigate accordingly.
2. Secure emergency medical assistance at the scene.
3. Be as thorough as time and the victim’s medical condition permit.
4. Make self-defense or predominant aggressor determination as necessary.
5. Flag the case for prompt follow-up investigation.
6. Refer the victim to St. Paul Intervention Project for safety planning and services.

**Investigator’s Role:**

1. Continue the investigation and seek additional evidence.
2. Conduct a thorough interview with the victim as soon as the victim’s medical condition permits.
3. Encourage the victim to seek medical attention if that did not happen at the time of the initial call.
4. Take follow-up photos of injuries as they evolve over time.
5. Provide the victim with information about the signs, symptoms, and seriousness of strangulation.
6. Refer the victim to St. Paul Intervention Project for safety planning and services.

**Observe and Document:**

**Initial Symptoms of Strangulation**

- ✓ Raspy, hoarse voice; coughing; loss of voice, difficulty talking
- ✓ Wheezing, short of breath, difficulty breathing, hyperventilating
- ✓ Difficulty swallowing or pain in throat
- ✓ Swelling of the tongue
- ✓ Nausea or vomiting
- ✓ Dizziness

**Secure Emergency Medical Assistance** if the victim has any of the above symptoms or her/his voice, breathing, or speech worsen

**Initial Signs of Strangulation**

- ✓ Scratches, abrasions, marks to the neck or face
- ✓ Impressions of hand or fingers in the skin
- ✓ Impression in the skin which might indicate use of a cord or other ligature, jewelry, or other object
- ✓ Neck appears swollen
- ✓ Ruptured capillaries in the eyes, under the eyelids, on the face, or on the neck (petechiae)
- ✓ Fingernail marks on the victim’s own face, neck or chest as a result of trying to push the perpetrator away or resist the attack

**NOTE:** Make every effort to encourage the victim to accept medical attention if you think she/he has been strangled. Swelling or other undetected injuries to the throat can be life threatening.<sup>4</sup>

**Considerations in Assessing Self-Defense or Predominant Aggressor**

- Reference Training Memo: Arrest Decisions
- Strangulation assault may not produce visible injuries to the victim
- Victim’s self-protection and reaction to strangulation may produce injuries to perpetrator: e.g., scratches to face, arms, hands, elbows; bruises on shins; bite marks on arm or chest

<sup>4</sup> Victims may refuse medical attention because they do not think their injuries require it or because of the potential cost. Undetected injuries, however, can cause complete obstruction of the airway, even 36 hours later. Strongly encourage victims to seek medical attention. It may help some victims to know that medical documentation is also persuasive evidence.

## Recognizing and Investigating Strangulation

### Victim Interview

- Patrol officers will rarely be in a position to conduct a complete interview. In most cases they will be able to cover many questions, however, in addition to attention to the initial signs and symptoms of strangulation.
- Investigators will be able to ask questions that were not asked at the scene and develop additional information about the act or acts of strangulation and the case overall.
- Use the victim's own words in asking questions. If he or she says "choked me" or "cut off my air" or "grabbed my throat," use those descriptions rather than substituting the word strangulation.
  - Have you been hurt? Who hurt you?
  - How did it happen?
  - Do you have any current pain or discomfort?  
On a scale of 1 to 10, with 10 being the most, how much pain or discomfort?
  - Have you noticed any change in your voice or speech?
  - Are you having difficulty speaking or breathing now?
  - Did you feel faint or dizzy or as though you might pass out? Do you feel that way now?
  - Did you lose consciousness? If so for how long?
  - Did you lose control of your bladder or bowels? Did you vomit?
  - Did the person who hurt you use one hand or both hands?  
Use his/her arms, knees, or another body part on your throat or head area?  
Block your nose or mouth?
  - Were you pinned or banged against a wall? Thrown to the floor or ground? Shaken?
  - Did your head strike anything? If so, do you have any additional injuries?
  - Did he/she use any objects, e.g., cords, ropes, straight objects, against your neck/throat?
  - Where exactly were his/her hands or the object that was used on your neck/throat?
  - Can you demonstrate how you were [strangled]?
  - On a scale of 1 to 10, with 10 being the most pressure, how much pressure did he/she use?
  - Did you have trouble breathing or catching your breath?
  - How long do you think the [strangulation] lasted?
  - How long did everything last, from the first argument or action until police arrived?
  - What did the person say before, during, and after [strangling] you?  
What did he/she do immediately prior to attacking you?  
What was her/his demeanor, facial expressions?
  - What did you think was going to happen? Did you think you were going to die?
  - Can you describe any attempts you made to protect yourself?  
Did you try to push, kick, bite, scratch, or pull his/her hair?
  - Were you able to injure the person who did this? How and where?
  - What caused him/her to stop the assault?
  - Has this person [strangled] you before? How many times?  
Was this time more or less severe than the others?  
What was the most serious attack?

**Recognizing and Investigating Strangulation**

- Has this person attacked you or hurt you in any other ways before? How?
- Was the attacker/perpetrator wearing rings or a watch?
- Do you have any preexisting injuries? Any recent surgery? Are you pregnant?

**Evidence Collection and Report Writing**

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| <ol style="list-style-type: none"> <li>1. Obtain specific, detailed descriptions and document:             <ul style="list-style-type: none"> <li>○ How the victim was strangled</li> <li>○ The mechanism for the assault (e.g., hands, cord, baseball bat)</li> <li>○ Symptoms and signs of strangulation</li> <li>○ Visible injuries</li> </ul> </li> <li>2. Look for redness, scratch marks, scrapes, fingerprint marks, thumb-print bruising, ligature marks, bruising, tiny red spots, swelling and/or lumps on victim’s neck.</li> <li>3. Look for neck swelling; ask victim to look in the mirror to assess any swelling.</li> <li>4. Check suspect for wounds inflicted by a victim trying to defend herself/himself:             <ul style="list-style-type: none"> <li>○ Scratches to the face or arms</li> <li>○ Bruises on the shins from being kicked</li> <li>○ Scratches to hands and elbow area</li> <li>○ Bite marks to the arms or chest</li> </ul> </li> <li>5. Try to locate and seize any weapons used.</li> <li>6. Look for corroborating evidence in the room where the victim was strangled.</li> <li>7. Locate, photograph, and impound any object used to strangle the victim</li> <li>8. Photograph and collect any damaged property</li> <li>9. Obtain medical/dental release from victim</li> </ol> | <ol style="list-style-type: none"> <li>10. Photograph all injuries of both parties, no matter how minor.</li> <li>11. Take the following photographs:             <ul style="list-style-type: none"> <li>○ Distance photo (full body) to identify victim and location of injury</li> <li>○ Close-up photos of face and neck area at different angles</li> <li>○ Follow-up photos of injuries at 24, 48, and 72 hours</li> </ul> </li> <li>12. Document the totality of the incident, in addition to the strangulation.</li> </ol> <p><b>REPORT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In report writing, use the word “strangulation” not choke, except when recording the victim’s exact words.</li> <li><input type="checkbox"/> Use the phrase, “consistent with strangulation”</li> <li><input type="checkbox"/> In narrative, report all signs and symptoms observed, consistent with strangulation.</li> <li><input type="checkbox"/> Record victim’s description of injury even if there are no visible signs (include all complaints of pain; type and location).</li> <li><input type="checkbox"/> Record the victim's exact words (e.g., “he choked me”).</li> </ul> |
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