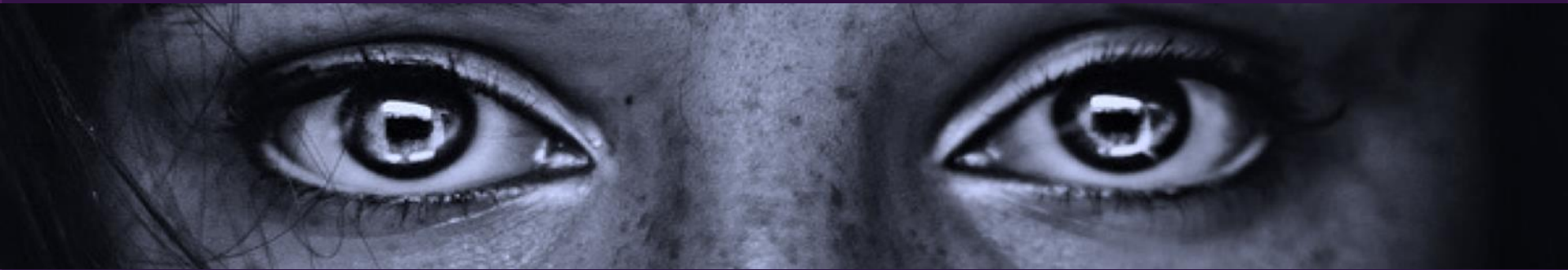


# The Best of the Best of the Two-Day Expert Course



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Creating Pathways to HOPE

# Thank You to the Office on Violence Against Women

---



**Allison Randall**  
*Acting Director*



**Kevin Sweeney**  
*Program Manager*

This project is supported all or in part by Grant No. 2016-TA-AX-K066 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



# Goals for the Training Institute

---

- Increase public **AWARENESS**
- Improve **POLICY** and **PRACTICE** among legal, medical, and advocacy communities;
- Improve **OUTCOMES** for victims
  - Immediate Safety,
  - Long Term Health
  - Offender Accountability to Prevent Homicides
- **EDUCATE** professionals working with strangled victims
- **MULTIPLY** field's capacity and expertise;





a program of Alliance for HOPE International

We had an amazing  
faculty, attendees & the  
best Team



[allianceforhope.com](http://allianceforhope.com)  
[strangulationtraininginstitute.com](http://strangulationtraininginstitute.com)



# The Institute Team



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PROGRAM MANAGER



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SUPPORT COORDINATOR



**YESENIA ACEVES**

DIRECTOR OF CULTURE  
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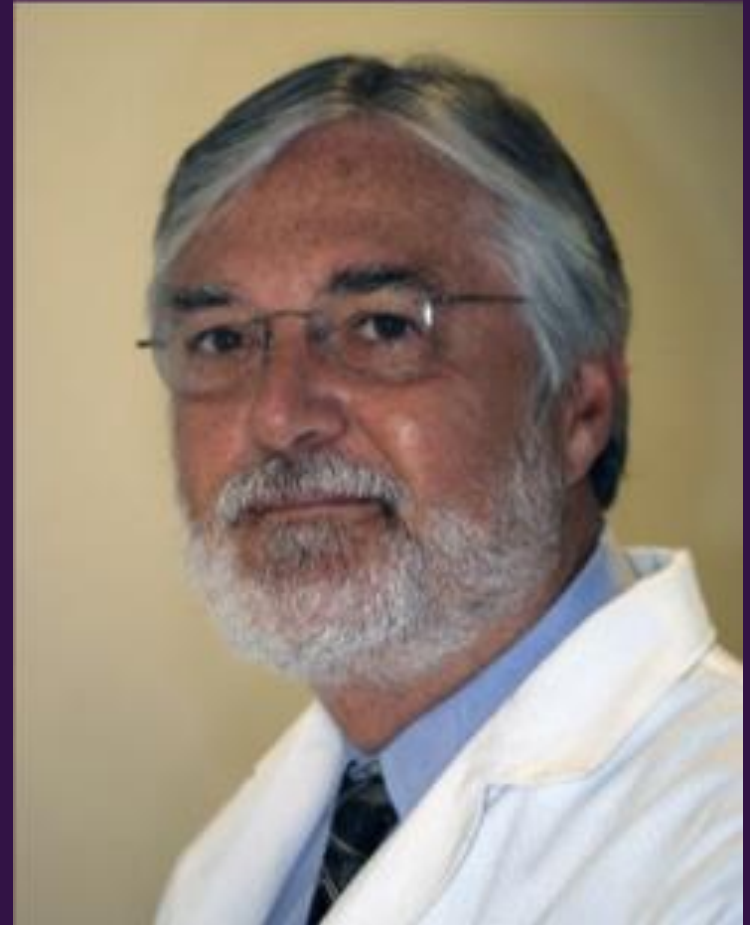


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Former Medical Director, California Clinical  
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TRAINING INSTITUTE ON STRANGULATION PREVENTION  
EXPERT WITNESS COURSE ON NON-FATAL STRANGULATION CLASS #2  
FEBRUARY 2023, FORT WORTH, TX



# Agenda: Day 1

---

- Welcome, Introductions & Overview
- Legal Update
- Medical Update
- Lunch (on your own)
- Breakout into Affinity Groups & Report Out
- Defense Perspective
- Panel Discussion
- Questions & Wrap Up
- Networking



# Agenda: Day 2

---

- Reflections & Review of Homework
- Preparation is Key
- Pre-Trial Hearing
- Demonstration & Practice
- Breakout & Practice
- Breakout & Practice
- Report Outs, Final Demonstration & Discussion





# Questions attendees wanted answered during the training

---

- Does loss of consciousness amount to great bodily injury?
- Why no visible injury yet still serious?
- Use of terms and definitions
- How to prepare & build confidence?
- What to keep or delete from CV?
- List of questions that need to be answered
- Studies to read, Cases to know & Common defenses
- Why are so many strangulation cases being dismissed by prosecutors when victims recant or don't want to testify?
- What about imaging for children?



# The Basics

Jerry Fineman

# What do you need to know about testifying in court:

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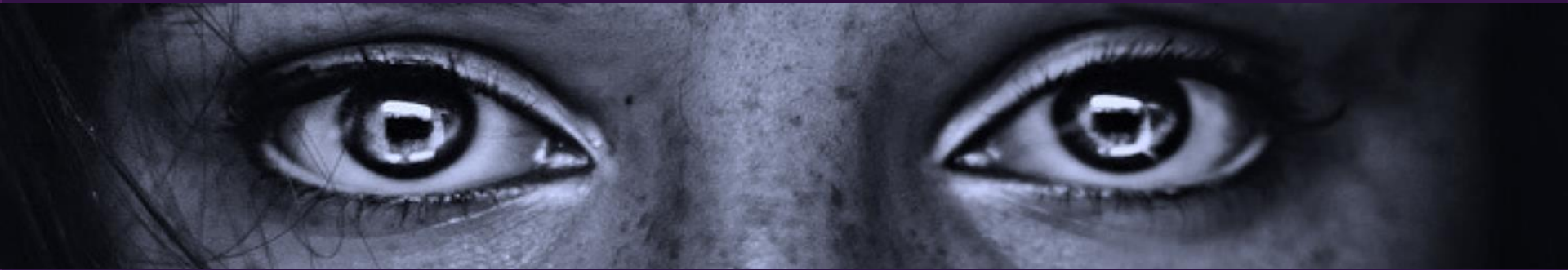
- **Legal Standards**
- **Local Rules**
- **Qualification - Who can testify?**
- **Scope of Testimony**
- Preparation
- Pre-Trial Motion
- Direct & Cross Examination
- Follow-up with the DA for feedback
- Staying Current





# Who can testify?

We have sample transcripts.





# Dr. William Green

My first time testifying

# Cat Otway, Forensic Nurse

First Time Testifying

# Joe Bianco, Ret. SDPD Detective

First Time Testifying

# Growing List of Experts

---

- Emergency room physician - Specialist
- Medical Examiner
- Certified Forensic Pathologist
- Former prosecutors
- Former DA Investigators
- Former Defense Attorneys
- Forensic/SANE nurse
- Paramedic
- DV Detectives/Law enforcement officers
- Advocates





# In the works : A compendium of Case Summaries involving Experts in Strangulation Cases

Gael Strack



# Institute Emerging Trends

ER physicians, forensic nurses and paramedics are generally presumed qualified to testify.

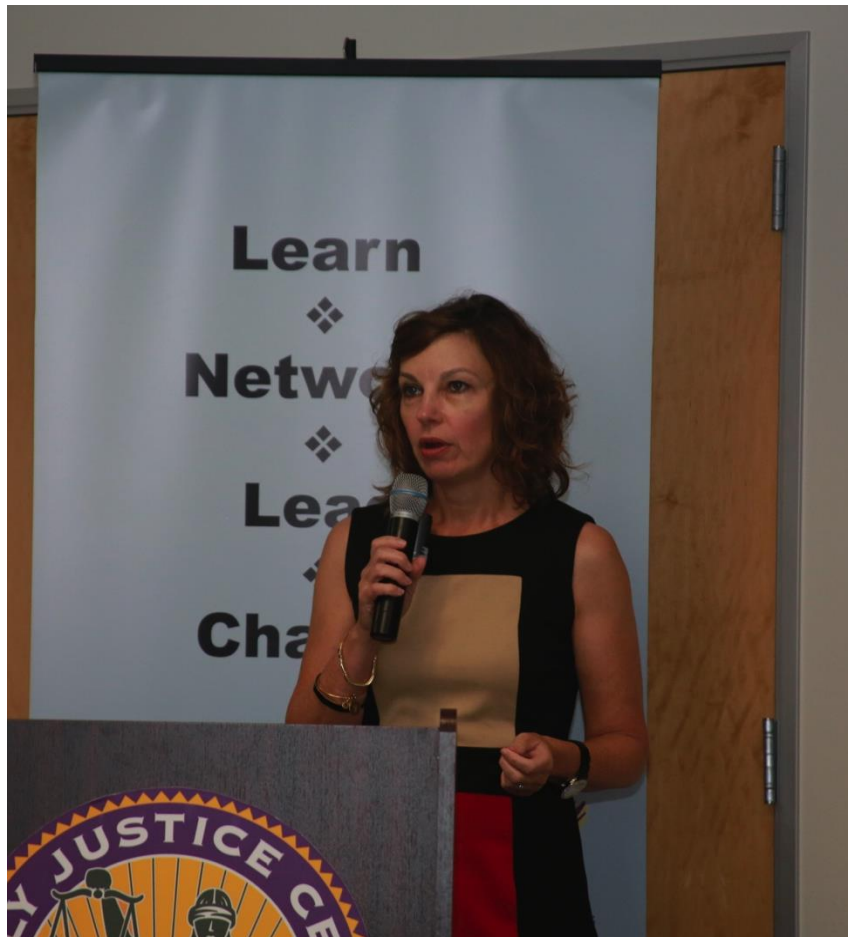
Patrol officers, Detectives and DA Investigators – will always testify as percipient witnesses and may not need to show specialized training in strangulation if they are familiar with the use of the VNR or chokehold and/or strangulation training is part of their academy training

Defense attorneys will do their job and seek to keep your experts out – follow the local rules. Given them plenty of notice and even an affidavit of your witness's testimony.

Daubert/Kelly-Frey Hearings are not necessary for medical testimony...but anticipate them. Most jurisdictions have at least one. It will depend on the quality of the prosecutor's argument and brief as well as the judge.

The law is on our side. Strangulation is beyond the expertise of the public – manual and/or ligature. Expert testimony strangulation is helpful. Medical testimony is not legally necessary but highly recommended

# Jean Jordan's Transcript



1           IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
2                   IN AND FOR THE COUNTY OF YOLO  
3           HON. TIMOTHY L. FALL, DEPARTMENT TWO  
4                               --oOo--  
5       PEOPLE OF THE STATE OF                               )  
6       CALIFORNIA,   )  
7                               Plaintiff.                        )  
8       vs.   )  
9       JESUS CISNEROS,    )  
10                               Defendant.                       )  
11       \_\_\_\_\_  
12                               REPORTER'S TRANSCRIPT  
13                               EXCERPT OF PROCEEDINGS  
14                               --oOo--  
15       -----

Case No 12-2423  
**COPY**



# Cross Examination Questions by Defense Attorney

---

- So you consider yourself qualified to testify on domestic violence and its effects?
- But bottom line you have a juris doctorate (you're an attorney)? You're not a MD.
- You haven't worked with victims recently?
- You've primarily been a prosecutor?
- You currently work at the CDAA?
- You worked to pass the law on strangulation?
- What specific training did you receive from the Institute?
- Do you actually provide the training?
- What are the signs and symptoms of strangulation?
- You only started training on strangulation recently?



# FIVE MYTHS ABOUT STRANGULATION

Prepared by Gerald Fineman, Assistant District Attorney, Riverside County, and Dr. William Green, Medical Director, California Clinical Forensic Medical Training Center/ CDAA

<b>1</b> <b>MYTH</b> <b>STRANGULATION AND CHOKING ARE THE SAME THING</b> <b>FACT</b> <b>STRANGULATION</b> is the <u>external</u> application of physical force that impedes either air or blood to or from the brain. <b>CHOKING</b> is an <u>internal</u> obstruction of the airway by a foreign object. <b>SOLUTION</b> Use a diagram. Compare to the flow of electrical current. Compare to the flow of air/water through a closed system (fish tank).	<b>2</b> <b>MYTH</b> <b>STRANGULATION ALWAYS LEAVES VISIBLE INJURIES</b> <b>FACT</b> Studies show that over half the victims of strangulation lack visible external injury. A victim without visible external injury can still die from strangulation. <b>SOLUTION</b> Demonstrate cutting off blood flow to your fingertips by squeezing your wrist with your other hand. Upon release of the grip, you will likely have no identifiable marks. If you do, they will be very short in duration.	<b>3</b> <b>MYTH</b> <b>IF THE VICTIM CAN SPEAK, SCREAM, OR BREATHE, THEY ARE NOT BEING STRANGLED</b> <b>FACT</b> Since strangulation involves obstruction of blood flow, a person can have complete obstruction and continue breathing until the moment they die from lack of oxygenated blood flow to the brain. <b>SOLUTION</b> Again, grab your wrist and squeeze. You can still breathe, yet blood flow is obstructed to the fingertips. If this was the victim's neck, they could still have an open trachea (windpipe) but have lack of blood flow to the brain.	<b>4</b> <b>MYTH</b> <b>STRANGULATION CANNOT BE HARMFUL BECAUSE MANY PEOPLE PRACTICE IT (MARTIAL ARTS, MILITARY, LAW ENFORCEMENT)</b> <b>FACT</b> Martial arts are a form of combat. The military and law enforcement use strangulation as a lethal form of force. <b>RISK</b> There are numerous incidents of death resulting from strangulation. This can even occur during otherwise supervised events, such as sporting events, law enforcement training, etc.	<b>5</b> <b>MYTH</b> <b>STRANGULATION VICTIMS SHOULD BE ABLE TO DETAIL THEIR ATTACK</b> <b>FACT</b> <u>Trauma</u> impacts the brain's ability to store memory. In addition, the hippocampus (part of the brain where memory is stored) is the most sensitive to <u>oxygen deprivation</u> . When a victim is strangled, both factors can impact the ability to recall. <b>SOLUTION</b> Give the example of how limiting the flow of electricity to a digital recording device will prevent it from recording.
--	--	---	--	--



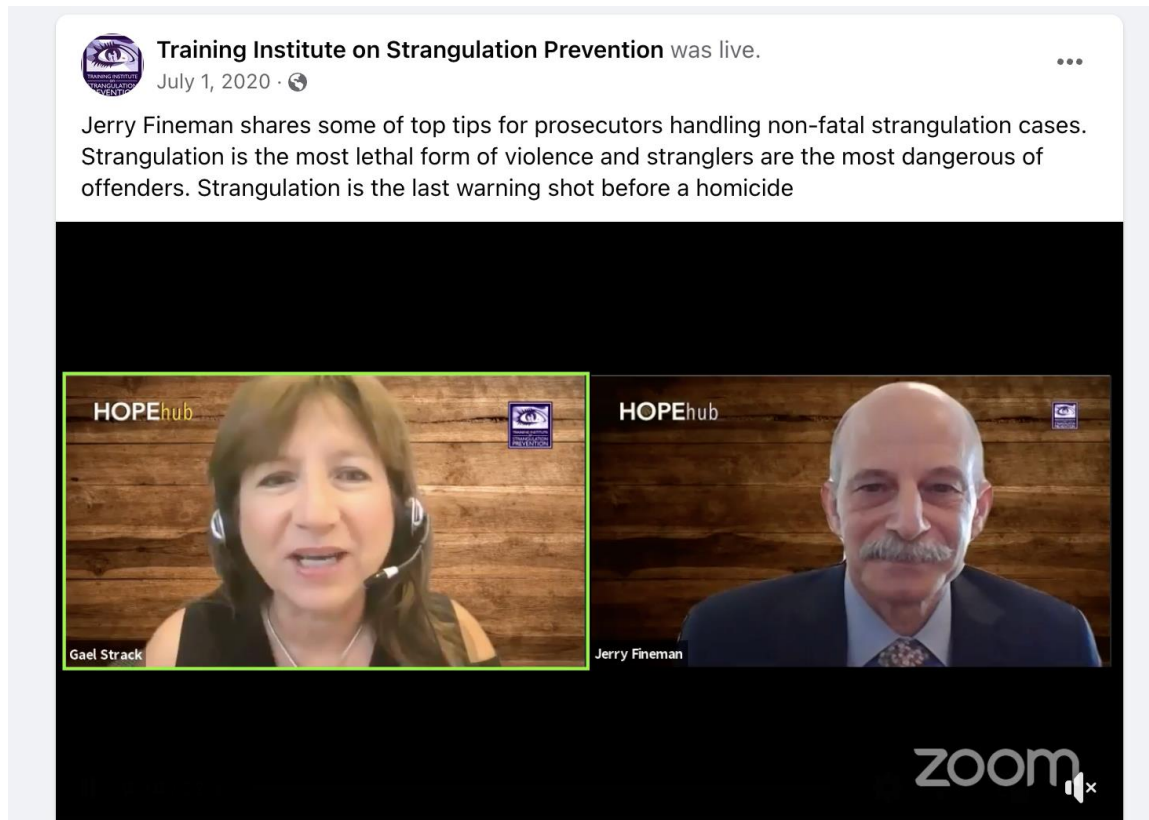
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# Tip for Preparation: Watch Jerry's Five Myths about Strangulation

<https://www.facebook.com/page/2086416814983449/search/?q=fineman%20tips>





# Some favorites cases involving officer testimony

# Officer should have been called as an expert – specialized training

---

- **State v. Hampton, 2018 WL 4055659 - Unpublished**
- Guilty of Felony assault. NG of misdemeanor. 36 months stayed.
- V testified D put his arms around her throat and picked her up off her feet. Could not breathe. Clawed her way out of his grasp. Escaped outside, friend called 911.
- Appealed expert testimony of officer & sentencing.
- O testified strangulation injuries “often appear less distinct in photographs and videos than to the naked eye” based on “training in domestic assault by strangulation at the Institute on Strangulation Prevention in San Diego” and his experience, 50 calls involving DV strangulation.



# Officer should have been called as an expert - specialized training

---

- **State v. Hampton, 2018 WL 4055659 - Unpublished**
- His testimony was both as percipient & expert witness.
- To the extent the officer testified based on specialized training, his statements constituted expert testimony for which advance disclosure was required
- State should have disclosed he was an expert. Failure to do so amounted to plain error.
- But ok to admit evidence that was within the scope of his observations & experience.
- Overall, no error given the weight of the evidence.



# Great use of the patrol officer's training on the use of the VNR

---

- **Maxwell v. State (Feb 2019) 348 Ga. App. 870**
- Officer trained to use of chokehold as a defensive tactic
- Hold can render someone unconscious by restricting the blood flow to the brain
- Using the prosecutor in a demonstration, the Officer showed the jury the type of chokehold he saw the D apply on the V.
- He testified that the chokehold the D applied is dangerous, can cause LOC and Death.
- If not applied correctly, the hold could crush the trachea and kill the V
- At trial V recanted. D claimed self defense and he was just trying to calm her down.



# LEO more knowledgeable about strangulation than treating physician

---

- **State v. McGinnis, 2020 WL 1173567**
- Officer Marion Mickey from NOPD investigated two incidents of DV involving victim: Nov 2017 when she jumped out of the car to avoid being beaten and Dec 2017. Trial 2 years later.
- Dr. White failed to identify strangulation.
- Mickey specifically asked if she was strangled. Testified about the signs and symptoms associated with strangulation and what they are trained to look for. Observed red marks to the shoulder and red bloodshot eyes. Method was a chokehold.



# Detective qualified as an expert.

---

- **State v. Wagner, 319 Or.App. 399 (Oregon, 2022)**
- Investigating Detective was permitted to testify as an expert in a strangulation case.
- She testified that strangulation blocks oxygen from getting to the brain and can cause loss of consciousness.
- Some of the signs include petechiae and bruising. Other signs are not visible, including dizziness, nausea and urination. Not every victim shows the same signs and some victims may not have any visible injuries.
- She explained a strangled victim can urinate or defecate after strangulation. When someone urinates that victim is as close to death as the victim can get without actually dying.



# Daubert Hearing Not Required; Experts

---

- **Oliver vs. State of Oklahoma, 2022 WL 3275072**
- Forensic Nurse Keri Thompson and Det. Edward Mosier provided expert testimony in a case where Defendant strangled his victim with a ligature causing petechiae to the scalp and her right eye.
- Key findings of the case:
  - 1) expert testimony on strangulation is NOT subject to Daubert hearing as it does not involve novel scientific knowledge;
  - 2) strangulation injuries are well-documented in medicine and are well-known to the medical professionals;
  - 3) Reference to Rossen Study of 1942 could hardly be viewed as novel scientific evidence; and
  - 4) Mosier received special training regarding these injuries sufficient to qualify as an expert.
- Defendant testified and claimed the victim lied. While the court of appeal found the trial court erred in its jury instruction, the error was harmless given the "evidence was overwhelming." Conviction and sentence upheld.





# Negative scans are not detrimental to the case

# Imaging Modalities Used to Evaluate Strangulation

---

- **Head/Neck CT (Computed Tomography) Scan**
  - Best for bone and cartilage injury; some soft tissue detail
  - NOT adequate for arterial injury
  - May identify some acute brain injuries
- **Neck CTA (Computed Tomographic Angiography)**
  - Gold Standard for evaluating potential arterial injury
  - Includes the advantages of basic CT scan
  - Widely available 24/7
- **Neck MRI (Magnetic Resonance Imaging)**
  - Best for identifying soft tissue injury and bleeding
  - May identify some arterial injuries (not as good as CTA)
  - Availability may be limited; more expensive than CT or CTA
- **Neck MRA (Magnetic Resonance Angiography)**
  - Nearly equivalent to CTA for arterial injury
  - Includes the advantages of regular MRI
  - Same logistic and financial limitations as basic MRI



# People v. McClendon

## 2015 Cal. App. Unpub. LEXIS 6422

---

- Pretext call with admissions.
- Letters from jail. Witness intimidation.
- D represented himself.
- D convicted of rape and PC273.5 but not attempted murder.
- SART nurse testified as an expert (and no objection). All symptoms were consistent with strangulation.
- CT scan is the standard practice for strangulation. Even though CT scan was negative, it doesn't mean she wasn't strangled.



# Negative CT Scan not detrimental.

---

- **Lewis v. State, 215 So.3d 994 (2017. Miss.)**
- V cooperative at trial - D choked me with both hands, continuous pressure, got tighter and unable to breathe, LOC.
- V escaped and drove herself to the hospital. Very upset, red marks to face, ear and neck. Redness in each of her eyes - later diagnosed as petechiae. **CTA negative.**
- Police called. D contacted. Partial admissions, but mostly claimed self defense. D had scratches on his arm. LEO believe consistent with V defending herself.
- **Dueling medical experts (physicians) testified differently about petechiae. Treating physician said it was petechiae.**
- D expert testified it wasn't petechiae but conjunctivitis due to sinuses. Nevertheless, jury found D Guilty. 7 years.
- D appealed on sufficiency - no obstruction. Evidence overwhelming.



# Strangulation charged as Attempted Manslaughter

---

- **State v. Diaz (2017, LA) 2017 WL 3887341 unpublished**
- V choked twice, causing her to lose consciousness. Second incident he stuffed a plastic bag down her throat. V ran out of the house. Called 911 from a bus.
- The 911 operator told the V to get off the bus because she just called paramedics and she needed to be examined.
- The paramedics tracked down the V and convinced her to be transported to the hospital.
- The officers met the victim at the hospital.
- The doctor ordered a CAT scan despite NO visible injuries. CAT negative.
- The prosecutor called Dr. Heather Murphy-Lavoie as the treating physician and an expert.
- Dr. testified that "there were no observable injuries to the victim neck, nor did the V report any problems with her breathing or ability to swallow.
- External injuries are commonly NOT observed in cases of strangulation, which was the basis for order a vascular CAT scan for the victim."
- Despite the v recanting, the prosecutor continued with the case and won.
- The judge sentenced D to 8 year for strangulation and 10 years for attempted manslaughter.



# Negative CAT Scan – Didn't matter

---

- **Roman v. State, 2020 WL 5230467 (Maryland)**
- V brutally beaten and strangled. Extremely fearful. Patrol officer called the paramedics. V repeated said – he's going to find me and kill me.
- CAT Scan of the head.
- V recanted at trial. Predictable.
- D attorney emphasized all the "NOs" from Esperanza
- Prosecutor did not argue the difference between a CAT Scan of the head versus the neck, nor CAT/CTA
- Also didn't even rebut defense's argument that a negative scan means a no strangulation.
- Unclear as to the testimony of the experts – not all of it was included in the opinion.
- Appeal upheld.





# Dr. Green

# Two Types of Expert Testimony in Strangulation Cases

---

- Case facts not known by the expert
  - Most common
  - General education for the jury regarding strangulation mechanisms and risks
  - Larger pool of potential experts
- Case facts reviewed and analyzed
  - Detailed analysis of the case materials
  - Generally requires experienced physician or very knowledgeable NP or PA



# Case Facts not Known by the Expert

---

- Strangulation 101- basic education
  - Anatomy and physiology related to strangulation
  - Pertinent terms and definitions
  - Mechanisms and pathophysiology of strangulation
  - Time frames for impairments and death
  - Symptoms and physical findings in strangulation
    - Implications and interpretation of a normal exam
  - Criteria and discussion of life-threatening strangulation
- Hypothetical questions for clarification



# Case Facts Reviewed and Analyzed by the Expert

---

- Strangulation 101- basic education
- What materials did you review?
- What is the level of consistency between the history of events and the physical findings?
- Was this a life-threatening event?
- Explain the foundation(s) for your opinions
- Differential diagnoses and alternative explanations for the symptoms and findings



# *Strangulation 2023*

## *Medical and Forensic Issues*

William M. Green, MD, FACEP

Clinical Professor, Emergency Medicine

UC Davis Medical Center (retired)

Medical Director

California Clinical Forensic Medical Training  
Center (retired)

# A REVIEW OF 300 ATTEMPTED STRANGULATION CASES

## PART I: CRIMINAL LEGAL ISSUES

Gael B. Strack, JD,\* George E. McClane, MD,<sup>†</sup> and Dean Hawley, MD<sup>‡</sup>

The Journal of Emergency Medicine, Vol. 21, No. 3, pp. 303–309, 2001

- Part of the landmark 2001 series analyzing strangulation
- 300 misdemeanor DV strangulation cases submitted for prosecution analyzed for supporting signs and symptoms
- Data was abstracted from police reports
- Selected findings
  - No symptoms documented 67%
  - No visible injuries 151/300 = 50%
  - Injuries “too minor to photograph” 35/300 = 12%
  - Injuries visible on photograph 45/300 = 15%
- **Note:** This was a retrospective review of documented history and physical exam findings by law enforcement officers with questionable medical experience and training



# Visible Neck Findings after Strangulation

---

## UC DAVIS SAFE Database

- 5148 Sexual Assault Forensic Exams (1991-2010)
  - Sacramento County only
  - 791 SA victims also strangled (18%)
- Visible neck injuries and findings: 262/791 (33%)
  - 90 Abrasions (11%)
  - 108 bruises (14%)
  - 3 lacerations (<1%)
  - 4 stab wounds (<1%)
  - 102 documented redness (non-specific) 13%

# Investigation and Prosecution of Strangulation Cases 2020



## INVESTIGATION AND PROSECUTION OF STRANGULATION CASES

CDA

CALIFORNIA  
DISTRICT  
ATTORNEYS  
ASSOCIATION

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# Physical Findings Documented After Strangulation

---

- **Absence of visible neck findings**
  - **Very common** (range 31%-50%; median **49%**) [5 refs]
  - 20%-40% of strangulation homicide victims have no visible neck findings despite being strangled to death  
Gill (2013), Luke (1967)
- Fundamental **myths** regarding strangulation:
  - No neck findings = no strangulation...**FALSE**
  - No neck findings = no crime...**FALSE**
  - No neck findings = no need for evaluation...**FALSE**
  - No neck findings = no medical danger...**FALSE**

# Cross Examination Challenges Focused on Strangulation

---

- No visible neck injury = no strangulation
  - This is inaccurate and a common misconception
  - 50%, or more, of strangled victims will have no visible neck findings (my training and CDAA manual)
  - 20%-40% of fatal strangulation cases to have no visible neck injuries (Gill [2013], Luke [1967])
  - Autopsies in these fatal cases often reveal injuries deep in the neck tissues that are not apparent on the skin but prove strangulation as cause of death

# Cross Examination Challenges Focused on Strangulation

---

- Minor visible neck injury = nothing serious
  - Inaccurate and common misconception
  - Serious, life-threatening or fatal injuries may be below the skin surface and not visible
  - From a medical decision standpoint, it may be disastrous to the patient (and create a serious malpractice risk) for the healthcare provider to assume that lack of visible injury or minor superficial injury excludes the potential of deeper life-threatening damage.

# How different disciplines can answer this question?

---



Cat  
Otway?

Joe  
Bianco?





# Force Required to Close or Injure Airway and Vascular Structures in the Neck

---

- How many pounds of pressure are needed to:
  - Compress the carotid arteries and stop blood flow?
  - Compress the vertebral arteries and stop blood flow?
  - Compress the jugular veins and stop blood flow?
  - Compress the upper airway structures and halt the intake of air?

**Brouardel, Paul Camille Hippolyte. La  
pendaison, la strangulation, la  
suffocation, la submersion**

*Paris, Librairie J.B. Baillière et fils, 1897.  
Cote : 49881*

- Pressure to stop carotid blood flow = 5 Kg (11 lb)
- Pressure to stop vertebral blood flow = 30 Kg (66 lb)
- Pressure to stop jugular vein blood flow = 2 Kg (4.4 lb)
- Pressure to stop upper airway air flow = 15 Kg (33 lb)

Note: the researchers tied a rope around the neck of a supine cadaver and attached it to a dynamometer to measure the pressures to close the vascular and airway structures (in pounds not PSI)

# Strangulation Pathophysiology

---

- Caveats regarding “Amount of Force”
  - Initial measurements from 1897 French anatomy text
  - MANY variables
  - Most important:
    - Relative forces in different mechanisms and areas
    - All injuring forces are small (vs common activities)

# Grip Strength



- Average maximum grip (adult) = 100-120 pounds
- Firm handshake = 60-80 pounds
- Opening a “pop top” = 20 pounds
- Trigger pull = 6 pounds

# How different disciplines can answer this question?

---



Cat  
Otway?

Joe  
Bianco?



# Define Petechiae

# Physical Findings Documented After Strangulation

---

- **Congestive Petechiae**

- Sustained compression of veins impedes venous return from the drainage area and causes venous pressure to increase
- Capillaries and venules rupture
- Multiple tiny red spots appear (1-2 mm)
  - **Non-palpable** (or “flat”- can't feel them on exam)
  - **Non-tender** (no discomfort when touched)
  - Do not **blanch** (temporarily change color when touched)
  - Usually appear in **crops** or clusters (may be diffuse)



# Physical Findings Documented After Strangulation

---

- **Geographic petechiae**

- 20-30 seconds of bilateral, sustained occlusion of all 4 jugular veins may produce **geographic petechiae** above (“upstream” from) the level of compression
- Formation of petechiae **requires ongoing arterial flow while the veins are occluded**...if arterial flow is stopped, petechiae will not be produced
- **Very significant forensic finding after strangulation**
  - **Confirms neck compression for at least 20-30s**
  - **Consistent with life-threatening strangulation**
- Commonly reported (range 5%-54%; median **22%**)

# Physical Findings Documented After Strangulation



Examples of  
geographic  
petechiae



Day 1



Day 2



Day 30



# Physical Findings Documented After Strangulation

- **Sub-conjunctival hematoma**

- Created by the same mechanism and in the same time frame that produces geographic petechiae
- Ruptured vessels in the very lax layers below the conjunctiva continue to bleed to form visible hematomas due to lack of tissue containment



**Figure 2.** Bilateral subconjunctival hemorrhages. Used with permission of Adam S. Nielson, MC, USA, Madigan Army Medical Center, Ft. Lewis, WA.

# Physical Findings Documented After Strangulation

- **Generalized petechiae** may be produced by many non-assaultive, non-asphyxial activities: **increased pressure in the chest a/o abdomen decreases venous inflow** to the heart which increases pressure in veins
  - **Valsalva** straining activities
    - Vigorous coughing, sneezing or vomiting
    - Straining during labor and delivery or heavy lifting
  - **Smothering**
  - **Positional, mechanical or traumatic asphyxia**
    - Assailant sits on victim's chest/abdomen while manually strangling her...result may be mixed petechial pattern
  - Generalized petechiae may be found anywhere (including head and neck)

# Petechiae Caveats

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Strangulation

Petechiae above  
level of constriction

Suffocation/  
Smothering/  
Positional Asphyxia

Petechiae can be  
more diffuse



# Physical Findings Documented After Strangulation

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- Medical conditions and diseases can produce **Vascular Petechiae** without trauma or compression
  - Platelet abnormalities
    - Low platelet count (**thrombocytopenia**) - ITP, DIC
    - Abnormal platelet function (**vWD**, drugs)
  - Vascular conditions and diseases
    - **Vasculitis** (vascular inflammation - many causes)
  - **Other** (sunburn, scurvy, many infections, sepsis, leukemia, allergic reactions, many medications)
- **Thorough medical history is mandatory**

# How different disciplines can answer this question?

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Cat  
Otway?

Joe  
Bianco?





# Key Tips from Experts

# Cat Otway

Forensic Nurse

# What I have learned:

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- Training
- Experience
- The CV
- Tough cross examination questions
- How I can Help – Sentencing
- Tips for other nurses



# Joe Bianco

Law Enforcement Expert

# What I have learned:

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- Training
- Experience
- The CV – what?
- The First Case
- Tough cross examination questions
- How I can Help – making it simple
- Tips for other law enforcement officers

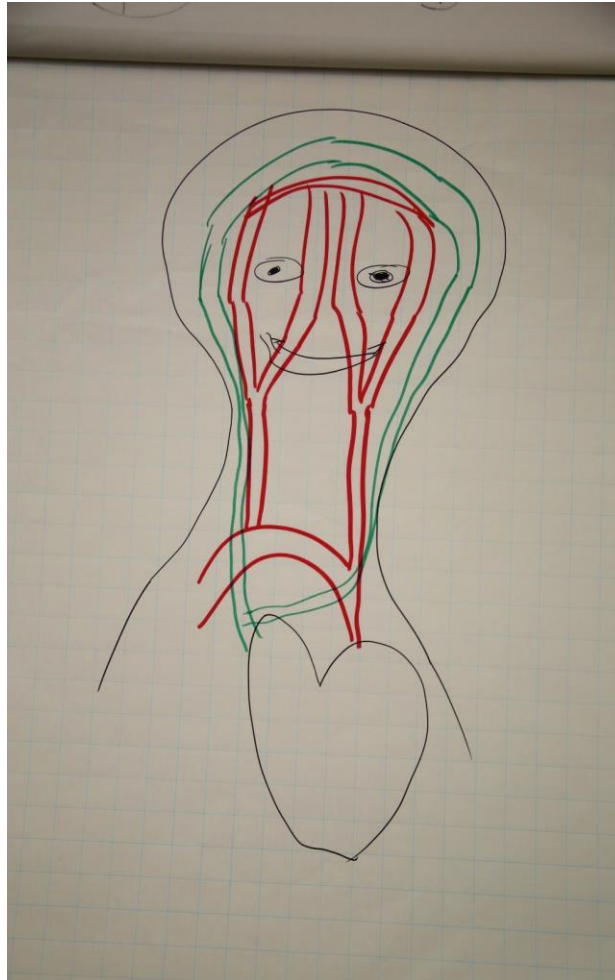


# Demonstrative Evidence

Jerry Fineman

# Be prepared

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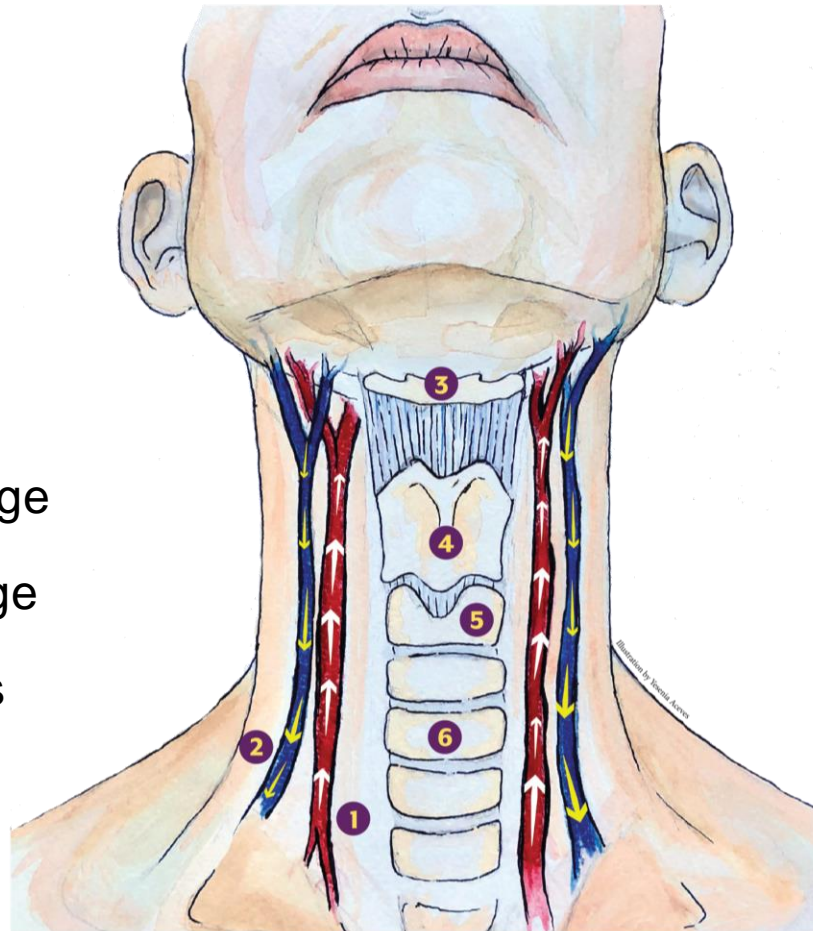




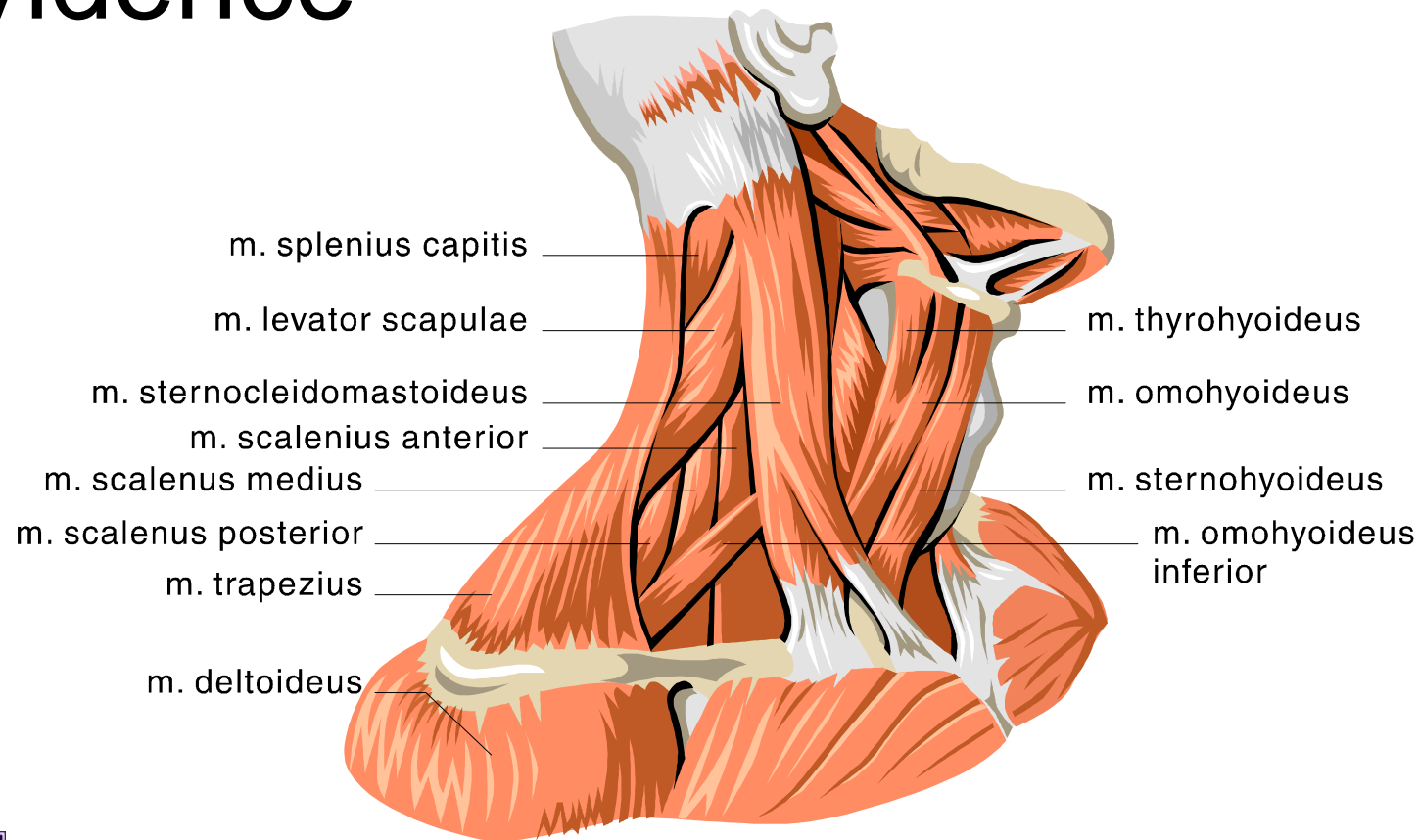
# VITAL NECK STRUCTURES

Arteries, Veins and Cartilage

- 1 Carotid Artery
- 2 Jugular Vein
- 3 Hyoid Bone
- 4 Thyroid Cartilage
- 5 Cricoid Cartilage
- 6 Tracheal Rings



# Muscles: Can be bruised without visible external evidence



# SIGNS of Strangulation

Visible evidence of injury; observable to others as well as to the victim\*

Source: Strangulation in Intimate Partner Violence, Chapter 15, Intimate Partner Violence, Oxford University Press, Inc. 2009.

## SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

## EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

## FACE

- Petechiae (tiny red spots - slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

## CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

## EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

## MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

## NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks



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\* The lack of visible signs does not eliminate the possibility of strangulation; invisible symptoms may also be present.

# SYMPTOMS of Strangulation

Injuries not visible to the naked eye; observable only to the victim\*

Source: Strangulation in Intimate Partner Violence, Chapter 15, Intimate Partner Violence, Oxford University Press, Inc. 2009.

## NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

## VOICE & THROAT CHANGE

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

## BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe



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\* Visible signs may also be present.



Creating Pathways to HOPE

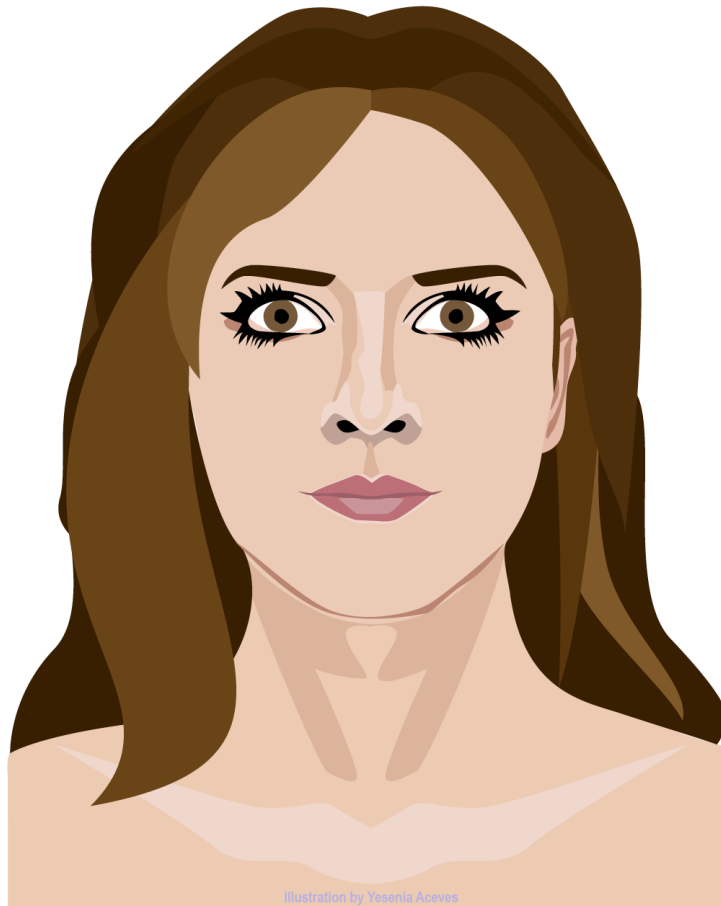


Illustration by Yesenia Aceves



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# Questions for the Panel?

If we run out of time, we will answer your questions and send you a FAQ for this session.

# Annual FJC Conference – Strangulation Track

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ALLIANCE for  
**HOPE**  
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**HONOR**  
THE PAST **IMAGINE**  
THE FUTURE

**23<sup>RD</sup> ANNUAL INTERNATIONAL FAMILY JUSTICE CENTER CONFERENCE**

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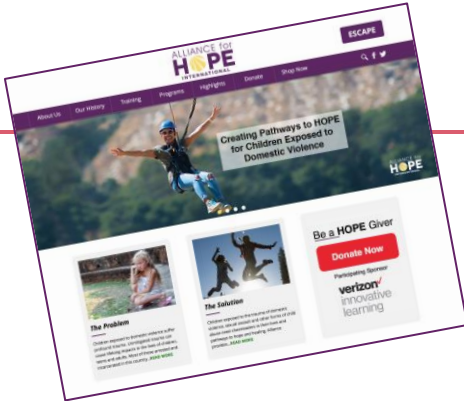
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# Thank you OVW