The word ‘strangulation’ is common in the English language. However, in the world of domestic violence, it is often interchanged with the word ‘choked’. But, if you ask Gail Davenport, those two words couldn’t be further apart in meaning.

Choking is often accidental. Strangulation is intentional.

The dictionary’s definition of choking is, “To stop the breath by squeezing or obstructing the windpipe; strangle; stifle.” It is also defined as “to suffer from or as from strangling or suffocating: He choked on a piece of food.” Choking is definitely a serious occurrence, but one most people often associate with choking on food or when something ‘goes down (the throat) the wrong way’.

However, strangulation is much different when defined. Its beginning is usually one of much stronger magnitude and its ending contains more finality. The dictionary defines it as, “To kill by squeezing the throat in order to compress the windpipe and prevent the intake of air, as with the hands or a tightly drawn cord.”

Many people interchange the two words, but for Davenport, the difference became abundantly clear on June 30, 2005 as she sat on the living room sofa while her boyfriend reportedly straddled her body and pressed his right hand on her chin and neck as he held her right shoulder with his left arm.

“I feared for my life,” Davenport said as she thought back to that summer night when her life – as she knew it – ended. “Everything he had done up to that point had gotten progressively worse and it was as if this was the end. I truly felt he was going to kill me.”

Davenport’s boyfriend didn’t kill her times – he changed her life as she knew it, forever. In a matter of what could have been as little as eight seconds, his alleged assault caused changes that will affect her for the rest of her life.
What many people don’t realize is how quickly an aggressor can damage or how quickly one can kill another by strangulation.

When Davenport was allegedly strangled that night in late June, she passed out. She doesn’t know how long, but when she awoke she still had her aggressor on top of her, she was still afraid for her life, but something had changed.

At the time she wondered why she had urinated and defecated on herself, but later found out that during strangulation, the oxygen is cut off from the brain, and even the vegetative parts of her brain – the part which operates those operations of the body without the person consciously knowing it, shut down as well.

**SIGNS OF STRANGULATION**

Davenport acknowledged, “As soon as I got away, I was having trouble catching my breath, but I somehow got in my car, and called my daughter. She thought I had been in an accident, and she couldn’t understand me because I couldn’t breathe.

“I just kept telling her, ‘Please make sure the washing machine is empty and please start me a bath’. I was embarrassed and I didn’t even want her to know I had went to the bathroom in my pants, but of course, she realized it when I got there.”

“Involuntary urination and defecation occurs when a person is strangled to the point of unconsciousness,” said Dr. George E. McClane, Emergency Room Physician at a San Diego hospital.

McClane, who together with Forensic Pathologist Dean A. Hawley, M.D. and Gael B. Strack, Assistant City Attorney in San Diego, produced an information presentation on “Strangulation” to help other agencies across the United States recognize the importance and significance of the statement, “He choked me.” The report states that there are many signs of someone being strangled other than just their testimony of the event.

“Two things that are important to keep in mind: signs and symptoms,” McClane explained. “These two things are of equal importance.

“First of all, symptoms: they are something that are described to you. You can’t necessarily objectively note it; you can’t photograph it; but they are certainly very important. They are symptoms and they are important.

“They are definitely different from signs, which are something that are objective; you can hear them; you can photograph them.”

These are reasons, law enforcement officers and doctors say, that victims of domestic violence – strangulation or those attacked in other ways – should seek medical treatment and first responders and officers should treat each case individually and document each case as closely as possible.
“Victims can die up to 36 hours later due to complications that arise after the strangulation,” McClane explained. “One example would be death caused by swelling of the trachea.”

**SIGNS CAN BE HARD TO SEE**

In a study by the San Diego City Attorney’s Office of 300 attempted strangulation cases and strangulation murders in 1995, police officers reported that there were no visible injuries or signs of strangulation in 62% of the cases studied. Significant signs were only found in 16% of the cases.

McClane says that many times the signs are not easy to see, but when strangulation is the cause of injury, the signs are there.

“Petechia – tiny pinpoint hemorrhages anywhere on the face or on the neck above the level of strangulation – can be seen if you look closely,” he stated. “They are caused by tiny capillaries bursting from the pressure of the chokehold.

“The result you see externally is a tiny red dot. The place you will see these is around the eyelids, but the only place you might see these is underneath the eyelids.

“Depending on the force of the strangulation used, these may be confluent around the entire face or neck.

“And petechia can be easily distinguished from blemishes or acne because they are flat, they are not raised and they are painless.”

This is another reason it’s important for victims to seek medical treatment if they are a victim of domestic violence as soon as possible. Victims should report the abuse so there can be documentation and evidence can be gathered, said Strack.

“Investigators should look on her ears, behind her ears, inside her ears, around her neck and around her shoulders for signs of strangulation and attack,” Strack explained. “In looking for injuries, it’s important for police officers to feel and touch the head for injuries. What we’re looking for is consistent injuries of her head being banged against the wall or the floor. We’re looking for a small cut. We’re even looking for petechia around the head. So it’s important for an officer to check closely for injuries.

“Sometimes the victim may vomit. And it’s important if the victim does vomit, that the officer photograph the vomit if he can find it. He should keep it as evidence. Nausea and vomiting is one of the pieces of evidence that the victim was strangled. They need to ask the victim, ‘Did you urinate or defecate in your clothes.’ The victim is not going to volunteer this information; it is embarrassing to them and they don’t know it as a sign of strangulation.

“In a strangulation case we have to look beyond the physical injuries because it’s the internal injuries that could mean the difference in her case, and the difference between life and death.” Davenport admits she made a mistake by not going to the police the night she was allegedly
strangled. She knows it hurt her case ‘down the road’.

She then found out in the coming days, weeks and months that she began suffering from depression, post traumatic stress disorder (PTSD), and finally after an MRI requested by doctors, that the alleged strangulation had caused some brain damage.

Doctors found that Davenport had suffered from hypoxia – the lack of oxygen to the brain and to the body.

“If hypoxia lasts long enough and the stronghold is strong enough – 10, 20 seconds – eventually the person will move into an asphyxia state,” McClane said. “Death by asphyxia means that there was not adequate oxygen to the brain and brain death can occur in about four minutes.”

**THE STAGES OF HYPOXIA**

McClane went on to explain that there are two stages of hypoxia. He said it can be harmless if it is just a few seconds. “But let’s say the battle goes on four 1-2 minutes; perhaps there is a struggle. The person is unconscious, then awake; and goes back and forth. There may be permanent brain damage. It may manifest itself as very subtle behavior changes that only a person’s family or someone close to that person may recognize.

“Or more overt, it can result in permanent brain damage, leaving a person in a semi-vegetative state or leaving someone permanently retarded.”

Davenport said because of her hypoxia, she no longer functions as she used to.

“There are many things that used to be second-nature to me that I can’t do any more,” she admitted. “Adding numbers, such as my checkbook and paying bills used to be so easy; and now it’s a struggle. My short-term memory is nothing like it used to be. I forget the simplest things.

“I can be talking and then just stop, because the word I am looking for is ‘not there’. I know that I know the word, I know I have used the word before – thousands of times – but it just is not there. And because of the context of my sentence, the person I am talking to will ‘fill in the blank’ and say the word and I laugh and yell ‘Yes!’ like I am on a game show. It will be a simple word like phone or car.

“I even have trouble distinguishing left and right. It is so frustrating and I’m angry that this man took this part of my life away.”

And it is this part of her that was affected which means she is unable to perform the normal duties of her job and now finds herself collecting Social Security Disability Benefits instead of going to work each day.

In a Special Femicide Report: Strangulation and women and Children Murdered in Minnesota between 1989-2005 by the Minnesota Coalition for Battered Women, it was
pointed out that 13% of all women murdered by an intimate partner during this period were strangled to death.

More than seven times as many women and children were strangled to death from 1989-2005 by an intimate partner, family member or caregiver, than by a friend, acquaintance, stranger or an unknown perpetrator.

These are reasons that attackers in domestic violence cases must be brought to justice, not only for the ones they attacked, but so they won't attack again.

--

John Krueger, Editor, The Light & Champion, Office Ph: (936) 598-3377, Cell Ph: (936) 332-9332, Fax: (936) 598-6394, Email: editor@lightandchampion.com