

# *Women's eNews*

December 19, 2005

## **Responders Learn to Spot Signs of Strangulation**

**By Marie Tessier, WeNews Correspondent**

(WOMENSENEWS) – Thelma Lee Davis did what many women would do upon finding out in August 2001 that her boyfriend, Michael Angelo Holland, had been unfaithful. She kicked him out of her home in Chatham County, N.C.

He responded by dragging her through the yard by her hair, spitting on her and kicking her. He left bruises shaped like his size 13 shoes. During the same assault, he twice strangled her to unconsciousness.

“When I saw Thelma, I knew he had almost killed her,” says Kit Gruelle, a nationally known advocate for battered women in Pittsboro, N.C., who worked with Davis at the time. “There were footprints on her body. Her eyes were blood red because the blood had been forced into the whites of her eyes from the strangulation. There were bruises behind her ears. She had a very raspy voice, and for months afterward, she talked about how sore her throat was.”

Prosecutors eventually charged Holland with misdemeanor assault on a female, because North Carolina law at the time did not allow for harsher penalties for assaults by hands and feet. Holland pleaded guilty to beating Davis, but would not have been sentenced to prison except that a drug charge also was involved, according to the Raleigh News and Observer.

After a public outcry sparked in part by Davis going public with her story, the North Carolina legislature in 2004 revamped the state’s criminal codes.

Like five other states, North Carolina now has a felony statute on strangulation, a terrifying crime that research has shown affects about one of every five battered women. Missouri, Idaho, Minnesota, Nebraska and Oklahoma have similar laws, reports the Battered Women’s Justice Project in Minneapolis.

### **Prosecutions Gain Ground**

The laws have emerged along with a growing recognition across the country that non-lethal strangulation assaults are one of the “red flags” of deadly family violence.

The trend has been fueled by improvements in training first responders to detect signs of strangulation, which women usually describe as “choking.” Although external injuries might not be obvious to a casual observer, clinicians and criminal justice advocates say tell-tale signs are

apparent in about half of all strangulation victims. Still, as with rape, physical injuries are often absent.

The breakthrough in identifying and prosecuting strangulation assaults began in San Diego during the late 1990s. The deaths of two young women there by strangulation galvanized law enforcement leaders who set out to document the crime's frequently subtle signs.

By studying the results of careful medical examinations of 300 survivors of strangulation assault, San Diego's inter-agency family justice team identified a list of common symptoms that can trigger mandatory arrests and serve as the foundation of strong criminal cases, prosecutors and advocates say.

Forensic medical examiner George McClane published the results with Gael Strack, now the executive director of the San Diego Family Justice Center, which houses under one roof police, prosecutors, advocates, physicians and social service agencies working to end abuse.

A key symptom is the raspy voice experienced by about half of victims, McClane says.

### **Responders Look for Specific Signs**

Trained first responders may also look for faint pressure marks behind the ears and tiny burst blood vessels under the eyelids that can easily be identified at the scene. Other signs include a victim who has urinated or defecated involuntarily, or is having difficulty breathing. Police officers can note a wet spot on the floor, for example, sniff it to see if it smells like urine and provide a piece of evidence for trial.

"The details that the police put in their reports can often provide the evidence for me to testify that in my medical interpretation, the symptoms are consistent with strangulation," says McClane. Previous forensic medical literature on strangulation focused on victims of homicide, he says.

Before the San Diego research, red marks around the eyes were often dismissed as evidence that a victim was crying, says Jennifer Long, a senior attorney at the American Prosecutors Research Institute, the research arm of the National District Attorneys Association in Alexandria, Va. Now, red marks around the eyes – medically known as petechiae (pah-TEEK-ee-eye) – can serve as a tip that a victim has been strangled.

Prosecutors and lawmakers around the country are using a variety of legal tactics to hold batterers accountable in court. In some states, such as California, strangulation is being prosecuted in a broad category with other felony-level assaults, including attempted murder if the circumstances warrant, says Long.

In Philadelphia, where Long once worked in the district attorney's office, prosecutors brought medical evidence of strangulation into court to show that an offender had used lethal force. "Someone has cut off someone else's air supply," says Long. "If that's not a serious assault, I don't know what is." The result was a precedent for future cases.

“Once we figured out what kinds of questions to ask to elicit the kind of evidence we need for prosecution, it was a major ‘Oh, my God, aha!’ kind of moment for everyone involved,” says Strack, who has written and lectured widely on strangulation and domestic violence prosecution. “We were doing a good job of prosecuting a lot of domestic violence crimes, but with strangulation, we weren’t getting good evidence because the visible injuries were absent, or so we thought.”

### **Key to Life-Threatening Crime**

In training sessions around the country, Long, Strack, McClane and others are telling police and prosecutors that the lack of oxygen from strangulation can render a victim combative at a crime scene. This fact can be used as evidence, Strack says, but it also provides insight to police officers who might mistake a victim for an offender at a domestic violence call.

In cases where strangulation is suspected, clinicians say medical care is crucial. Victims can die hours or days later from swelling or respiratory distress, says Jacqueline Campbell, a nursing professor at Johns Hopkins University in Baltimore who is internationally recognized as an expert on the medical impact of domestic violence.

Medical examinations also can document internal injuries from strangulation that are otherwise invisible, Campbell says. In some jurisdictions, forensic nurses use a colposcope to look for bruising or swelling in the throat. Others use ophthalmic equipment to document bleeding in the eye.

Even understanding the medical difference between choking and strangulation can be an important element in helping all involved understand the seriousness of the crime. Choking, physician McClane says, is an accident that happens when food becomes lodged in the windpipe, blocking breathing. Strangulation is intentional, and it can kill someone immediately, cause brain damage, and it can kill hours or days after the initial assault.

Getting that message through to victims, advocates, emergency medical personnel, police and others is crucial, experts and advocates agree, so the victim can be safe and aware of the risks.

For victims, the terrorizing effects of strangulation assaults are difficult to overstate, advocates and prosecutors say.

“When someone puts their hands around your neck and squeezes, it changes how you feel about everything, everywhere,” says Gruelle, the North Carolina advocate, who says she survived strangulation assaults by a former abuser. “It turns people from average people into hostages. It’s a statement that he can end your life any time he wants to.”

*Marie Tessier is an independent journalist who writes frequently about violence against women.*

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