

Death by strangulation – an investigation of the essentials essay



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Strangulation is a broad and general term which can indicate a number of different things such as loss of air, choking, throttling, garroting, hanging and asphyxiation. A more academic definition of strangulation describes it as the circular squeezing or compression of an individual's head. This does not include, however, such compression caused by the head's independent weight and suspension. (Jones, 2006) Hanging, although commonly linked with strangulation, is viewed as a different concept by Jones (2006).

He defines strangulation as independent of the weight of the individual's head. The delineation between strangulation and hanging is made in Jones' (2006) definition of hanging which describes it as the external compression of the neck as a result of the weight and suspension of the head. Aggrawal (2005), however, does not differentiate between the two. He describes strangulation as a form of death arising from the compression of an individual's neck with any type of ligature. This definition of strangulation allows for the integration of hanging as a specific form of strangulation.

The type of ligature used to compress the neck according to Aggrawal (2005) is also indicative of the type of strangulation that took place. The different types of strangulations as well as the types of ligatures associated with each of these will be discussed further on in this paper. Turkel (2007) defines strangulation as any act involving the grabbing, squeezing, suppression, and crushing of an individual's throat. Strangulation has also been defined as as a type of asphyxia involving the blocking of blood vessels and air pathways due to an applied external pressure on the neck.

Again, with these definition, hanging can be considered as a type of strangulation as it involves external pressure via suppression, squeezing, and sometimes even the crushing of the victim's throat leading to the blocking of the neck's blood vessels and airways. Thus this paper will not consider hanging and strangulation as two differing concepts but will regard hanging as a form of strangulation in which a ligature has been used to squeeze and compress the neck. Related facts about strangulation

Numerous assailants and criminals have used different strangulation methods in their attempts to kill, harm, and subdue their victims. The neck of any individual provides attackers with an area on the body that is unprotected, easily reached, and very much vulnerable. A relatively small amount of force can give the assailant advantage over the intended victim. (Ernoehazy & Ernoehazy, 2006) Strangulation accounts for 2. 5% of all traumatic deaths worldwide. (Ernoehazy & Ernoehazy, 2006) In the United States, strangulation accounts for 10% of all violent deaths and has higher fatality risks for women and children than for men.

It is considered to be one of the most lethal types of domestic acts of violence. (Strack & McClane, 1999)) Between genders, women are more often the victims of death by strangulation as opposed to men. Men, however, are more often the victims of suicide involving hanging. (Ernoehazy & Ernoehazy, 2006) Death due to strangulation is more commonly linked to homicide. This may be because of the relative difficulty it would give to the individual attempting suicide. Strangulation as a result of hanging, however, is one of the different suicide methods that are better known to society.

Other strangulation methods may also be used for suicidal purposes but such cases are seldom seen. Most strangulation cases are taken as homicidal in nature and are most often investigated as such until evidence can be found to prove otherwise. (Aggrawa, 2005; Turvey, 1996) Death due to strangulation One of the clear reasons why strangulation causes death is asphyxiation. Asphyxiation is the state wherein the individual's body becomes lacking in oxygen and is subject to an excess of carbon dioxide. This tresses the fact that deaths caused by asphyxiation and strangulation are unnatural deaths.

Asphyxia mechanisms involve either the compression of the tissues of the neck, obstruction of the airway, or cardiac arrhythmia which involves the slowing and inability of the heart to function properly as a result of the lack in oxygen. Strangulation deaths by asphyxiation are seldom caused by this last because this mechanism takes a longer period of time as opposed to the other mechanisms such as compromise to the individual's airway. (Jones, 2006; Hawley, 2002) However, asphyxia is seldom the only reason to be stated in deaths caused by strangulation.

A victim's immediate death in successful strangulation cases are more often caused by obstruction of the veins, collapse of these veins, and spasms of the arteries as a result of the compression applied to the neck by the assailant. This leads to complications in the cerebrum due to disruption of the blood flow to the brain. The disruption of blood flow results in cerebral hypoxia and nerve cell death in the brain of the victim. These are speedier and more potent in causing death during strangulation as opposed to airway obstruction or asphyxia.

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In cases where the victims were hanged, both for suicide and homicide cases, death is most often caused by a break in the cervical spine. The most accessible evidence of this are deaths due to judicial hangings. For instances wherein the body of the victim is freely swinging, death is almost immediately caused by the sudden application of pressure on the arteries of the neck. (Jones, 2006) This is only possible, however, for hangings categorized as complete.

These are hangings wherein the victim's body is suspended entirely off the floor as opposed to incomplete hangings wherein a part of the victim's body is still able to touch the floor or ground. (Ernoehazy & Ernoehazy, 2006)

Some researchers, however, believe that cervical fractures are sensationalized and that suicidal hangings seldom have internal neck injuries with death occurring as a result of the same mechanism involved in other strangulation methods. (Hawley, 2002) Investigating strangulation
Strangulation involves many aspects of an individual's body.

Although force is applied in the area of the neck, the damage spreads to regions beyond this area. Evidence of strangulation, therefore, are varied and have a wide range in terms of location. It is important, however, to first identify the various forms of strangulation that may occur before understanding the different signs and evidences that would then point to strangulation as the immediate cause in a case of unnatural death. Types and causes of strangulation The type of strangulation is mainly identified by determination of the device or instrument used to cause death.

Naming of the types of strangulation are also in accordance with the instrument, if any, that was used. Following are the different types of strangulation. Manual Strangulation The most basic type of strangulation involves the use of the assailant's hands for the constriction of the victim's neck. This is commonly called manual strangulation. (Aggrawal, 2005) A longer time is needed for death to occur in this form of strangulation because of the fact that the victim can struggle against the assailant.

Some variants of manual strangulation involve the use of the assailant's forearms instead of hands for constriction of the victim's throat. Other variations don't employ the use of the hands but involve the assailant's sitting or kneeling on the victim's throat. In the United Kingdom, manual strangulation is more commonly referred to as " throttling" while it is referred to as " choking" in the United States. (Aggrawal, 2005; Jones, 2006; Strack & McClane, 1999) Manual strangulation is most commonly seen in crimes with men assailants going against women or children.

It is seldom seen in strangulation crimes of men against men. Male versus male manual strangulation would require a great difference in strength between the assailant and the would-be-victim for success of the act to be assured. (Jones, 2006) Manual self-strangulation is also not possible because unconsciousness will occur at a certain point during the act due to lack of blood to the brain. Pressure can no longer be applied once unconsciousness is reached, thus the incompleteness of the act. (Strack & McClane, 1999) Manual strangulation is most common in cases with previously reported domestic violence.

A history of physical abuse in the household could easily escalate into a scenario wherein choking or throttling takes place. The purpose of an individual when placing his or her hands or arms around the neck of another is clear. Homicidal intent is unquestionable with even the mildest act of manual strangulation as this is lethal behavior that is known for its high risk of fatality in the victim. (Turler, 2007) Choke Holds. A special form of manual strangulation is identified as the choke hold. Despite articles to the contrary, statistics show that the practice of choke holds by officers of the law have had fatal conclusions.

Choke holds, also known as the “ carotid restraint hold”, “ shime waza”, “ bar arm” or “ sleeper hold”, were taught to officers as a means for them to subdue the individuals they apprehended. However, insufficient control of the amount of force used by the officer applying the choke hold could lead to unintentional death for the suspect. Choke holds do not usually leave external markings on the victim and as such are hard to pinpoint as cause of death. (Hawley, 2002; Jones, 2006) Ligature Strangulation The type of strangulation that is most commonly seen in criminal cases is ligature strangulation.

This is a form of strangulation that involves the use of any ligature, band, or similar instruments to constrict the neck. Some of examples of instruments used for constriction in ligature strangulation cases include the following: ropes, neckties, scarves, stockings, metal wires, shoelaces, bootlaces, necklaces, clotheslines, sweaters, brassieres, belts, electrical cords, scarves, metal collars, bowstrings, and even telephone cords. (Aggrawal, 2005; Jones,

2006; Turvey, 1996; Strack & McClane, 1999) Hanging and other suicides by ligature strangulation

Hanging can be considered as a special type of ligature strangulation involving the suspension of the victim's body through the ligature wrapped around the neck. It seldom leaves ligature marks, periligature injuries, or internal neck injuries on suicide victims. Ligature marks as well as periligature injuries are often left on the necks of the victims indicative of the type of ligature used during strangulation. These are usually absent in suicide hanging victims unless prolonged pressure was applied to the neck. This indicates an extended period of time during which the body was undiscovered.

Homicides by ligature strangulation may also be lacking in marks if the criminal involved was quick to remove the ligature used and was able to apply minimal pressure during the act. (Mohanty et al, 2003; Jones, 2006; Turvey, 1996; Hawley, 2002; Strack & McClane, 1999) Suicide by ligature strangulation is possible not only through the process of hanging. Cases have been seen wherein the victim killed themselves by securing a ligature around their necks while lying in bed. The appearance of the scene was much like that of the appearance of a homicide by strangulation crime scene.

A good medical examiner and logical analysis of the data were the only aids in proving the fact that no homicide took place. (see Aggrawal, 2005) Suicide attempts by ligature strangulation always involve the use of a knot in securing the ligature, which is usually wound around the victim's neck

several times. The reason behind this is clear. As with manual strangulation, pressure can no longer be applied after the victim loses consciousness, tying a knot allows for constant pressure application. (Aggrawal, 2006; Jones, 2006) Garroting. Another special type of ligature strangulation is garroting.

This involves an attack coming from behind the victim. The ligature is thrown over the neck and quickly pulled tight to achieve the assailant's goal of incapacitating, harming or even killing the victim. Garroting is an efficient type of strangulation that offers the advantage of surprise to those who use it. It lends more power to the assailant's assault and renders healthy males unconscious so rapidly that the attacker can choose to tie the ligature single-handedly around the victim's neck. (Strack & McClane, 1999; Aggrawal, 2006) Palmar Strangulation

A rare form of strangulation involves the use of the palms to cover the nose and mouth of the victim. This blocks air from entering the respiratory pathway and the resulting internal damage is similar to that of manual and ligature strangulation. (Aggrawal, 2006) Palmar strangulation, however, remains a questionable form of strangulation as it does not adhere to some of the more accepted definitions of the term which specify compression to the neck as a characteristic. Auto-erotic Asphyxiation Auto-erotic asphyxiation is a condition that results after self-strangulation.

Auto-erotic asphyxiation is usually achieved through manual or ligature strangulation. It is not a direct type of strangulation but is a special case that results from the use of the different types of strangulation. This section focuses on the condition of auto-erotic asphyxiation because there are many

crime scenes that include such incidences of strangulation victims. These cases are usually reported in by the sexual partner of the victim with reports of substance abuse, alcohol-use or drug-use, in order to cover up the act of strangulation during intercourse.

This may be due to fear of being prosecuted in a court of law or fear of being judged socially for the practice. Individuals willingly inflict a violent strangulation upon themselves during a sexual act in order to experience heightened pleasure. This is known scientifically by the American Psychiatric Association as hypoxiphilia because the main reason why the pleasure of orgasm is said to be increased is the sensation of hypoxia that takes place during the strangulation. The lack of oxygen to certain regions of the brain is said to heighten the sexual experience for the individual being strangled. (Hazelwood et al, 1983)