



### D58 Strangulation in Sexual Assault: A Case Study

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After attending this presentation, attendees will recognize physical indicators of strangulation in the course of sexual assault, methods of documentation, and barriers to evidence collection and prosecution.

This presentation will impact the forensic community by highlighting the need for multiple forms of documentation of strangulation in sexual assault for best victim and investigation outcomes.

Strangulation is frequently used as a means of power and control in sexual assault. Obstruction of the airway and major vessels of the neck may lead to disorientation, unconsciousness or death of the victim. After an incident of strangulation the victim may be unable to clearly articulate the events which took place during the attack, describing symptoms such as headache, hoarseness, vomiting, a perception of throat swelling or closure, and shortness of breath. In addition, perceptions of symptoms may also be altered by ingestion of alcohol or drugs. Although a ligature or other device can be used the most common form of strangulation occurs with the hand or forearm. Symptoms result from a combination of how much force the attacker applies, the location on the neck and the surface area over which the force is applied as well as the amount of the applied force. Strangulation can result in no visible injury or may produce hematomas and abrasions of the neck, petechiae of the conjunctiva, skin surface, and mucous membranes, and subconjunctival hemorrhage of the eyes. The amount of time that passes between the assault and the forensic examination can make a difference in being able to document visible injuries.

In April of 2007 a 29 year old female reported being strangled during the course of an attempted sexual assault to the San Diego Sheriff's Office in Encinitas, California. The victim, who had been out drinking with a friend, was attacked at her vehicle where the assailant strangled and beat her, resulting in multiple trauma and vomiting. Prior to the forensic examination the patient was taken to a local Emergency Department where she was medicated with Ativan, treated for her injuries, and a laceration below her eye was sutured. She was then transferred by the Sheriff's Department to Pomerado Hospital in Poway, California for a forensic evidentiary examination.

During the course of the forensic interview the victim stated that penile-vaginal penetration had occurred and that the assailant used his hands to grab her throat. While holding her by the throat he shook her by the neck and told her he could kill her. The victim denied loss of consciousness and thought she may have had some memory loss but her memory was returning post-assault. During the course of the investigation it was learned that the suspect was in the United States illegally, spoke little or no English, and was a previously deported felon.

Documentation of the victim's injuries was performed with a digital 35 mm camera, a colposcope, and written documentation on the California Office of Emergency services form 923. Hematomas were noted to the neck bilaterally, as well as multiple bruises to the upper back, both arms right leg, and face. Black debris was found intra-vaginally.

This presentation will show the multiple documentation techniques employed in this investigation and discuss the challenges in a forensic examination of strangulation in sexual assault.

#### **Strangulation, Sexual Assault, Forensic Examination**