

E21 Applying a Standardized and Scientific Approach to Recognize and Investigate Co-Occurring Criminal Forms of Fatal and Non-Fatal Asphyxiation in Order to Broaden Assessments to Include the Possibility of Other Types of Criminal Asphyxiation That Include at Least One Type of Aquatic Asphyxiation

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Learning Overview: The goals of this presentation are to: (1) describe and list at least two types of criminal aquatic asphyxiation; (2) state at least three reasons why law enforcement, medical personnel, social workers, victim advocates, death investigators, and the jurisprudence community should be trained to be capable of identifying victims of fatal and non-fatal Co-Occurring Criminal Asphyxiation (COCA); (3) identify at least three approaches for continued improvement of identification and investigation of COCA; (4) list at least five questions that can be asked of potential victims of COCA; (5) provide at least four examples of what to look for, document, and collect on possible COCA crime scenes; (6) describe at least five injuries to look for and document when examining the bodies of possible victims of fatal or non-fatal COCA; and (7) list at least five current or past medical history diagnoses or symptoms that should be considered when investigating possible COCA incidents.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by raising awareness of the existence of COCA cases by presenting examples of fatal and non-fatal COCA case histories that include at least one form of aquatic asphyxiation. This presentation will impact the forensic science community by introducing practices to better identify multiple forms of criminal asphyxiation.

There have been significant improvements during the past two decades in the identification, investigation, documentation, research, prosecution, and prevention of Intimate Partner Violence (IPV) fatal and non-fatal strangulation cases.^{1,2} Research, training, and tools, such as investigation forms for law enforcement and medical personnel, are continuing to make strides in overcoming challenges, such as the lack of victim self-reporting.^{3,4} A next step is to broaden the net in order to do the same with additional types of criminal asphyxiation, such as manual suffocation, dunking, and waterboarding that occur to victims of IPV as well as additional populations, including pediatric, political prisoner, and trafficking victims.⁵⁻⁷

Once a possible strangulation assault has been identified, the investigation needs to continue looking for possible COCA that is defined as a criminal fatal or non-fatal assault involving more than one type of criminal asphyxiation. Some COCA incidents include a poorly understood type of asphyxiation that involves the use of water or other fluids to assault, torture, or kill victims. This study focuses on COCA incidences in which land asphyxiations (e.g., strangulation or manual suffocation) occur in conjunction with aquatic asphyxiation (e.g., dunking or waterboarding).

There are several challenges to recognizing cases of COCA, or a single-type of non-strangulation, fatal or non-fatal criminal asphyxia. It has been shown in several case histories that when effective strangulation investigation questioning results in an admission of non-fatal strangulation, those victims may not self-report that they also endured criminal aquatic asphyxiation. There have been cases in which children reported being the victims of non-fatal aquatic asphyxiation and were not initially believed so that timely investigations were not initiated. Although more law enforcement and medical investigators are becoming aware of the physical signs and symptoms of strangulation, this is not yet true for aquatic and other types of criminal asphyxiation.^{3,4,8}

Fatal drowning is mainly a diagnosis of exclusion, making it challenging to recognize incidents of fatal criminal aquatic asphyxiation if the deaths are staged to appear as having different causes or manners of death, such as opioid overdoses or accidental drowning. Alternatively, there are cases of homicidal strangulation cases that were initially misdiagnosed as accidental drownings. In some locations, decedents who appear to have died from accidental drug overdoses or drownings may not have autopsy examinations.⁹

COCA incidents require evidence-based investigative questions specific to each type of asphyxiation as has been demonstrated by the need for specific assessment questions for the identification of strangulation. The first step to combating these crimes is creating an awareness of their existence within forensic, medical, and social work communities. The next step is the creation of effective, evidence-based, investigative questions and checklists that can be used by COCA-trained law enforcement, medical personnel, forensic interviewers, death investigators, and members of the jurisprudence community to identify cases and provide effective documentation of physical and psychological injuries and scene evidence that otherwise could be overlooked.

This study will explain the importance of applying a standardized scientific approach to the recognition and investigation of COCA. The forensic community will also be provided with suggested questions and checklist items that can be used as tools to help identify COCA victims. It is hoped that one result of this presentation is open discussions within medical and forensic communities to better identify, document, investigate, prosecute, and, most importantly, prevent COCA incidents.

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Co-Occurring Criminal Asphyxiation, Strangulation, Drowning