

Strangulation

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Slides from Strangulation Presentation by Gail Starr, RN indicated by G.S.
Training Institute of Strangulation Prevention, San Diego - SP

Objectives

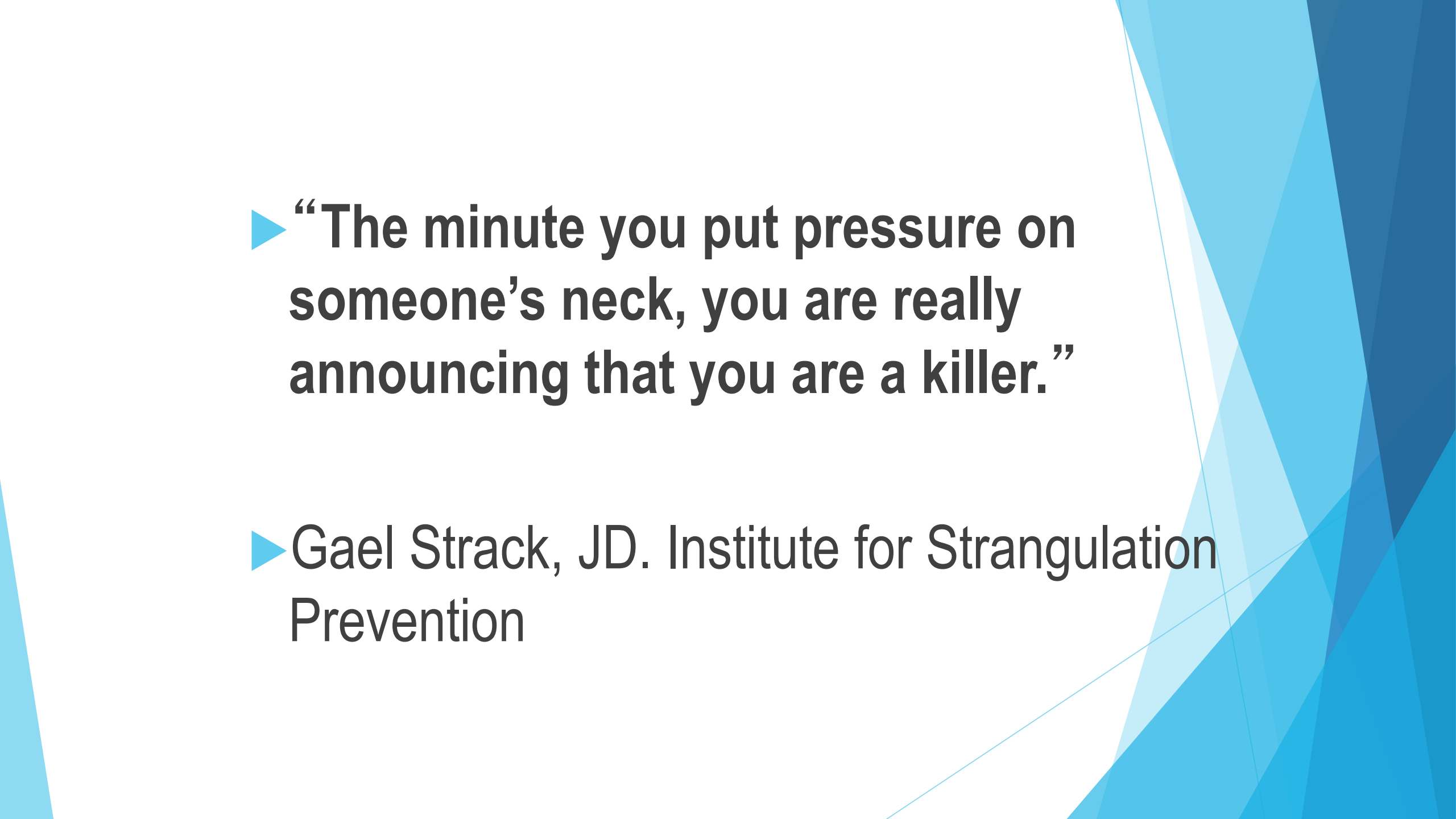
- ▶ Understand the lethality of strangulation.
- ▶ Understand the potential short-term and long-term health risks from strangulation.
- ▶ Basic assessment of strangulation and importance of advocating for an individual.

This presentation may bring up
uncomfortable information or trigger
traumatic memories for the participant.

Please seek support from a trusted
individual to take care of yourself.



You are not alone

- 
- The background of the slide features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the slide, creating a modern, dynamic feel.
- ▶ **“The minute you put pressure on someone’s neck, you are really announcing that you are a killer.”**
 - ▶ Gael Strack, JD. Institute for Strangulation Prevention

“Strangulation is homicide on the installment plan”.

- ▶ Leslie Hagan, Department of Justice, Office of Legal Education, Executive Office for U.S. Attorneys.

Strangulation

- ▶ The ultimate power and control!
- ▶ Can be taken to the brink of death and brought back again.

POWER

A hand holding a blue marker, pointing at the word 'POWER' which is underlined.

Best predictor of potential homicide

- ▶ Strangulation is, in fact, one of the best predictors for the subsequent homicide of victims of domestic violence.
- ▶ One study showed that **“the odds of becoming an attempted homicide increased by about seven-fold for women who had been strangled by their partner”** (Journal of Emergency Medicine, 2008).
- ▶ GS



STRANGULATION IN INTIMATE PARTNER VIOLENCE

FACT SHEET

STRANGULATION:

the obstruction of blood vessels and/or airflow in the neck resulting in asphyxia.



1 in 4

women will experience intimate partner violence (IPV) in their lifetime.¹

Of women at high risk, up to...

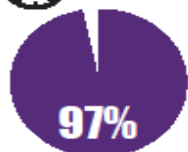


68%

will experience near-fatal strangulation by their partner.²



Loss of consciousness can occur within 5 - 10 seconds. Death within minutes.²



97%

are strangled manually (with hands).³



38%

report losing consciousness.⁴



35%

are strangled along with sexual assault/abuse.⁵
9% are also pregnant.⁴



70%

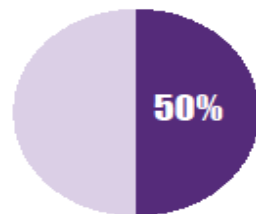
of strangled women believed they were going to die.⁶

And odds for homicide increase **750%**

for victims who have been previously strangled, compared to victims who have never been strangled.⁷

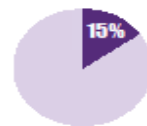
HOWEVER...

Oftentimes,
even in fatal cases,
there are
NO EXTERNAL SIGNS
of injury.³



50%

Only half of victims have visible injuries



15%

Of these, only 15% could be photographed

Types of Strangulation

- ▶ **Manual - 1 Hand, 2 Hand, “chokehold”**
- ▶ **Ligature - Object around neck (rope, cord, shirt)**
- ▶ **Hanging - Gravity with ligature**

Facts About Strangulation

- ▶ Strangulation is not choking - choking is having a piece of food or an object lodged in your throat.
- ▶ Strangulation is caused by manual force, like having one or two hands around the neck, a forearm pressed on your neck or wrapped around your neck, or kneeling on your neck.
- ▶ Strangulation is also caused by a ligature, like a rope, phone cord, electric cord, shoelace or by hanging.
- ▶ SECONDS TO UNCONSCIOUSNESS, MINUTES TO DEATH.

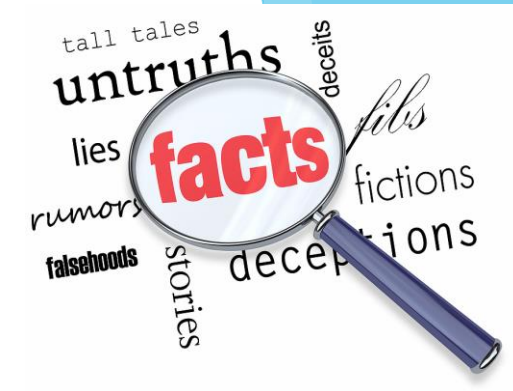


- ▶ New Beginning Program brochure - Zuni, NM

Strangulation Happens *Fast*

- ▶ It takes about *7 seconds* to become unconscious
- ▶ It takes about *14 seconds* to go into a seizure
- ▶ It only takes between *15 and 30 seconds* for the body to start to shut down and lose control of the bladder and bowels
- ▶ *It only takes between one minute and 2 ½ minutes to die*
- ▶ *GS*

Facts About Strangulation



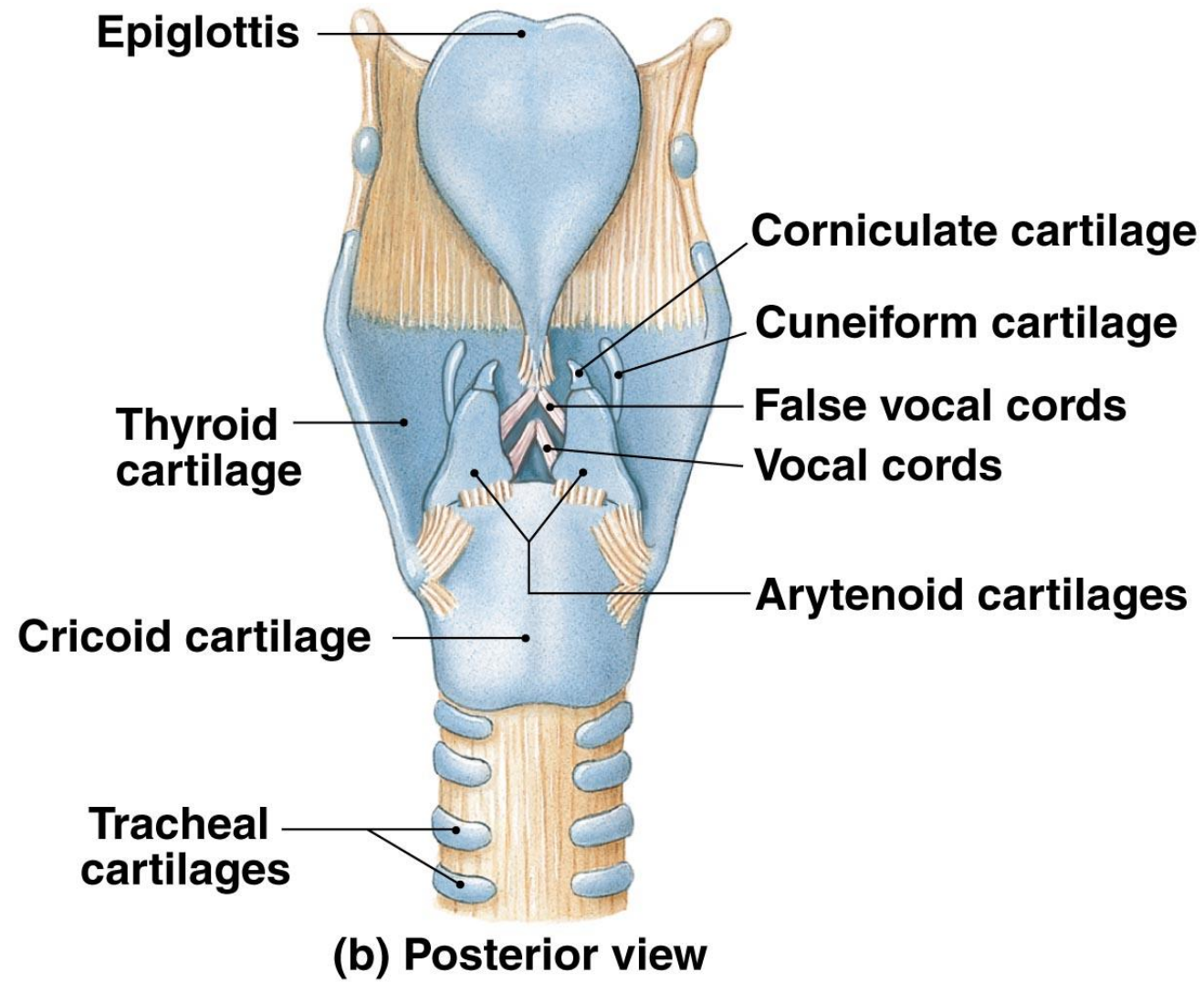
- ▶ Strangulation is one of the most lethal forms of violence.
- ▶ It takes only 10 seconds to lose consciousness.
- ▶ It takes only 4 - 5 minutes until death occurs.
- ▶ You can die within 36 hours AFTER being strangled due to internal injuries.
- ▶ Strangulation occurs when blood vessels and air passages are closed by external pressure on the neck.
- ▶ Strangulation stops oxygen to the brain and blocks the airway.

Victim's Experience of Strangulation prior to loss of consciousness

- ▶ Stage 1: Denial - “I couldn’t believe this is happening to me”.
- ▶ Stage 2: Realization - “This really is happening to me.”
- ▶ Stage 3: Primal - The struggle to preserve life.
- ▶ Stage 4: Resignation - “He’s going to kill me: I hope my kids will be okay”.
- ▶ McClane et. al.



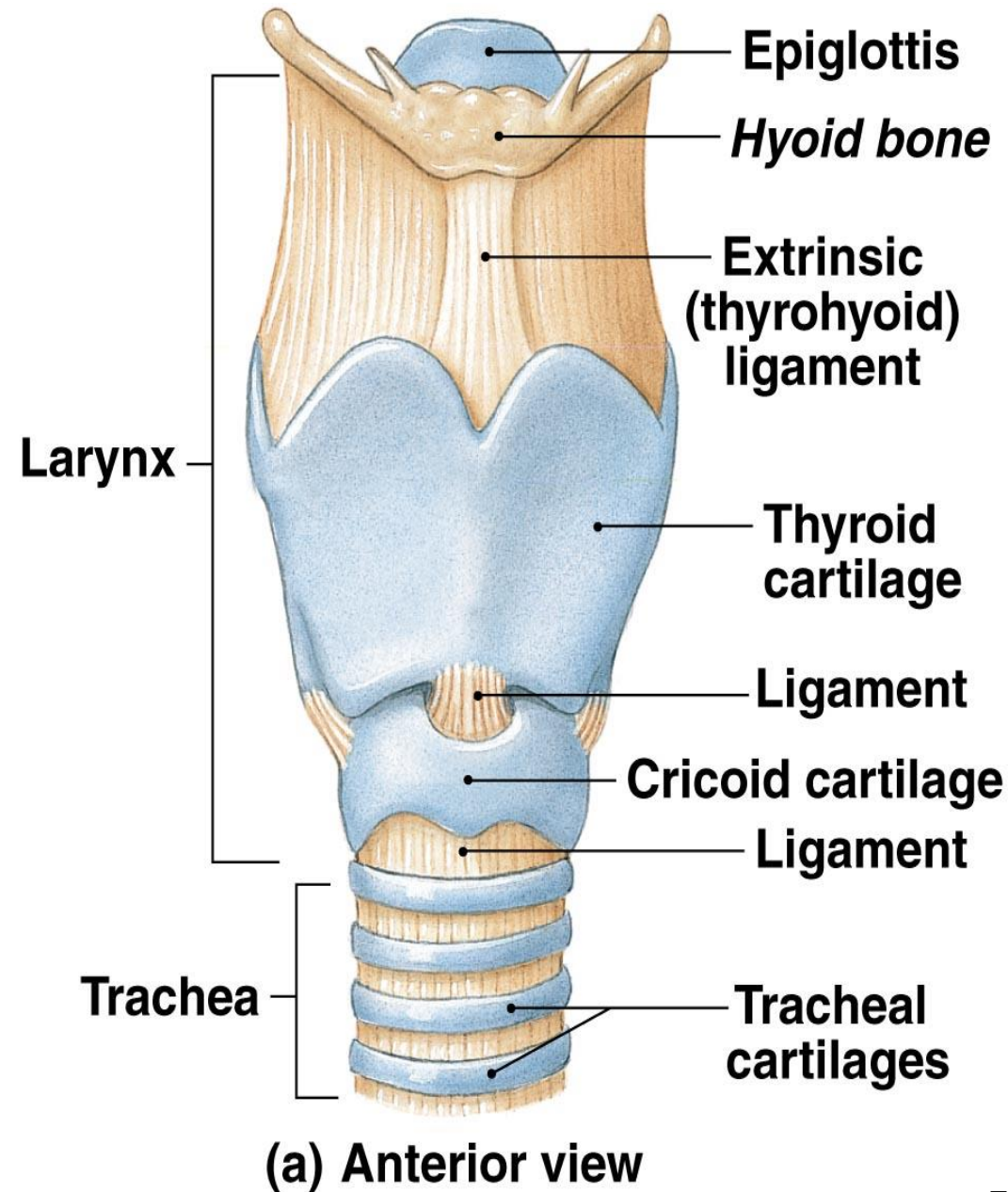
The Anatomy of the Larynx and Vocal Cords



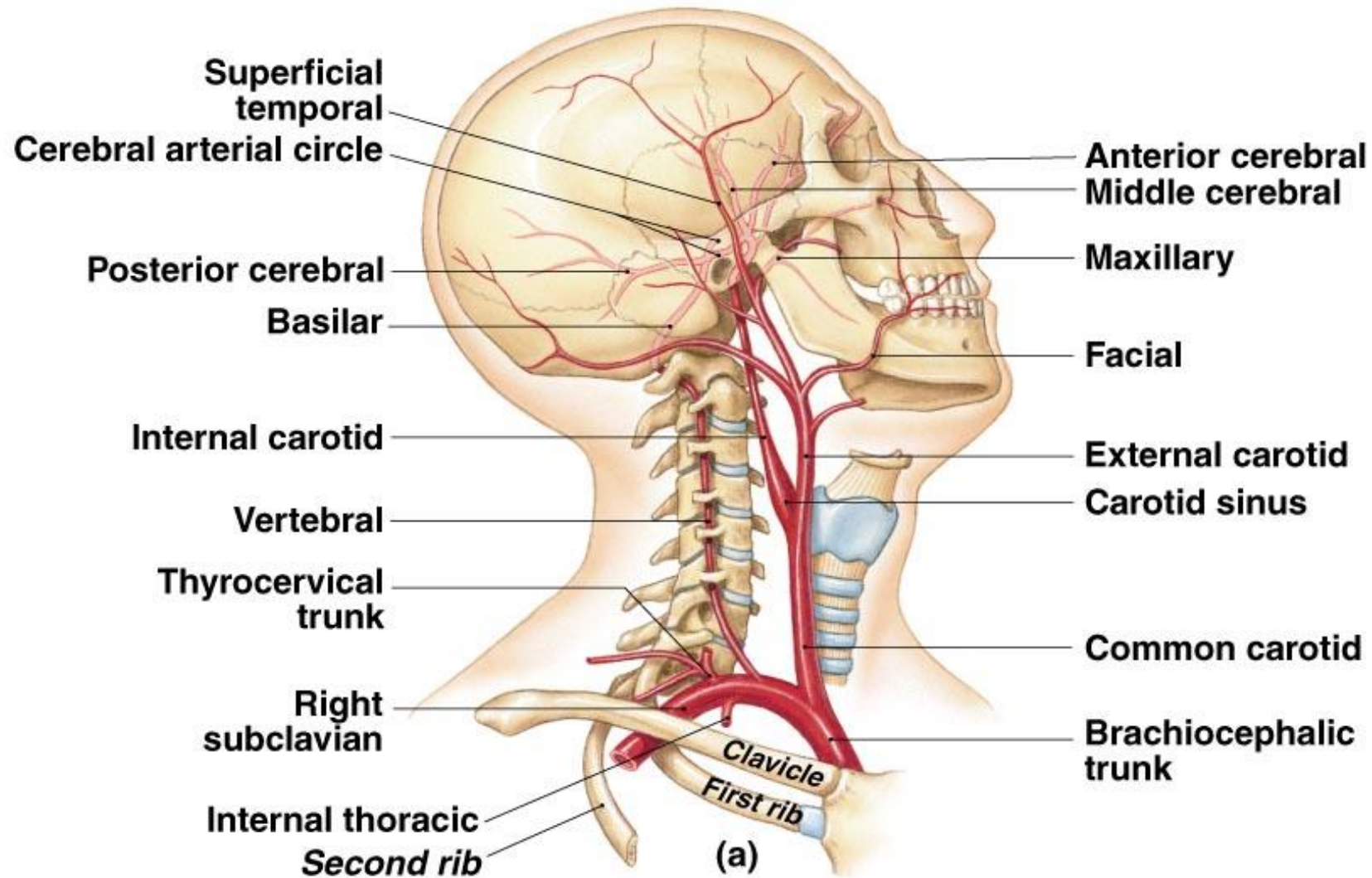
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Figure 15-4(b)

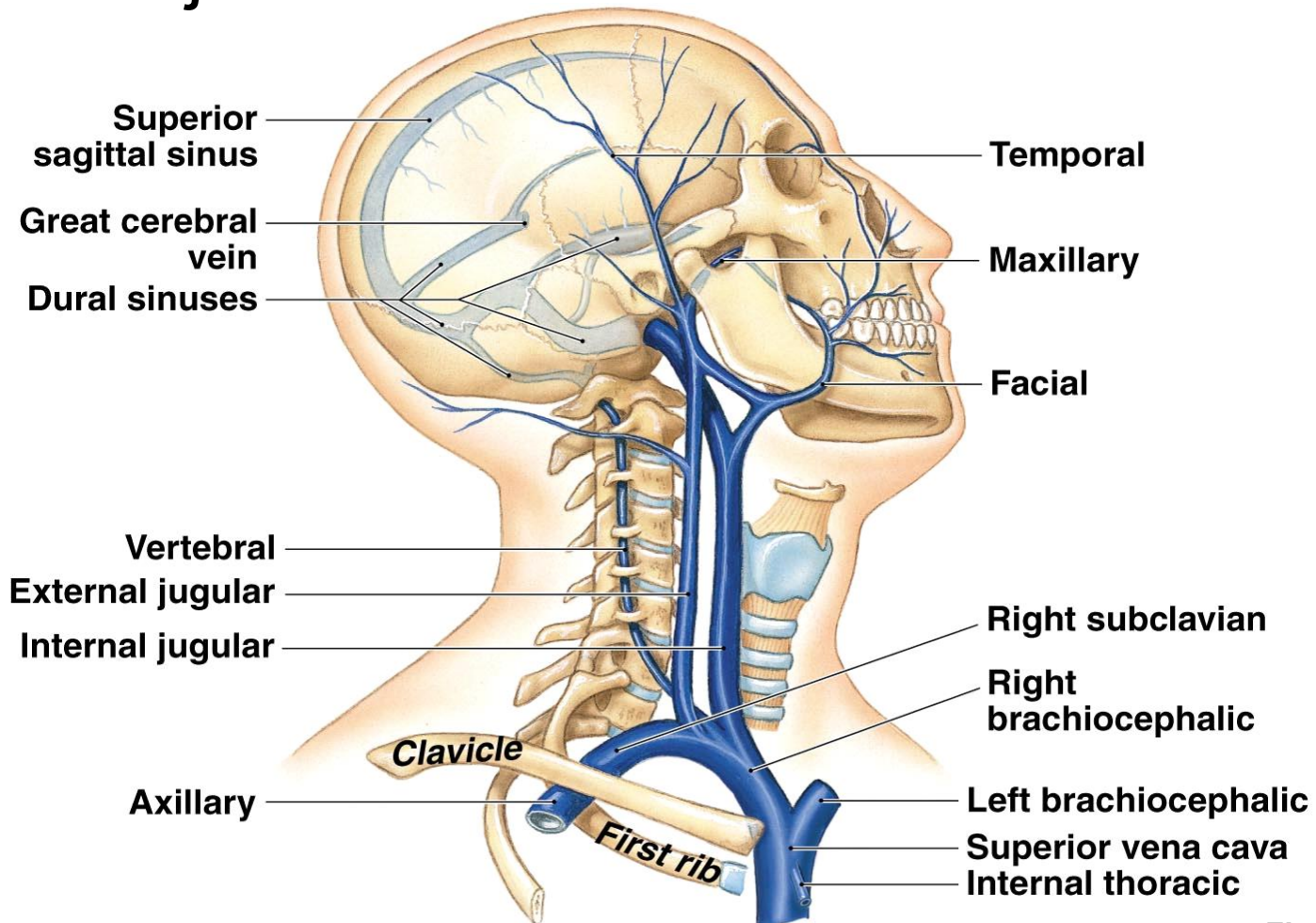
The Anatomy of the Larynx and Vocal Cords



Arteries of the Head and Neck



Major Veins of the Head and Neck

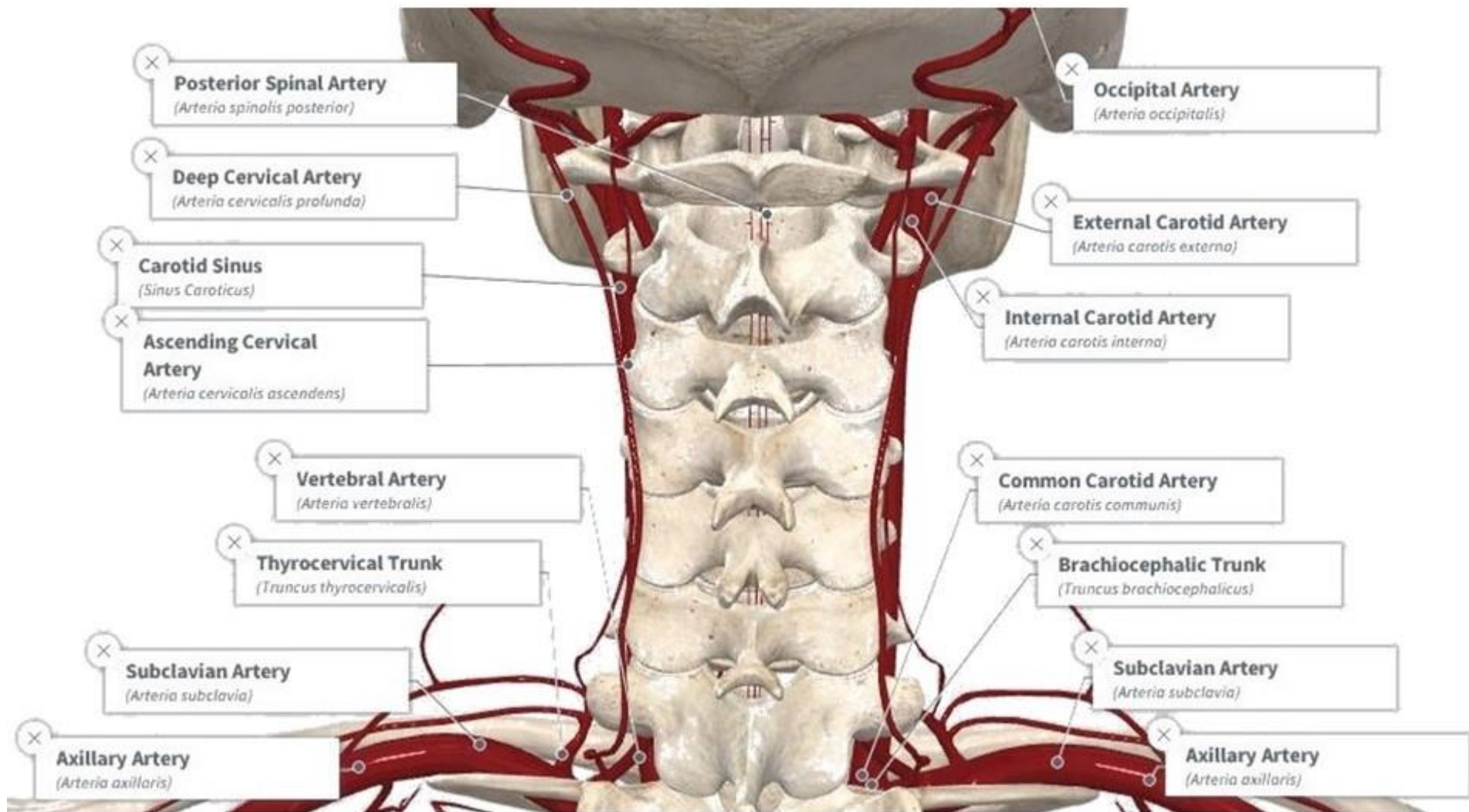


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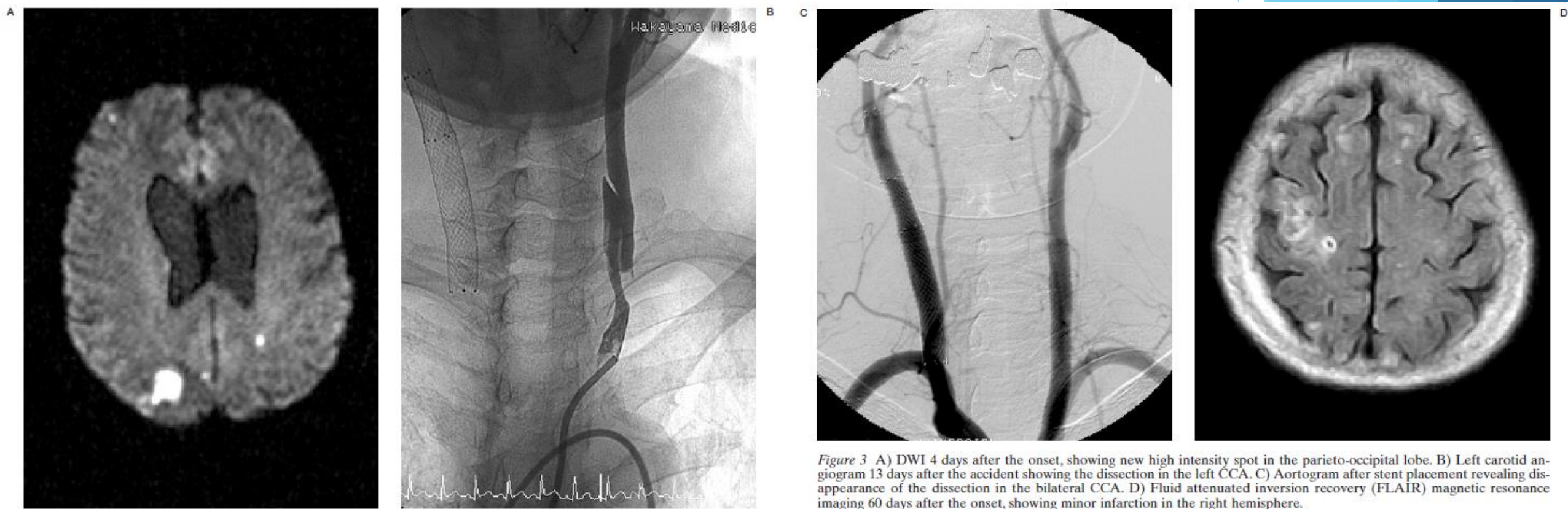
Figure 13-21

Carotid Arteries

- ▶ Carries oxygenated blood to brain
- ▶ 11 lbs. of pressure to occlude
20 lbs. to open can of soda
- ▶ 7 seconds of occlusion: unconsciousness and loss of memory
- ▶ 15 seconds of occlusion: possible brain infarct (stroke)



Posterior Cervical Arteries



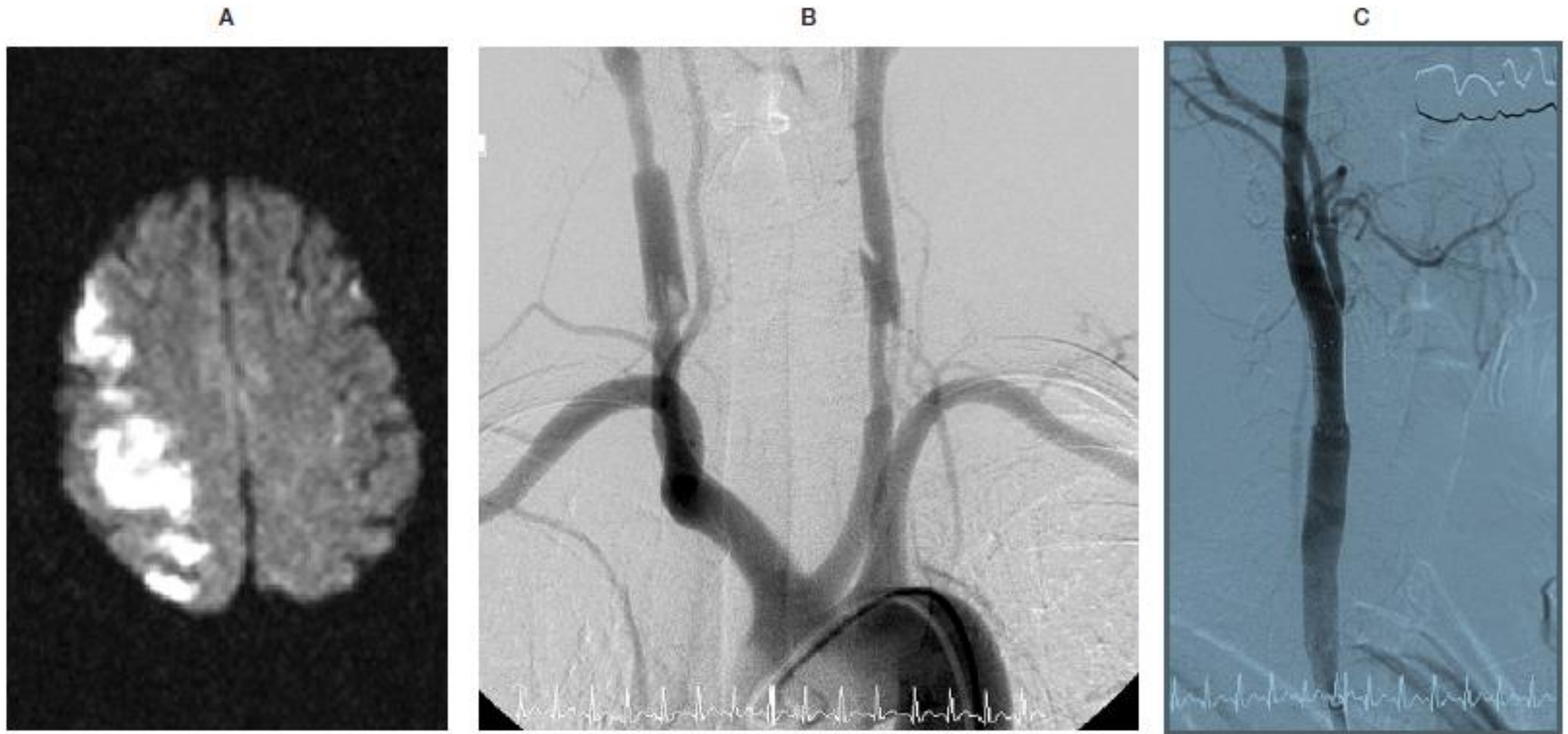


Figure 2 A) Diffusion-weighted magnetic resonance imaging (DWI) one day after the onset, showing new ischemic lesions in the right hemisphere. B) Aortogram one day after the trauma, showing bilateral common carotid dissection. Thrombus or intimal flap is recognized in the right common carotid artery (CCA). C) Right carotid angiograms after stent placement (right oblique view), revealing good patency of the right CCA.

SIGNS AND SYMPTOMS²

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

CONSEQUENCES⁹

PSYCHOLOGICAL INJURY

PTSD, depression, suicidal ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia, and psychosis.

DELAYED FATALITY

Death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, ARDS and the risk of blood clots traveling to the brain (embolization).

Today,
38 States
have legislation
AGAINST
STRANGULATION⁸

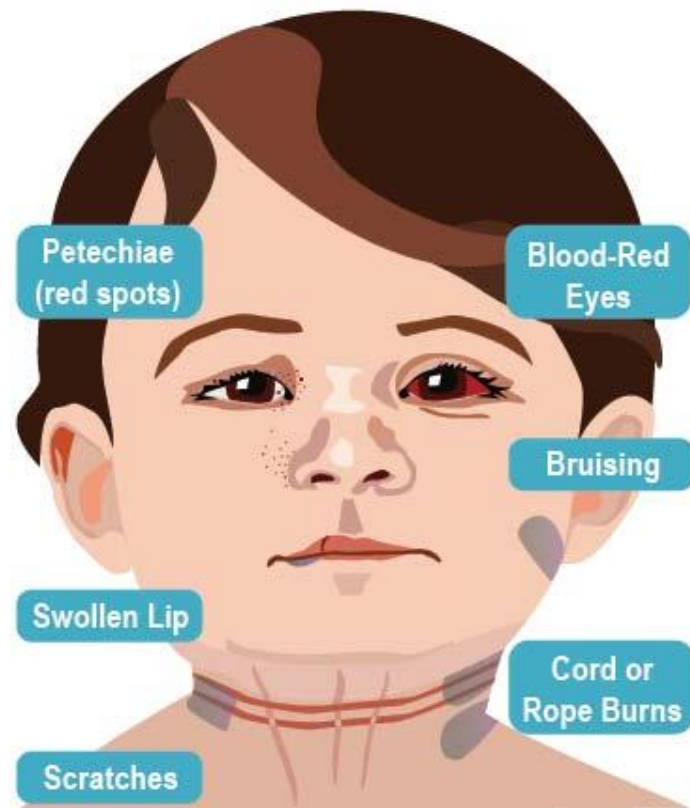
VAWA 2013
added strangulation
and suffocation to
FEDERAL LAW

Source: Strangulation in Intimate Partner Violence: A Review of the Literature and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence—National Intimate Partner and Sexual Violence Survey, United States, 2011. MMWR 2014; 63(SS-8): 1-18.
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9. Funk, M. & Schuppel, J. (2003) Strangulation injuries. *Wisconsin Medical Journal*, 102(3), 41-45.



a program of Alliance for HOPE International
101 W. Broadway, Suite 1770,
San Diego, CA 92101
1-888-511-3522
StrangulationTrainingInstitute.com

Unfortunately, there is pediatric strangulation.





What We've Learned from Research

Studies show:

- ▶ Patients support DV assessments when done so privately
- ▶ They need to be asked about strangulation, specifically.
- ▶ No harm in assessing for DV
- ▶ Interventions improve health and safety
- ▶ Missed opportunities: patients fall through the cracks when we don't ask
- ▶ SP

Strangulation Study Findings

- Study of 300 strangulation cases in San Diego:
- 50% had no visible injuries
- 35% insignificant to minor visible injuries
- 15% significant injuries.
- SP

Strangulation Study Findings

- ▶ History of DV in 89% of cases
- ▶ Children present in over 50%
- ▶ Reluctance to seek medical attention



Documentation

- ▶ Did the victim lose consciousness?
- ▶ Do they have any idea how long?
- ▶ Did they hit their head?
- ▶ Does their voice sound hoarse?
- ▶ Do they have a sore throat?
- ▶ Did they lose bowel or bladder control?
- ▶ Did they have nausea or vomiting?
- ▶ Vision or hearing changes
- ▶ What do you observe?
- ▶ Is the victim pregnant? Risk of miscarriage.

Maybe you will observe.....

- ▶ Voice Changes
- ▶ Swallowing changes
- ▶ Breathing changes
- ▶ Mental status changes
- ▶ Bowel and bladder incontinence
- ▶ Neck swelling



Subjective - what they tell you.

- ▶ Painful/difficult swallowing
- ▶ Sore throat
- ▶ Light-headedness
- ▶ Nausea/Vomiting
- ▶ One-sided weakness
- ▶ Headache
- ▶ How they felt
- ▶ They tell you they thought they were going to die.
- ▶ GS.

LISTEN

Listen carefully to the victim if they tell you they.....

- ▶ Tire quickly
- ▶ Can't seem to wake up
- ▶ Slow to do things
- ▶ Short attention span
- ▶ Poor immediate memory
- ▶ Poor long-term memory of past events
- ▶ Difficulty learning new things and remembering recent events
- ▶ Can't say what I'm thinking well
- ▶ Poor planning
- ▶ Can't get started on or finish tasks
- ▶ Poor organization
- ▶ Blurts things out at the wrong time
- ▶ Poor awareness of problems and solutions
- ▶ Slow to read and remember what was read
- ▶ Slow to do simple addition or can't do it

Danger Assessment

- ▶ Originally developed by Dr. Jacquelyn Campbell in 1986 and the most recent revision in 2019 to include assessment for strangulation. This is an evidenced-based assessment and can be used for free. Certification can also be done for a minimal cost.
- ▶ Google “Danger Assessment” for further information or go to the Tribal Forensic Health Care site.

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking* (use a © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- _____ 1. Has the physical violence increased in severity or frequency over the past year?
- _____ 2. Does he own a gun?
- _____ 3. Have you left him after living together during the past year?
3a. (If you have *never* lived with him, check here: ____)
- _____ 4. Is he unemployed?
- _____ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: ____)
- _____ 6. Does he threaten to kill you?
- _____ 7. Has he avoided being arrested for domestic violence?
- _____ 8. Do you have a child that is not his?
- _____ 9. Has he ever forced you to have sex when you did not wish to do so?

- _____ 10. Does he ever try to choke/strangle you or cut off your breathing?
10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: ____)
- _____ 11. Does he use illegal drugs? By drugs, I mean “uppers” or amphetamines, “meth”, speed, angel dust, cocaine, “crack”, street drugs or mixtures.
- _____ 12. Is he an alcoholic or problem drinker?
- _____ 13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ____)
- _____ 14. Is he violently and constantly jealous of you? (For instance, does he say: “If I can’t have you, no one can.”)
- _____ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)
- _____ 16. Has he ever threatened or tried to commit suicide?
- _____ 17. Does he threaten to harm your children?
- _____ 18. Do you believe he is capable of killing you?
- _____ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don’t want him to?
- _____ 20. Have you ever threatened or tried to commit suicide?

_____ Total “Yes” Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.



RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

Prepared by Bill Smock, MD and Sally Sturgeon, DNP, SANE-A
Office of the Police Surgeon, Louisville Metro Police Department

Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD;
Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD



GOALS:

1. Evaluate carotid and vertebral arteries for injuries
2. Evaluate bony/cartilaginous and soft tissue neck structures
3. Evaluate brain for anoxic injury

Strangulation patient presents to the Emergency Department

History of and/or physical exam with **ANY** of the following:

- **Loss of Consciousness** (anoxic brain injury)
- **Visual changes:** "spots", "flashing light", "tunnel vision"
- **Facial, intraoral or conjunctival petechial hemorrhage**
- **Ligature mark or neck contusions**
- **Soft tissue neck injury/swelling of the neck/carotid tenderness**
- **Incontinence** (bladder and/or bowel from anoxic injury)
- **Neurological signs or symptoms** (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms.)
- **Dysphonia/Aphonia** (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- **Dyspnea** (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- **Subcutaneous emphysema** (tracheal/laryngeal rupture)

History of and/or physical exam with:

- **No LOC** (anoxic brain injury)
- **No visual changes:** "spots", "flashing light", "tunnel vision"
- **No petechial hemorrhage**
- **No soft tissue trauma to the neck**
- **No dyspnea, dysphonia or odynophagia**
- **No neurological signs or symptoms** (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms)
- **And reliable home monitoring**

• Subcutaneous emphysema (tracheal/laryngeal rupture)

Recommended Radiographic Studies to Rule Out Life-Threatening Injuries* (including delayed presentations of up to 6 months)

- **CT Angio of carotid/vertebral arteries**
(*GOLD STANDARD* for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) **or**
- **CT neck with contrast** (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) **or**
- **MRA of neck** (less sensitive than CT Angio for vessels, best for soft tissue trauma) **or**
- **MRI of neck** (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) **or**
- **MRI/MRA of brain** (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)
- **Carotid Doppler Ultrasound** (*NOT RECOMMENDED*: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)

*References on page 2

Discharge home with detailed instructions to return to ED if:
neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

(-)

Continued ED/Hospital Observation
(based on severity of symptoms and reliable home monitoring)

(+)

- Consult Neurology/Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia

Identifying Visible Injuries

The reference guide below provides a summary of what to look for on a victim who has reported being strangled or who is believed to have been strangled.

Face	Eyes & Eyelids	Nose	Ear	Mouth
<div><input type="checkbox"/> Red or flushed</div> <div><input type="checkbox"/> Pinpoint red spots (petechiae)</div> <div><input type="checkbox"/> Scratch marks</div>	<div><input type="checkbox"/> Petechiae to R and/or L eyeball (circle one)</div> <div><input type="checkbox"/> Petechiae to R and/or L eyelid (circle one)</div> <div><input type="checkbox"/> Bloody red eyeball(s)</div>	<div><input type="checkbox"/> Bloody nose</div> <div><input type="checkbox"/> Broken nose (ancillary finding)</div> <div><input type="checkbox"/> Petechiae</div>	<div><input type="checkbox"/> Petechiae (external and/or ear canal)</div> <div><input type="checkbox"/> Bleeding from ear canal</div>	<div><input type="checkbox"/> Bruising</div> <div><input type="checkbox"/> Swollen tongue</div> <div><input type="checkbox"/> Swollen lips</div> <div><input type="checkbox"/> Cuts/abrasions (ancillary finding)</div>
Under Chin	Chest	Shoulders	Neck	Head
<div><input type="checkbox"/> Redness</div> <div><input type="checkbox"/> Scratch marks</div> <div><input type="checkbox"/> Bruise(s)</div> <div><input type="checkbox"/> Abrasions</div>	<div><input type="checkbox"/> Redness</div> <div><input type="checkbox"/> Scratch marks</div> <div><input type="checkbox"/> Bruise(s)</div> <div><input type="checkbox"/> Abrasions</div>	<div><input type="checkbox"/> Redness</div> <div><input type="checkbox"/> Scratch marks</div> <div><input type="checkbox"/> Bruise(s)</div> <div><input type="checkbox"/> Abrasions</div>	<div><input type="checkbox"/> Redness</div> <div><input type="checkbox"/> Scratch marks</div> <div><input type="checkbox"/> Fingernail impressions</div> <div><input type="checkbox"/> Bruise(s)</div> <div><input type="checkbox"/> Swelling</div> <div><input type="checkbox"/> Ligature mark</div>	<div><input type="checkbox"/> Petechiae (on scalp)</div> <div>Ancillary findings:</div> <div><input type="checkbox"/> Hair pulled</div> <div><input type="checkbox"/> Bump</div> <div><input type="checkbox"/> Skull fracture</div> <div><input type="checkbox"/> Concussion</div>

Identifying Symptoms of Injury

The reference guide below provides a summary of what to look for when seeking to identify any symptoms of internal injury on a victim who has reported being strangled or who is believed to have been strangled.

Breathing Changes	Voice Changes	Swallowing Changes	Behavioral Changes	Other
<div><input type="checkbox"/> Difficulty Breathing</div> <div><input type="checkbox"/> Hyperventilation</div> <div><input type="checkbox"/> Unable to breathe</div> <div>Other:</div>	<div><input type="checkbox"/> Raspy voice</div> <div><input type="checkbox"/> Hoarse voice</div> <div><input type="checkbox"/> Coughing</div> <div><input type="checkbox"/> Unable to speak</div>	<div><input type="checkbox"/> Trouble swallowing</div> <div><input type="checkbox"/> Painful to swallow</div> <div><input type="checkbox"/> Neck Pain</div> <div><input type="checkbox"/> Nausea /Vomiting</div> <div><input type="checkbox"/> Drooling</div>	<div><input type="checkbox"/> Agitation</div> <div><input type="checkbox"/> Amnesia</div> <div><input type="checkbox"/> PTSD</div> <div><input type="checkbox"/> Hallucinations</div> <div><input type="checkbox"/> Combativeness</div>	<div><input type="checkbox"/> Dizzy</div> <div><input type="checkbox"/> Headaches</div> <div><input type="checkbox"/> Fainted</div> <div><input type="checkbox"/> Urination</div> <div><input type="checkbox"/> Defecation</div>

STRANGULATION EVALUATION TOOL

Exam Date _____ Exam Time _____
Strangulation Date _____ Strangulation Time _____

Glascow Coma Scale (Circle the appropriate score for each, complete the total at the bottom)

Eye Opening	Score
Spontaneous	4
To speech	3
To pain	2
None	1

Verbal Response	Score
Oriented	5
Confused	4
Inappropriate	3
Incomprehensible	2
None	1

Motor Response	Score
Obeys commands	6
Localizes to pain	5
Withdraws from pain	4
Flexion to pain (decorticate)	3
Extension to pain (<u>decerebrate</u>)	2
None	1
Total Score (enter)	

Description of strangulation event(s) in patient's own words: _____

Method/Manner of Strangulation: (Check all that apply)

- ☐ One hand Estimated length of time: _____ seconds _____ minutes
- ☐ Two hands Estimated length of time: _____ seconds _____ minutes
- ☐ "Chokehold" Estimated length of time: _____ seconds _____ minutes
- ☐ Approached from the front
- ☐ Approached from behind
- ☐ Multiple strangulation attempts during incident (how many) _____
- ☐ Jewelry on patient's neck during strangulation
- ☐ Jewelry on suspect's hands/wrist during strangulation
- ☐ Ligature used (describe if possible) _____
- ☐ Smothering attempt (describe) _____
- ☐ Other (describe) _____

During strangulation did the patient note any of the following: (Check all that apply)

- ☐ Loss of consciousness/blacking out/passing out _____ Number of times
- ☐ Incontinence of Urine ☐ Incontinence of Stool
- ☐ Bleeding (describe) _____
- ☐ Patient's feet were lifted off the ground
- ☐ S/he was smothered in addition to strangled (with what) _____

Since the strangulation, has the patient noted any of the following symptoms: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Drooling | <input type="checkbox"/> Dyspnea |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Odynophagia | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Lightheadedness | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Neck swelling |
| <input type="checkbox"/> Stridor | <input type="checkbox"/> Hemoptysis | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Respiratory distress | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Nose Pain | <input type="checkbox"/> Nausea | <input type="checkbox"/> Inability to tolerate supine position |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Crepitus/Subcutaneous emphysema | |
| <input type="checkbox"/> Uncontrolled shaking | <input type="checkbox"/> Combativeness/irritability/restlessness | |
| <input type="checkbox"/> Voice changes (describe) _____ | | |
| <input type="checkbox"/> Vision changes (describe) _____ | | |
| <input type="checkbox"/> Loss of memory (describe) _____ | | |
| <input type="checkbox"/> Mental Status Change (describe) _____ | | |
| <input type="checkbox"/> Bleeding (describe) _____ | | |
| <input type="checkbox"/> Weakness/numbness of extremities (describe) _____ | | |

On a scale of zero (0) meaning no pressure and ten (10) meaning the worst pressure you can imagine, how hard was the suspect's grip or pressure (circle the one that applies):

0 1 2 3 4 5 6 7 8 9 10

☐ Wong-Baker FACES Scale used (insert score) _____

Examination:

Patient Pregnant: ☐ No ☐ Yes Number of weeks ☐

Fetal Heart Rate ☐

Pregnancy related symptoms during or since strangulation:

O2 Saturation:

Time: _____ Level: _____

Time: _____ Level: _____

Lung Sounds: _____

Heart Sounds: _____

☐ Carotid pulse ☐ Normal ☐ Abnormal (Describe) _____

Petechiae ☐ None

☐ Facial _____

☐ Ears _____

☐ Eyes _____

☐ Conjunctival _____

Tongue injury ☐ None ☐ Yes (Describe) _____

Oral cavity injuries ☐ None ☐ Yes (Describe) _____

Subconjunctival hemorrhage ☐ None ☐ Yes (Describe) _____

Neurologic findings: ☐ Ptosis ☐ Facial droop ☐ Unilateral weakness

☐ Paralysis ☐ Loss of sensation

Visible Injury ☐ None ☐ Yes (described on body maps below)

Digital photographs taken ☐ No ☐ Yes

Was the patient strangled: ☐ Yes ☐ No

Symptoms: A= Observed by SANE

B= Reported by Patient

Breathing <input type="checkbox"/> A <input type="checkbox"/> B	Voice <input type="checkbox"/> A <input type="checkbox"/> B	Swallowing <input type="checkbox"/> A <input type="checkbox"/> B	Behavioral <input type="checkbox"/> A <input type="checkbox"/> B	OTHER <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe	<input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck Pain <input type="checkbox"/> Drooling <input type="checkbox"/> Vomiting	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Fainted <input type="checkbox"/> Nausea <input type="checkbox"/> Urination <input type="checkbox"/> Defecation

Face <input type="checkbox"/> A <input type="checkbox"/> B	Eyes & Eyelids <input type="checkbox"/> A <input type="checkbox"/> B	Nose <input type="checkbox"/> A <input type="checkbox"/> B	Ear <input type="checkbox"/> A <input type="checkbox"/> B	Mouth <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> Red or flushed <input type="checkbox"/> Petechiae <input type="checkbox"/> Scratch marks	<input type="checkbox"/> Petechiae to R / L eyeball <input type="checkbox"/> Petechiae to R / L eyelid <input type="checkbox"/> Bloody red eyeball(s)	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/abrasions
Under Chin <input type="checkbox"/> A <input type="checkbox"/> B	Chest <input type="checkbox"/> A <input type="checkbox"/> B	Shoulders <input type="checkbox"/> A <input type="checkbox"/> B	Neck <input type="checkbox"/> A <input type="checkbox"/> B	Head <input type="checkbox"/> A <input type="checkbox"/> B
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark	<input type="checkbox"/> Petechiae (on scalp) Ancillary findings: <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture <input type="checkbox"/> Hair pulled

Method and Manner of Strangulation (have patient demonstrate and photograph if possible)

☐ One Hand (R / L) ☐ Two hands ☐ Forearm (R / L) ☐ Knee/Foot ☐ Ligature/other: _____

For approx. how long? _____ From 1 (low) to 10 (high), how hard was grip? _____

☐ Multiple attempts: _____ ☐ Multiple methods: _____

Is the assailant ☐ Right handed ☐ Left handed ☐ unknown?

Was patient's head pounded against anything? If yes, describe: _____

Did the assailant say anything when strangling patient? _____

What did the patient feel was going to happen? _____

Other information: _____

SUMMARY

- ▶ **Must be assessed even if no visible injuries!**
- ▶ **A lethal form of violence.**
- ▶ **A common form of violence during IPV and SA**
- ▶ Contact me at judith.wolfe@ihs.gov for any electronic resources from this presentation.
- ▶

Resources

- ▶ “Danger Assessment” Jacquelyn Campbell, PhD. RN, FAAN
- ▶ Example of “Dear Doctor” letter from Training Institute on Strangulation Prevention.
- ▶ Example of strangulation discharge instructions. judith.wolfe@ihs.gov
- ▶ Non-Fatal Strangulation Documentation Toolkit: International Association of Forensic Nurses.
- ▶ Strangulation Brochure: New Beginnings Program, Zuni, NM
- ▶ Strangulation Evaluation Tool: Memorial Hospital, Colorado Springs
- ▶ “The Strangulation Patient”: Jill Rable, RN, MSN-ED: webinar, March 2015
- ▶ Training Institute on Strangulation Prevention
- ▶ Tribal Forensic Health Care. www.tribalforensichealthcare.org