Maryland Health Care Coalition Against Domestic Violence

Professional Guidance on Intimate Partner Violence and...

Strangulation

Strangulation remains a widely under-reported form of intimate partner violence (IPV) for many reasons. First, many survivors - and even clinicians - will misidentify strangulation as 'choking' (an internal blockage of the windpipe). Second, even those patients who are familiar with the term strangulation may only think of being "strangled to death" and minimize non-fatal strangulation when being screened in the medical setting. Further, since strangulation may deprive oxygen and oxygenated blood to the brain and/or cause loss of consciousness, survivors may not be clear about the details or outright not recall what happened during a strangulation episode. Finally, because the serious effects of strangulation may be delayed or hidden, survivors may underestimate the importance of strangulation and not think to include information about being strangled when asked for an account of an assault.

DEFINITIONS

Strangulation is the compression or constriction of a body part so as to cut off the flow of blood or air. Note that this is an external event, not an internal blockage (i.e., choking).

It takes roughly 4 ½ pounds of pressure and as little as 15 seconds for a person to lose consciousness while being strangled. It takes as little as 4 minutes for a person to die (Training Institute on Strangulation Prevention, 2013).

Strangulation may be manual (one or both hands or arms, from the front or behind) or mechanical (an implement, such as a cord). Manual strangulation is most commonly used in IPV, and leaves few visible injuries (McClane, Strack, Hawley, 2001).

PREVALENCE

- In one study, 47% of domestic violence victims reported being "choked," and another study showed 68% of victims in a shelter had been strangled at least once (Block, 2000, and Wilbur, L., Higley, M., Hatfield, J. et al, 2001).
- The National Intimate Partner and Sexual Violence Survey conducted by the CDC reported 10% of respondents had been strangled in their lifetime (Breiding Smith, Basile, Walters, Chen, & Merrick, 2014).
- Strangulation accounts for 10% of violent deaths in the Unites States, affecting women more than men (Volochinsky, 2012).

EFFECTS

According to McClane, Strack, and Hawley (2001), strangulation may cause:

- Loss of consciousness
- Loss of oxygen and blood flow- resulting in appearing confused or even intoxicated
- Marks and injuries, including self-inflicted from victim's attempt to get free
- Petechia - small "dots" or burst capillaries from pressure build up, often in and around eyes, mouth and ears
- Pain, tenderness, swelling, difficulty swallowing, voice changes, loss of urine or bowels, spinal and arterial damage, brain damage and TBIs
- Increased risk of miscarriage if pregnant
- Increased risk of stroke, from carotid artery dissection
- Injuries to lymph nodes, and other structures
- Death (immediate or delayed from progressive swelling or other undiagnosed injuries to structures in the neck)

Maryland Health Care Coalition Against Domestic Violence

Professional Guidance on Intimate Partner Violence and...

Strangulation

INTERVENTIONS

- Screen for IPV, including asking specifically, "Have you been choked or strangled…?"
- Educate patients of the potential medical complications secondary to strangulation, as well as medical follow-up referrals that might be needed.
- Additionally, patients should be alerted to the fact that strangulation is an extreme lethality factor, pointing to the abuser's potential for re-abuse and even the capacity to commit homicide. Victims of strangulation are 800% more likely to be killed by their abuser (Glass et al, 2008). The act of strangulation requires that the abuser be in close proximity to the victim and clearly witnesses his or her struggle for an extended period of time. This callousness may make the abuser more likely to be capable of lethal violence.
- Create a protocol which encourages appropriate medical and radiological assessment including CTA. All structures of the neck should be assessed; including the vessels.
- Alternate Light Source (ALS) technology may be used to visualize or enhance discolorations that may be caused by bleeding under the skin. Some jurisdictions utilize ALS for prosecution.

RESOURCES

- Maryland Health Care Coalition Against Domestic Violence's 'Health Care Response to Domestic Violence: An Advocacy-based Manual for Hospital's Facilities and Providers,' Coalition's Strangulation Questionnaire for Advocates and Medical Personnel. Contact the Coalition for further information: dvcoalition@medchi.org
- The Training Institute on Strangulation Preventions: https://www.strangulationtraininginstitute.com/
- Webinar: "Imaging Recommendations for Non-Fatal Strangulation Cases" https://www.strangulationtraininginstitute.com/resources/library/materials/
- Medical Radiographic Imaging Recommendations: https://www.strangulationtraininginstitute.com/resources/library/medical-radiographic-imaging-recommendations/
- International Association of Forensic Nursing Non-Fatal Strangulation Documentation Toolkit:
- http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/resources/Strangulation_Documentation_.pdf

REFERENCES

Block CR, Devitt CO, Fonda D, Fugate M, Marting C, McFarlane J, et al. The Chicago women's health study: risk of serious injury or death in intimate violence: A collaborative research project. Washington, DC: Department of Justice, National Institute of Justice; 2000.

Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report Surveillance Summaries, 63*(8), 1-18.

Glass, N., Laughon, K., Campbell, J., Block, C. R., Hanson, G., Sharps, P. W., & Taliaferro, E. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *Journal of Emergency Medicine, 35*(3), 329-335.

Hawley, D.A., McClane, G., Strack, G.B. (2001). A review of 300 attempted strangulation cases part II: Injuries in fatal cases. *Journ of Emerg Med, 21*(3), 317-322.

McClane, G. Strack, G.B., Hawley, D.A. (2001). A review of 300 attempted strangulation cases part II: Clinical evaluation of the surviving victim. *Journ of Emerg Med, 21*(3), 311-315.

Training Institute on Strangulation Prevention. (2013). The investigation and prosecution of strangulation cases. Training Institute of Strangulation Prevention and California District Attorneys Association.

Volochinsky, B.P. (2012). Obtaining Justice for Victims of strangulation in domestic violence: Evidence based prosecution and strangulation-specific training. *Student Pulse, 4*(10), 1-4.

Wilbur, L., Higley, M., Hatfield, J. et al. (2001). Survey results of women who have been strangled while in an abusive relationship. *Journ of Emerg Med*, (21), 297-302.