



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 airway). 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-rich blood from getting to the brain it could lead to loss of consciousness. Survivors may not be clear about the details or may 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.

A caution: sometimes a strangulation victim will have scratched or bitten the perpetrator in an effort to get the abusive partner’s hands off of the neck. In some cases, the abusive partner will use these injuries to press charges against the victim and the victim may be under arrest. In other cases, the victim will appear to have self-inflicted clawing marks as he or she tried to pry the abusive partner’s hands off of their neck.

DEFINITIONS

- Strangulation is the occlusion of air flow or blood flow of a person because of external compression of the neck. 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 five to ten seconds for a person to lose consciousness while being strangled. It takes as little as 4 minutes for a person to die.¹
- Strangulation may be manual (one or both hands or arms, from the front or behind) or mechanical (an implement, such as a cord, a belt or the strap of a purse). Manual strangulation is the method most commonly used in IPV and leaves few visible injuries.²

PREVALENCE

- The National Intimate Partner and Sexual Violence Survey conducted by the CDC reported 10% of respondents had been strangled in their lifetime.³
- 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.^{4,5}
- Strangulation accounts for 10% of violent deaths in the United States, affecting women more than men.⁶

EFFECTS

- Loss of consciousness
- Loss of oxygenated blood flow, resulting in appearing confused or even intoxicated
- Petechie - 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, arterial damage, brain damage and traumatic brain injuries (TBIs)
- A fractured hyoid bone
- Pulmonary edema (excess fluid in the lungs)
- 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 and/or the brain)^{7,8}



INTERVENTIONS

- Screen for IPV, including asking specifically, “Have you been choked or strangled?”
- 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 injuries through light absorption discolorations that may be caused by bleeding under the skin. Some jurisdictions utilize ALS for prosecution.
- 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.⁹ 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.

RESOURCES

- International Association of Forensic Nursing Non-Fatal Strangulation Documentation Toolkit: http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/resources/Strangulation_Documentation_.pdf
- Maryland Health Care Coalition Against Domestic Violence’s ‘Health Care Response to Domestic Violence: An Advocacy-based Manual for Hospital’s Facilities and Providers,’ Appendix IX: Coalition’s Strangulation Questionnaire for Advocates and Medical Personnel.
- The Training Institute on Strangulation Preventions: <https://www.strangulationtraininginstitute.com/>

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