THE ADVOCACY TOOLKIT FOR SURVIVORS
OF STRANGULATION/SUFFOCATION



TRAINING INSTITUTE on STRANGULATION PREVENTION

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WITH GREAT HOPE

The Training Institute on Strangulation Prevention recognizes and appreciates the significant contributions made by **the Advocacy Committee** under the leadership of **Co-Chairs Michelle Morgan** and **Joyce Bilyeu** in preparing this Advocacy Toolkit to help survivors of non-fatal strangulation. Together we wish to thank and acknowledge all those who participated:

Margaret Abrams, M.A., Executive Director, Rose Andom Center

Yesenia Aceves, Director of Culture and Creative Services, Alliance for HOPE International

Joyce Bilyeu, Deputy Director, Sacramento Family Justice Center

Jill Bring, Program Coordinator, Alliance for HOPE International

Kimberly Chapman, L.C.S.W., Sr. Victim Assistance Specialist, Fort Worth Police Department

Sonya Desai, Family Justice Center Manager, Guilford County Family Justice Center

Jessica Ellis, Advocacy Coordinator, One Safe Place - Fort Worth, Texas

Shannon Farabee, Sanctuary, Inc

Paula Flaisz, Victim Advocate and Prevention and Education Coordinator, Family Advocacy Program - Camp Pendleton

Danielle Francois, M.P.H., Health and Outreach Coordinator, Essex County Family Justice Center

Casey Gwinn, President, Alliance for HOPE International

Theresa Hiegel-Sherman, C.A., V.A.S. III, Victim Assistance Specialist, U.S. Attorney's Office

Jessica Honish, C.S.W., Associate Director/Lead Advocate, Rainbow House Domestic Violence Abuse Services, Inc.

Catherine Johnson, Director, Guilford County Family Justice Center

Maria Lagattuta, L.C.S.W., Director, Morris Family Justice Center

Jessica Membreno, Client Assistance Specialist, Montgomery Co., Maryland Sheriff's Office, Montgomery Co. Family Justice Center

Ella Mitchell, Victim Advocate, Muscogee Nation Center For Victim Services

Michelle Morgan, Executive Vice President, Director of Family Justice Center, One Safe Place - Fort Worth, Texas

Courtney Olson, Executive Director, Rainbow House Domestic Abuse Services, Inc.

Becky Owens Bullard, M.A., Deputy Director of Programs,Metro Nashville-Davidson County Office of Family Safety

Michael Rizzo, Senior Research Associate, Institute for Intergovernmental Research

Suzann M. Stewart, Executive Director, Family Safety Center

Jill A. Smialek, M.S.S.A., J.D., Deputy Director, Cuyahoga County Department of Public Safety and Justice Services

Leanna Stoufer, Legal Advocacy Team Training Specialist, Project Safeguard - Denver, Colorado

Gael Strack, CEO, Alliance for HOPE International

This project is supported all or in part by Grant No.15JOVW-23-GK-05151-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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When assisting someone who has suffered domestic violence or sexual assault

ALWAYS ASK

IF ANY PRESSURE HAS BEEN APPLIED TO THE NECK

AND...

D Help **DOCUMENT** the abuse

O Take the time to **OBSERVE** the victim for subtle signs and symptoms of strangulation and suffocation

M Encourage the victim to seek **MEDICAL ATTENTION**

O **OFFER HOPE** by educating victims about their rights, local resources, and the science of Hope

R Make sure to conduct a **RISK ASSESSMENT**

E **EDUCATE** the victim and others about the seriousness, lethality and long-term consequences of non-fatal strangulation assault

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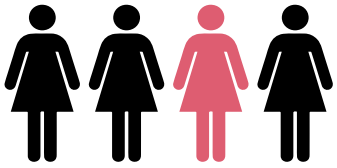
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v 4.5.2023

STRANGULATION
IN INTIMATE PARTNER VIOLENCE

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



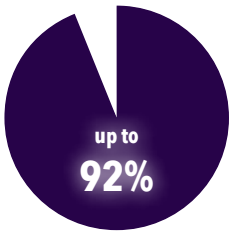
1 in 4 women will experience **INTIMATE PARTNER VIOLENCE** (IPV) in their lifetime [1]

Of women at high risk, between **68-80%** will experience **NEAR-FATAL STRANGULATION BY THEIR PARTNER** [2]

Strangulation survivors have the LOWEST HOPE scores of all victims of domestic violence, with a 31% increase in suicidal ideation [3]



Strangulation is among the most lethal forms of Domestic Violence. Loss of consciousness can occurr within 5 - 10 seconds. Death within minutes [4]



of women who have experienced IPV, including strangulation, are estimated to have suffered some type of a TBI [5]

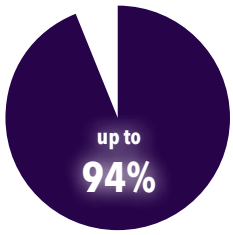


are strangled along with sexual assault/ abuse [6]

9% are also pregnant [7]



of children witnessed their mothers being strangled [8]



of strangled women believed they were going to die [9]



are strangled manually (with hands) [10]



report losing consciousness [11]

And odds for homicide increase 750%
for victims who have been previously strangled, compared to victims who have never been strangled [12]

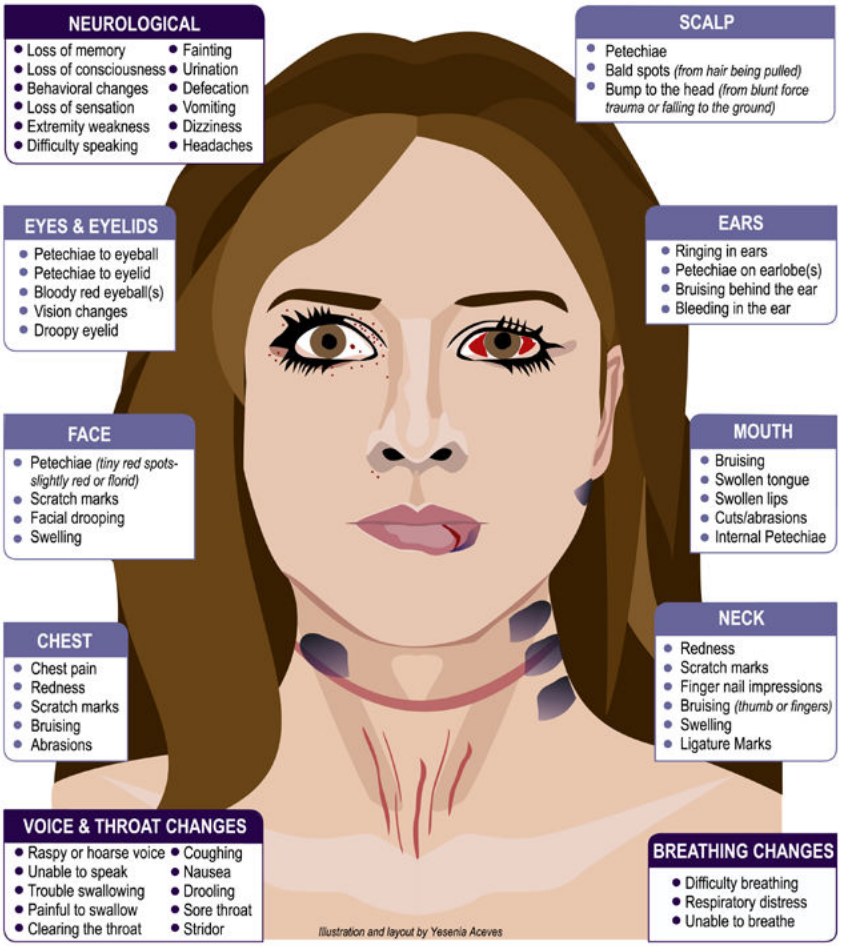
The majority of all POLICE OFFICERS KILLED IN THE LINE OF DUTY are killed by men who have strangled women [13]

Today, **50 States, 22 Tribes** and **2 US Territories** have passed felony strangulation laws [14]

Strangulation and **suffocation** are included in **Federal (2013)** and **Military (2019) Codes** [14]

STRANGULATION

SIGNS AND SYMPTOMS [2]



CONSEQUENCES [15]

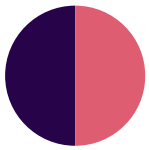
PSYCHOLOGICAL NEUROLOGICAL INJURY and TBI

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

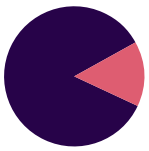
DELAYED FATALITY

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

HOWEVER... Oftentimes, **even in fatal** *cases*, there are **NO EXTERNAL SIGNS** of injury [16]



Only half of victims have visible injuries [10]



Of these, only 15% could be photographed [10]

[1] Breiding, et al (2011). Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization–National Intimate Partner and Sexual Violence Survey, United States. MMWR 2014; 63(SS-8):1-18.

[2] Taliaferro, et al (2009). Strangulation in Intimate Partner Violence. Intimate Partner Violence: A Health-Based Perspective. Oxford University Press, Inc., 217-235; Messing, et al (2018). Differentiating Among Attempted Completed and Multiple Non-Fatal Strangulation in Women Experiencing Intimate Partner Violence. Women's Health Issues, 28(3), 104-111; Wilbur, et al (2001). Survey results of women who have been strangulated while in an abusive relationship. 21J. Emergency Medicine 297.

[3] Gwinn, et al (2018). Hope Rising: How the Science of Hope Can Change Your Life, 113; Wilbur, et al (2001). Survey results of women who have been strangulated while in an abusive relationship. 21J. Emergency Medicine 297.

[4] Patch, et al (2022). Emergency Evaluation of Nonfatal Strangulation Patients: A Commentary on Controversy and Care Priorities. Journal of Emergency Nursing, 48(3), 243-247.

[5] Zieman, et al (2017). Traumatic Brain Injusty in Domestic Violence Victims: A Retrospective Study at the Barrow Neurological Institute. Journal of Neurotrauma, 876-880.

[6] Zilkens, et al (2016). Non-Fatal Strangulation in Sexual Assault, Journal of Forensic and Legal Medicine, 43, 1-7.

[7] Campbell, et al, (2018) The Effects of IPV and Probable Traumatic Brain Injury on Central Nervous System, Journal of Women's Health, 27 (6).

[8] Fitzgerald, et al (2022). The Prosecution of Non-Fatal Strangulation cases: An Examination of Finalised Prosecution cases in Queensland, 2017–2020; The University of Melbourne and The University of Queensland.

[9] Thomas, et al (2014). Do You Know What It Feels Like to Drown. Psychology of Women Quaterly, 38, 124-137.

[10] Strack, et al (2001). A review of 300 attempted strangulation cases: Part I: Criminal Legal Issues. Journal of Emergency Medicine, 21(3), 303-309; Brady, et al (2021). How Victims of Strangulation Survived. Violence Against Women, 1(26).

[11] Shields, et al (2010). Living Victims of Strangulation: A 10-year review of cases in a metropolitan community. American Journal of Forensic Medical Pathology, 31, 320-325.

[12] Glass, et al (2008). Non-fatal strangulation is an important risk factor for homicide of women. The Journal of Emergency Medicine, 35(3), 329-335.

[13] Gwinn, et al (2018). Hope Rising: How the Science of Hope Can Change Your Life, 90.

[14] Training Institute on Strangulation Prevention (2023). https://www.strangulationtraininginstitute.com/resources/legislation-map/

[15] Bergin, et al (2022). Describing Non-Fatal Intimate Partner Strangulation Presentation and Evaluation in a Community-Based Hospital. Journal of Head Trauma Rehabilitation, 37(1),5-14.

[16] DiPaolo, et al (2009). Unexpected Delayed Death After Manual Strangulation, Monaldi Arch Chest Cis, 71(3), 132-134; Luke (1966). Strangulation as a Method of Homicide, Arch Path, Vol. 83.

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FIVE MYTHS ABOUT STRANGULATION

Prepared by Gerald Fineman, Assistant District Attorney, Riverside County, and Dr. William Green, Medical Director, California Clinical Forensic Medical Training Center/ CDAA

MYTH 1

STRANGULATION AND CHOKING ARE THE SAME THING

FACT

STRANGULATION is the external application of physical force that impedes either air or blood to or from the brain.

CHOKING is an internal obstruction of the airway by a foreign object.

SOLUTION

Use a diagram.

Compare to the flow of electrical current.

Compare to the flow of air/water through a closed system (fish tank).

MYTH 2

STRANGULATION ALWAYS LEAVES VISIBLE INJURIES

FACT

Studies show that over half the victims of strangulation lack visible external injury. A victim without visible external injury can still die from strangulation.

SOLUTION

Demonstrate cutting off blood flow to your fingertips by squeezing your wrist with your other hand. Upon release of the grip, you will likely have no identifiable marks. If you do, they will be very short in duration.

MYTH 3

IF THE VICTIM CAN SPEAK, SCREAM, OR BREATHE, THEY ARE NOT BEING STRANGLED

FACT

Since strangulation involves obstruction of blood flow, a person can have complete obstruction and continue breathing until the moment they die from lack of oxygenated blood flow to the brain.

SOLUTION

Again, grab your wrist and squeeze. You can still breathe, yet blood flow is obstructed to the fingertips. If this was the victim's neck, they could still have an open trachea (windpipe) but have lack of blood flow to the brain.

MYTH 4

STRANGULATION CANNOT BE HARMFUL BECAUSE MANY PEOPLE PRACTICE IT (MARTIAL ARTS, MILITARY, LAW ENFORCEMENT)

FACT

Martial arts are a form of combat. The military and law enforcement use strangulation as a lethal form of force.

RISK

There are numerous incidents of death resulting from strangulation. This can even occur during otherwise supervised events, such as sporting events, law enforcement training, etc.

MYTH 5

STRANGULATION VICTIMS SHOULD BE ABLE TO DETAIL THEIR ATTACK

FACT

Trauma impacts the brains ability to store memory. In addition, the hippocampus (part of the brain where memory is stored) is the most sensitive to oxygen deprivation.

When a victim is strangled, both factors can impact the ability to recall.

SOLUTION

Give the example of how limiting the flow of electricity to a digital recording device will prevent it from recording.

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DOMESTIC ABUSE INTERVENTION PROGRAMS
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.theduluthmodel.org

SIGNS AND SYMPTOMS OF STRANGULATION

v1.14.19

Based on: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.

NEUROLOGICAL

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

SCALP

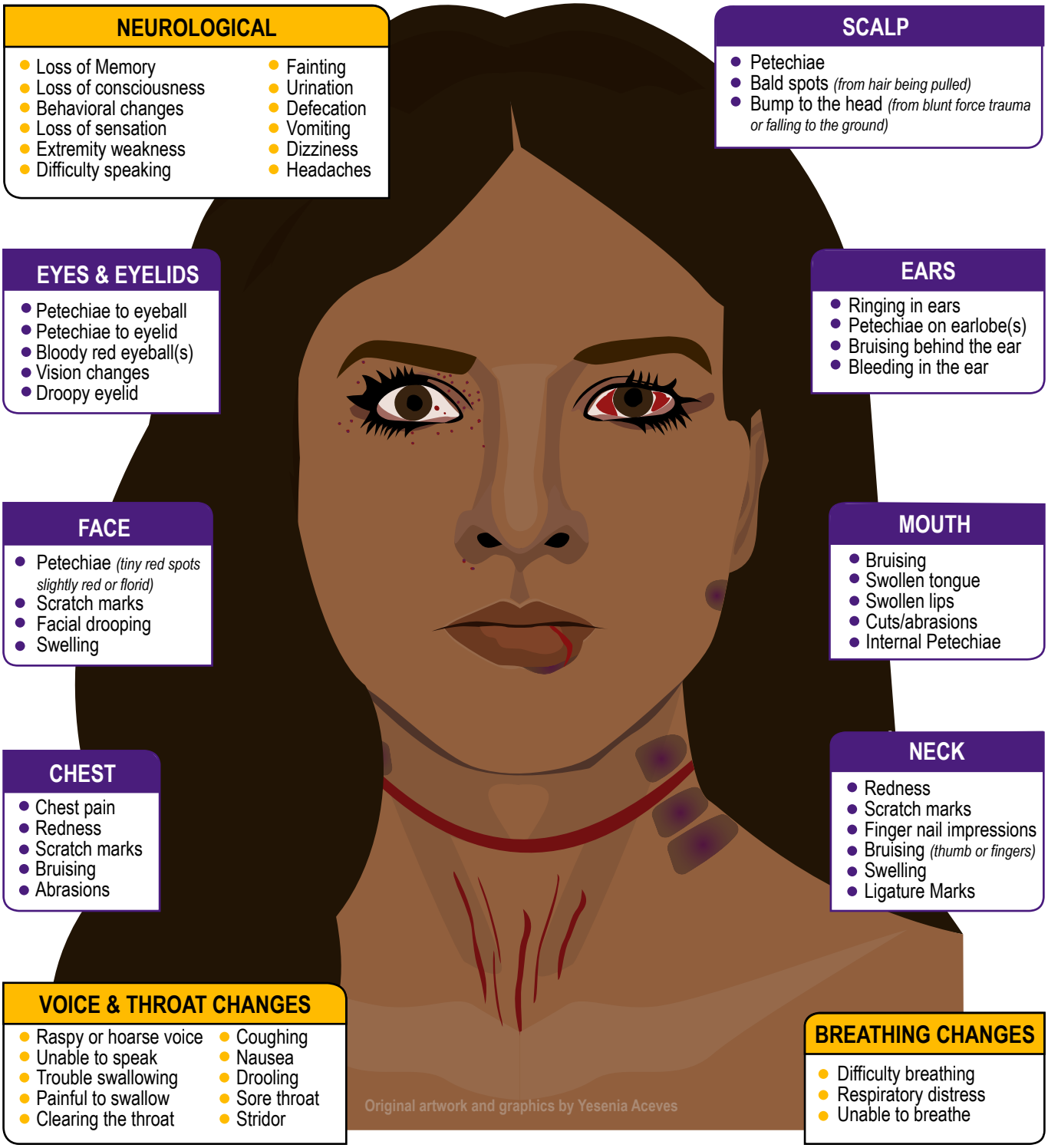
- Petechiae
- Bald spots *(from hair being pulled)*
- Bump to the head *(from blunt force trauma or falling to the ground)*

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

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



FACE

- Petechiae *(tiny red spots slightly red or florid)*
- Scratch marks
- Facial drooping
- Swelling

MOUTH

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

CHEST

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

NECK

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

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

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STRANGULATION

SOURCE: Strangulation in Intimate Partner Violence, Chapter 16

SIGNS & SYMPTOMS

Visible injuries.

Injuries not visible to the naked eye; may be obervable only to the victim.

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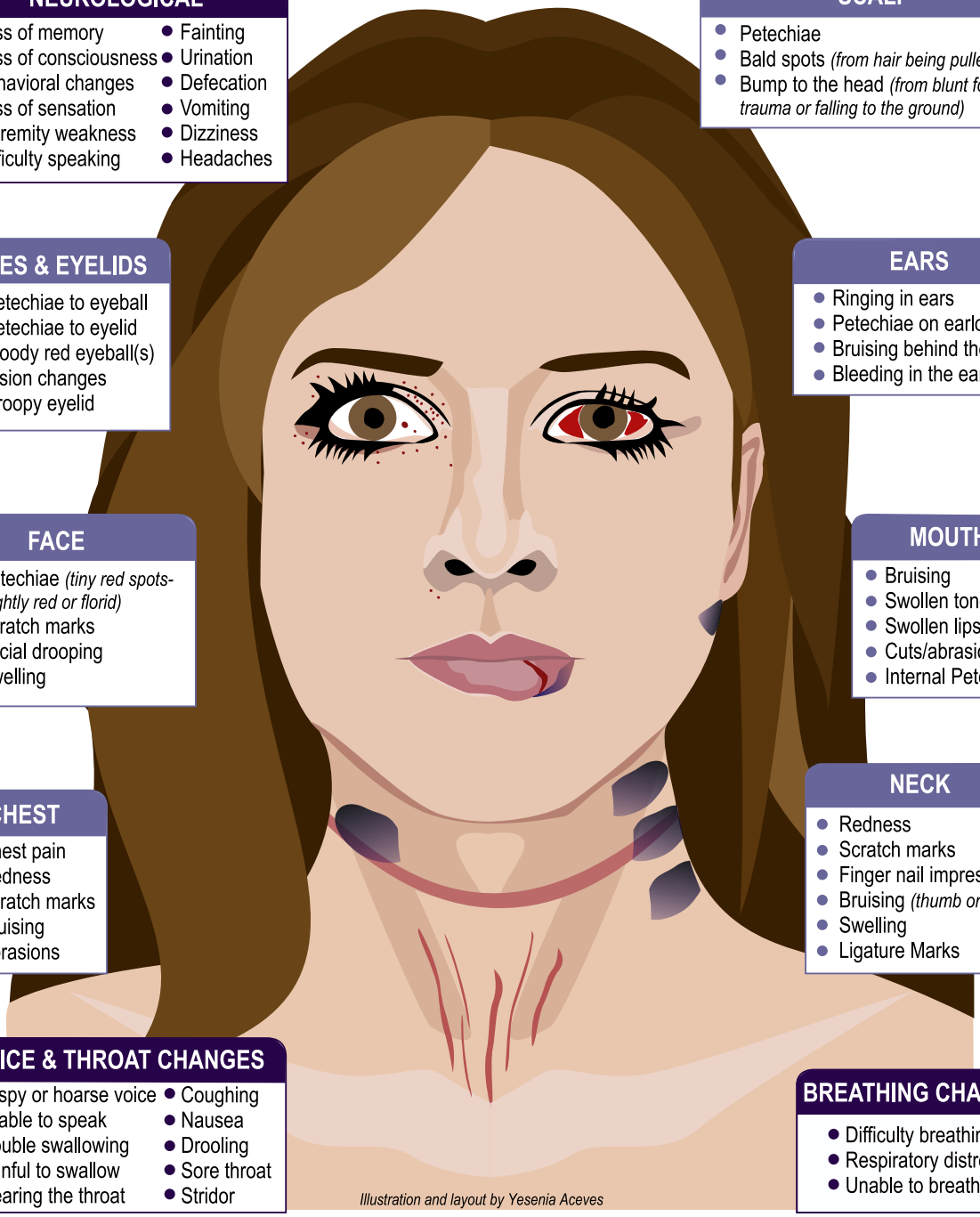
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Illustration and layout by Yesenia Aceves

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- Internal Petechiae

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- Redness
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- Bruising
- Abrasions

NECK

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- Swelling
- Ligature or Clothing Marks

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BREATHING CHANGES

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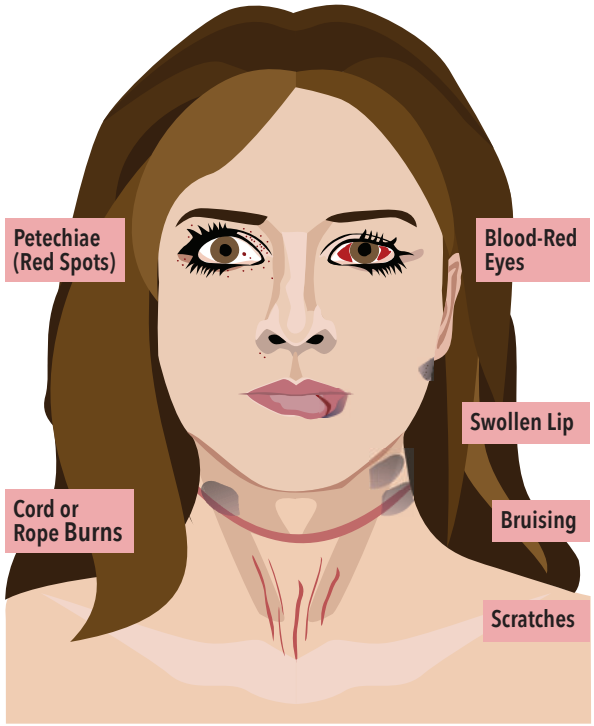
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VISIBLE SIGNS (may not be present)



ADDITIONAL RESOURCES are available for download on our resource library at: allianceforhope.com/training/online-resource-library/ including a larger and more detailed version of the **SIGNS AND SYMPTOMS** graphic shown above. It is available in Adult English, Spanish, and Arabic versions. Pediatric versions in English and Spanish are also available.

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STRANGULATION has only recently been identified as one of the most lethal forms of domestic violence: unconsciousness may occur within seconds and death within minutes. When domestic violence perpetrators choke (strangle) their victims, not only is this a felonious assault, but it may be an attempted homicide. Strangulation is an ultimate form of power and control, where the batterer can demonstrate control over the victim's next breath; having devastating psychological effects or a potentially fatal outcome.

Sober and conscious victims of strangulation will first feel terror and severe pain. If strangulation persists, unconsciousness will follow. Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant, and frequently also producing injury on the face or hands to their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault.

DOCUMENTATION by photographs sequentially for a period of days after the assault is very helpful in establishing a journal of physical evidence.

Victims should also seek medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, lightheadedness, headache, involuntary urination and/or defecation, especially pregnant victims. A medical evaluation may be crucial in detecting internal injuries and saving a life.

LOSING CONSCIOUSNESS is a common symptom in strangulation victims; it is caused by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.



ALLIANCE for HOPE INTERNATIONAL

Vital FACTS for Victims of STRANGULATION

TRAINING INSTITUTE on STRANGULATION PREVENTION

a program of HOPE INTERNATIONAL

strangulationtraininginstitute.com

Illustrations and Graphic Design by Yesenia Aceves

Agency's Contact Information
Anything they want to appear here is fine,
we recommend general phone number and physical address whenever possible.

Monitor Your **SYMPTOMS**

DATE/TIME	DESCRIBE SYMPTOMS

Monitor Your **SIGNS**

DATE/TIME	DESCRIBE SIGNS

DATE/TIME	DESCRIBE ANY OTHER SENSATIONS

SYMPTOMS of Strangulation

VOICE CHANGES Raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.

SWALLOWING CHANGES Trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.

BREATHING CHANGES Difficulty breathing, hyperventilation, unable to breathe.

BEHAVIORAL CHANGES Restlessness or combativeness, problems concentrating, amnesia, agitation, Post-traumatic Stress Syndrome, hallucinations.

VISION CHANGES Complete loss or black & white vision, seeing 'stars', blurry, darkness, fuzzy around the eyes.

HEARING CHANGES Complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.

OTHER CHANGES Memory loss, unconsciousness, dizziness, headaches, involuntary urination or defecation, loss of strength, going limp.

SIGNS of Strangulation

HEAD Pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture, concussion.

FACE Red or flushed, petechiae, scratch marks.

EYES AND EYELIDS Petechiae to the left or right eyeball, bloodshot eyes.

EAR Petechiae (external and/or ear canal), bleeding from ear canal.

NOSE Bloody nose, broken nose, petechiae.

MOUTH Bruising, swollen tongue, swollen lips, cuts/abrasions.

UNDER THE CHIN Redness, scratch marks, bruise(s), abrasions.

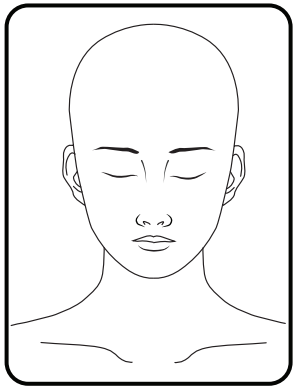
NECK Redness, scratch marks, fingernail impressions, bruise(s), abrasions, swelling, ligature marks.

CHEST AND SHOULDERS Redness, scratch marks, bruise(s), abrasions.

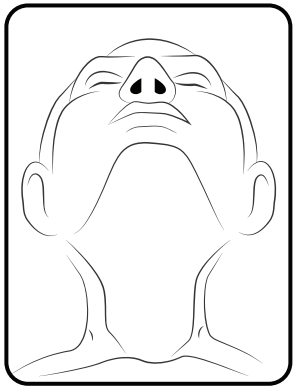
Mark Visible Injuries

Use a pen or marker to indicate any visible signs of strangulation in the diagrams below:

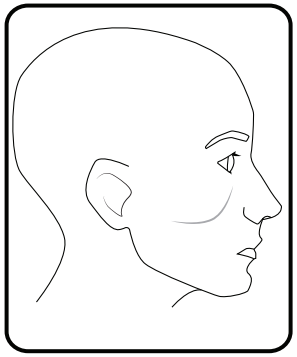
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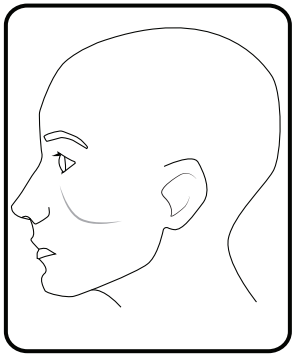
UNDER CHIN



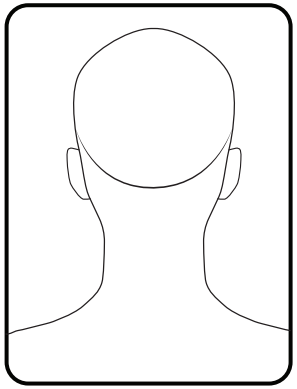
RIGHT SIDE



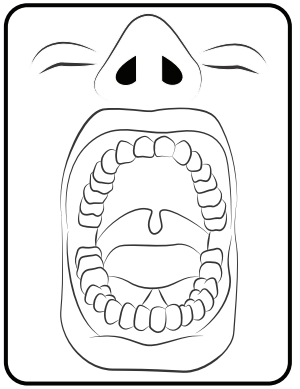
LEFT SIDE



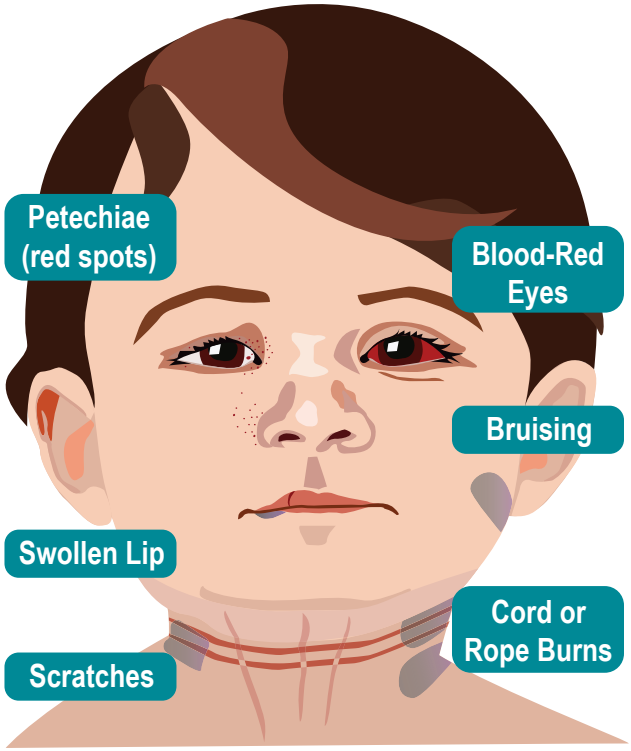
BACK



INSIDE MOUTH



Visible Signs (may not be present)



Additional Signs and Symptoms

A larger version of the graphic above which contains detailed signs and symptoms is available for download at strangulationtraininginstitute.com/resources/library/pediatric/

This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/ program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

A program of ALLIANCE for HOPE INTERNATIONAL

Illustrations and graphic design by Yesenia Aceves

STRANGULATION

Strangulation is often under-recognized in children but no less serious than in adults. Unconsciousness may happen within seconds and death within minutes. Children may be strangled when caregivers lose control, as part of physical and/or sexual assault, or as a way of demonstrating ultimate power and control over the child. Regardless, strangulation of a child can have long-lasting physical and mental health effects and can result in death even months later.

Child victims of strangulation may feel terror and extreme pain. If strangulation continues, unconsciousness will follow. Before sliding into unconsciousness, a child victim may resist violently, producing injuries to their own neck or to the face or hands of their attacker. These defensive injuries may not be present in young or developmentally disabled children, or if the victim is physically or chemically restrained.

Observing Changes

Documentation by photographs organized in order, for a period of days after the attack is very helpful in beginning and building a journal of proof. Victims should be given medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, lightheadedness, headache or holding head, accidental urination and/or bowel movement in children not diapered. A medical evaluation may be extremely important in detecting internal injuries and saving a life.

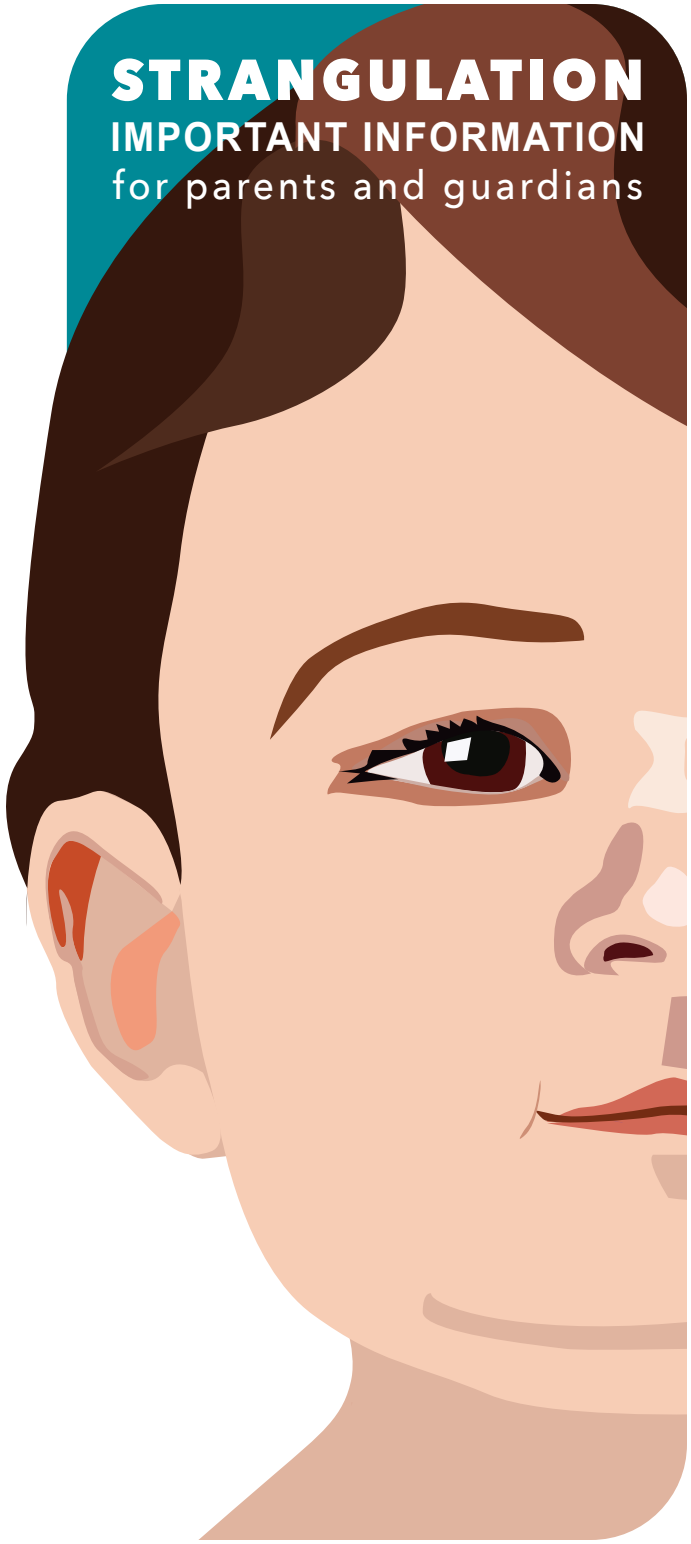
Loss of Conciousness

Victims may lose awareness or faint by any one or all of the following methods: blocking of the blood vessels from the heart in the neck (taking away oxygen from the brain), blocking of the large veins in the neck (preventing deoxygenated blood from exiting the brain), and closing off the tube from the mouth to the lungs, making breathing impossible.

STRANGULATION

IMPORTANT INFORMATION

for parents and guardians



Monitor the Signs

Write down signs on the child, include time/date

Monitor the Symptoms

Write down symptoms in the child, include time/date

Additional notes:

Signs of Strangulation

HEAD–loss of hair, bruises, skull fracture, concussion, red spots (petechiae).

FACE–reddened marks, petechiae, scratches.

EYES AND EYELIDS–petechiae on one or both eyeballs, red and/or bloody eyes.

EAR–petechiae (external and/or ear canal), bleeding from ear canal.

NOSE–bloody nose, broken nose, petechiae.

MOUTH–bruising, swollen tongue, swollen lips, cuts/abrasions(scrapes).

UNDER THE CHIN–redness, scratches, bruises, abrasions.

NECK–redness, scratch marks, fingernail marks, bruise(s), abrasions, swelling, ligature(tie) or clothing marks.

CHEST AND SHOULDERS–redness, scratch marks, bruise(s), abrasions.

Symptoms of Strangulation

VOICE CHANGES–raspy and/or hoarse voice, cough, inability to speak, complete loss of voice.

SWALLOWING CHANGES–difficulty swallowing, pain when swallowing, neck pain, nausea/vomiting, drooling.

RESPIRATORY CHANGES–difficulty breathing, hyperventilation, unable to breathe.

BEHAVIOR CHANGES–restlessness or combativeness, concentration problems, amnesia (memory loss), agitation, hallucinations, post-traumatic stress syndrome.

VISUAL CHANGES–complete loss, or black and white vision, seeing 'stars', blurry, dark, fuzzy around the eyes.

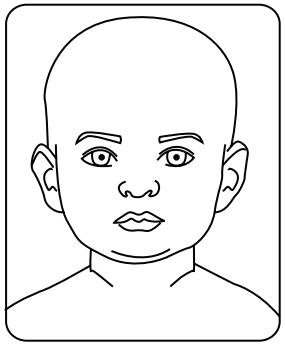
HEARING CHANGES–complete hearing loss, ringing, gurgling, buzzing, popping, pressure, tunnel-like hearing.

OTHER CHANGES–memory loss, loss of consciousness, dizziness, headaches, involuntary urination or bowel movement in potty-trained child, loss of strength, going limp.

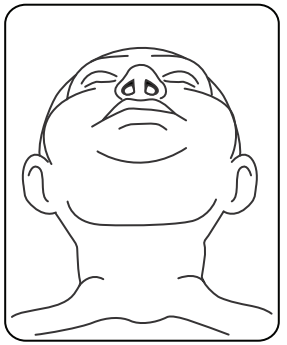
Diagrams to Mark VISIBLE LESIONS

Use a pencil or pen to mark any visible signs

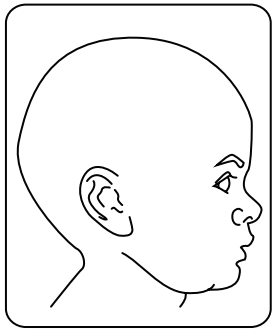
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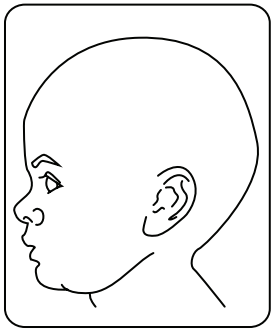
Under Chin



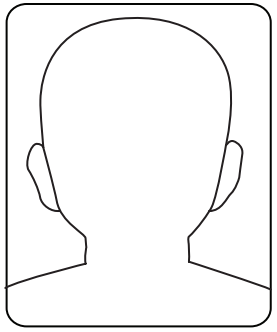
Right Side



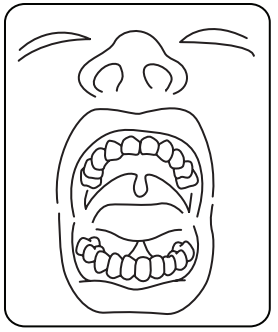
Left Side



Back



Inside Mouth



DANGER ASSESSMENT-5 (DA-5)
BRIEF RISK ASSESSMENT FOR CLINICIANS

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The DA-5 is a brief risk assessment that identifies victims at high risk for homicide or severe injury by a current or former intimate partner.[1-3] It should be used when intimate partner violence has been identified in the Emergency Department or other health care settings, protective order or child custody hearings, or other brief-treatment/practice settings. Presence of these risk factors could mean the victim is in danger of serious injury and/or homicide. Evidence-based risk assessments should be used in combination with survivor self-determination and practitioner expertise to collaboratively develop the best way forward for each individual.

Mark **Yes** or **No** for each of the following questions.

_____ 1. Has the physical violence increased in severity or frequency over the past year?
_____ 2. Has your partner (or ex) ever used a weapon against you or threated you with a weapon?
_____ 3. Do you believe your parent (or ex) is capable of killing you?
_____ *4. Has your partner (or ex) ***ever tried*** to choke/strangle you or cut off your breathing?
4a. If yes, did your partner ever choke/strangle you or cut off your breathing? check here: ____
4b. About how long ago? ____
4c. Did it happen more than once? ____
4d. Did it make you pass out of black out or make you dizzy? ____
_____ 5. Is your partner (or ex) violently and constantly jealous of you?
_____ **Total "Yes" answers**

*can be asked instead of or in addition to: Have you ever been beaten by your partner (or ex) while you were pregnant?

Scoring Instructions

4 or 5 "yes" responses:
- Tell the victim they are in danger. Give them the choice of reporting to the police and/or a confidential hotline (800-799-7233). Make the call with the victim and/or complete an in-person hand-off to a knowledgeable advocate.

3 "yes" responses:
- If the victim is female and you are trained to use the DA:
  - Complete the full DA using the calendar and weighted scoring. Inform the victim of her level of danger. Do safety planning based on the full DA results.
- If the victim is female and you are NOT trained to use the DA:
  - Refer and hand-off the victim to someone certified to administer the full DA (in-person or voice-to-voice hand-off is preferable).

2 "yes" responses:
- Tell the victim there are 2 risk factors for serious injury/assault/homicide. If victim agrees, refer and hand-off to a knowledgeable advocate (in-person or voice-to-voice hand-off is preferable).

0-1 "yes" responses:
- Proceed with normal referral/procedural processes for domestic violence.

Brief Strangulation Protocol

If the victim answered **yes to 4a**, follow this strangulation protocol for further assessment and/or refer to someone who is trained to conduct the following assessment.

If the strangulation was less than a week ago:
- Examine the inside of the throat, neck, face, and scalp for physical signs of strangulation.
- Refer to the strangulation assessment and radiographic evaluation information at www.strangulationtraininginstitute.com
- Proceed with emergency medical care for strangulation, especially if loss of consciousness or possible loss of consciousness (victims are commonly unsure about loss of consciousness) particularly if they became incontinent—ask if the victim "wet themselves".

If there were multiple strangulations:
- Conduct a neurological exam for brain injury or refer for examination. Inform the victim of increased risk for homicide.

If the victim wants, notify police and/or prosecutors
- Know state/local law on strangulation and mandatory reporting and inform the victim.

For more information, visit www.dangerassessment.org

[1] This is a brief adaptation of the Danger Assessment (2003). The full DA with weighted scoring provides the most accurate assessment of risk. The DA and its revisions are evidence-based risk assessments intended for use with survivors to educate them and their supports about their risk of lethality or reassault and to inform their decision-making. [2] Snider, C., Webster, D., O'Sullivan, S.C., & Campbell, J. (2009). Intimate partner violence: Development of a brief risk assessment for the emergency department. *Society for Academic Emergency Medicine, 16,* 1209-1216. [3] Messing, J.T., Campbell, J.C., & Snider, C. (2017). Validation and adaptation of the Danger Assessment-5 (DA-5): A brief intimate partner violence risk assessment. *Journal of Advanced Nursing,* 73, 3220-3230.

Supported by Grant No. 2015-SI-AX-K005 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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.

STRANGULATION QUESTIONNAIRE

If at any time during intake, the survivor discusses or discloses being choked/strangled during an incident, discuss questions. This is a guide to better understand the dangers of strangulation.

1. Has the abuser strangled/choked you morethan once?

☐ 1 time ☐ 2 to 3 times ☐ 4 or more times ☐ Unsure

NOTES:

2. When you were previously strangled/chokedwhat method was used?

☐ With hands, arm, other body part(manually)

☐ With rope, cord, or something placed around the neck

NOTES:

3. Did the strangulation occur while having sex? | Did you consent to the strangulation during sex?

☐ Yes ☐ No ☐ Yes ☐ No

4. Did you experience any of the following while being strangled/choked? *Check all that apply.*

☐ Changes in vision or hearing ☐ Difficulty breathing

☐ Feeling lightheaded/dizzy ☐ Pass out or black out

☐ Wake up not remembering what happened ☐ Unsure ☐ No

NOTES:

5. While being strangled/choked did you lose any bodily functions?

☐ Urination – losing control of bladder ☐ Defecation – losing control of bowels

☐ Unsure ☐ No

NOTES:

6. Was anyone else present while you were being strangled/choked?

- ☐ Child/Children
- ☐ Roommate or other family member in the house
- ☐ Unsure
- ☐ No one was present at the time

NOTES:

7. Did the abuser say anything before or during the strangulation/choking happened? What were you feeling or thinking while it was happening? What made the abuser stop?

DESCRIPTION:

8. Did you experience any of the following changes immediately after being strangled/choked?

- ☐ Breathing changes (difficulty breathing, hyperventilation (breathing very fast, unable to breathe, etc.)
- ☐ Voice changes (raspy or hoarse, whispering or soft voice, coughing or unable to speak)
- ☐ Swallowing changes (trouble or painful swallowing, nausea or vomiting, neck pain)
- ☐ Bruising, scrapes or scratches, redness or swelling, etc.
- ☐ None of the above
- ☐ Unsure
- ☐ Other

NOTES:

9. Was law enforcement involved? If so, did the police officer(s)ask or talk to you about the strangulation/choking?

- ☐ Yes law enforcement was involved, yes they spoke about the strangulation/choking
- ☐ Yes law enforcement was involved, no they did not speak about the strangulation/choking
- ☐ No law enforcement was not involved

10. Did you seek medical attention? If yes, did the medical provider ask or talk to you about the strangulation/choking? What medical procedures were conducted?

- ☐ Yes
- ☐ No

If Yes, did the medical provider ask or talk to you about the strangulation/choking?

- ☐ Yes
- ☐ No

Do you know what procedures were conducted?

DESCRIPTION:

VITAL NECK STRUCTURES

Arteries, Veins and Cartilage

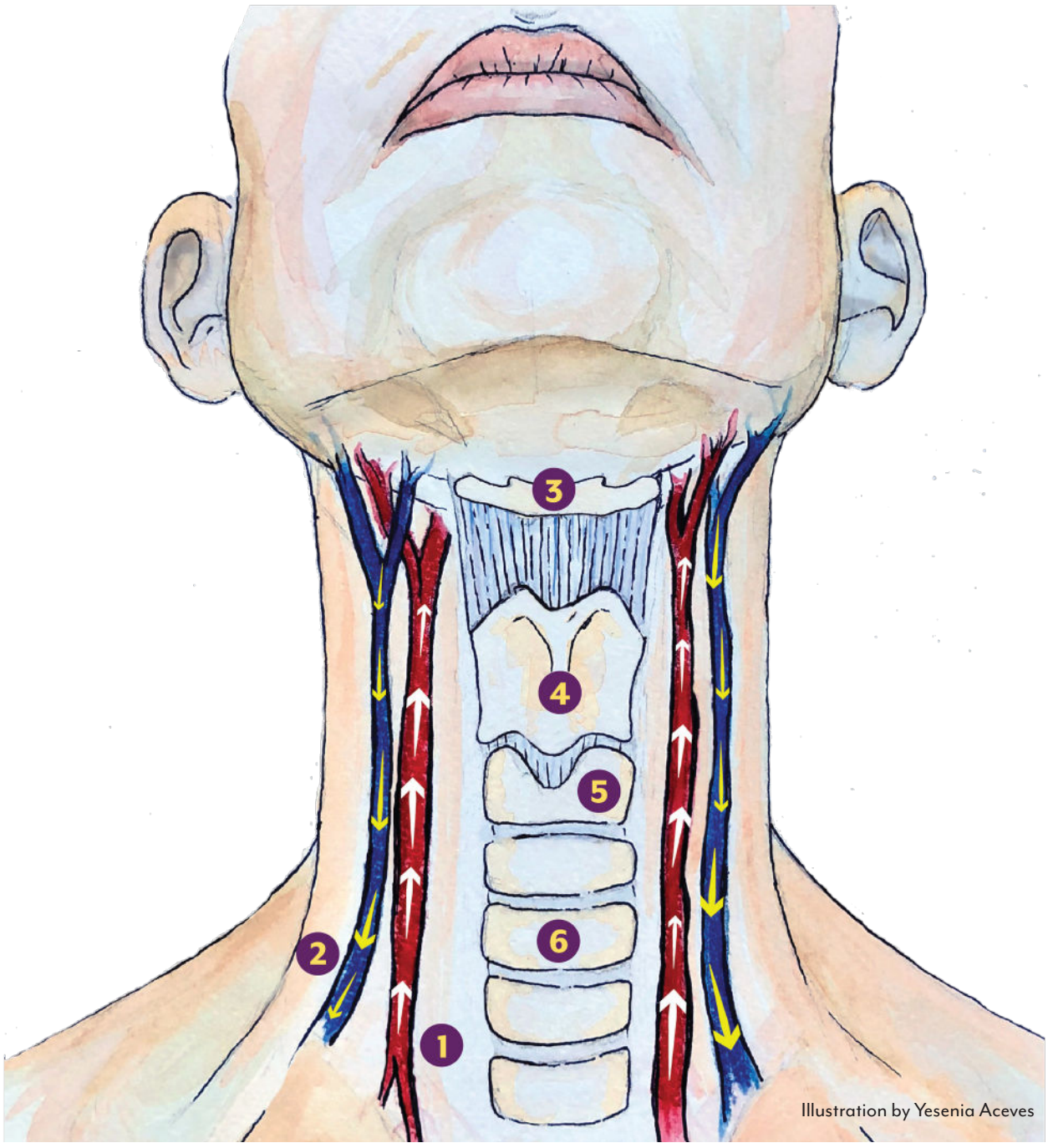


Illustration by Yesenia Aceves

1 Carotid Artery

2 Jugular Vein

3 Hyoid Bone

4 Thyroid Cartilage

5 Cricoid Cartilage

6 Tracheal Rings

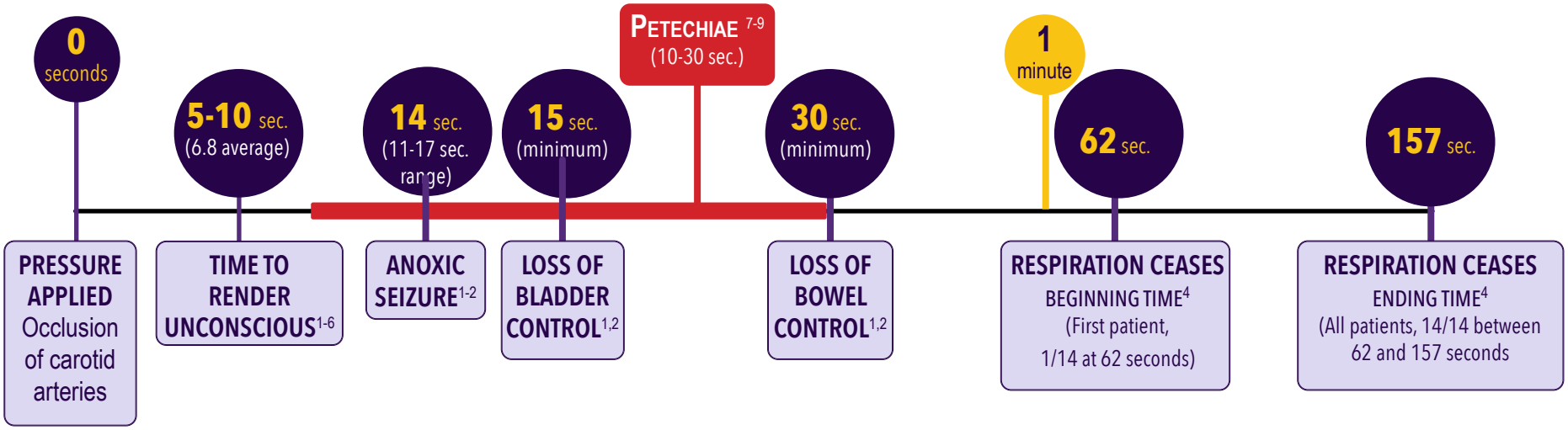
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PHYSIOLOGICAL CONSEQUENCES OF STRANGULATION

Occlusion of Arterial Blood Flow: Seconds to Minutes Timeline

CREATED BY: Ruth Carter; Bill Smock, MD; Gael Strack, JD; Sean Dugan, MD; Marisol Martinez, MA ; Yesenia Aceves; and Ashley Peck



REFERENCES AND RESOURCES

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STRANGULATION ASSESSMENT SHEET

SIGNS

- Red eyes or spots (Petechiae)
- Neck swelling
- Nausea or vomiting
- Unsteady
- Loss or lapse of memory
- Urinated
- Defecated
- Possible loss of consciousness
- Ptosis – droopy eyelid
- Droopy face
- Seizure
- Tongue injury
- Lip injury
- Mental status changes
- Voice changes

SYMPTOMS

- Neck pain
- Jaw pain
- Scalp pain (from hair pulling)
- Sore throat
- Difficulty breathing
- Difficulty swallowing
- Vision changes (spots, tunnel vision, flashing lights)
- Hearing changes
- Light headedness
- Headache
- Weakness or numbness to arms or legs
- Voice changes

CHECKLIST

S **SCENE AND SAFETY** Take in the scene. Make sure you and the victim are safe.

T **TRAUMA** The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?

R **REASSURE AND RESOURCES** Reassure the victim that help is available and provide resources.

A **ASSESS** Assess the victim for signs and symptoms of strangulation and TBI.

N **NOTES** Document your observations. Put victim statements in quotes.

G **GIVE** Give the victim an advisal about delayed consequences.

L **LOSS OF CONSCIOUSNESS** Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?

E **ENCOURAGE** Encourage medical attention or transport if life-threatening injuries exist.

TRANSPORT

If the victim is **Pregnant** or has life-threatening injuries which include:

- Difficulty breathing
- Difficulty swallowing
- Petechial hemorrhage
- Vision changes
- Loss of consciousness
- Urinated
- Defecated

DELAYED CONSEQUENCES

Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.

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ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms, usually within 72 hours. These internal injuries can be serious or fatal.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
- The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
- The National Domestic Violence Hotline number is **1-888-799-SAFE.**

NOTICE TO MEDICAL PROVIDER

- In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. A list of medical references is available at strangulationtraininginstitute.com
- Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes.
- If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MRA/MRI of neck and brain.
- ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
- Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
- Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
- Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.

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This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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RECOMMENDATIONS FOR THE **MEDICAL/RADIOGRAPHIC EVALUATION** OF **ACUTE ADULT NON/NEAR FATAL STRANGULATION**

Prepared by **Bill Smock, MD; Bill Green, MD;** and **Sally Sturgeon, DNP, SANE-A**
Endorsed by the **National Medical Advisory Committee**:
Cathy Baldwin, MD; Ralph Riviello, MD; Sean Dugan, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD

GOALS:

1. Evaluate for acute medical conditions requiring immediate management/stabilization
2. Evaluate carotid and vertebral arteries for injuries (dissection/thrombosis)
3. Evaluate airway structures and other bony/cartilaginous/soft tissue neck structures

STRANGULATION PATIENT PRESENTS TO THE EMERGENCY DEPARTMENT

HISTORY (ANY of the following; current OR assault related and now resolved)

1. Loss of consciousness
2. Visual changes: "spots," "flashing lights," "tunnel vision"
3. History of altered mental status: "dizzy," "confused," "lightheaded," "loss of memory," "any loss of awareness"
4. Breathing changes: "I couldn't breathe," "difficulty breathing"
5. Incontinence (bladder or bowel)
6. Neurologic symptoms: seizure-like activity, stroke-like symptoms, headache, tinnitus, decreased hearing, focal numbness, amnesia
7. Ligature mark or neck contusion
8. Neck tenderness or pain/sore throat/pain with swallowing
9. Change in voice: unable to speak, hoarse or raspy voice

PHYSICAL EXAM (ANY Abnormality)

1. Functional assessment of breathing, swallowing, and voice
2. Thorough examination of neck, eyes, TMs, oral mucosa, nose, airway, upper torso for: tenderness, swelling, bruising, abrasions, crepitance, bruit
3. Venous congestion/petechial hemorrhages/ scleral hemorrhages
4. Ligature mark **= HIGH RISK**
5. Tenderness of airway structures/ carotid arteries **= HIGH RISK**
6. Mental status/complete neurologic exam

CONSIDER ADMINISTRATION OF ONE 325MG ASPIRIN IF THERE IS ANY DELAY IN OBTAINING A RADIOGRAPHIC STUDY

RECOMMENDED RADIOGRAPHIC STUDIES TO RULE OUT LIFE-THREATENING INJURIES* (including delayed presentations of up to 1 year)

1. CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) or
2. MRA of carotid/vertebral arteries
3. Carotid Doppler Ultrasound (NOT RECOMMENDED - Unable to adequately evaluate vertebral arteries or proximal internal carotid arteries)
4. Plain Radiographs (NOT RECOMMENDED - Unable to evaluate vascular and soft-tissue structures)
5. Consider fiberoptic direct laryngoscopy to evaluate possible larygeal injury or airway compromise

POSITIVE RESULTS

1. Consult Neurology/Neurosurgery/Trauma Surgery for admission
2. Consider ENT consult for laryngeal trauma or dysphonia
3. Perform a lethality assessment per institutional policy

NEGATIVE RESULTS

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

IF THE CTA IS NEGATIVE, CONSIDER OBSERVATION OF NEAR-FATAL STRANGULATION PATIENT IF THE AIRWAY IS OF CONCERN. OBSERVATION HAS NO ROLE IN RULING OUT A VASCULAR INJURY.

Graphic Design by Yesenia Aceves

References on page 2

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Recommendations based upon case reports, case studies, and cited medical literature. Click below for hyperlinks, please note that some sources may require purchase or subscription.

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This project is supported all or in part by Grant No. 2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Strangulation and/or Suffocation Discharge Information

Because you have reported pressure applied to your neck and/or difficulty breathing, we are providing you with some important discharge information.

- After a choking, strangulation and/or suffocation assault, victims can experience **delayed symptoms** of internal injuries.
- Symptoms of internal injuries may appear quickly or develop over a few days after the event. **Internal injuries can be serious and even fatal.**
- It is important that someone you trust stays with you for **the next 24–72 hours** to help you monitor your signs and symptoms.
- We recommend you keep a **list of your symptoms** to share with your healthcare provider and advocate.

*(**Internal**) The individual filling out the form should check off items discussed with the patient as part of their discharge. Written discharge instructions should be provided to all patients.*

Please check all the following actions that apply:

- ☐ Reviewed after-care instructions and strangulation warning signs
- ☐ Provided resource handouts and phone numbers
- ☐ Safety plan reviewed
- ☐ Referred to primary care in _____ days for follow up
- ☐ Other: _____

_____

The **National Domestic Violence Hotline** number is **1-800-799-SAFE** (3722)
or get help without saying a word at **https://www.thehotline.org/**

Please follow up with the crisis/advocacy center to talk to a confidential victim advocate about your **options and safety planning** by calling:

_____

If you have questions about your **legal case**, please contact the police department, officer involved, prosecutor or victim witness advocate by calling:

_____

_____ _____

Name of Forensic Nurse **Office Phone**



strangulationtraininginstitute.com

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Emergency Care Required

If you notice any of the following symptoms, you should **CALL 911** or go right away to the nearest **EMERGENCY ROOM:**

- Difficulty breathing
- Persistent cough or coughing up blood
- Loss of consciousness or "passing out"
- Changes in your voice, difficulty speaking, or understanding speech
- Difficulty swallowing, feelings of a lump in your throat or a muscle spasm in your throat or neck
- Swelling to your throat, neck, or tongue
- Increased neck pain
- Drooping eyelid
- Weakness, numbness or tingling on the left or right side of your body
- Difficulty walking
- Headache, not relieved by pain medication
- Dizziness, lightheadedness or changes in vision
- Seizures
- Behavioral changes, memory loss, or confusion
- If you are having thoughts of harming yourself or others

If you are **PREGNANT**, report any of the following symptoms to your doctor **IMMEDIATELY:**

- Decreased baby movement
- Vaginal spotting or bleeding
- Stomach pain
- Contractions

Normal Reaction

Sometimes the **PHYSICAL SYMPTOMS** of a traumatic event are:

- Trembling or shaking
- Pounding heart
- Rapid breathing
- Lump in throat; feeling choked up
- Stomach tightening or churning
- Feeling dizzy or faint
- Cold sweats
- Racing thoughts

Call the **CRISIS CENTER** or **A FRIEND** to talk about your emotions and feelings.

If you notice some **bruising or mild discomfort**, apply ice to the sore areas for **20 minutes** at a time, **4 times** per day, for the first **2 days**.

If you go to the **EMERGENCY ROOM, TAKE THIS PAPER WITH YOU** and refer personnel to:

https://www.familyjusticecenter.org/resources/recommendations-medicalradiographic-evaluation-acute-adult-non-fatal-strangulation/

Ohio Domestic Violence Network ODVN

The Center on Partner-Inflicted Brain Injury

HAS YOUR HEAD BEEN HURT?

When your head, neck, or face gets hurt, the injuries might not be visible or show up right away but can impact your brain and your life in many ways. Please complete this CHATS form and work with your advocate to get support after a head injury.

C

Has anyone ever put their hands around your neck, put something over your mouth, or done anything else that made you feel **choked**, strangled, suffocated, or like you couldn't breathe? **YES** **NO**

Have you ever passed out or lost **consciousness** from an overdose or drug use, a medical issue, or something else? **YES** **NO**

H

Have you ever been **hit or hurt** in the **head, neck, or face**? **YES** **NO**

Have you ever **hurt your head, neck, or face** in any other way? Like hitting your head on something, in a fall or accident, while using alcohol or drugs, severe shaking, or a car crash? **YES** **NO**

A

After you were hurt, did you ever feel dazed, confused, dizzy or in a fog, see stars, spots, or have trouble seeing clearly, couldn't remember what happened, or blacked out? (Doctors call this *altered consciousness*.) **YES** **NO**

Has any of the above happened recently? If yes, how long ago? _____ **YES** **NO**

Has any of the above happened more than once? **YES** **NO**

T

Are you currently having **trouble** with anything below? Circle all that apply:

PHYSICAL	EMOTIONS	THINKING	ACCESS TO
Headaches	Worries and fears	Remembering things	Food
Sleeping problems	Panic attacks	Multi-tasking	Health Care/Insurance
Sensitive to light or noise	Flashbacks	Paying attention or focusing	Employment
Vision problems	Sadness	Problem solving	Housing
Dizziness	Depression	Getting things started	Utilities
Balance problems	Hopelessness	Figuring out what to do next	Transportation
Fatigue	Anger or rage	Organizing things	Childcare
Seizures	Irritable	Controlling emotions or reactions	Phone

Are you having thoughts of suicide? **YES** **NO**

Are you struggling with alcohol or drugs? **YES** **NO**

Are you having any other health issues you want to share with us? **YES** **NO**

S

Even if you did not go, have you or anyone else (like a friend or family member) ever thought you should **see a doctor or a counselor**, go to the emergency room, or get help for anything above? **YES** **NO**

Do you want to **see** anyone for or need help with anything above? **YES** **NO**

CONNECT
ACKNOWLEDGE
RESPOND
EVALUATE

WE CAN HELP!

RESOURCES FOR HEALING



An advocate can give you a copy of JUST BREATHE and INVISIBLE INJURIES.

JUST BREATHE has self-care ideas for better sleep, calming your body, managing anger, and more!

INVISIBLE INJURIES has more information about what happens when your head has been hurt and coping with common physical, emotional, and thinking challenges.

DAILY LIFE

We want to make our services work for you. Here are some ways we might be able to help. We can also come up with other ideas.

PHYSICAL	EMOTIONS	THINKING
Provide ear plugs and/or sleep masks to help with sleep	Create a CARE plan with an advocate and use other resources in JUST BREATHE	Creating checklists or calendars
Use sunglasses or adjust light as needed for light sensitivity	Extra check-ins	Shorter and more frequent meetings with staff; written summaries shared if helpful
For balance and dizziness challenges, assignment to a ground floor room if possible and help decluttering	Identifying and limiting triggers	Creating a routine
	Help identify supports and coping strategies	Making appointments for time of day that you are most alert and clear

HEAD TRAUMA INFORMATION

Referral to: _____

RECENT

On _____ (date), I:

- ☐ Was choked or strangled
- ☐ Was hit on the head
- ☐ Experienced altered consciousness

What I noticed immediately after:

_____

HISTORY

I have a prior history of:

- ☐ Being choked or strangled
- ☐ Being hit on the head
- ☐ Experiencing altered consciousness

Approximate Number of Times: _____

Most Recent Time (date): _____

I am most concerned about: _____

CHATS, Version 2; Published January 2024.
This tool was produced by the Ohio Domestic Violence Network under grant 15JOVW-23-GK-00743-DISA, awarded by the Office on Violence Against Women, Office of Justice Programs, U.S. Department of Justice. The opinions, findings and conclusions or recommendations expressed in this tool are those of the contributors and do not necessarily represent the official policies of the U.S Department of Justice.

ADVOCATE GUIDE FOR CHATS

Ohio Domestic Violence Network ODVN

CHATS helps you CONNECT with survivors, IDENTIFY and PROVIDE INFORMATION on head injuries, and ACCOMMODATE people's needs.

FIRST

Thank Them. Offer a Head Injury Card.
Ask? Would you like to share more about what happened?
Validate Feelings and Experiences.
Educate: There are things you can do on your own and things we can do together to help.

IF RECENT

1. Identify possible dangerous symptoms.
- Review and circle warning signs on card
- Encourage medical follow-up if needed

2. Monitor symptoms for several days.
- Identify safe place and person to stay with
- If in shelter, schedule regular check-ins

3. Offer Invisible Injuries and highlight:
- Page 5 - Track Symptoms
- Page 11 - Tips for Anyone

IF REPEATED

Ask? What have you noticed that is different since your head was hurt?

Educate: Repeated head trauma can cause more problems.

IDENTIFY ACCOMMODATIONS

Ask? Can you share more with me about the troubles you circled?
Ask? What is currently bothering you the most?
Work together: Identify accommodations and implement them.
Educate: Review Invisible Injuries pages 8-10, if applicable.

IF "YES" TO:

Suicide. Additional suicide screening. Follow agency protocol. If indicated, connect to clinical care, do not leave person alone. Discuss rest of the topics later.

Substance use. Explain agency policies, discuss harm reduction offer referral for substance use services.

Health issues. Ask for more information. (Consider injuries, medication, allergies, etc.)

POSSIBLE REFERRAL

Determine need for medical or mental health referral.

Discuss sharing information about history of head trauma with provider.

Fill out applicable boxes under Head Trauma Information on the back of CHATS.

For More Information, Contact
www.odvn.org
614-781-9651
rachelr@odvn.org

STRANGULATION/SUFFOCATION INVESTIGATIVE WORKSHEET

AGENCY NAME

VICTIM/OFFENDER/WITNESS INFORMATION **REPORT NUMBER:**

Victim's name: _____ DOB: _____

Offender's name: _____ DOB: _____

Relationship: _____ Length of relationship: _____ Relationship status? _____

History of D.V.: _____

Is there an active Order of Protection? ___Yes ___No ___Unsure If so, issue date: _____ Court: _____

Who else was present during the attack? _____

Who have you called, texted or spoken with about this incident? _____

MEDICAL

Was the victim transported to the hospital? ___Yes ___No Transporting EMS: _____

Name of Hospital: _____ Medical Professional: _____

Medical Release obtained? ___Yes ___No Is the victim pregnant? ___Yes ___No If so, how far along? _____

Recent Hospital, ER, or Urgent Care visits? _____

MANNER AND METHOD OF STRANGULATION/SUFFOCATION

One Hand (L or R) Two Hands Forearm Knee/Foot Strangulation Hold

Object over Nose & Mouth (Manual or Object) Ligature Pressure to Chest/Abdomen

Other: _____

Duration the victim was strangled/suffocated: ___Sec. ___ Min. ___Unsure Did it happen multiple times? ___Yes ___No ___Unsure

Do you have pain now? ___Yes ___No Describe: _____

Were you simultaneously shaken while being strangled? ___Yes ___No ___Unsure Was your head hit in any way? ___Yes ___No ___Unsure

Pressure exerted on your neck/nose/mouth (1=Weak - 10=Very Strong): _____ Did you lose of consciousness? ___Yes ___No ___Unsure

Extent of pain experienced during strangulation/suffocation (1=Weak - 10=Very Strong): _____

Have there been prior incidents of strangulation/suffocation? ___Yes ___No If Yes, how many times? _____

Describe: _____

VICTIM'S BREATHING:

Was there a time when you could not talk or scream while being strangled? __Yes __No Was it difficult for you to breathe? __Yes __No

Describe your ability to breathe (1=Normal-10=Unable to breathe): ___ Pain while breathing? ___Yes ___No Shallow breathing? ___Yes ___No

Any other changes to your breathing? ___Yes ___No Clearing of the throat? ___Yes ___No Rapid breathing? ___Yes ___No

INTENTION/OFFENDER MENTAL STATE

What did the offender say during/after the attack? _____

What did you think was going to happen to you? _____

What caused the attack to stop? _____

Describe the offender's demeanor and facial expressions during the attack: _____

INVESTIGATIVE/CRIME SCENE/ADVOCACY

__ Lethality/Risk/Danger Assessment completed __ DV Forensic Exam completed by a Forensic Nurse Examiner

__ Does the Offender have access to firearms? __Yes __No Location of firearms: _____ Firearms seized? _____

__ Photographs of all Injuries and physical evidence: __Victim __Suspect __Scene(s). Taken by: _____

__ Audio Recordings of all interviews __Body-worn Camera Recording __DV Pamphlets/Crisis/Referral Information given to the victim

__Evidence Collection (ligature, weapon, soiled clothing, surveillance videos, cell phone messages/voice recordings, etc.)

__Detective notified or responded: _____ Victim Advocate notified: _____

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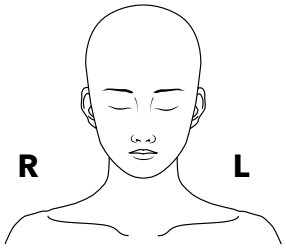
SYMPTOMS (mark/annotate all that apply)

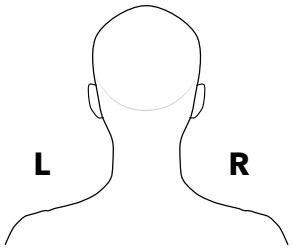
SYMPTOMS	DURING	AFTER	UNSURE	NO	DESCRIPTION
Headache					
Dizziness/Feel Faint					
Disoriented					
Loss or changes in vision					
Loss or changes in hearing					
Raspy/Hoarse Voice					
Difficulty Speaking					
Unable to Speak					
Painful to Swallow					
Trouble Swallowing					
Sore Throat					
Neck Pain					
Coughing					
Nausea					
Vomiting/Dry Heaving					
Physical Pain					
*Involuntary Urination					
*Involuntary Defecation					
Other					

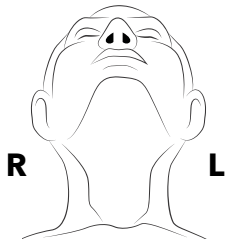
***Is the victim wearing the same clothes that they were wearing during the attack? Did they change clothes?**

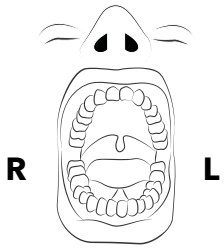
VISIBLE SIGNS (mark/annotate all that apply)

NECK			HEAD	
Redness or Bruising	Location:		Bumps	Hair pulled
Scratches/Abrasions	Impression marks	Location:	Petechiae on scalp	Hair missing
Ligature Marks	Petechiae	Location:	Scratches/Abrasions	Laceration(s)
Describe:			Describe:	

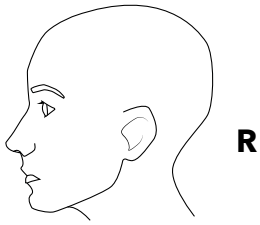


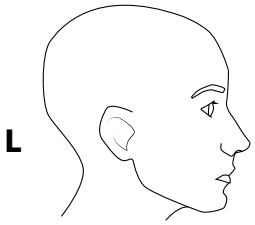


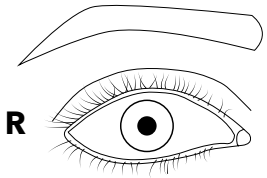


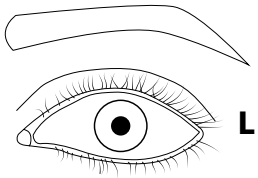


CHEST	SHOULDERS	UNDER CHIN	MOUTH
Redness or Bruising	Redness or Bruising	Redness or Bruising	Swollen Lip(s)
Scratches/Abrasions	Scratches/Abrasions	Scratches/Abrasions	Abrasions/Lacerations
Laceration(s)	Laceration(s)	Laceration(s)	Swollen tongue
Describe:	Describe:	Describe:	Petechiae (palate)









FACE	EARS			NOSE	EYES & EYELIDS		
Redness or Flushed	Swelling			Scratches/Abrasions	Petechiae in eye(s)	Right	Left
Scratches/Abrasions	Bruising			Swelling	Petechiae on eyelid(s)	Right	Left
Petechiae	Petechiae	Right	Left	Nasal fracture	Blood in eyeball(s)	Right	Left
Bruising	Bleeding from ear(s)	Right	Left	Petechiae	Orbital fracture(s)	Right	Left

ALLIANCE for HOPE INTERNATIONAL

Being strangled (choked) could end your life within 4 minutes

LET'S CREATE YOUR SAFETY PLAN

"NOW IS THE TIME TO TELL WHAT HAPPENED"

SURVIVOR

This informational brochure was created by
The Institute on Strangulation Prevention, a program of Alliance for HOPE International
strangulationtraininginstitute.com

When domestic violence perpetrators strangle (choke) their victims, this is a crime. Strangulation can be charged as a felony assault and could be considered attempted homicide.

Strangulation is an ultimate form of power and control, where the batterer demonstrates control over the victim's next breath, having devastating psychological effects and a potentially fatal outcome.

A SMALL AMOUNT OF PRESSURE AROUND THE NECK CAN RESULT IN A LOST OF CONSCIOUSNESS IN 6.8 SECONDS. DEATH CAN OCCUR WITHIN 62 SECONDS ALL THE WAY TO 152 SECONDS. TO LEARN MORE VISIT youtube.com/watch?v=_i79_xdEgK8

Victims of non-fatal strangulation are at a higher risk of being re-assaulted by their abuser/perpetrator and **750%** more likely of being killed by their abuser. If the abuser/perpetrator has access to firearms the risk of being killed increases to **1100%**.

Safety **BEFORE** Strangulation

- Educate yourself on the seriousness of strangulation.
- If your abuser/perpetrator has threatened to strangle, choke or suffocate you in the past, take it seriously.
- If your abuser/perpetrator talks about using strangulation/choking during sex or as "play," take this seriously for the health reasons mentioned previously.
- If strangulation is imminent try to remove scarves, jewelry, loose strings or cords that could be easily used to strangle you.
- If possible, avoid rooms like the bedroom, and bathroom where the risk for suffocation by pillow or drowning may increase.
- If comfortable, learn self-defense strategies to try to stop your abuser/perpetrator from strangling, like pressing your chin to your chest to block hands/arms from tightening and kneeing the abuser/perpetrator in the groin.
- If you can sense abuse coming, then you can try to manage it by implementing your safety plan (i.e. leave the home, tell someone you trust, ask someone to check on you, leave the room etc.)
- Remain calm and trust your judgment.
- If you have more questions connect with a victim advocate for additional support and safety planning.
- Keep this document in a safe place away from the abuser/perpetrator.

Safety **DURING** Strangulation

- Comply with abuser/perpetrator if necessary to stay alive.
- Leave if possible. Your life is at risk.
- Keep pressure off at least one side of your neck in order to keep from losing consciousness.
- If the abuser/perpetrator relaxes their hold, try to escape if you can.
- Trust your instincts, whether fighting back or not is most effective.

Often survivors are reluctant to tell anyone about the abuse.

However, **IF SOMEONE HAS STRANGLED/CHOKED YOU, OR IF ANYONE HAS EVER CAUSED YOU TO BE UNABLE TO BREATHE, YOU MUST SHARE THIS PIECE OF YOUR STORY; IT IS MOST IMPORTANT TO TELL BECAUSE IT CAN SAVE YOUR LIFE.**

Safety **AFTER** Strangulation

- Get away immediately, call for help, and go to a safe place.
- Seek immediate medical attention.....**IT MAY SAVE YOUR LIFE!**
- Know that you are not alone and there is **HOPE FOR A BRIGHTER FUTURE**.
- If you go to the hospital, tell the doctor/nurse you were strangled and request a CTA scan.
- Give your medical provider the Medical Assessment Card in order to get a complete medical exam.
- Do not be left alone for at least 48 to 72 hours after a strangulation assault.
- Take photos of your injuries immediately and/or few days afterwards.
- Do not be embarrassed if there was involuntary urination or defecation, as this is a symptom of strangulation.
- Do not wash your clothes (which could be evidence).
- It is important to **FULLY** explain to your medical provider everything that happened to you, and to follow up after your initial appointment.
- Follow up with an Advocate for appropriate safety planning and additional resources and support.

USE THE CHART BELOW TO KEEP TRACK OF YOUR SIGNS, SYMPTOMS AND ANY OTHER SENSATIONS. IF YOU ARE UNABLE TO MONITOR ON YOUR OWN, ASK SOMEONE CLOSE TO YOU TO DO IT FOR YOU.
Please request the **Facts of Strangulation** brochure or download it at www.familyjusticecenter.org/wp-content/uploads/2017/11/Facts-Victims-of-Strangulation-Choking-Need-to-Know-Brochure-2017.pdf

MONITOR AND JOURNAL SIGNS, INCLUDE DATE/TIME

Date/Time	Sign(s)

MONITOR AND JOURNAL SYMPTOMS, INCLUDE DATE/TIME

Date/Time	Symptom(s)

MONITOR AND JOURNAL OTHER SENSATIONS, INCLUDE DATE/TIME

Date/Time	Other Sensations

NAME AND PHONE NUMBERS OF WHO TO CALL FOR HELP/SUPPORT

Name	Phone/Email

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institute@allianceforhope.com strangulationtraininginstitute.com

The production of this document was supported in part with funding from the Office on Violence Against Women in the U.S. Department of Justice. This website and a portion of the documents in this Resource Library are supported in part by Grant No.2016-TA-AX-K067 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

domesticshelters.org

The leading online source
of domestic violence information and resources.



Over 2 million survivors and professionals served annually.

DomesticShelters.org talks about the important things we need to know.
- DV Advocate, Wyoming

Find Shelters and Programs

The first and largest searchable database of agencies, programs and shelters in the U.S. and Canada.

Resources and Education

The leading online library of domestic violence education, information, news and tools.

Free Professional Tools

Expert webinar training helps professionals serve their clients even better.

Automate donation purchasing and delivery via the Wishlist Platform.

Purple Ribbon Awards

The first comprehensive awards program honoring the countless heroes of the domestic violence movement.

DomesticShelters.org strives to be the catalyst that those experiencing abuse need for positive change.

ALLIANCE for HOPE INTERNATIONAL

DomesticShelters.org @DomesticShelters @DomesticShelters

DomesticShelters.org is a program of Alliance for HOPE International
allianceforhope.com

12 Things Every Virginia Judge Should Know When Faced with NON-FATAL STRANGULATION

1 VIRGINIA CODE. Under Virginia Code Section **18.2-51.6** any person who, without consent, impedes the blood circulation or respiration of another person by knowingly, intentionally, and unlawfully applying pressure to the neck of such person resulting in the wounding or bodily injury of such person is guilty of strangulation. Strangulation is a class six felony, punishable by a term of imprisonment of one to five years.

2 CASE LAW. In Dawson v. Commonwealth, **63 Va. App. 429** (2014), the Virginia Court of Appeals held that bodily injury should be given its everyday, ordinary meaning and means "**any bodily hurt whatsoever**"-internal or external. See also Ricks v. Commonwealth, **290 Va. 470** (2015). "Victim need not experience any observable wounds, cuts, or breaking of the skin."

3 BAIL. Effective July 1, 2021, Virginia no longer has a presumption against bond for strangulation. Nonetheless, in determining whether the defendant's release will constitute an unreasonable danger to the victim, family or household members, or the public pursuant to Virginia Code **§ 19.2-120A2**, a judge should consider that strangulation is an accurate predictor of future violence and a high-risk factor for lethality.

4 LACK OF VISIBLE INJURIES. On average, only **50%** of strangulation victims have visible injuries, and only **15%** have injuries that can be photographed at the time police respond.[1] Research has shown that most victims of adult non-fatal strangulation are women.[2]

5 IT CAN HAPPEN FAST. A victim of strangulation can become unconscious in **5-10** seconds and die within minutes.[3] It takes very little pressure to block off vital structures in the neck. A study in France documented it only takes **4** pounds of pressure to block the jugular vein, **11** pounds to block the carotid arteries, and **33** pounds to block the trachea.[4] Opening a can of soda only requires **20** pounds of pressure.[5]

6 IMPACT TO THE BRAIN. Strangulation is a form of asphyxia that usually deprives the victim's brain of oxygen. Millions of brain cells die every second the brain is deprived of oxygen.[6] The consequences of this include, but are not limited to, loss of memory, inability to concentrate, behavior changes, brain damage, and difficulty speaking.[7] Judges should not expect the victim to describe this near-death experience calmly and chronologically.

7 LANGUAGE. Many court participants use the word "choke" rather than the correct legal and medical term "strangulation." Strangulation is external compression of the neck that can impede blood flow (oxygen) to or from the brain or direct air compression. Judges should focus on the facts described-not the terminology.[8]

8 LETHALITY. In almost every lethality assessment, strangulation is a high-risk factor for lethality. The most dangerous domestic violence offenders strangle their victims.[9] The next step may be homicide; the violence will not decrease.[10]

9 HIDDEN DANGER. Strangulation may cause internal injuries: immediate, delayed and/or long-term consequences. Of most concern, is injury to the carotid artery, including a carotid dissection leading to stroke or death days or weeks after the assault.[11]

10 FUTURE DANGER. A woman who has suffered a non-fatal strangulation by her intimate partner is **750%** more likely to be killed by that partner.[12]

11 MEDICAL ATTENTION: Victims often do not seek medical attention for their injuries and may be unaware of any internal injuries. In the event the victim is exhibiting any signs or symptoms of injuries consistent with strangulation, you may want to encourage the victim to seek medical attention.

12 QUESTIONS TO CONSIDER ASKING IN COURT. The victims of strangulation often minimize what occurred. You might want to ask additional questions, including, but not limited to:

- Did the attack happen from front or back?
- Did the attacker use a ligature?
- If the attack was manual, did the attacker use one hand or two?
- How long did it last? (When asking this question, a judge must understand that trauma may affect a victim's ability to recall the length and sequence of events.)
- Did you have marks or bruises on your neck at the time of assault or after?
- Did you have trouble breathing or swallowing?
- Did you have a sore throat?
- Did your voice change? Did you have trouble speaking?
- How did you feel when pressure was being applied?
- Is it possible you may have lost consciousness? Any vision changes? Did you see stars? (The victim may not know.)
- What did the attacker say before, during, and after the attack?
- Did you have small red spots (petechia) anywhere-eyeballs, eyelids, inside throat, scalp, behind ears?
- On a scale of 1-10, how much pressure did the attacker use?
- On a scale of 1-10, how much did it hurt?
- Why and how did it stop?
- Where did the attack occur?
- Did you change clothes after the attack? (Victim may have urinated or defecated.)
- And, what did you think was going to happen? Did you think you would die?

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This bench card is a product of the Pulaski County Domestic Violence Committee and was created by Judge Lee Chitwood with the assistance of Jaime Clemmer, Domestic Violence Coordinator of the Pulaski County Juvenile and Domestic Relations District Court, Madelynn Herman, Senior Domestic Violence Program Analyst, Department of Judicial Planning, Office of the Executive Secretary, Supreme Court of Virginia, and Gael Strack and Yesenia Aceves from the Training Institute on Strangulation Prevention (created May 2020; revised November of 2021). This project is supported all or in part by Grant No. 2016-TA-AX-K067 and STOP Grant No. 20-Q4161VA19 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

JUDICIAL CHECKLIST FOR MOTIONS TO DISSOLVE PROTECTIVE ORDERS

PULASKI COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT BENCH CARD #2

Ms./Mr._, you have filed a motion to drop your protective order. Is that correct? I am going to ask you a series of questions to ensure that you will be safe if I grant your request.

BACKGROUND

1 I have your affidavit from your original petition *(and affidavit from the criminal charge).*

a. Was that information correct?

b. During the arrest for assault & battery, did the officer ask you a set of Lethality Assessment Protocol (LAP)questions? What was the result?

c. Did you call or meet with an advocate?

d. The bail checklist shows the following convictions:_____. Were you aware of those?

2 Why do you want to "drop" the Protective Order (PO)? Have you "dropped" one before?

3 Has he complied with the PO in full? If not, what happened? Did you pursue charges? Why not?

4 Have you been pressured in any way to "drop" the PO? By his family? **Your** family? By the children (if shared in common)?

5 Without giving me any details, do you know what you will do if this happens again? (Do you have a safety plan?)

GENERAL QUESTIONS

6 Do you know how to obtain an emergency protective order? Do you know how to obtain a final protective order?

7 Have you spoken to Victim Witness or to the Women's Resource Center (WRC)?

a. Do you want an opportunity to do so?

b. Do you need more time to talk with them?

c. Did you watch the PO video? Would you like to?

COURT MUST GIVE ADVOCATE NOTICE TO APPEAR

8 Do you realize that you can "drop" part of the PO while keeping some of it in place? That means that you have the option for the PO to stay in place, while allowing peaceful contact or contact by text message only. Have you considered that option?

9 Are there other PO's in place in other jurisdictions?

10 Do you have other cases pending, such as custody, visitation, support, divorce, landlord/tenant, or property division?

CRIMINAL MATTERS

11 If there was a criminal charge, is it over? Is there a **bond** or no contact order? Has he complied? If he was held in jail, did he contact you from jail? What did he say?

12 Was he required to complete a batterer's intervention program (BIP) or any other program?

CHILDREN

13 Were there children involved? Were there children "present?" Is he the father of **all** these children? Do you have a plan to keep them safe if this happens again? Did he threaten to harm or take away the children?

14 Is the Department of Social Services (DSS) involved? Is there a Child Protective Order (CPO) or Safety plan? Were the children placed outside the home?

15 Do the children support your motion to "drop" the PO ?

16 You should know that girls who witness Domestic Violence (DV) are more likely to become victims and boys who witness DV are six times more likely to become abusers. **DV IS A LEARNED BEHAVIOR.** He abuses the kids when he abuses you.

STRANGULATION

17 Has he ever strangled, suffocated, smothered, or choked you? Has he ever put his hands or forearm around or against your neck in an angry way? Has he ever shaken you by the neck? Picked you up by the neck? Has he ever applied pressure to your neck? **Are you comfortable discussing?**

a. Describe what happened. Done from front or back? One hand or two? Ligature? How long last? Happen more than once? On a scale from 1-10, tell me how much pressure he applied?

b. Describe how you felt. Did you have trouble breathing? Sore throat? Voice change? Petechia? See stars? Trouble swallowing? Lose consciousness - how do you know? Headache? Dizziness? Vision problems?

c. On a scale of 1-10, tell me how much it hurt.

d. What did **he** say? Describe how he looked.

e. What did you think was going to happen? What did you say?

f. Where did this happen? How did it stop? Did you change clothes afterwards?

g. Did law enforcement come? Charges? Why not? Did you see paramedic? Go to the ER? If so, did you have a CTA?

h. Did you know that strangulation kills brain cells that never recover, and that strangulation can lead to brain damage, stroke, and death? You could have a dissection of your carotid artery.

i. You have reported multiple strangulations. Have you sought any services or treatment as a result? TBI assessment?

j. I want you to know that one incident of strangulation makes you 750% more likely to become a homicide victim, and that the weapon will probably be a firearm. Repeated strangulations increase that risk. Did you know that most women killed by their partners had been strangled by that partner?

k. Did you know that many defendants who kill police have a history of strangulation?

l. I consider strangulation a form of torture, like waterboarding. It really is attempted murder. It is the "last warning shot." The behavior will likely escalate; it will not decrease.

TBI/HEAD INJURY

18 Did he ever hit you in the head? With what? Did he slam your head into anything? Did he push you so that you hit your head?
19 Did you go the ER? Did the ER diagnose or suspect a concussion? What symptoms did you have?

WEAPONS/FIREARMS

20 Were weapons of any kind ever used or displayed? Has he threatened to use a weapon? Did you believe him?
21 Did he have a concealed weapons permit? Did he turn in?
22 Are there guns in the house? Does he own, possess, or have access to guns? (Did he sell or transfer his firearms after the PO was entered?) The presence of a gun makes it five times more likely a victim will be killed.

STALKING/CONTROLLING BEHAVIOR/COERCIVE CONTROL

23 Is he controlling? Do you feel like a prisoner in your own home? Has he taken your phone, car, or keys? Has he disabled your car? Has he spread rumors on social media? Posted "bad" pictures of you? Did he ever stalk you? Did he ever stalk you on social media? Do you know that 76% of victims killed by intimate partners were stalked by that partner?
24 Does he check your phone or computer? Does he control your Internet use? Does he interrogate you? Does he make you explain where you have been? Has he ever come by your workplace unannounced?
25 Does he follow you or spy on you? Does he leave threatening notes, texts, or phone messages?
26 Has he destroyed your property? Has he burned or threatened to burn your property?
27 Has he threatened your friends or family? Does he try to stop you from seeing family or friends?
28 Is he very jealous? For example, has he ever said "if I can't have you, no one will?" Does he regularly accuse you of affairs or flirting?
29 Does he call you names? If you are comfortable saying, tell me which ones. Does he "put you down"?
30 Does he force you to work or prohibit you from working? Does he control the household money? Does he make you account for your spending?
31 Does he try to control how you dress? Does he tell you how you should wear your makeup or your hair?
32 Do you feel ashamed of things he does?
33 Do you try not to "rock the boat?"
34 What was the worst thing he has ever done to make you the most scared?

ADDITIONAL LETHALITY QUESTIONS

35 Was he ever violent during a pregnancy? Please describe.
36 Has he threatened to kill you? Did he tell you how/give you details or a plan? Did he ever begin that plan?
Did he ever fantasize about killing you? Have you ever thought he might kill you? Can he scare you without saying anything?
37 Has he ever threatened to kill or harm himself? Has he attempted suicide?
38 Has he been violent outside of your relationship?
39 Have you ever had to seek medical attention as a result of his actions?
40 Did he ever abuse, torture, or kill any family pets? Did he ever threaten to do so? Were children present? Did you know that a child exposed to DV is approximately three times more likely to commit animal cruelty? Did you know that abuse of a companion animal is one of the four most significant risk factors for someone becoming a domestic abuser?
41 Have you sought outside help from Law Enforcement Officers (LEO), WRC, DSS, or Victim Witness services? Have you ever called 911? Why?
42 Have you ever protected him from arrest or prosecution by not calling Law Enforcement Officers (LEO), lying for him, failing to appear at court, "forgetting" what happened, or asking the Court to "drop" charges against him? Do you hide his actions from others? Did he ever avoid arrest or prosecution? Did he ask you to not appear, change your testimony, or tell CA to "drop" charges? Has he called you from jail? How many times?
43 Did he apologize after these incidents and promise to never do it again? (Gave you gifts, flowers?) Did he keep that promise? Are you familiar with term "honeymoon period?" Did you blame yourself?
44 How many times have you separated? How long did you date before moving in together? What is the age difference between the two of you?
45 Is he employed? Recently unemployed? Does he pay child support? Is there child support order in place? Have you been supporting him?
46 Does he abuse alcohol or drugs? What drugs and how often? Legal or illegal? Have you noticed any changes in use recently? Have you noticed recent changes in his behavior? Has he had mental health problems? (Neither substance abuse nor mental illness cause, or excuse DV.)

FINAL QUESTIONS

47 Has he done anything scary or frightening to you since the PO was entered?
48 At the last hearing I denied your request for contact. Do you think I made the right decision?
49 Do you have a Hope Card?

50 DO YOU NOW FEEL SAFE? DO YOU HAVE ANY QUESTIONS FOR ME?

This bench card is a product of the Pulaski County Domestic Violence Committee and was created by Judge Lee Chitwood

The Institute on Strangulation Prevention is a program of Alliance for HOPE International

BEST PRACTICES REPORT CARD

Back to school time...
because lives depend on what you know!

We like to believe our domestic violence response is the best of the best. Maybe it is. Maybe it could be better. Take a moment to reflect on ways to improve your response. Here is a list of some of the best practices in place in various parts of the country (there are more than 10, but we picked these).

1 Do your dispatchers receive ongoing specialized training in handling domestic violence/strangulation cases?
○ YES ○ NO/UNSURE

2 Are all your sworn law enforcement personnel training on investigating strangulation cases and does their training include a duty to warn victims about the potential dangers of strangulation? You can answer yes if all your cases are handled by a DV Response Team that uses a duty to warn. ○ YES ○ NO/UNSURE

3 Are your paramedics specially trained in responding to strangulation cases? ○ YES ○ NO/UNSURE

4 Are all your assigned prosecutors trained on investigating and prosecuting strangulation cases?
○ YES ○ NO/UNSURE

5 Do strangulation victims receive forensic exams, imaging, and medical evaluation in all strangulation cases?
○ YES ○ NO/UNSURE

6 Do you have a strangulation response protocol in your jurisdiction? ○ YES ○ NO/UNSURE

7 Do you have expert testimony available for your strangulation cases? ○ YES ○ NO/UNSURE

8 Do you implement risk assessments and safety planning with survivors? Do you have a good working relationship with your non-governmental advocates (whether through a Family Justice Center or otherwise)?
○ YES ○ NO/UNSURE

9 Are the other members of the criminal justice system (court/defense bar/probation) trained in understanding the significance of strangulation? ○ YES ○ NO/UNSURE

10 Do you have a mechanism for victims to provide feedback on your response (survivor groups, etc.)?
○ YES ○ NO/UNSURE

YOU GET 10 POINTS PER QUESTION. TOTAL SCORE: 0

Scoring low does not necessarily make your program bad, it just suggests there are other best practices to explore. If you would like information on best practices, please email us at institute@allianceforhope.com

Figure out your grade, like in school:

90-100	A
80-90	B
70-80	C
60-70	D

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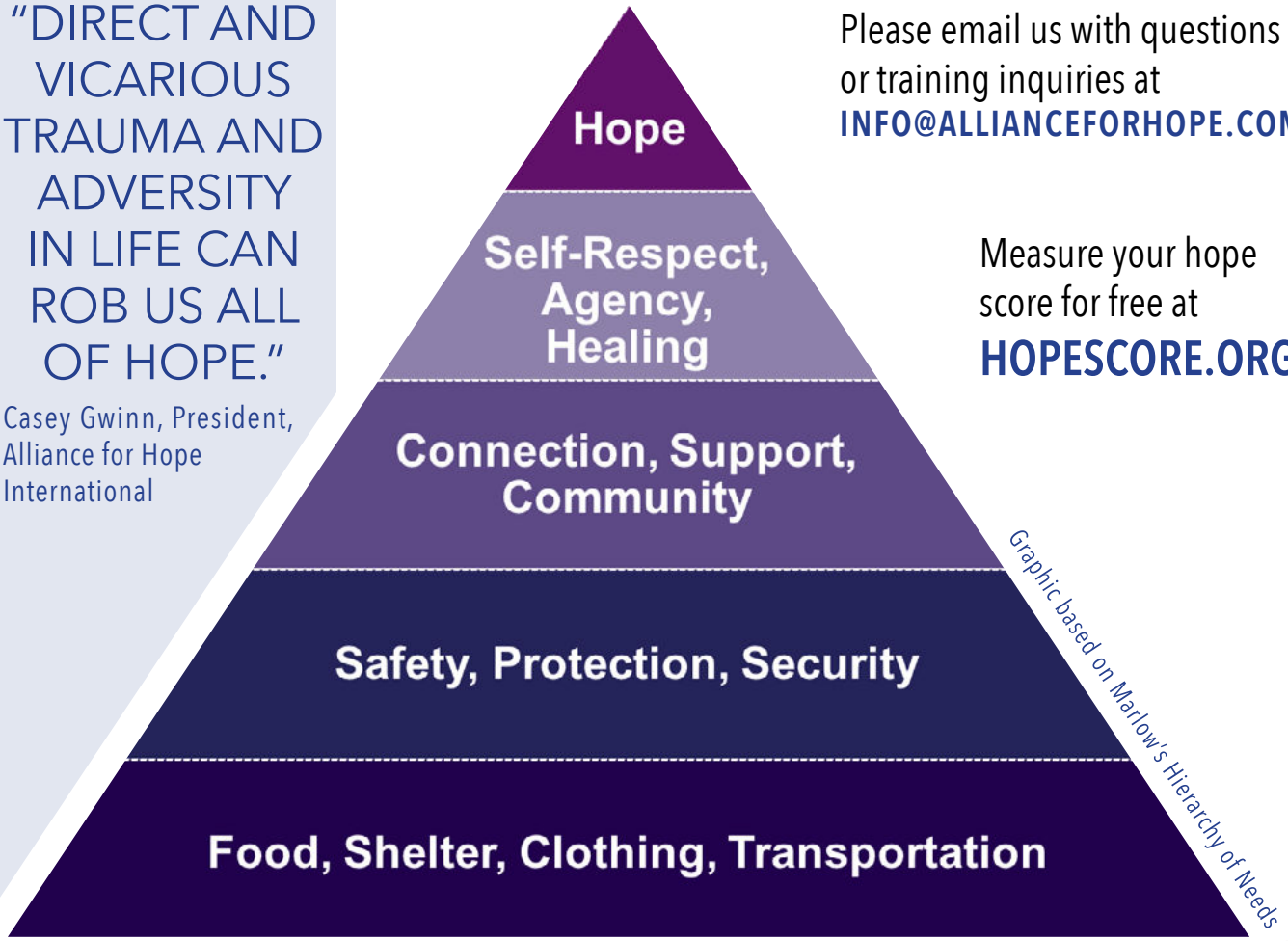
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HOPE

is the belief that your future can be brighter than your past and that you play a role in making it happen.

"DIRECT AND VICARIOUS TRAUMA AND ADVERSITY IN LIFE CAN ROB US ALL OF HOPE."

Casey Gwinn, President, Alliance for Hope International



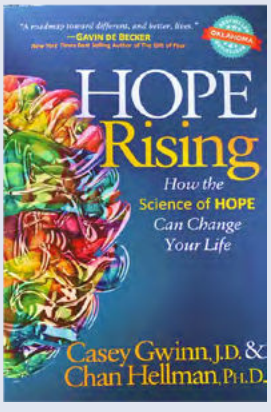
Graphic based on Marlow's Hierarchy of Needs

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Measure your hope score for free at **HOPESCORE.ORG**

GUIDING PRINCIPLES OF HOPE

Hope can be learned and it can be taught.
Hope is not a wish, it is a cognitive belief.
Hope is nurtured by achieving goals.
Hope fluctuates over time.
Hope is a team sport.
Hope heals trauma.



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LEARN **THE SCIENCE OF HOPE** TO HELP SURVIVORS THRIVE

THE TRAINING INSTITUTE ON STRANGULATION PREVENTION

THE TRAINING INSTITUTE ON STRANGULATION PREVENTION (Institute) is a program of Alliance for HOPE International. The Institute was launched with support from the United States Department of Justice, Office on Violence Against Women. The Institute provides consulting, training, resources, and support services to professionals working in the fields of domestic violence and sexual assault.

OUTCOMES from past training sessions reflect an increased awareness in cases involving strangulation; improved documentation and investigation of strangulation cases; increased prosecution of strangulation cases; and increased offender accountability and victim safety.

The Institute trains over 48,000 professionals per year on Domestic Violence and Sexual Assault Strangulation Crimes.

NATIONAL ADVISORY BOARD AND COMMITTEES for the Institute include 93 experts, physicians, nurses, law enforcement officers, prosecutors, advocates, researchers and trainers from the United States.

WHAT PAST ATTENDEES ARE SAYING:

"This course was fantastic! I would attend again and will recommend to anyone in my field."

"I truly enjoyed the experience and I will take with me what I learned for a lifetime."

"Excellent information with engaging presenters - you can see/hear/"feel" the passion of the speakers, which always makes for a great day!"

"This is the most important and relevant information out there for our law enforcement, judges, children services, doctors, prosecutors, nurses, and social workers - we need to work as a team instead of against each other!"

"The most dangerous domestic violence offenders strangle their victims. They are more likely to kill police officers, kill children, and kill their partners."

Casey Gwinn, President, Alliance for HOPE International

STRANGULATION has been identified as one of the most lethal forms of domestic violence and sexual assault: unconsciousness may occur within seconds and death within minutes. When domestic violence perpetrators choke (strangle) their victims, not only is this felonious assault, but it may be an attempted homicide. Strangulation is an ultimate form of power and control where the batterer can demonstrate control over the victim's next breath: it may have devastating psychological effects or a potentially fatal outcome.

The Institute provides training, technical assistance, education programs, a directory of national trainers and experts, and a clearinghouse of all research related to domestic violence and sexual assault strangulation crimes.

"The lack of visible injuries and the lack of training caused the criminal justice system to minimize strangulation. But now we know it is lethal."

Gael Strack, CEO, Alliance for HOPE International

THE GOALS OF THE INSTITUTE ARE TO:

Enhance the knowledge and understanding of professionals working with victims of domestic violence and sexual assault who are strangled;

Improve policy and practice among the legal, medical, and advocacy communities;

Maximize capacity and expertise;

Increase offender accountability; and ultimately

Enhance victim safety.

survivor resources

strangulationtraininginstitute.com/survivor-resources/

institute@allianceforhope.com

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training