



Non-Fatal Strangulation and Sexual Assault: Improving Identification and Management

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Background

There is growing evidence and awareness that non-fatal strangulation (NFS) is a greater problem than previously recognised.

In the summer 2016 St Mary's SARC focussed on NFS as an issue. To date we have:

- Set up a regional monthly multi-agency NFS meetings
- Established a referral pathway involving ENT and radiology
- Created a NFS medical proforma and patient information sheet
- Commenced a NFS FAQs
- Commenced a NFS prevalence study

Strangulation



Observing Changes

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.

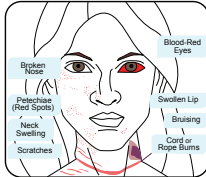
Losing Consciousness

Victims may lose consciousness 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.

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.

Visible Signs



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Facts Victims of Strangulation (Choking) Need to Know



Central Manchester University Hospitals **NHS**
NHS Foundation Trust

St Mary's SARC Non-Fatal Strangulation Checklist

Consider in all cases.

Many patients will down play events therefore ask the question rather than wait to be told!

Symptoms

- Breathing**
SOB, hyperventilation, unable to breath
- Voice**
Raspy or hoarse voice, coughing, unable to speak
- Swallowing**
Trouble swallowing, pain swallowing, throat / neck pain, drooling, nausea / vomiting
- Behaviour**
Agitation, amnesia, hallucinations, combativeness, PTSD
- Other**
Dizzy, headaches, incontinent-faeces / urine, hearing changes – ringing in ears, chest pain

Actions

1. Document history, symptoms
2. Document signs (positive & negative)
3. Consider
 - Urgent ENT referral
 - Refer ENT on call when there are any signs or symptoms.
 - If there are no signs or symptoms BUT a clear recent history, then d/w ENT on call re management.
- Delayed onset of symptoms & signs, give appropriate warning to patient / police etc.
- Photographs of injuries
4. Include NSF details in GP letter and police report as appropriate

NEUROLOGICAL

- Altered or loss of consciousness
- Memory loss
- Behavioural changes
- Incontinent bladder / bowels
- Dizziness / headaches
- Vomiting
- Weakness of extremities
- Loss of sensation
- Difficulty speaking

EYES & EYELIDS

- Petechiae to eyes or eyelids
- Subconjunctival haemorrhage
- Vision changes
- Swelling

FACE

- Petechiae
- Scratch marks / abrasions
- Facial drooping
- Swelling

CHEST

- Chest pain
- Redness
- Scratch marks / abrasions
- Bruising

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Difficulty speaking (dysphonia)
- Difficulty swallowing (dysphagia)
- Painful swallowing (odynophagia)
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat / neck
- Stridor

SCALP

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

EARS

- Ringing in ears
- Petechiae on earlobes
- Bruising behind ears
- Bleeding in the ear

MOUTH

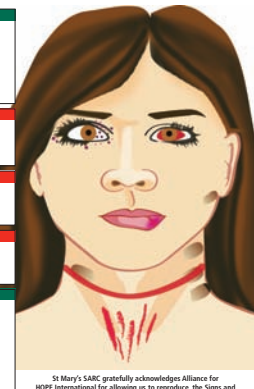
- Bruising
- Swollen tongue
- Swollen lips
- Abrasions / lacerations
- Internal petechiae

NECK

- Redness
- Scratch marks / abrasions
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature marks
- Surgical emphysema

BREATHING CHANGES

- Difficulty or inability to breathe
- Respiratory distress
- Unable to breathe



St Mary's SARC gratefully acknowledges Alliance for HOPE International for allowing us to reproduce the Signs and Symptoms of Strangulation document. The document was accessed through the online Resource Library hosted by the Training Institute on Strangulation Prevention.
www.strangulationtraininginstitute.com

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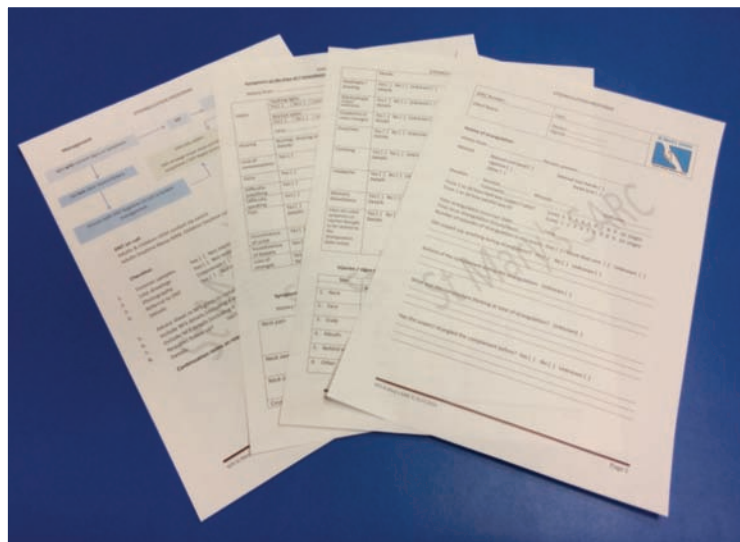
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St Mary's SARC NFS checklist

Preliminary Findings of NFS Prevalence Study

- 39 NFS cases identified in the 8 month period (Jun 2016 - Jan 2017)
- DASH completed in 18 cases. Mean score 15.

NSF information leaflet



St Mary's SARC NFS Proforma

Gender	
Male	1
Female	38
Age	
0-7	0
8-17	2
18-27	20
28-37	10
38-47	3
48-57	3
58-67	0
68-77	1
78-87	0
Region	
Greater Manchester	30
Cheshire	8
Lancashire	1
Referral type	
Police	37
Self	2

Table 1:
Demographics of clients identified as NFS cases (n=39)

