



CANADA

EDMONTON

**The Identification, Care and**  
**Advocacy**  
**of Strangulation Victims**

*Information for Front Line Workers and*  
*Crisis Advocates*

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## **TABLE OF CONTENTS**

Surviving Strangulation (non-lethal strangulation) .....	3
Objectives.....	5
Assessment and Referral: Signs & Symptoms of Strangulation .....	6
The Five Strangulation Questions .....	7
Asking the Five Strangulation Questions .....	8
Responding to Yes Answers to the Five Strangulation Questions .....	9
Strangulation Assessment Sheet for Nurses.....	10
VON Nurses Letter of Referral (non-pregnant) .....	12
VON Nurses Letter or Referral (pregnant) .....	13
Resources .....	14
References .....	14
Recommendations for Medical Investigations .....	15

## **SURVIVING STRANGULATION (non-lethal strangulation)**

Strangulation is a high risk and potentially lethal event, and is one of the most deadly forms of domestic violence (Strack & McClane, 1999). According to Ernoehazy (2008), “with the lack of bony shielding and close association of the airway, spinal cord and major vessels, the human neck is uniquely vulnerable to life-threatening injuries.” Strangulation is an indicator of escalation in the risk and lethality in a relationship and a predictor to future violence (Wilbur et al., 2001). Therefore all reported strangulations should be taken seriously (Strack & McClane, 1999).

Strangulation of a victim may be executed effectively with one or two hands, an arm or knee or by use of a chokehold (sleeper hold). Strangulation using a ligature (victims report being strangled with articles of clothing, phone cords, ropes and seat belts) is even more lethal.

The word “choked” is commonly misused in describing strangulation. Although choked and strangled are often used synonymously, they are physiologically quite distinct. Strangulation is a form of asphyxia (a decrease in the oxygen level leading to an increase in carbon dioxide level) whereby external pressure is applied to the neck occluding the blood vessels and airway (Strack, & McClane, 1999), preventing the flow of blood to and from the brain and air to and from the lungs. Choking occurs when an object, such as a piece of food or a small toy, becomes lodged in the airway blocking the movement of air to and from the lungs. Choking is a term that victims use and understand (Snider, Webster, O’Sullivan, & Campbell, 2009) and are more likely to disclose. Therefore “choked” should be used during the assessment of a victim of abuse. However, strangulation or strangled should be used in any documentation by front line workers and crisis advocates as it is legally important in criminal cases to make the distinction between choked and strangled (McClane, Strack, & Hawley, 2001).

Victims often do not understand the lethality of strangulation and for many reasons will minimize the event or fail to report. For some victims, choking is considered to be a form of physical violence and therefore it is normal to be choked (Strack et al., 1999). It is important that front line workers and crisis advocates take the time to inform victims of the lethality of strangulation, and that the lethality increases in victims who have been strangled multiple times.

Victims who survive strangulation are at risk of serious health issues that may not appear for days or weeks after the event. Victims may experience early or delayed mental status or behavioral changes, including restlessness and combativeness, due to temporary brain anoxia (lack of oxygen supply to the brain). Victims are also at risk of acute respiratory complications which left untreated may ultimately lead to death (McClane et al., 2001). In a study of women strangled while in an abusive relationship, respondents reported significant health issues at two weeks after the event: 85% of respondents reported ongoing difficulty with breathing; nearly 45 % reported voice

changes or dysphagia (difficulty swallowing); 83% reported anxiety, and others reported loss of sensation, left or right sided weakness, neck pain and miscarriage (Wilbur et al., 2001).

There is a general misunderstanding regarding identifying a victim of strangulation. Many front line workers and crisis advocates believe they know all the signs of strangulation and they will in most cases be able to recognize a victim with obvious signs. However, in a study of 300 strangulation victims the following statistics were reported; 62% of victims had no visible injury to the untrained eye, 22% had minor visible signs of strangulation, and only 16% of the victims had significant marks (McClane et al., 2001). There is good reason to believe many strangulation victims are being missed and therefore the study recommends all victims of strangulation be encouraged to seek medical assessment even if there are no obvious signs of injury. Injuries secondary to strangulation may not be obvious or experienced until days, weeks or a year after the event (Strack et al., 1999). Identifying victims and providing them with information on the potentially lethal complications of strangulation may prevent a catastrophic outcome.

McClane, Strack & Hawley (2001) indicate that victims of strangulation consistently report experiencing a characteristic sequence of events (stream of consciousness):  
**Denial:** disbelief at what is happening; some victims report they felt they were watching a movie or were “having an out of body experience”.  
**Realization:** quickly takes over as the victim comprehends the gravity of the situation.  
**Primal:** instinct then takes over as the victim engages in a desperate fight for preservation of life.  
**Resignation:** the victim believes death is imminent; survivor’s report they worried about who would look after their children (McClane, Strack, & Hawley, 2001).  
It is important to document how far the victim reached in the stream of consciousness.

Strangulation is an assault primarily perpetrated by males against females and most commonly in intimate partner relationships. However, it is important to remember that strangulation needs little force to subdue and overcome a victim and therefore can be used effectively by females against other females or by females against males. A study from California reports that 9% of female strangulation victims reported being strangled by someone other than an intimate partner, including friends, mothers, or grandmothers (Wilbur et al., 2001).

This Protocol was developed to provide front line workers and crisis advocates with tools to assist in the identification, care and advocacy of strangulation victims. The Protocol also provides information for strangulation victims.

## **OBJECTIVES**

1. Front line workers and crisis advocates will be informed about the signs and symptoms of strangulation. This will assist them in the identification of strangulation victims.
2. Front line workers and crisis advocates will be provided with guidelines for assessing and referring victims of strangulation.
3. Front line workers and crisis advocates will ask all clients reporting any type of abuse, questions specific to strangulation.
4. Front line workers and crisis advocates will inform victims' of the lethality of strangulation, the signs and symptoms and warning signs of strangulation, and, if appropriate, how to access a higher level of care.
5. Front line workers and crisis advocates will offer to advocate for and support clients to improve the victim's outcome. Support may include referral for medical assessment or psychological counseling.
6. Front line workers will treat all strangulations as a potentially serious event.

## ASSESSMENT and REFERRAL

### SIGNS AND SYMPTOMS OF STRANGULATION

It is important to note that many strangulation victims will have no visible signs of injury. Symptoms may not appear for days or weeks after the event.

▪ Breathing changes, difficulty breathing, shortness of breath	▪ Cognitive changes including amnesia or memory loss, confusion, restlessness or agitation
▪ Difficulty in swallowing or a “thick” feeling in the throat	▪ Neck or throat pain
▪ Raspy or hoarse voice	▪ Bruising or swelling inside the lips
▪ Cough	▪ Tiny red spots (petechiae) on the face and neck or under the eye lids and around the eyes
▪ Loss of consciousness or near loss of consciousness	▪ Conjunctival hemorrhage (eyes are blood red)
▪ Victim thought they would die	▪ Tinnitus (ringing in the ears)
▪ Reported loss of control of bowel or bladder at the time of the assault	▪ Scratch marks or bruising in the jaw line, clavicles and around the neck (check behind the ears)
▪ Nausea and vomiting	

- During the initial client assessment by first responders and crisis advocates, or when crisis advocates are using The Danger Assessment (Campbell. J.C., 1985), the client will be asked “Have you been choked”.
- If the client responds yes or independently discloses strangulation, the front line worker or crisis advocate will stop the assessment and review The Five Strangulation Questions.
- The front line worker or crisis advocate will ask the client if they have experienced being strangled on more than one occasion, and where possible establish the dates of each event. This information is of legal importance.

## **THE FIVE STRANGULATION QUESTIONS**

- The Five Strangulation Questions tool has been developed to assess if the victim has symptoms of concern and whether they should be offered immediate referral to a higher level of care.
- The Five Strangulation Questions tool is used to assess where the client reached in the stream of consciousness.

### **THE FIVE STRANGULATION QUESTIONS**

**Was this the first time you were strangled? Yes:            No:**

**Date(s) of strangulation:** \_\_\_\_\_

- 1. Are you having difficulty breathing?  
Did you have difficulty breathing?**  
*If the victim is currently reporting breathing concerns offer them assistance to access a higher level of care.*
- 2. Do you have a cough or changes in your voice?**
- 3. Did you lose or nearly lose consciousness (did you black out)?**
- 4. Did you lose control of bowel or bladder (did you pee or poop)?**
- 5. Did you think you were going to die?**

## Asking THE FIVE STRANGULATION QUESTIONS

Was this the first time you were strangled? Yes:      No:

Date(s) of strangulation: \_\_\_\_\_

- 1. Are you having difficulty breathing?** – Evaluates the victim’s condition and whether they are in need of medical attention  
**Did you have difficulty breathing?** – Establishes if the victim was strangled to the point of extreme shortness of breath. The victim may still be at risk of delayed airway compromise.
- 2. Do you have a cough or changes in your voice?**- There may occur (hidden) damage to the structures and soft tissue of the neck, including fracture of the hyoid bone, damage to the vocal cords, edema (swelling caused by fluid), or bleeding from the carotid artery or the jugular vein.
- 3. Did you lose or nearly lose consciousness (did you black out)?** –Loss of consciousness indicates the blood and oxygen supply to the brain was compromised. The victim is at risk of brain damage, including memory loss, agitation, restlessness, aggression, and psychosis. *It is important to note that due to anoxia or the chaos of the assault, some victims may not remember actually losing consciousness; they may report nearly losing consciousness.*
- 4. Did you lose control of bowel or bladder (did you pee or poop)?** – An objective sign of loss of consciousness and asphyxiation. It is legally important to document this. Victims are often upset to learn involuntary bowel and bladder is due to the strangulation.
- 5. Did you think you were going to die?** – Evaluates where the victim reached in the stream of conscious and the extent of the strangulation.

NOTE: Pregnant victims are at risk of miscarriage and should be informed of the risk of strangulation may have on the fetus. Assistance in accessing a prenatal exam should be offered.



## **Responding to YES answers to any of THE FIVE STRANGULATION QUESTIONS**

If the victim responds “yes” to any of The Five Strangulation Questions, the front line worker or crisis advocate should take the following steps:

1. Inform the victim of the impact that strangulation may have on the emotional and physical health and the importance of seeking medical assessment. If the victim declines to access care at this time, advise the victim of the importance of seeking medical assessment if symptoms increase or change. Inform the victim of the warning signs:
  - a. Difficulty breathing
  - b. Increased neck or throat pain
  - c. Difficulty with swallowing
  - d. Nausea or vomiting
  - e. Vision changes
  - f. Change in level of consciousness
  - g. Difficulty with speaking
  - h. Weakness
2. Provide the victim with the brochure “Strangulation: Information for Victims of Strangulation (ordered through VON Canada, Edmonton site).
3. Offer to support the victim in accessing medical assessment and care.
4. Provide the victim with a letter of introduction to the physician or medical clinic. Include information on the symptoms reported by the victim at the time of the event and during this assessment.
5. Where possible, follow up with the victim and continue to assess for changes or deterioration in the victim’s condition.



# STRANGULATION ASSESSMENT SHEET FOR NURSES

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Date of Reported Assault: \_\_\_\_\_

Location of Reported Assault: \_\_\_\_\_

Previous strangulation assessment: Yes \_\_\_ No \_\_\_ Date(s) of previous assessment(s): \_\_\_\_\_

**Client History: for this incident of strangulation. Check all symptoms that apply and describe. INCLUDE in your notes if the symptoms PRESENTED AFTER this current strangulation episode.**

- Breathing changes or difficulty breathing \_\_\_\_\_
- Raspy or hoarse voice \_\_\_\_\_
- Cough \_\_\_\_\_
- Difficulty/pain when swallowing \_\_\_\_\_  "Thick" feeling in the throat \_\_\_\_\_
- Cognitive changes (memory loss/confusion/restlessness/agitation/difficulty with word finding) \_\_\_\_\_
- Reported LOC or near LOC \_\_\_\_\_
- Involuntary bowel \_\_\_\_\_ and/or bladder: \_\_\_\_\_ DURING the strangulation
- Thought they were going to die \_\_\_\_\_   
Death threats uttered \_\_\_\_\_
- Nausea and/or Vomiting \_\_\_\_\_ DURING or just following the strangulation
- Scratch/red marks (jaw line/clavicles/neck/behind the ears) \_\_\_\_\_
- Bruising (jaw line/clavicles/neck/behind the ears) \_\_\_\_\_
- Bruising and swelling (lips/oral mucosa) \_\_\_\_\_
- Petechiae (face/neck/inside the eye lids/around the eyes/behind the ear) \_\_\_\_\_  
\_\_\_\_\_
- Subconjunctival hemorrhage \_\_\_\_\_
- Tinnitus \_\_\_\_\_

- Severe pain on gentle palpation of the larynx (may indicate laryngeal edema/fracture) \_\_
- Pregnancy # weeks gestation\_\_\_\_\_ Symptoms of concern\_\_\_\_\_

Please indicate other symptoms or issues of concern secondary to the strangulation:\_\_\_\_\_

**Details of the Strangulation:**

- One hand      ( Right hand   or    Left hand)
- Two hands       Knee  Foot
- Forearm      ( Right forearm or    Left forearm)
- Ligature \_\_\_\_\_
- Concurrent smothering/suffocation \_\_\_\_\_
- Pressure applied to the neck ( low 1 2 3 4 5 6 7 8 9 10 high )
- Duration of strangulation \_\_\_\_\_
- Was the client shaken by the neck \_\_\_\_\_
- Was the client suspended by the neck \_\_\_\_\_
- Concurrent punching or use of weapon \_\_\_\_\_
- Was client pushed against a wall or held against the floor \_\_\_\_\_

\_\_\_\_\_  
**RN Name (print)**

\_\_\_\_\_  
**RN Signature**

\_\_\_\_\_  
**Date and Time**

**MANY VICTIMS WILL HAVE NO OBVIOUS SIGNS OF INJURY FOR DAYS OR WEEKS, AFTER THE EVENT. CLIENTS SHOULD BE ADVISED THAT IF SYMPTOMS APPEAR OR GET WORSE THEY SHOULD ACCESS URGENT MEDICAL ASSESSMENT OR CALL 911.**

**SYMPTOMS OF CONCERN INCLUDE:**

- Difficulty breathing
- Neck or throat pain
- Difficulty swallowing
- Nausea or vomiting
- Vision changes
- Right or left sided weakness or facial droop
- Cognitive changes

A copy of the assessment sheet, the body map and narrative notes should be given to the client

VON Nurses Letter of Referral (non-pregnant)



CANADA  
100, 4936 – 87 Street  
Edmonton Alberta T6E 5W3  
Phone: 780 466 0293  
Fax: 780 463 5629

Date: \_\_\_\_\_

To Whom It May Concern:

RE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Thank you for seeing this patient. She/he reports to us that she was a victim of strangulation on \_\_\_\_\_. She/he reports that at the time of the strangulation she/he experienced: \_\_\_\_\_

\_\_\_\_\_

She/he reports she/he is presently experiencing the following symptoms: \_\_\_\_\_

\_\_\_\_\_

We are requesting assessment and treatment as per recommendations by Dr. George McClane, Emergency Physician at:

<http://www.correctionhistory.org/northcountry/html/knowlaw/strangulationinvestigation3.htm>.

It is recommended that this assessment includes at minimum: neurological assessment, soft tissue X-rays and pulse oximetry.

If you have any questions or concerns in regard to this referral please contact me at the numbers listed above. Thank you in advance for your care of this patient.

Sincerely,

VON People in Crisis Program

VON Nurses Letters of Referral (pregnant)



CANADA  
100, 4936 – 87 Street  
Edmonton Alberta T6E 5W3  
Phone: 780 466 0293  
Fax: 780 463 5629

Date: \_\_\_\_\_

To Whom It May Concern:

RE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Thank you for seeing this patient. She reports that she was a victim of strangulation on \_\_\_\_\_  
\_\_\_\_\_. She reports that at the time of the event she experienced: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

She reports she is presently experiencing the following symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We are requesting assessment and treatment as per recommendations by Dr. George McClane, Emergency Physician at:

<http://www.correctionhistory.org/northcountry/html/knowlaw/strangulationinvestigation3.htm>.

It is recommended that this assessment includes at minimum: neurological assessment, soft tissue X-rays and pulse oximetry. This patient is pregnant and therefore at risk of miscarriage; we are also requesting a prenatal exam including fetal heart monitoring.

If you have any questions or concerns in regard to this referral please contact me at the numbers listed above. Thank you in advance for your care of this patient.

Sincerely,

VON People in Crisis Program

## RESOURCES

1. Recommendations for Medical Investigations: Non-Lethal Strangulation and Blunt Force Trauma to the Neck (attached)
2. Strangulation: Identification, Care and Advocacy for Crisis Advocates (brochure)
3. Strangulation: Information for Victims of Strangulation (brochure)
4. Strangulation Identification Cards for Crisis Advocates

For more information, to book a workshop or to order resource materials please contact:

VON Edmonton Site  
Suite 100, 4936-87 Street  
Edmonton, Alberta  
T6E 5W3

Tel: 1-780-466-0293      Toll free: 1-877-566-0293  
Fax: 1-780-463-5629      Toll free Fax: 1-877-463-5629  
Website: [www.von.ca](http://www.von.ca)  
Email: [info@vonedmonton.ab.ca](mailto:info@vonedmonton.ab.ca)

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## Recommendations for Medical Investigation Non-Lethal Strangulation and Blunt Force Trauma to the Neck

Investigation for occult injuries in survivors of strangulation is crucial. Blunt trauma injuries secondary to strangulation may be delayed and progressive and may not appear for days or weeks after the event.

- Secure airway then provide ongoing evaluation of airway, breathing, circulation. Risk for ARDS and cerebral edema
- Pulse Oximetry: *evaluating a patients mental status changes from secondary hypoxemia*
- Chest X-ray: *diagnosis of pulmonary edema, pneumonia, aspiration*
- Nasal X-ray: *nasal fracture and hemoptysis*
- Soft tissue neck X-ray: *evaluation of SC emphysema secondary to fractured larynx. May demonstrated deviated trachea due to edema or hematoma*
- Cervical spine X-ray: *evaluate for fractured hyoid*
- CT of head: *evaluate when neurological status is compromised*
- CT of the neck: *evaluation of laryngeal cartilage*
- MRI of the neck: *evaluation occult soft tissue injuries*
- Carotid doppler ultrasound: (especially in cases where ligature was used) *critical in patients with neurological lateralizing signs (i.e. stroke)*
- Pharyngoscopy: *evaluate for pharyngeal petechiae or edema*
- Fiberoptic laryngobronchoscopy: *evaluation vocal cord and trachea for patients with dyspnea, dysphonia, aphonia or odynophagia*
- Psychiatric referral for suicidal ideation, especially in cases of suicidal or autoerotic strangulation

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