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- In a study of 300 strangulation cases, only **50%** had visible injuries, and only **15%** had injuries that were sufficient to be photographed.² There may be no visible injuries in the most serious, even **fatal**, strangulation cases.²
- If pressure is maintained, loss of consciousness can occur within **10 seconds** and death can occur within **3-5 minutes**.³
- Victims of one strangulation are **750%** more likely to become a victim of homicide by the same partner in the future.⁴

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“My Partner Choked Me”

Non-Fatal Strangulation:

A pocket guide to best practices when working with survivors of strangulation



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Non-fatal strangulation is one of the most lethal forms of intimate partner violence (IPV), and is a high risk indicator for future serious physical assault and homicide. Strangulation often leaves no visible injuries but may have long-term neurological and cognitive impairments that can seriously impact a survivor’s ability to perform activities of daily living.

Strangulation is often underreported and not identified by healthcare providers, criminal justice actors or service providers. It is vital that you screen for strangulation and work closely with the person who has been strangled in order to respond with comprehensive support.

Some Signs and Symptoms

Non-visible Injuries

- Trouble focusing, confusion, or disorientation
- Voice changes
- Difficulty breathing or swallowing
- Dizziness or headaches
- Ear pain or tinnitus
- Loss of consciousness or stupor
- Memory loss
- Restlessness or combativeness
- Shaking
- Vomiting or spitting
- Difficulty balancing or walking

Visible Injuries

- Scratches, red marks, or thumb/finger/hand imprints on skin
- Petechiae (appears as red dots on skin)
- Ligature marks
- Neck or face swelling
- Tongue swelling or bruising
- Subconjunctival hemorrhaging (blood red eyes)
- Bruising on chest
- Involuntary urination or defecation
- Miscarriage
- Defensive injuries, scratches, bite wounds to tongue or strangler

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Ask and Document

- Are you, or did you, have trouble breathing?
- Do you, or did you, feel dizzy?
- Did your vision or hearing change?
- Do you remember what happened?
- Are you having difficulty swallowing?
- Are you in pain? Where?
- What position was the person in when they strangled you?
- What position were you in?
- How did they strangle you? (e.g. one or two hands, with an object, etc.)
- Was the person saying anything? What?
- How long did they strangle you for?
- Did you lose consciousness or black out?
- Did you experience any loss of bodily functions? (i.e. urination or defecation)
- Do you have any injuries that you don't know how you received?
- Did something occur that interrupted or stopped the strangulation?

Observe and Document

- Record the survivor's demeanor.
- Photograph any signs of struggle, including property damage, defensive marks on the victim and/or offender and other related injuries.
- Photograph and write down any visible injuries, including behind the ears, around the entire neck, inside the mouth, tongue, chin, under the eye, eyelids, eyeballs, jaw, chest and shoulders.
- Record any observations of both visible and non-visible conditions (e.g. victim appeared confused, redness to neck, voice was hoarse, etc.).
- If victim's voice appears hoarse or altered, try to audio record them stating identifying information.

For Law Enforcement - Collect & Voucher all Evidence

If a ligature was used, voucher it. In suffocation cases, voucher what was used to attempt to suffocate victim (pillow, blanket, sock). If the victim urinated, defecated or vomited, voucher any clothing that indicates this. (Sometimes, the victim may change before you arrive, so ask as above.)

Follow-up

- Encourage the victim to be examined on scene by first responders.
- If the person doesn't want immediate medical attention, encourage them to seek medical attention in the next 24-48 hours should their symptoms persist or worsen.
- Advise them to log all their symptoms and preserve any additional evidence.
- If you can, follow-up with the victim within 2-3 days, and document any additional injuries that are visible, as well as the status of prior observed injuries.

Screening for Healthcare Response⁵

1. Has your partner ever put their hands or any other object on or around your neck? If yes...
2. Within the last 6 months? If yes...
3. Did they experience any of the listed "signs and symptoms?" If yes...
4. Recommended radiographic studies and further ER examination/monitoring to rule out life-threatening injuries.
5. If they experience any symptoms from a strangulation that occurred over 6 months ago: Consider referring them to a neurologist to determine if there are any long-term effects that need to be monitored and/or treated.

Resources and References

- NYC HOPE Resource Directory at nyc.gov/NYCHOPE
- NYC's 24-Hour Domestic Violence Hotline: **800-621-HOPE**
- The Training Institute on Strangulation: strangulationtraininginstitute.com
- If there is immediate danger, call 911.

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1. Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. Intimate Partner Violence: A Health-Based Perspective. Oxford University Press, Inc., 217-235.
 2. Strack, G.B., McClane, G.E., & Hawley, D. (2001). A review of 300 attempted strangulation cases: Part I: Criminal Legal Issues. Journal of Emergency Medicine, 21(3), 303-309.
 3. 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.
 4. Dean A. Hawley, Forensic Medical Findings in Fatal and Non-Fatal Intimate Partner Strangulation Assaults 6 (2012).
 5. <https://www.familyjusticecenter.org/resources/recommendations-medicalradiographic-evaluation-acute-adult-non-fatal-strangulation/>

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