

Non-Fatal Strangulation

Strangulation is shockingly common in intimate partner violence, but often goes undisclosed. A 2009 report prepared for the Alberta Council of Women's Shelters found that 54.4% of women in shelters and 69% of women in second-stage housing reported being "choked" by their abusive partners.

Survivors of non-fatal strangulation have known for years what prosecutors and civil attorneys are only recently learning: Many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they can kill them – any time they wish.

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Strangulation is a well-established risk factor of future lethal violence. Victims of one episode of strangulation are 700% more likely to be a victim of attempted homicide by the same partner, and are 800% more likely of becoming killed by that partner (Glass et al, 2008).

According to the Training Institute on Strangulation Prevention, strangulation is one of the most lethal forms of domestic violence and sexual assault – unconsciousness may occur within seconds, and death within 4 to 5 minutes. Only 33 pounds of pressure is required to close off the windpipe. By comparison, it only takes 20 pounds of pressure to open a can of pop.

Anti-violence workers have been stressing for many years that survivors should be specifically asked about being strangled, and informed that injuries arising out of strangulation may not be apparent for days, weeks or even longer after an assault.

Even if they suffered no visible injuries, all strangulation victims should be encouraged to seek immediate medical attention, especially if they are pregnant.

Strangulation Signs and Symptoms

SIGNS

- Red eyes or spots (petechiae)
- Neck swelling
- Nausea or vomiting
- Unsteady
- Memory loss or lapse
- Urinated
- Defecated
- 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 in arms or legs
- Voice changes

Source: strangulationtraininginstitute.com

The fact that strangulation often leaves no visible injuries, even in fatal cases, makes it a favourite tactic of some abusers. In one five-year study of 300 survivors conducted in San Diego, 62% had no visible injuries (Strack & McClane, 2001).

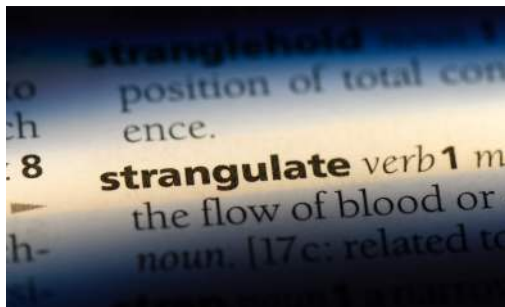
Today, it is known unequivocally that strangulation is one of the most lethal forms of domestic violence. Strangulation is clearly the edge of a homicide. Unconsciousness may occur within seconds and death within minutes or less. Never again should an allegation of strangulation be ignored or minimized. When the victim says “he choked” me, alarm bells should go off and red flags should be waving for every professional in every case. Strangulation is, in fact, one of the best predictors for the subsequent homicide of victims of domestic violence.

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This can lead to difficulty with police and the criminal justice system taking the assault seriously. More importantly, it can also lead survivors to overlook or discount the seriousness of strangulation. Some consider strangulation to be “normal”, similar to being punched or kicked.

A few words about language: “Choking” is accidental. Choking means having the windpipe blocked entirely or partly by a foreign object, such as food. Strangulation is intentional.

Strangulation means to deliberately obstruct the normal breathing of a person or blood flow to the brain. While it is important to use the language your client is the most comfortable with – use of the word “strangled” acknowledges the true seriousness of the abuse.



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, blood clot, respiratory complications, or anoxic brain damage.

Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009)

It is vitally important to ask direct questions to identify a strangulation victim as soon as possible. Morag McLean, RN, author of *The Identification, Care and Advocacy of Strangulation Victims - Information for Front Line Workers and Crisis Advocates*, recommends front-line workers ask what she refers to as the “Five Strangulation Questions”.

THE FIVE STRANGULATION QUESTIONS:

1. **Are you having, or did you have, difficulty breathing?**
2. **Do you have a cough or changes in your voice?**
3. **Did you lose consciousness, or nearly lose consciousness?**
4. **Did you lose control of your bowel or bladder?**
5. **Did you think you were going to die?**

If the survivor answers “yes” to any of the five questions, McLean advises that the worker inform the client of the impact that strangulation may have on her emotional and physical health, and the importance of seeking medical assessment, especially if symptoms increase or change.

Where possible, follow up with her and continue to assess for changes or deterioration in her condition. Survivors should also be monitored for emotional and psychological injuries such as depression, anxiety and PTSD.

Additional Resources:

Training Institute on Strangulation Prevention
<https://www.strangulationtraininginstitute.com/>

The Identification, Care and Advocacy of Strangulation Victims - Information for Front Line Workers and Crisis Advocates
Morag McLean RN (2009)
https://www.von.ca/sites/default/files/files/strangulation_protocol_final_may_2012.pdf

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<https://www.civicrosearchinstitute.com/pdfs/DVR1906.pdf>

Strangulation: Information for Victims of Strangulation
https://www.princeedwardisland.ca/sites/default/files/publications/css_straginfo14.pdf