



Welcome

Strangulation : *It's not just a slap in the face*

June 23, 2016

1pm-2pm

Facilitator: Cynthia Moore, Education and Outreach Coordinator, National Telenursing Center

Presenter: Cheryl Re, RN, BSN, Ma. SANE, Co-Director National Telenursing Project

As with all technology, we may experience a momentary lapse in the Webinar session. In the event of a problem, please be patient and remain on the line. If the problem persists, please contact: Jason.Adams@icfi.com for technical assistance.

The session will be recorded. The session will begin shortly.



Transforming The Care of Sexual Assault Survivors





- Not similar to a slap in the face,
where only redness may appear



San Diego Strangulation Study:

The death of 2 teenagers, both victims of brutal homicides within a 6 month timeframe prompted San Diego City Attorneys (Casey Gwinn and Gael Strack) to look into both cases, which involved strangulation. They found: Due to lack of physical evidence and corroboration in these....and in fact in most strangulation cases, resulted in similar offenses being treated as minor crimes



TRAINING INSTITUTE on STRANGULATION PREVENTION

Advanced Course on Strangulation Prevention

Call us at (888) 511-3522 for more information and to register for next session



Objectives:

- To describe prevalence of and lethality in Domestic Violence or Sexual Assault cases where strangulation has been involved.
- To highlight the need for careful medical evaluation in cases of strangulation
- Outline signs and symptoms which warrant/require further assessment
- Discuss how we can recognize possible strangulation cases and initiate appropriate care and referrals for these patients



Statistics:

- 10 % of all violent deaths in the U.S. each year are due to strangulation
- 6 female victims to every 1 male victim
- 99 % of perpetrators are male
- 90 % of victims have a history of domestic violence and strangulation is a significant risk factor for attempted or completed homicide



San Diego Study:

- Only 3% sought medical treatment
- Children were witness to violence in 50% of the cases
- Visible injuries, such as red marks, bruises or rope burns, were found in only 16 percent of the cases.
- Minor visible injuries, such as redness or scratch marks, were reported in 22 percent of the cases
- Often injuries were too minor to photograph.
- There were no visible injuries in 62 percent of the cases.



What is strangulation?

- Strangulation is defined as a form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages as a result of external pressure on the neck.



Terminology Matters!!

- “Strangle” means to obstruct seriously or fatally the normal breathing of a person (usually intentional)
- “Choke” means having the windpipe blocked entirely or partly by some foreign object like food (accidental)



In Domestic Violence and Sexual Assault

- Strangulation is used as a means of **power and control**

I can kill you at any moment I choose to

- Used to subdue a victim, and result in physical , emotional or neurological injury..... and possibly death



There are 3 types of strangulation

- Hanging
- Ligature
- Manual/ Chokehold



OVC TTAC





A Rapid Clinical Sequence of Events Occurs in Strangulation

- Severe pain
- Loss of consciousness
- Brain death

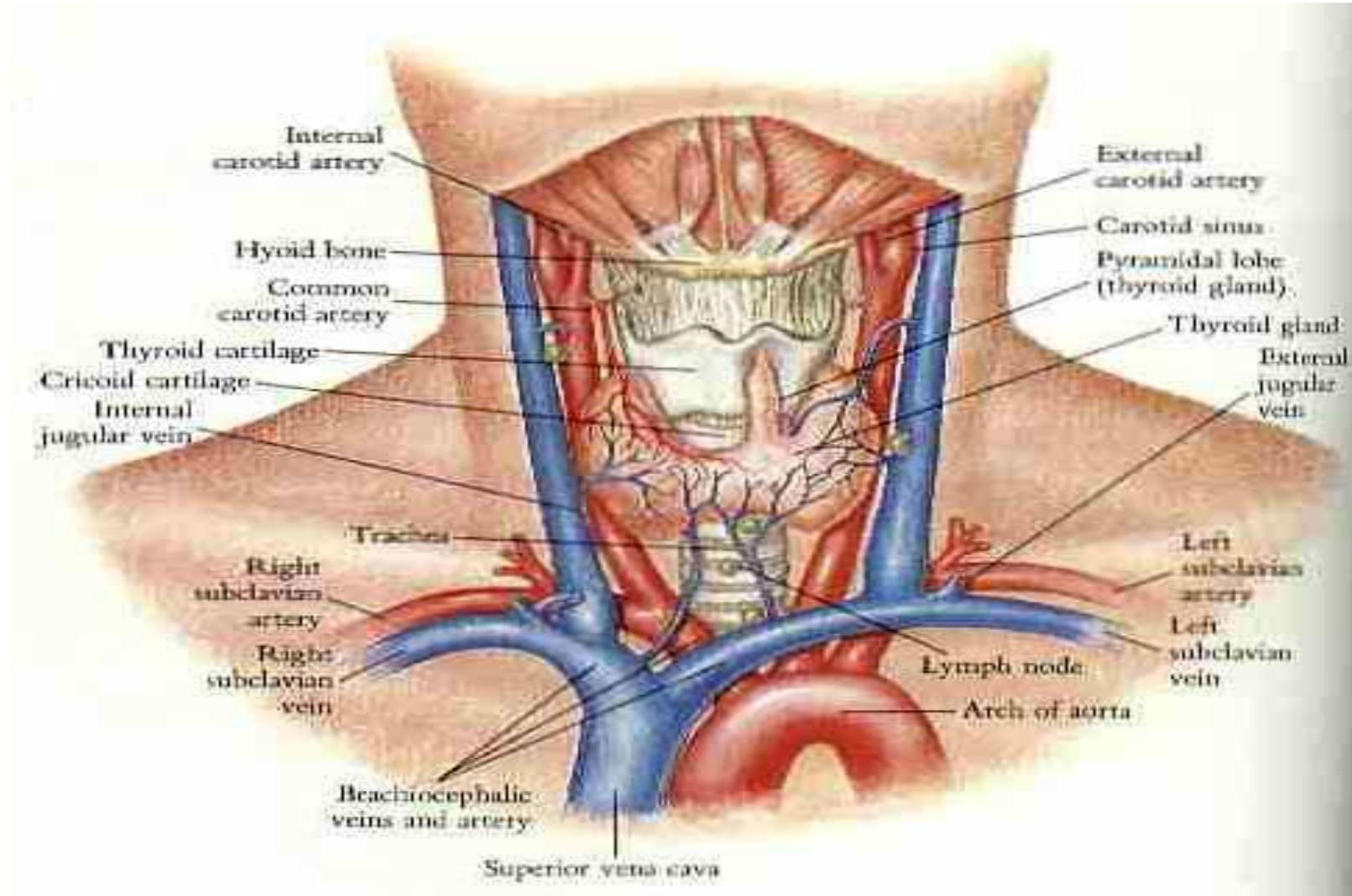


Unconsciousness occurs due to:

- Blocking of the carotid arteries (depriving the brain of oxygenated blood)
- Blocking of the jugular veins (preventing deoxygenated blood from exiting the brain)
- Closing off the airway, causing the victim to be unable to breathe



OVC TTAC





Strangulation Injury:

- 33 lbs of pressure to close off the airway
- 12-15 lbs of pressure to carotids for 10 secs will occlude bloodflow
- 4.4 lbs of pressure to occlude jugular veins, blood cannot empty/ venous congestion



McClane et al: Stages patients describe during a strangulation

- Denial: “I couldn’t believe this was happening to me.”
- Realization: “This is really happening to me.”
- Primal: Struggle to survive
- Resignation: “He is going to kill me. I hope my kids will be OK.”



Listen carefully to pt account of what happened

*“Survivors are often assaulted during an incident of intimate partner violence or sexual assault and **need to be specifically asked if they were strangled. Many survivors will not volunteer this information”***

- *(Funk&Schuppel, 2003;Taliaferro et al.,2001)*



Evidence of Strangulation:

- Pt may report period of unconsciousness, which may be described as a loss of time, loss of memory, incontinence, unexplained bump on the head
- Voice changes will occur in up to 50 percent of victims, and may be as mild as simple hoarseness (dysphonia) or as severe as complete loss of voice (aphonia).
- Swallowing changes due to injury of the larynx cartilage and/or hyoid bone.



Cont. Evidence of Strangulation:

- Nausea/vomiting
- Mental status changes may manifest early as restlessness and combativeness due to anxiety, temporary brain anoxia and/or severe stress reaction
- Incontinence



Visible Injuries:

- Visible scratches, scrapes or abrasions (*often these are caused by the victims own fingernails*).
- Ptosis or facial droop
- Neck swelling, edema or subcutaneous emphysema
- Shortness of breath, hyperventilation or stridor
- Redness (erythema) on the neck may be fleeting, but may demonstrate a detectable pattern.



- Chin abrasions are common in victims of manual strangulation, as the victim lowers the chin in an instinctive effort to protect the neck, and in so doing, scrapes the chin against the assailant's hands or their own clavicle.
- Petechiae are characteristic in many cases of strangulation, and are due to ruptured capillaries.



OVCTTAC



Office for Victims of Crime
OVC





OVCTTAC



Office for Victims of Crime
OVC





Pronounced petechiae in the whites of the eyes and on the cheeks/face.



OVCTTAC





Remember

- Seconds to unconsciousness
- Minutes to death
- Pts can die up to 36 hours or later with no external injuries
- In many cases where strangulation resulted in death, there were no visible external injuries (Hawley et al.,2001)



What can you do?

- Begin by taking strangulation as the serious offense it is.
- Use the correct terminology to describe what happened.
- Conduct a thorough exam to uncover any injuries. (inspect the eyes, nose, mouth, scalp, neck, shoulders and upper chest).



What can you do? cont

- Assess for any change in voice
- Note any edema in neck area (have pt look in mirror, does neck look normal?)
- Assess work of breathing (rate, depth, o2 sat and auscultation of lungs)
- Inspect oral cavity for tongue swelling or petechiae of soft palate or tongue injury



What can you do? Cont

- Neck pain
- Did pt. vomit
- Photograph all findings



Take a careful history

- Ask the question
- Describe act (grabbed from front or back)
- Assailant used one hand or two?
- What did the assailant say when he was strangling the patient?



Take a careful history-cont

- What did the patient think was going to happen to her?
- Was the patient shaken violently?
- Was there more than one attempt?
- Was there any simultaneous head trauma?



In Review

- Take a careful history: ask the question “were you choked/strangled or did he grab you around your neck?”
- Complete a thorough exam
- Document findings, photograph as appropriate
- If strangulation is suspected - Pt requires further evaluation, testing and observation



OVCTTAC



Office for Victims of Crime
OVC



Transforming The Care of Sexual Assault Survivors