Serving Survivors of Domestic Violence Strangulation

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Disclaimer

- The content of this presentation is a collection of work from experts in the field and personal experience
- Opinions are those of the presenter and may not have been reviewed by the host of this training session or BWJP

Objectives

- Awareness
- Strangulation basics
- Commonalities in patient demographics
- Health concerns in at risk population
- Healthcare provider priority
- Non-fatal strangulation case review
Awareness

Violence is a public health problem

*Most people who are victims of violence do not act violently. However, people who experience or are exposed to one form of violence are at a higher risk for both being a victim of other forms of violence and for inflicting harm on others.*

*Center for Disease Control*

Risk Assessment

- Is a risk assessment your role?
  - First responders
  - Law enforcement
  - Medical
  - Social
- Tools
  - Formal standard Risk Assessment
  - Informal

Realistic Response

Being killed by this assailant in the future is a very real possibility

- Risk assessment
- Referral
- Safety assessment
- Individualized plan for survival
Healthcare Provider

- Who is your patient?
- What do they need?
- Awareness of under reporting
- Awareness of under evaluating

Demographics

5 year collection of patients over 5000 total
- Female over 92% - Male less than 7%
- Youngest 2 months - Oldest 87 years
- Most common Age 20-28 years old
- Primarily Caucasian
- Sexual orientation range
- Current dating relation
- 80% No weapon

More Awareness

- People who strangle are predictably unpredictable
- Red flags should go up…
- Fatality review supports reports prior to death
- Not typical physical assault
Lethality

- Women that are strangled by their partners and survive are
- 800% more likely to be killed by their partner in a subsequent assault
- 700% more likely to suffer an attempt on their lives by their abusive partner at a later time.

Lethality

- Even if the initial presentation is clinically benign, all near-hanging victims and patients with evidence of vascular compromise secondary to strangulation should be admitted for 24-hours observation to watch for delayed airway and pulmonary complications.

Medical Red Flags

- Past physical abuse...last 6 months?
- Abuse while pregnant? (continued, subsided, escalated with pregnancy)
- Attempts or threats of killing? (physical and mental impact)
- Strangulation history?
More Red Flags

- Sexual force? (infection, pregnancy, strangulation during sex, etc.)
- Drug use or misuse? (illegal, prescription, forced or voluntary)
- Mental stability, suicidal, psychological effects?
- Head trauma?

Care of “At Risk”

- Know your reporting requirements
  - Sexual Assault
  - Domestic Violence
  - Vulnerable populations
- Legal involvement
- Court preparation
- Liability
- Documentation

Strangulation Basics
Basic physiology

Human brain and body needs oxygen to live.

- **Oxygen Supply**
  - Airway of mouth and nose path for oxygen to lungs for oxygenated blood supply
  - Body must continue to inhale and exhale for oxygen supply to the lungs

- **Blood Flow Containing Oxygen**
  - The entire body requires oxygen containing blood to live. It is delivered by arteries (carotid artery supplies blood to brain)
  - Blood that has been delivered is returned to the lungs by veins for more oxygen (jugular vein returns blood flow from brain)

Physical Impact

- Blocking of the carotid arteries
  - Depriving the brain of oxygenated blood – O₂ ↓
- Blocking of the jugular veins
  - Prevents de-oxygenated blood from leaving the brain - CO₂ ↑
- Closing off of the airway
  - Causing the victim from being unable to breathe
Terminology

- Strangulation ~ external pressure to the neck that blocks airway or blood flow
- Choking ~ internal block of airway from object
- Suffocation ~ blocked respiration
- Asphyxia ~ lack of oxygen to the brain
  - No oxygen in lungs
  - No blood flow containing oxygen to brain
  - Multiple mechanisms

Varying Factors

- Length of Time
- Amount of Pressure
- Anatomical Structures
- Surface Area

Significance of Findings

- No visible injury does not mean it did not happen
- Injury you can see is significant
- Injury you can not see may be lethal
- Petechial hemorrhage is required
- What is said vs. What is seen
Symptoms
Pain and discomfort
  - Neck and throat pain
  - Limited range of motion
  - Very common

  “Feels like a lump in my throat.”
  “It’s like when you have a burning sore throat, but I wasn’t sick before this.”

Symptoms
“How did this affect your breathing?”
  - Hyperventilate
  - Gasp for breath
  - Delayed lung problems-aspirate pneumonia

  “It’s like when you’re underwater too long.”
  “I could not get air.”

Symptoms
Voice changes
  - Immediate or delayed
  - Raspy voice/hoarse
  - Dysphonia – Pain with talking
  - Aphonlia – Loss of voice
  - Directly related to trauma to larynx
  - Common in about 50%
Symptoms
Swallowing changes
• Odynophagia (Pain with swallowing)
• Dysphagia (Difficult to swallow)
• Constant or frequent clearing of throat
• Increased drooling
• Unable to swallow saliva
• Immediate or delayed

Symptoms
Brain - Altered level of consciousness
• Memory loss, gaps
• Passed out
• Lightheaded, dizzy
• Behavior changes (combative, agitated, restless, delayed)
• Immediate or delayed
• Short term and long term damage

Symptoms
Neurological affects
• Facial droop
• One-side weakness to body
• Hearing changes (ringing-tinnitus)
• Vision changes “Everything went black.”
• Bladder and/or bowel changes
• Miscarriage
Clinical Findings

- Abrasions - scratches
  - From patient or suspect
- Contusions – bruising
  - Thumb or finger (placement varies)
  - Delay in visibility
- Ecchymosis – blood filled bruising
- Erythema – redness
- Ligature marks vs. Patterned impression injury (necklace, t-shirt seams)

Abrasions

Contusions
Clinical Findings

- **Petechiae**
  - Ruptured capillaries or small blood vessels
  - Tiny red, flat, non-tender red spots
  - Occurs with increased venous pressure
  - Compression of the jugular vein (keeping the blood from returning to the heart - builds pressure)
  - A lack of petechiae in strangulation cases means nothing
Petechiae

Clinical Findings

- Sub-conjunctival hematoma or hemorrhage
- Larger area of venous compression
- Ruptured vessels in sclera of eye (white part)
- May indicate vigorous struggle or repeat venous compression
- Blood filled – Visually concerning to patients
- Does not impair vision
- Most require no treatment
- Estimated length of time to resolve is 1-2 weeks

Subconjunctival Bleeding
Strangulation Related Injury

- Skin abrasions (scratch marks, fingernail marks) and tiny red spots (petechiae) just over the face in strangulation, or generalized in the skin in suffocation
- Abrasions over nostrils
- Lip incised abrasions where lips are pushed against teeth

Suffocation Related Injury

- Many have no visible injury
- Severe natural disease or medical condition, or is intoxicated, or physically restrained, may have no physical marks
- If there are no teeth, lip injuries are not likely
- Suffocation with a medical device
  Obstruction endotracheal tube, turning off a ventilator, withhold O2 leaves no visible injury

Suffocation

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Providing a Medical Forensic Exam

- Forensic examiner
  - FNP, NP, MD, RN
  - Training requirements
  - Expertise
- Equipment options
  - Vital signs, pulse ox, fetal doppler, preg test
  - ALS
  - Swab packaging
  - Camera – CD’d for photo review
  - Standard document or report

Providing a Medical Forensic Exam

- Location
  - Hospital
  - Clinical setting
  - Advocacy Center
- Protocol for examination
  - Charting process
  - Best practice for process
  - Standard protocols for patient

Medical Examination

- Clinical priority ABC’s
  - Stabilization of the patient
  - Complete evaluation and examination
  - Higher level of care – transfer
- Forensic
  - Collection of swabs (neck-touch DNA, bites, saliva)
  - Delayed examination (up to 120 hours)
- Documentation
  - Standard exam form or complete report
  - Photo documentation (initial & follow-up, CD’s)
Documentation

- Medical history
- History of assault
  - Open ended narrative, Tell me what happened? "word for word" quotes.
  - Clarifying questions
- Complete head to toe examination
- Injury documentation
  - Size, color, type of injury described
  - Drawn on Body map
  - Photographed
- Chain of Custody

Documentation

Exact quotes make an impact.
"He had the devil in his eye."
"My eyes were popped out of my head."

Observations can be critical.
Constant clearing of throat
Noticeable hard swallow
Cough and spit

Sara

- 35 yr old
- 12 hours post assault

Boyfriend of less than 1 year
Denies past physical or sexual abuse

"Extremely jealous, controlling, he calls me names when he drinks"
“The first time he strangled me he put his hands around my neck and held it for 5-10 seconds. The second time I blacked out and when I woke up I found out I wet myself. I heard him tell me that I’m never going to see my kids again. I felt like I was gonna die.”

“He did it with his forearm too and he was behind me. I want to say it was his hands and then his forearm and then his hands again.”

“I was coughing a little bit after to gasp for air. I did have a headache. It hurts to swallow. My voice sounds more raspy. I felt like I was suffocating during. My eye sight is a little blurry and I haven’t slept well either.”

Methods of Strangulation

- 3 occurrences of manual strangulation
  - Both hands approached from the front
  - Forearm approached from behind
  - Both hands approached from the front

Reported Symptoms

- Lost Consciousness
- Involuntary urination
- Coughing
- Headache
- Pain with swallowing
- Loss or change of voice
- Difficulty breathing
- Throat pain
What we can’t see…

Internal Structures
- Pain with swallowing
- Voice changes
- Throat Pain

Manual and chokehold = central neck or trachea involved

Areas for Concern
- ABC’s
- Passed out
- Loss of bladder
- Fear of Death
- Gasping for air
- Headache
- Tracheal involvement
- Vision
- Sleeplessness
- Safety Planning
- Legal involvement
- Support system
- Follow-up Medical
- Emotional impact
- Reporting requirements
- Children involved
- Long term impact

Safety Planning
Legal involvement
Support system
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Children involved
Long term impact
Sub-conjunctival Hemorrhage
Painless
More blood Filled

Lightly scabbed abrasion

Outcome

- Legal – Was he held accountable?
- Health – Was Sara okay?
- Is an unknown outcome okay?

“I don’t remember her name but I do know how she made me feel.”
Past and Future Abuse

- Good predictor of future violence is the past
- Realistic
- Compassionate
- Concerning facts
- Honest outlook

Care Continued

- Increased Awareness in the medical field
- Educate practitioners
- Address primary, secondary and tertiary concerns
- Protocols
- Research
- Legislation involvement

Making a Difference

- Non-compliance is typical
- Recantation is common
- Return rate is poor
- Burnout is high
- Selfcare is needed
- Compassion is important
- Trauma informed is required
Questions?

Thank you