



# Domestic Violence Non-Lethal Strangulation

*change the ending*

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# Welcome

On behalf of the Red Rose Foundation, welcome to the 2 day training on non-lethal strangulation with international experts, Gael Strack Esq, and Dr Bill Smock.

Our recognition of strangulation as a high risk and possibly lethal form of violence has greatly impacted the way in which we respond to domestic violence and sexual assault. We know from research that women who have experienced any form of strangulation or smothering are 8 times more likely to be killed by the perpetrator. Others may die from medical complications, months or at times years later from stroke and other health related causes. Non-lethal strangulation is now recognised as a significant risk factor in identifying and responding to high risk domestic violence. We also know that strangulation is often accompanied by rape and other forms of sexual assault.

Since the introduction of the Queensland Criminal Law (Domestic Violence) Amendment Bill (No. 2) 2015 Section 315A, which recognises strangulation and suffocation as serious criminal offences, there has been greater awareness within the broader community as well as enhanced responses within the service system.

***The Red Rose Foundation is proud to have led the way in putting non-lethal strangulation on the public agenda in Australia.***

Firstly lobbying for legislative change and then ensuring people across all aspects of the service system have access to training and information that is current, evidenced based and provides skills in identifying, documenting and prosecuting domestic violence strangulating offences. Our priority is ensuring victims of non-lethal strangulation are safer and better supported.

The Red Rose Foundation, through our program the National Institute for Strangulation Prevention, is pleased to have formed a partnership with the National Institute for Strangulation Prevention in the USA which has enabled our trainers to return to Australia for a third visit providing training in Brisbane, Melbourne and Perth. Previous training has been held in Canberra and Mackay as well as Brisbane. Over 1000 people will now have received some level of training from Gael Strack Esq and Dr Bill Smock as well Directors of the Red Rose Foundation. Further research papers on non-lethal strangulation can be found on our website [www.redrosefoundation.com.au](http://www.redrosefoundation.com.au). We ask you to like our facebook page: Red Rose Foundation Australia to stay informed of upcoming events.

**Betty Taylor**

CEO

Red Rose Foundation

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# About Us

## Who We Are

**The Red Rose Foundation acknowledges that domestic violence related deaths are largely considered to be predictable and preventable.**

The Red Rose Foundation actively works to end domestic and family violence related deaths in Australia including homicide, suicide and accidental deaths that arise from incidents and or/histories of domestic violence.

Membership of the Board of Red Rose Foundation is comprised of service providers, academics, researchers, police, business and individuals who are concerned that more can be done to prevent such deaths occurring.

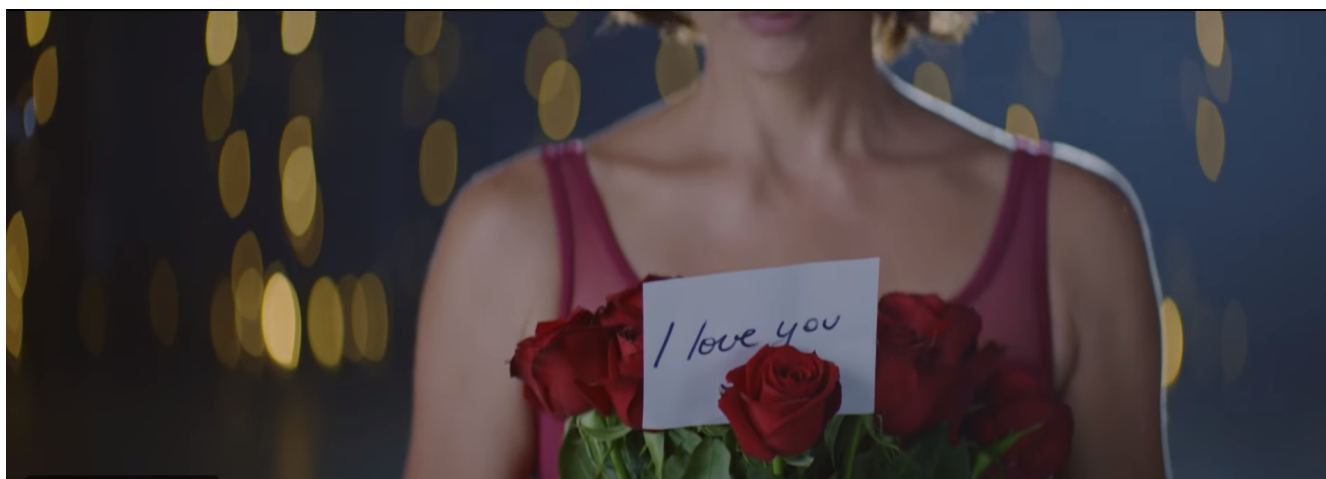
Importantly, the Red Rose Foundation will, at all times, include those who have either survived an attempt on their lives or who have had their lives impacted by homicide or other fatal domestic violence.

The Red Rose Foundation maintains strong links both nationally and internationally with individuals and groups who also work towards eliminating domestic and family violence related deaths.

## What We Do

**The Red Rose Foundation aims to work to eliminate domestic and family violence related deaths by:**

- Monitoring the outcomes and recommendations of all Domestic Violence Death Review Boards across Australia to ensure responses to domestic violence protect potential victims and are as safe as possible
- Highlighting the deaths of victims of domestic violence through the organisation of Red Rose Rallies to honour and remember those killed
- Engaging with families of those killed to offer support or referral where possible.
- Engaging with and informing the media about domestic violence related deaths
- Ensuring survivors and families have a voice within Red Rose Foundation
- Establishing partnerships with government and community agencies to advocate, inform and enhance understanding of the reasons, nature and pattern of lethal domestic violence
- Developing research partnerships
- Providing specialist training and community awareness events including participation in the National Day to Remember Candle Lighting Vigils throughout the country
- Lobbying for policy and legislative reform.



# Non-Lethal Strangulation

## Putting this potential lethal form of violence on the public agenda

The Domestic Violence Death Review Action Group was formed in 2004 to campaign for the establishment of a Domestic Violence Death Review Board in Queensland. This group evolved to become the Red Rose Foundation in 2016. In 2004, current Red Rose

Foundation Directors, Betty Taylor and Di Macleod, organized a Violence Against Women Conference with invited US speakers, Casey Gwinn, Gael Strack and Dr George McLean. It was through their training on non-lethal strangulation, that DVDRAG began an intensive campaign for a specific crime of non-lethal strangulation.

Submission to the Domestic Violence Taskforce resulted in this critical issue being addressed in the *Not Now Not Ever Report*. A specific domestic violence criminal offence of non-lethal strangulation has now been established in Queensland.

To further our aim of raising awareness to the dangerous nature of non-lethal strangulation, provide expert training and forge partnerships of research and education, the Red Rose Foundation has:

- Brought expert trainers to Queensland in 2017, 2018 and again in 2019  
for highly specialist training
- Provided training on non-lethal strangulation across various organisations including Police, Ambulance and High Risk Teams
- Provide a 1 hour webinar on non-lethal strangulation

<https://youtu.be/28tUCV0SmSc>

- Engaged with media on several occasions including Radio National Law Report

[https://abcmedia.akamaized.net/rn/podcast/2019/03/lrt\\_20190312\\_1730.mp3](https://abcmedia.akamaized.net/rn/podcast/2019/03/lrt_20190312_1730.mp3)

- Developed a video Deadly Romance  
<https://youtu.be/Ek2ToCZYQPg>

The Red Rose Foundation is working with Queensland Ambulance on training and resource development and has developed a training package for ongoing sector training. Recently, Red Rose Foundation CEO, Betty Taylor, was invited to provide a workshop on non-lethal strangulation to 80 Police Offices as part of the Fulbright Fellowship training of Mark Wynn from the US.

# Non-Lethal Strangulation

Red Rose Foundation is committed to the high quality specialised training on non-lethal strangulation. Some of this training will be delivered in partnership with the Strangulation Prevention Institute USA, other training will be developed by us and tailored to Australian specifics.

## Feedback from Strangulation Prevention Training

*"The best training I have ever done in my career. Well detailed, real life examples, well structured"*

*"Understanding strangulation is a number 1 high risk factor in regards to domestic violence homicide"*

*"Because knowing about non-lethal strangulation and what evidence can assist victims in successful prosecutions will hopefully decreases homicides"*

*"Understanding the significance of strangulation injuries and the full impact of future indicators of lethality"*

*'Was shocked to learn that strangulation can cause strokes months after the strangulation incident"*

*"Essential knowledge for anyone working with those affected by domestic violence"*

*"Loved this training; make it 3 days instead of 2 days"*

*Media Article over page Snr Sgt Bradley from Sunshine Coast Police interviewed and described the specialist training.*

# Serious Risk Factor

## Understanding Non- Lethal Strangulation as a serious risk factor

Women who have been strangled/choked as part of the abusive pattern of behaviour perpetrated against them, are been deemed to be 800%, more likely to be a victim of domestic homicide whether by strangulation or another forms of lethal assault. (Glass et al 2008)

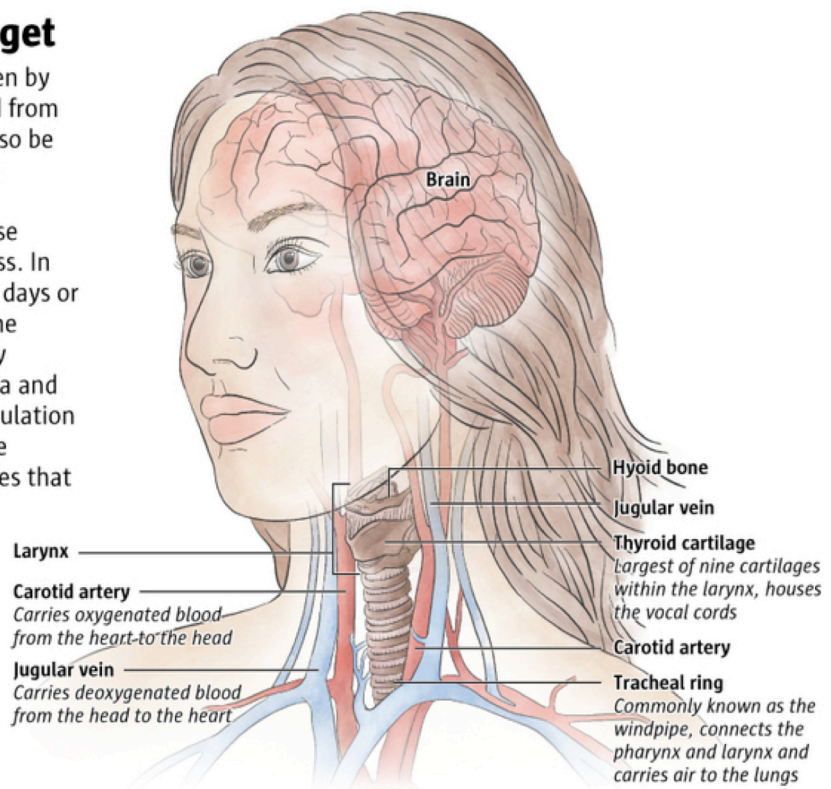
Non-lethal strangulation is now seen as a significant high risk indicator to possible future homicide.

### A vulnerable target

Strangulation impedes oxygen by preventing blood flow to and from the brain. The trachea can also be restricted, making breathing difficult or impossible. The combination can quickly cause asphyxia and unconsciousness. In some cases, death can occur days or weeks later due to tears in the carotid artery and respiratory complications like pneumonia and embolisms. Half of all strangulation victims don't have any visible external injuries, even in cases that later prove fatal.

Sources:  
Training Institute on the  
Prevention of Strangulation,  
[domesticshelters.org](http://domesticshelters.org)

EMILY M. ENG /  
THE SEATTLE TIMES



# Serious Risk Factor

## Short and Long Term Impact

Traumatic Brain Injury (TBI) has been referred to as the *Silent Epidemic* as it has largely been overlooked as a domestic violence survivor injury. The types of brain injury relating to domestic violence are categorized into 2 groups:

- Traumatic Brain Injury: Injury (blow to the head, shaken, slamming into walls, pushed down a flight of stairs to name a few).
- Anoxic & Hypoxic Brain Injury: Both relate, in differing way to depleted oxygen levels to the brain. In domestic violence, anoxic brain injury can result from strangulation, tracheal compression, suffocation and attempted drowning.

US study found that post-concussion symptoms may last for 6 months to a year or more. The study indicated 24-60% of patients reported new symptoms at a 3 month follow up, 25% reported symptoms at a six month follow up and 10-15% of patients reported symptoms post injury. Wilson et al 2009

Often the impact of non-lethal strangulation is not understood by those responding to victims and consequently remarks and actions can lead to poor interventions and responses. In some cases women can be re-victimised by such responses.

There remains no specialist crisis response provided to victims (other than criminal charges of the perpetrator) and no specialised follow-up offered.

In an Australia first study undertaken by Brain Injury Australia and Monash University on domestic violence and brain seen as a contributing factor.

(Brain Injury Australia et. al. 2018)

The predominant brain injury identified was penetrating trauma (36%) followed by blunt trauma (34%). In fact, strangulation was not mentioned in the report.

# Legal Response

*Criminal Law (Domestic Violence) Amendment Bill (No. 2) 2015 Section 315A* (Choking, suffocation or strangulation in a domestic setting) has two limbs, both of which need to be satisfied in order to establish the offence.

- The first limb is that a person, unlawfully chokes, suffocates or strangles, without consent, another person.
- The second limb requires that either the offender is in a domestic relationship with the victim, or, the choking, suffocation or strangulation is associated domestic violence under the *Domestic and Family Violence Protection Act 2012*.

Since the introduction of legislation there has been over 1874 people charged with this offence. (Qld Court Data 2018)

## Strangulation Offences

### Queensland Court Data

Court	2015-16	2016-2017	2017-18	18 YTD
Magistrates Court	58	878	834	104
District Court	-	209	875	108
Supreme Court	-	5	10	5

**Total 1874**

### Penalty imposed on conviction

Penalty	Defendant Convicted
Imprisonment	450
Custody on the Community	5
Probation	13
Other	5

Qld Courts Data September 2018

# About the Trainers

## Gael Strack, Esq.

**Alliance for HOPE International**  
**Chief Executive Officer and Co-Founder**  
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**101 W. Broadway, Suite 1770**  
**San Diego, CA 92101**  
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Gael B. Strack is the Chief Executive Officer and Co-Founder of Alliance for HOPE International. Programs of the Alliance include: National Family Justice Center Alliance, Training Institute on Strangulation Prevention, Camp HOPE America, Justice Legal Network and VOICES Survivor Network.

- The National Family Justice Center Alliance ([www.familyjusticecenter.org](http://www.familyjusticecenter.org)) provides consulting to over 150 existing and pending Family Justice Centers across the world, helping communities open and sustain Family Justice Centers.
- The Training Institute on Strangulation Prevention ([www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)) provides basic and advanced training on strangulation prevention to 5,000 professionals annually.
- The Justice Legal Network is an innovative public interest law firm made up of solo attorneys who have pledged to work with the Alliance in providing civil legal services to victims and their children.
- Camp HOPE America, under the leadership of Casey Gwinn, provides summer camping, mentoring, hope and healing to children exposed to violence.
- The VOICES Survivor Network is comprised of survivors who volunteer their time to provide awareness, education, outreach and feedback to their local Family Justice Center.

Prior to launching Alliance for Hope International with Casey Gwinn, Gael served as the Founding Director of the San Diego Family Justice Center from October 2002 through May 2007. In that capacity, she worked closely with 25 on-site agencies (government and non-profit) who came together in 2002 to provide services to victims of domestic violence and their children in one location. The San Diego Family Justice Center was featured on Oprah in January 2003, was recognized as a model program by President Bush and was the inspiration for the President's Family Justice Center Initiative launched in October 2003.

Prior to her work at the Family Justice Center, Gael was a prosecutor at the San Diego City Attorney's Office. She joined the office in 1987 and served in many capacities including Head Deputy City Attorney responsible for the Child Abuse and Domestic Violence Unit. Gael has also worked as a Deputy Public Defender and a Deputy County Counsel for the San Diego County Counsel's office handling juvenile dependency matters. She graduated from Western State College of Law in December 1985.

Gael is a former board member of the California Partnership to End Domestic Violence, former President of the San Diego Domestic Violence Council and former commissioner of the ABA's Commission on Domestic Violence. In her spare time, Gael is an adjunct law professor for California Western School of Law where she teaches "Domestic Violence and the Law." Gael has been honored with numerous awards, including San Diego Attorney of the Year for 2006, and was the 2010 Recipient of the National Crime Victim Service Award for Professional Innovation in Victim Services by United States Attorney General Eric Holder.

Gael has also co-authored a series of strangulation articles and five books with Casey Gwinn, JD, on the Family Justice Center movement.

Gael and her husband, Jan, have two grown children, Samantha and Taylor, and are the proud grandparents of two grandchildren – Emmett and Margo Leslie.

# About the Trainers

**William S. Smock,  
MD, MS, FACEP, FAAEM**

**Louisville Metro Police Department  
The Clinical Forensic Medical Program  
Director and Police Surgeon  
Email [bill.smock@louisvilleky.gov](mailto:bill.smock@louisvilleky.gov)  
400 South First Street  
Louisville, KY 40202**



Dr. Bill Smock is the Police Surgeon and directs the Clinical Forensic Medicine Program for the Louisville Metro Police Department. He graduated from Centre College in Danville, Kentucky in 1981 and obtained a Master's degree in Anatomy from the University of Louisville in 1987. Bill graduated from the University of Louisville, School of Medicine in 1990 and completed a residency in emergency medicine at the University of Louisville in 1993.

In 1994, he became the first physician in the United States to complete a post-graduate fellowship in Clinical Forensic Medicine. Dr. Smock was an Assistant Medical Examiner with the Kentucky Medical Examiner's Office from 1991 to 1997. Dr. Smock joined the faculty at University of Louisville's Department of Emergency Medicine in 1994 and was promoted to the rank of full professor in 2005. Dr. Smock is currently a Clinical Professor of Emergency Medicine at the University of Louisville, School of Medicine and regularly takes medical students on mission trips to Africa.

Dr. Smock has edited three textbooks on clinical forensic medicine and published more than 30 chapters and articles on forensic and emergency medicine. He is an internationally recognized forensic expert and trains nurses, physicians, law enforcement officers and attorneys in multiple fields including: officer-involved shootings, strangulation, gunshot wounds, injury mechanisms and motor vehicle trauma. Dr. Smock is also the Police Surgeon for the Jeffersontown, Kentucky and St. Matthews, Kentucky Police Departments. He also serves as a sworn tactical physician and detective for the Floyd County Indiana Sheriff's Department.

# Reference Material



## RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

Prepared by Bill Smock, MD and Sally Sturgeon, DNP, SANE-A

Office of the Police Surgeon, Louisville Metro Police Department

Endorsed by the National Medical Advisory Committee: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD



- GOALS:**
1. Evaluate carotid and vertebral arteries for injuries
  2. Evaluate bony/cartilaginous and soft tissue neck structures
  3. Evaluate brain for anoxic injury

### Strangulation patient presents to the Emergency Department

#### History of and/or physical exam with ANY of the following:

- Loss of Consciousness (anoxic brain injury)
- Visual changes: "spots", "flashing light", "tunnel vision"
- Facial, intraoral or conjunctival petechial hemorrhage
- Ligature mark or neck contusions
- Soft tissue neck injury/swelling of the neck/cartoid tenderness
- Incontinence (bladder and/or bowel from anoxic injury)
- Neurological signs or symptoms (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms.)
- Dysphonia/Aphonia (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- Dyspnea (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- Subcutaneous emphysema (tracheal/laryngeal rupture)

#### Recommended Radiographic Studies to Rule Out Life-Threatening Injuries\* (including delayed presentations of up to 6 months)

- CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) **or**
- CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) **or**
- MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) **or**
- MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) **or**
- MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)
- Carotid Doppler Ultrasound (**NOT RECOMMENDED**: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)

\*References on page 2

#### History of and/or physical exam with:

- No LOC (anoxic brain injury)
- No visual changes: "spots", "flashing light", "tunnel vision"
- No petechial hemorrhage
- No soft tissue trauma to the neck
- No dyspnea, dysphonia or odynophagia
- No neurological signs or symptoms (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms)
- And reliable home monitoring

Discharge home with detailed instructions to return to ED if: neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

(-)

Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)

(+)

- Consult Neurology/Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia

# Reference Material

## SIGNS AND SYMPTOMS OF STRANGULATION

### NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

### SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

### EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

### EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

### FACE

- Petechiae (tiny red spots-slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

### MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

### CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

### NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

### VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

### BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence*, Chapter 16, *Intimate Partner Violence*. Oxford University Press, Inc. 2009.



[www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)

Graphics by Yesenia Aceves

# Reference Material

## STRANGULATION ASSESSMENT CARD

SIGNS	SYMPTOMS	CHECKLIST	TRANSPORT
<ul style="list-style-type: none"> <li>● Red eyes or spots (Petechiae)</li> <li>● Neck swelling</li> <li>● Nausea or vomiting</li> <li>● Unsteady</li> <li>● Loss or lapse of memory</li> <li>● Urinated</li> <li>● Defecated</li> <li>● Possible loss of consciousness</li> <li>● Ptosis – droopy eyelid</li> <li>● Droopy face</li> <li>● Seizure</li> <li>● Tongue injury</li> <li>● Lip injury</li> <li>● Mental status changes</li> <li>● Voice changes</li> </ul>	<ul style="list-style-type: none"> <li>● Neck pain</li> <li>● Jaw pain</li> <li>● Scalp pain (from hair pulling)</li> <li>● Sore throat</li> <li>● Difficulty breathing</li> <li>● Difficulty swallowing</li> <li>● Vision changes (spots, tunnel vision, flashing lights)</li> <li>● Hearing changes</li> <li>● Light headedness</li> <li>● Headache</li> <li>● Weakness or numbness to arms or legs</li> <li>● Voice changes</li> </ul>	<p><b>S Scene &amp; Safety.</b> Take in the scene. Make sure you and the victim are safe.</p> <p><b>T Trauma.</b> The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?</p> <p><b>R Reassure &amp; Resources.</b> Reassure the victim that help is available and provide resources.</p> <p><b>A Assess.</b> Assess the victim for signs and symptoms of strangulation and TBI.</p> <p><b>N Notes.</b> Document your observations. Put victim statements in quotes.</p> <p><b>G Give.</b> Give the victim an advisal about delayed consequences.</p> <p><b>L Loss of Consciousness.</b> Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?</p> <p><b>E Encourage.</b> Encourage medical attention or transport if life-threatening injuries exist.</p>	<p>If the victim is <b>Pregnant</b> or has life-threatening injuries which include:</p> <ul style="list-style-type: none"> <li>● Difficulty breathing</li> <li>● Difficulty swallowing</li> <li>● Petechial hemorrhage</li> <li>● Vision changes</li> <li>● Loss of consciousness</li> <li>● Urinated</li> <li>● Defecated</li> </ul> <p><b>DELAYED CONSEQUENCES</b></p> <p>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, bloodclot, respiratory complications, or anoxic brain damage.</p> <p><small>Taliaferro, E., Hawley, D., McClane, G.E. &amp; Strack, G. (2009). Strangulation in Intimate Partner Violence. <i>Intimate Partner Violence: A Health-Based Perspective</i>. Oxford University Press, Inc.</small></p> <p><small>This project is supported all or in part by Grant No. 2014-TA-AX-K008 awarded by the Office on Violence Against Women, U.S. Dept. of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.</small></p>

### ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms, usually within 72 hours. These internal injuries can be serious or fatal.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
- The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
- The National Domestic Violence Hotline number is 1-888-799-SAFE.

### NOTICE TO MEDICAL PROVIDER

- In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage, medical providers should evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and the brain for injuries. A list of medical references is available at [www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)
- Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MRA/MRI of neck and brain.
- ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
- Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
- Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
- Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.



[StrangulationTrainingInstitute.com](http://StrangulationTrainingInstitute.com)

# Reference Material

## Chilling truth behind choking attacks



By [STUART CUMMING](#)

6th Mar 2017 5:01 AM

AT LEAST 12 of the domestic violence incidents investigated on the Sunshine Coast in the past month have involved women being strangled or choked.

The cases have alarmed officers of the Sunshine Coast Vulnerable Person Unit as they hone their skills in detecting and prosecuting the offence.

Charges have been laid against three men, with investigations continuing in regards to another.

Vulnerable Person Unit officer-in-charge Senior Sergeant Dave Bradley said Sunshine Coast police had stepped up investigation and prosecution of choking offences in the past three weeks.

"There are probably more (men) about to be charged," Snr Sgt Bradley said.

"We have been drilling down and looking at the problem a lot more carefully and it is leaping out of the page at us," he said.

"It's bigger than we thought it was."

He said four Sunshine Coast police attended a two-day workshop last week focused on protecting victims of strangulation and tools to better investigate offences.

The information learned from US-based strangulation experts Gael Strack and William Smock gave insight into its seriousness.

"If you get strangled by your partner you are 800% more likely to be killed by them (than someone who is not strangled by their partner) at some stage," Snr Sgt Bradley said.

A law specifically targeting domestic violence strangulation was inserted into the Criminal Code on May 5 last year

# Reference Material

## EXAMPLE STRANGULATION DISCHARGE INSTRUCTIONS

Because you have reported being “choked” or strangled, we are providing you with the following instructions:

Make sure someone stays with you for the next 24–72 hours after this event.

**Health complications can appear immediately or may develop a few days after a strangulation event. Please call 911 or report immediately to the nearest emergency department if you notice any of the following:**

- Problems breathing, difficulty breathing while lying down, shortness of breath, persistent cough, or coughing up blood
- Loss of consciousness or “passing out”
- Changes in your voice or difficulty speaking
- Difficulty swallowing, a lump in your throat, or muscle spasms in your throat or neck
- Swelling to your throat, neck, or tongue
- Increasing neck pain
- Left- or right-sided weakness, numbness, or tingling
- Drooping eyelid
- Difficulty speaking or understanding speech
- Difficulty walking
- Headache not relieved by pain medication
- Dizziness, lightheadedness or changes in your vision
- Pinpoint red or purple dots on your face or neck, or burst blood vessels in your eye
- Seizures
- Behavioral changes, memory loss, or confusion
- Thoughts of harming yourself or others

**If you are pregnant**, report the strangulation and any of the following symptoms to your doctor immediately:

- Decreased movement of the baby
- Vaginal spotting or bleeding
- Abdominal pain
- Contractions

You may notice some bruising or mild discomfort. Apply ice to the sore areas for 20 minutes at a time, 4 times per day, for the first 2 days. If you notice new bruising or injury, follow up for additional photo-documentation.

After your initial evaluation, keep a list of any changes in symptoms to share with your healthcare provider and your law enforcement contact.

- It is important to have a follow-up medical screening in 1–2 weeks with your healthcare provider.
- A follow-up forensic examination is needed within 72 hours.

Please follow up with the crisis/advocacy center at \_\_\_\_\_ to clarify your options and discuss safety planning. If you have questions or concerns regarding your legal case, please contact the police department, officer involved, prosecutor, or victim advocate by calling \_\_\_\_\_.

Forensic Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

# Red Rose Foundation - Changing the Ending

The Red Rose Foundation has a focus on finding meaningful solutions to lethal domestic violence. Saving lives ultimately makes life safer for all victims of domestic and family violence and their children.

So many deaths have many high risk factors present prior to highlighting the predictable nature of domestic violence deaths. If something is predictable then it is, in many cases, also preventable. Some of the high risk signs can be easily overlooked or not taken seriously.

The Red Rose Foundation will be bringing specialist training and awareness events across Australia aimed at addressing key high risk factors. Our training program will include both trainers from the Red Rose Foundation as well as other experts. Specialist training will focus on specific issues including:

- Non-lethal strangulation
- Identifying and responding to high risk domestic violence through improved responses to perpetrators.
- Intimate Partner Sexual Violence
- Stalking: On and off line
- Understanding and Responding to Coercive Control
- Developing high risk management strategies

Through greater recognition of high risk domestic violence and enhanced responses to high risk offenders, the Red Rose Foundation believes we can all work to:

*change the ending*

**Please like and follow us on social media, you can find us at the following sites:**

Facebook: <https://www.facebook.com/Red-Rose-Foundation-Australia-334592286880245/>

Twitter: <https://twitter.com/redrose48829729>

Instagram: <https://www.instagram.com/redrosefoundation>

YouTube:

[https://www.youtube.com/channel/UCmHwbrp7vhpdJcMAs2aLirA?view\\_as=subscriber](https://www.youtube.com/channel/UCmHwbrp7vhpdJcMAs2aLirA?view_as=subscriber)



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*Lets Stop Domestic Violence Deaths*