

Definition

Strangulation is the obstruction of blood vessels and/or airway by external pressure to the neck resulting in decreased oxygen (O₂) supply to the brain.

- Non-fatal strangulation (NFS) is when the strangulation does not cause death.
- Fatal strangulation is where death ensues.

Patients may report a “choking” episode or were “grabbed by the neck”.

Importance and Prevalence

Strangulation is common in interpersonal violence. In domestic abuse, up to 44% of victims report having been strangled¹. In sexual violence, 1 in 11 adults reporting rape also describe strangulation as part of the assault. This rose to 1 in 5 when the alleged rapist was a partner or ex-partner².

NFS is important because it significantly increases the risk of being killed; homicide reviews show victims of NFS are 7 times more likely to be killed³ at a later date. Hence safeguarding intervention at presentation is crucial.

Most NFS victims are female and most perpetrators are male².

Management

consider medical, psychological, forensic and safeguarding. Victims are at risk of acute brain and neck injuries. Gold standard imaging is CT angiogram head and neck. Scans show evidence of cerebrovascular injury in 1 out of 47 strangulation patients⁴.

<https://www.familyjusticecenter.org/resources/recommendations-for-the-medical-radiographic-evaluation-of-acute-adult-adolescent-non-near-fatal-strangulation/>

Many victims will have thought they were about to die. Trauma informed practice should be used. Police reporting should be strongly encouraged.

Documentation Use body map diagrams or photo documentation for any visible injuries or signs.

Patient leaflet is available from IFAS (link below).

Safeguarding

NFS is dangerous from both an immediate health perspective and as a red flag for future lethality³. As well as safeguarding assessments and referral for the patient, consider the safety and welfare of any children under 18 years who are linked to the patient or perpetrator. Refer to Social Care and hospital safeguarding teams. A MARAC referral is required regardless of DASH⁵ score. If a victim doesn't have children, has capacity (consider confusion and fear) and has declined police or social care involvement, please take time to support and encourage police reporting with explanation of the future risks.

Assess patient in a safe space and direct questioning about strangulation may be required.

Symptoms

These can be variable, may include confusion, sore neck, breathing and swallowing difficulties, voice changes (deeper, husky), headache or vomiting. At the time of the NFS, some will have experienced visual and auditory disturbance, loss of consciousness or incontinence of urine or faeces.

Signs

Do not be reassured by lack of physical signs. 50% will have no visible external injury³.

There may be bruises or abrasions around the neck or head. Internal injury, including carotid artery dissection and traumatic brain injury, can occur without external injuries. Patients may be confused secondary to O₂ deprivation at the time, and be unable to provide a clear chronological account of events. Useful infographic is available here:

<https://www.strangulationtraininginstitute.com/signs-and-symptoms-of-strangulation/>

The Law (England and Wales)

Section 70 Domestic Abuse Act 2021 introduced NFS and non-fatal suffocation⁶. Applying any form of pressure to the neck whether gently or with some force could obstruct airways or blood flow and is a serious offence. Strangulation does not require a particular level of pressure or force or evidence of injury. Threat of strangulation may feature in coercive control.

Help for survivors: Police 999, SARC, National Domestic Abuse Helpline 0808 2000 247, local DA services eg Women's Aid, IDVA

UK Institute for Addressing Strangulations www.ifas.org.uk

www.bma.org.uk/advice-and-support/ethics/safeguarding/adults-at-risk-confidentiality-and-disclosure-of-information

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality>