

MISSOULA COUNTYWIDE STRANGULATION PROTOCOL

Developed and approved by Missoula County Just Response

By signing below, and in consideration of the mutual promises set forth herein, and other good and valuable consideration, We adopt this protocol response and agree to abide by the conditions set forth in this document.

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OBJECTIVE

The Missoula County Strangulation Protocol is adopted to increase public safety, promote public health, and to ultimately save lives. By improving the detection and documentation of domestic violence strangulation cases, Missoula County and partner agencies can better assist victims and hold offenders accountable for these serious criminal acts. This protocol is not intended to address every situation or every potential issue, nor is it intended to substitute for individual officer discretion or individual departmental policies that are consistent with state law.

INTRODUCTION

Strangulation is a serious crime. Between 2000-2018, there have been 200 domestic violence related homicides in Montana. Of those 200 cases 71% of the intimate partner victims were killed with a firearm and 5% were killed by strangulation.¹ Non-fatal strangulation is a significant factor for predicting future homicide in family abuse cases including domestic violence, elder abuse, and child abuse.² Female survivors of non-fatal strangulation are 750% more likely to become a victim of homicide. That figure increases to 1100% if the abuser has access to firearms.

Often, strangulation leaves no visible signs of injury. In a study of 300 strangulation cases in San Diego County, California, 50% of the cases had no visible injury at all, and in 35% of the cases, the injury was not sufficient to photograph.³ Many victims of strangulation do not receive the medical care they need. Of the 300 strangulation cases in the San Diego study, only 3% of the survivors sought medical attention. Comprehensive evidence collection and survivor interviews combined with proper medical care can make a difference to the health and well-being of victims and better hold perpetrators accountable.

In 2017, the Montana State Legislature codified strangulation as its own crime, Mont. Code Ann. §45-5-215, noting that strangulation was a growing and dangerous problem in the state.⁴ Prior to this, an incident involving strangulation would have been investigated as a misdemeanor Partner Family Member Assault or a felony Aggravated Assault. In 2020, Missoula County law enforcement professionals, city and county prosecutors, healthcare professionals, and advocates working as a

¹ Domestic Violence Fatality Review Commission. (2019, August). *Report to the Legislature: Montana Domestic Violence Fatality Review Commissions*. Joan A. Eiel. <https://media.dojmt.gov/wp-content/uploads/2019-MDVFR-Report.pdf>

²Glass, N., Laughon, K., Campnell, J., Chair, A., Block, C., Hanson, G., Sharps, P. Taliaferro, E. (2009, Oct). Non-fatal strangulation is an important risk factor for homicide of women. *Journal of Emergency Medicine*, 35(3).

³Strack, G., Gwinn, C., Hawley, D., Green, W., Smock, B., & Riviello, R. (2014, Aug/Sept). Why Didn't Someone Tell Me? Health Consequences of Strangulation Assaults for Survivors. *Domestic Violence Report*, 19 (6), pp. 87-90. 11

⁴ Senate Judiciary Hearing on SB 153: Revise Laws on Strangulation of a Partner or Family Member, 2017 Regular Session, February 2, 2017. <http://sg001-harmony.sliq.net/00309/Harmony/en/PowerBrowser/PowerBrowserV2/20170307/-1/13359>

multidisciplinary team known as Just Response⁵ held a community dialogue about the dangers and health risks of domestic violence strangulation. This conversation involved looking inward at the current practices and responses to strangulation cases to determine where improvement could be made. After a series of meetings and input gathered from personnel throughout the county, the *Missoula Countywide Strangulation Supplemental Form* was adopted and the Strangulation Evaluation Pilot Program was initiated at First Step Resource Center. This collaborative effort laid the foundation for the community response to domestic violence (DV) strangulation cases. This protocol further assists professionals with guidance in responding to DV strangulation and standardizes best practices to assist with training and the community response.

PROTOCOL OVERVIEW

- Missoula County law enforcement, dispatchers, EMT's/paramedics, Fire departments, and advocates should be trained in the danger strangulation poses to victims and the potential symptomology that might indicate the need for emergency medical intervention. This way victims receive a consistent message to seek medical evaluation. New law enforcement officers, dispatchers, EMT's/paramedics/Fire, and advocates should be trained in their response to strangulation as part of their new hire training.
- Dispatchers taking calls of domestic violence should, where circumstances reasonably dictate, consider asking the caller if anything was placed on or against the person's neck or face by any means.
- Responding law enforcement personnel should ask all questions on the *Missoula Countywide Domestic Violence Supplemental Form* to assist in a thorough investigation. They should provide the victim with information on lethality risks and connection to advocacy services.
- If law enforcement personnel learn strangulation was involved in a partner or family member assault, the *Missoula County Strangulation Supplemental Form* should be completed. (See Addendum A: *Missoula Countywide Strangulation Supplemental Form*.)
- Strangulation should be treated as a potentially life-threatening condition regardless of whether visible injuries are apparent. Paramedics should be requested, and medical evaluation should be strongly encouraged.
- Prosecutors should, when legally appropriate, consider strangulation charges as well as more serious crimes when circumstances dictate.
- Professionals responding to reports of strangulation should be trained in the dangers, signs, and symptoms of strangulation, as well as discipline specific training in strangulation response. Just Response will assist in accessing training for involved professionals.

GENERAL DEFINITIONS

⁵ Just Response is Missoula's justice system team response to domestic and sexual violence and child abuse. Research shows that when responders to these crimes work together providers feel less stress in responding, better outcomes are achieved for victims, and offenders are more often held accountable.

Strangulation: A form of asphyxia characterized by the intentional closure of blood vessels and/or air passages of the neck because of external pressure applied to the neck sufficient to cause disruption of blood flow to or from the brain or disruption of air exchange resulting in a lack of adequate oxygen delivery to the brain.

- **Manual Strangulation:** Use of the fingers or other extremity.
- **Ligature Strangulation:** Use of some form of cord-like object around the neck without suspension.
- **Strangulation by Hanging:** Use of some form of cord-like object around the neck with suspension.

Asphyxia: A condition arising when the body is deprived of oxygen, causing unconsciousness and ultimately death.

Positional Asphyxiation: Asphyxia caused by compression of the face, neck, chest and/or abdomen sufficient to making it difficult or impossible to breathe (e.g., sitting on victim's chest).

Suffocation: The mechanical obstruction of airflow into the mouth and/or nostrils, as might occur by covering the mouth and nose with a hand, pillow, gag object or a plastic bag. Suffocation can be partial or complete, where partial indicates that the victim is able to inhale some (but not enough) air. In general, asphyxia due to suffocation requires at least partial obstruction of both nasal cavities and the mouth.

Note: When strangulation and suffocation are combined, damage to the brain is accelerated which increases the chance of fatality.

Choking vs. Strangulation: "Choking" refers to a physical obstruction of the windpipe (e.g., food) resulting in a blockage that prevents the normal flow of air. "Strangulation" is often an intentional form of abuse due to external pressure applied to the neck. Although victims or witnesses may use the term "choking" when describing an incident, law enforcement should be aware of this important distinction since many victims/witnesses frequently do not understand what the medical term "strangulation" entails. Therefore, it is imperative that a broad, open-ended question be asked during the initial investigation such as, "During the incident, did anyone put anything around or against your neck or face?"

MONTANA'S LEGAL DEFINITION OF STRANGULATION

Mont. Code Ann. § 45-5-215 states:

Strangulation of partner or family member. (1) A person commits the offense of strangulation of a partner or family member if the person purposely or knowingly impedes the normal breathing or circulation of the blood of a partner or family member by:

- (a) applying pressure on the throat or neck of the partner or family member; or
- (b) blocking air flow to the nose and mouth of the partner or family member.

Note: Montana law combines strangulation and suffocation under the Strangulation of a Partner or Family Member statute.

OVERVIEW OF STRANGULATION

Danger of Strangulation: Death or life-threatening injuries can rapidly develop when the jugular veins, carotid arteries, and/or trachea are compressed with enough force to prevent blood or air flow, thus depriving the brain of oxygen. Death and serious health consequences from strangulation are also caused by: (1) Traumatic/swelling in the surrounding neck tissue that can close the airway; (2) Internal bleeding in the neck that can compress the airway or obstruct blood flow; (3) Fractured larynx or trachea that can cause airway obstruction or air leakage into the overlying tissues; (4) Stroke when blood clots from damaged blood vessels break off and travel to the brain; and (5) Lung damage.

Jugular Veins: Transport deoxygenated blood from the brain back to the heart. Pressure on these large vessels reduces blood return causing vascular congestion and smaller blood vessels can burst, which can lead to depressed respirations, unconsciousness, and asphyxia.

Carotid Arteries: Supply oxygenated blood from the heart to the brain. Pressure on these vessels prevents blood flow to the brain and can stimulate the carotid sinus (a nerve sensor in the artery), which can cause dramatic slowing of the pulse.

Trachea: Transports air/oxygen to the lungs. Pressure to the trachea blocks airflow and disrupts this process.

Note: It is normal to see no visible signs of strangulation. Therefore, it is imperative that domestic violence professionals investigate further to gather evidence related to strangulation.

NON-VISIBLE INJURIES: This evidence can be critical to the case as injuries are often not visible. It is important to ask victims about how they felt before, during and, immediately after the incident as well as presently, since memories of the experience and symptoms may change with time.

- Ask about whether breathing changed or was affected, e.g., shallow, or rapid breathing.
- Ask about dizziness, nausea, headaches, or fainting.
- Ask about coughing, urination, defecation, vomiting, or dry heaving.
- Ask whether the victim lost consciousness, blacked-out, felt limp, experienced head-throbbing, numbness, or disorientation.
- Ask about tenderness in neck, pain while swallowing, sore or scratchy throat or any other pain.
- Ask the victim to compare their current voice to their normal voice, e.g., hoarse, or raspy voice.
- Ask about loss of hearing during or after strangulation or suffocation, e.g., muffled, ringing, gurgling, or it went silent.
- Ask about any changes to vision, e.g., saw stars, vision was blurry, room closed in.
- Ask about tingling in lips, fingers, arms, and legs.
- Ask whether the victim coughed up any blood.

- Ask the victim to describe characteristics about the suspect during the assault/strangulation. Questions can include but are not limited to:
 - Where was the suspect looking during the strangulation?
 - Tell me how the suspect looked while strangling you.
 - Did the suspect threaten to hurt or harm you during the strangulation? What was the threat?
 - Do you recall what the suspect said before, during and after the strangulation? If yes, what did the suspect say?

Note: Strangulation often occurs as part of a larger assault. Open-ended questions should be used to gather information and then narrowed to address details of the assault/strangulation. See Missoula Countywide Domestic Violence Supplement Form for guidance on investigating the full interaction.

VISIBLE INJURIES: Although visible injuries are not often present, it is imperative to document any that do exist to corroborate evidence of strangulation. Visible injuries can include but are not limited to:

- Vertical fingernail scratch marks on the victim - indication of self-inflicted defensive wounds as the victim attempts to release the suspect's grasp around the neck.
- Half-moon shaped abrasions, generally less than one centimeter in size, on the back of the victim's neck (potentially under the hair) may provide evidence the suspect's hands were wrapped around the neck.
- Bite marks on the suspect may indicate the victim's attempts to get the suspect to release his/her grip. The victim may not remember biting the suspect. Some bite areas may include the suspect's bicep(s), forearm(s), shoulder(s), and upper chest.
- Head injuries to the victim may happen when the suspect hits the victim's head on the floor or wall during strangulation.
- Swelling (edema) of the victim's neck, lips and/or tongue. Describe these in the narrative, as they may not photograph well.
- Bruising to the neck, such as a pressure point from the suspect's thumb(s) on the neck or from a ligature. Often this bruising does not appear right away and may appear as redness on the neck. Bruising may also show as a negative impression on the individual's neck.
- Petechiae may be present in some cases. These are pinpoint red or red-purple non-blanching dots that may be seen on the earlobes, eyelids, eyes, lips, cheeks, behind the ears, or elsewhere on the face or neck. Petechiae are caused when the jugular vein is blocked by pressure and capillaries (tiny blood vessels) burst. These same phenomena can also occur in the brain of a strangulation victim.

MISSOULA COUNTY RESPONSE TO DOMESTIC VIOLENCE

STRANGULATION

911 OPERATOR/DISPATCH

1. When appropriate, 911 operators taking calls of domestic violence incidents should consider asking the caller, **“During the assault, was anything placed on or against your neck or face by any means?”**
2. Because incidents of strangulation can result in delayed medical complications, or death,⁶ dispatchers should consider calling emergency medical personal to the scene on every identified strangulation. Dispatchers should be attentive to signs and symptoms of strangulation. Dispatchers should document any of the following symptoms heard over the phone.
 - Difficulty speaking
 - Raspy or hoarse Voice
 - Difficulty breathing
 - Difficulty swallowing
 - Coughing
 - Difficulty hearing
 - Difficulty understanding or a delayed response
 - Sounds frightened or panicky
 - sore throat
 - Complaints of weakness, numbness or difficulty moving arms or legs
 - Complaints of pain or stiffness to the neck
3. Additional questions for dispatchers to use with 911 callers after a strangulation is identified are...⁷
 - Did anyone try to prevent you from breathing, talking, or screaming for help?
 - Do you have any current pain or discomfort? Where and to what extent?
 - Have you noticed any changes in your voice or speech?
 - Are there any visual or hearing changes?
 - Are you having difficulty speaking or breathing now?
 - Did you feel faint or dizzy?
 - Do you think you may have lost consciousness?
 - Are you having any trouble with your balance or coordination?
 - Did you urinate or defecate?

⁶ Dooling EC, Richardson EP: Delayed Encephalopathy After Strangling: Arch Neuro 1976; 33: 196-199; Kuriloff DB, Pincus RL: Delayed Airway Obstruction and Neck Abscess Following Manual Strangulation. Ann Otol Rhinol Laryngol. 1989; 98:824-7.

- Did you vomit or feel nauseous?
- Are you pregnant (If caller is a female)

LAW ENFORCEMENT - INITIAL RESPONSE

1. First responders to all domestic violence calls should continue to ask the questions on the *Missoula Countywide Domestic Violence Supplemental Form*, which now includes a specific section pertaining to strangulation. See Addendum A.
2. Because incidents of strangulation can result in delayed medical complications or death,⁷ Law enforcement officers should be trained to call medical to the scene to evaluate the victim when an acute strangulation is identified.
3. Victims frequently do not seek medical treatment and/or refuse to be transported to the Emergency Department. Therefore, it is critical to stress the potential for lethality of strangulation, both during and after the incident. Give the victim the strangulation brochure (Addendum D) and connecting the victim to advocates will further encourage the victim to seek medical assistance.
4. If the answer to the strangulation question on the *Missoula Countywide Domestic Violence Supplemental Form* is "yes," first responders must complete the *Missoula Countywide Strangulation Supplemental Form* (Addendum B) to document additional signs and symptoms of the strangulation. If a strangulation is reported, these cases must be followed-up with investigative personnel.
5. Refer the victim to a crime victim advocate when feasible and follow the Lethality Assessment protocol. See Addendum A for countywide domestic violence resources.
6. Documenting the victim's emotional demeanor is also important. Capture these observations on the *Missoula Countywide Domestic Violence Supplemental Form* and in the narrative of the police report.

LAW ENFORCEMENT - FOLLOW-UP RESPONSE

Follow-up is imperative in strangulation cases. Injuries may develop later. Serious health consequences may result. The victim may be able to provide additional/different details with the passage of time from the traumatic event. Follow-up may include:

1. **Complete the *Missoula Countywide Strangulation Supplemental Form*.** When a detective or investigator is called to a strangulation scene, or during a follow-up investigation, the investigator should complete the *Missoula Countywide Strangulation Supplemental Form* (Addendum B) if not already completed by the first responding officer. Even if the victim did not report strangulation to the dispatch or the first responder, strangulation may have been involved in the assault, but the victim did not think to report it. For instance, if the assault involved other forms of violence, such as hitting, kicking, shoving, beating, or use of weapons, the victim may not appreciate the significance

⁷ Dooling EC, Richardson EP: Delayed Encephalopathy After Strangling: Arch Neuro 1976; 33: 196-199; Kuriloff DB, Pincus RL: Delayed Airway Obstruction and Neck Abscess Following Manual Strangulation. Ann Otol Rhinol Laryngol. 1989; 98:824-7.

of the strangulation and it may take a skilled follow-up investigator to elicit this important information.

2. **Encourage medical care.** Strangulation victims frequently decline medical care or say they will obtain it on their own. Investigative follow-up should include educating the victim about the non-visible signs of strangulation, the risks for late complications, (including stroke, airway obstruction and death) and strongly encourage medical evaluation. Law enforcement officers should try to obtain a signed Release of Information for each medical facility providing care to the victim. Refer to your agencies' Medical Release Form for further details.
3. **Conduct a thorough, follow-up discussion about the prior history of violence including prior strangulation events.** When strangulation is involved, it is important for the follow-up meeting with the victim to be thorough, and ideally face-to-face. The interview should include a discussion about the prior history of domestic violence, and the victim should be asked specifically about any prior history of strangulation or suffocation. When feasible, the investigating officer should encourage the victim to re-enact the strangulation on a doll-head, mannequin, or other simulated foam head and documented with photographs or video.
4. **Follow-up to a strangulation investigation for evidence-based prosecution** can include but is not limited to:
 - Refer victim to First Step for a strangulation evaluation
 - 911 tapes, CFS detail report, and interview 911 caller
 - Child witness statements (Child Forensic Interviews-completed at First Step)
 - Neighbor witness statements
 - Outcry witnesses
 - Medical records
 - Paramedic EMT Patient Care Reports
 - Text messages/social media
 - Prior police reports or incidents
 - Portable electronic device content
 - Order of protection documents
 - Booking records
 - Jail telephone calls/communication from suspect
 - Video/audio recordings from suspect and victim interviews
 - Follow-up photographs of injuries from victim and suspect
 - Video surveillance
 - Documentation of the signs of struggle in the incident location (Scene photos etc.)
 - Strangulation evaluation by First Step
5. Refer the victim to the co-located Crime Victim Advocate within the MPD and MCSO and/or YWCA when feasible using the Notice to Victims Form and strangulation brochure (Addendum C). Refer to your agencies Notice to Victims Form for further details.
6. If appropriate, submit strangulation cases for review or charge referral. Cases that involve strangulation should be sent for charging referral to the Missoula County Attorney's Office when probable cause dictates. Consideration for additional or alternative charges should include but are not limited to:

- Aggravated Assault (Mont. Code Ann. § 45-5-202)
- Assault with a Weapon (Mont. Code Ann. § 45-5-215)
- Attempted Deliberate Homicide (Mont. Code Ann. § 45-5-102)
- Intimidation (Mont. Code Ann. § 45-5-203)
- Partner Family Member Assault (Mont. Code Ann. § 45-5-206)
- Stalking (Mont. Code Ann. § 45-5-220)
- Unlawful Restraint (Mont. Code Ann. § 45-5-301)
- Witness Tampering (Mont. Code Ann. § 45-7-206)
- Order of Protection Violation (Mont. Code Ann. § 45-5-626)
- Tampering/Destruction of a Communication Device (Mont. Code Ann. § 45-6-105)

7. Investigators should consider notifying the County Attorney in cases that may need special handling such as a request for expedited charging review when there are concerns for victim and/or public safety concerns.

PROSECUTION RESPONSE

1. Prosecutors should be trained in the dangers, signs, and symptoms of strangulation cases.
2. Prosecutors, when legally appropriate, should consider filing strangulation cases as felonies as Strangulation of a Partner/Family Member (Mont. Code Ann. § 45-5-215), Aggravated Assault (Mont. Code Ann. § 45-5-202), and/or Attempted Deliberate Homicide (Mont. Code Ann. § 45-5-102).
3. Prosecutors should, when possible, consult with medical professionals and utilize their testimony in court to assist in proving the medical risks associated to strangulation.

MISSOULA EMERGENCY MEDICAL RESPONDERS

Delayed Consequences: Patients may look fine and say they are fine, but just underneath the skin there could be internal injury and/or delayed complications. An internal injury may take a few hours to develop. The patient 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.

Transport: It is important to encourage the patient to be transported to the hospital for medical treatment. Patients will often refuse transport. Medical Responders should educate the patient on the medical risks associated with strangulation. Further urge the patient to be transported to the hospital if the patient is PREGNANT or has life-threatening injuries which include:

- Difficulty Breathing
- Difficulty swallowing
- Petechial hemorrhage
- Vision changes
- Loss of Consciousness
- Urinated or Defecated **during strangulation**

Documentation: As with all medical care, it is important to document statements/history provided by the patient, reported symptoms, visible injuries/ significant findings, and medical care provided. This information could be valuable to medical providers offering medical care to this patient in the emergency department or at other medical facilities. See Addendum D, *Strangulation Assessment Card*.

While evaluating the patient, either on scene or during transport to the hospital, ask questions from the EMT Strangulation Triage form that was created to assist with medical care. This form is designed to assist with the medical evaluation and to use as a “handoff” to the emergency departments that could assist emergency physicians in making decisions about appropriate medical care. See Addendum E, *Medical Strangulation Form*

FIRST STEP RESOURCE CENTER STRANGULATION EVALUATIONS

Law enforcement, community advocates, or other multidisciplinary team (MDT) members may refer clients reporting strangulation (without a history of sexual assault) to First Step for a medical forensic evaluation. Professionals should make the referral during regular business hours, Monday – Friday. Appointments will be scheduled based on provider and clinic availability – typically within a few days of receiving the referral.

When making a referral to First Step, MDT members will contact the First Step office and facilitate a connection between client and First Step. The MDT member may have client call First Step to schedule appointment or request that First Step contact the client – assuming the client has confirmed that they want outreach from First Step.

MDT members understand that strangulation evaluations at First Step do not take the place of emergent medical care and will refer clients for emergency medical care as appropriate.

Any client presenting to First Step in acute distress, altered mental state, or other serious medical concern will be sent to the emergency department immediately for an evaluation prior to any First Step services.

First Step medical examiners will:

- Ensure that examiner receives ongoing training opportunities in strangulation.
- Obtain informed consent prior to providing medical/forensic evaluation for strangulation.
- Complete First Step evaluations at First Step, in the Emergency Department, or in any other St. Patrick Hospital department -depending on the needs of the client.
- Provide strangulation specific collection of detailed history, medical evaluation, assessment, evidence collection, education, and discharge instructions.
- Refer appropriate clients to the emergency department or other provider for further evaluation.

SOCIAL SERVICES/ADVOCACY

1. Victims may downplay strangulation, or not even recognize it as abuse. It is imperative victims receive referrals to local domestic violence services by law enforcement at the scene.
2. The Alliance for Hope International Advocacy Committee has created the acronym “**DO MORE**” to assist advocates in helping victims when they are strangled. ⁸

- a. **D** – Help **DOCUMENT** the abuse
 - b. **O** – Take the time to **OBSERVE** the victim for subtle signs and symptoms of strangulation/suffocation.
 - c. **M** – Encourage the victim to seek **MEDICAL ATTENTION**
 - d. **O** – **OFFER HOPE** by educating victims about their rights, local resources, and the science of hope.
 - e. **R** – Make sure to conduct a **RISK ASSESSMENT**
 - f. **E** – **EDUCATE** the victim and others about the seriousness, lethality, and long-term consequences of non-fatal strangulation assault.
3. Advocates and social service providers should be trained in the dangers of strangulation. Advocates work with victims following the incident and during the court case and can be good resources to encourage victims to seek medical help.
 4. The following list are other ways advocates can help the strangled victim.
 - a. Educate yourself and others about the seriousness of non-fatal strangulation.
 - b. Listen for clues about pressure to the neck and make it a practice to warn victims about the danger.
 - c. Advocate for medical screening and treatment for non-fatal strangulation. Use the *Missoula County Signs and Symptoms Brochure* (Addendum C) to help the victim track their symptoms and be able to articulate them to a medical provider.
 - d. Advocate for victim safety from the time of the arrest to the bail hearing.
 - e. Screen for TBI after the crisis and help victims navigate the medical system. (HELPS TBI Screening Tool 39).
 - f. Help others understand why victims recant
 - g. Revisit your safety plans. Always treat as high risk. Seek adequate restitution and other civil legal remedies.
 - h. Give victims information about shelters, hotlines, legal resources, community resources, legal system, safety planning, and victim rights.

⁸The Training Institute on Strangulation Prevention (2022) Reference list: *ASK AND DO MORE*. Retrieved from <https://www.familyjusticecenter.org/resources/do-more/>

DOMESTIC VIOLENCE TASK FORCE

As a subcommittee of Just Response, Missoula is committed to establishing and maintaining a domestic violence task force. This task force will take the lead in reviewing the community's collaborative response to strangulation and other forms of intimate partner violence. The task force will identify areas of success and areas for improvement, with a commitment to staying current with best practice recommendations. As needed, the task force will update the strangulation protocol to reflect current community practices and changes to research, case law, and evidence-based practices. The task force will take the lead in ensuring multidisciplinary team members' access to strangulation specific training. The task force will also continually review the lethality assessment protocol, research and address domestic violence issues throughout Montana as well as assist with raising awareness during Domestic Violence Awareness Month.

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David Conway, Captain, Missoula County Sheriff's Office

Eddie McLean, Lieutenant, Missoula Police Department

Jim Klawitter, Sergeant, Missoula Police Department

Don Whalen, Paramedic/General Manager, Missoula Emergency Services Inc.

ADDENDUMS

- A. *Missoula Countywide Domestic Violence Supplemental Form* with Lethality Assessment
- B. *Missoula Countywide Strangulation Supplemental Form*
- C. *Missoula County Signs and Symptoms of Strangulation* Brochure
- D. Strangulation Assessment Card
- E. *Medical Strangulation Form*

MISSOULA COUNTYWIDE DOMESTIC VIOLENCE SUPPLEMENTAL FORM

Charges		Case#
Primary Officer		Cover Officer
<input type="checkbox"/> Intimate Partner (IPV conduct LAP) <input type="checkbox"/> In Custody <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Follow up needed <input type="checkbox"/> Felony <input type="checkbox"/> Warrant Requested		
SUSPECT INFORMATION		
Name		DOB
Address		Phone/cell
Statement Obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ATTEMPTED		Military or Martial arts trained? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUSPECT OBSERVATION		
<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Afraid <input type="checkbox"/> Calm <input type="checkbox"/> Crying	<input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening	<input type="checkbox"/> Has Pain <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Concussion(s) <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Strangulation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Alleged Self Defense <input type="checkbox"/> Alleged Mutual Combat <input type="checkbox"/> Alcohol? PBT _____ <input type="checkbox"/> Drugs? Type(s): _____
VICTIM INFORMATION		
Name		DOB
Address		Phone/cell
Email		Work phone
Social media		Emergency contact:
Statement Obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO		
VICTIM OBSERVATION		
<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Afraid <input type="checkbox"/> Calm <input type="checkbox"/> Crying	<input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening	<input type="checkbox"/> Has Pain <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Concussion(s) <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Strangulation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Alleged Self Defense <input type="checkbox"/> Alleged Mutual Combat <input type="checkbox"/> Alcohol? PBT _____ <input type="checkbox"/> Drugs? Type(s): _____ <input type="checkbox"/> Pregnant?
RELATIONSHIP BETWEEN VICTIM AND SUSPECT		
INTIMATE (Conduct LAP) <input type="checkbox"/> Dating <input type="checkbox"/> Separated <input type="checkbox"/> Engaged <input type="checkbox"/> Divorce Pending <input type="checkbox"/> Spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Same sex <input type="checkbox"/> Formerly dating	NON-INTIMATE (NO LAP) <input type="checkbox"/> Cohabitants <input type="checkbox"/> Parent/child relationship <input type="checkbox"/> Emancipated minor <input type="checkbox"/> Other family relationship	Length of Relationship Years/Months _____ Children in common? <input type="checkbox"/> YES <input type="checkbox"/> NO If applicable, when did the relationship end? _____
DOMESTIC VIOLENCE HISTORY		
Prior Domestic Violence? YES <input type="checkbox"/> NO <input type="checkbox"/> Documented? YES <input type="checkbox"/> NO <input type="checkbox"/> Prior Convictions? YES <input type="checkbox"/> NO <input type="checkbox"/> When: _____		Does the victim have a protective order against the suspect? YES <input type="checkbox"/> NO <input type="checkbox"/> CJIN Entered? YES <input type="checkbox"/> NO <input type="checkbox"/> Issuing court _____
PREVIOUS HISTORY OF OFFENDER		
Protective orders against the suspect? YES <input type="checkbox"/> NO <input type="checkbox"/> Who petitioned? Victim/Someone else? _____		Is suspect on probation/parole? YES <input type="checkbox"/> NO <input type="checkbox"/> Warrants? YES <input type="checkbox"/> NO <input type="checkbox"/>
POTENTIAL RELATED CRIMES & DANGEROUSNESS INDICATORS		
THREATS TO <input type="checkbox"/> Damage Property <input type="checkbox"/> Harm family members or loved ones <input type="checkbox"/> Take Children <input type="checkbox"/> Harm Animals		
HISTORY OF <input type="checkbox"/> Assaults <input type="checkbox"/> Abuse of Children <input type="checkbox"/> Emotional/Verbal Abuse in person, text, email, social media, voicemail <input type="checkbox"/> Financial Abuse	<input type="checkbox"/> Harassment <input type="checkbox"/> Harming Animals <input type="checkbox"/> Intimidation <input type="checkbox"/> Isolation <input type="checkbox"/> Parole/Probation Violation <input type="checkbox"/> Earlier Partner Abuse <input type="checkbox"/> Protective Order Violation	<input type="checkbox"/> Stalking <input type="checkbox"/> Strangulation (Please complete Strangulation Form) <input type="checkbox"/> Demanded or Forced Sex When? _____ How often? _____ Reported? If yes, to Whom? _____ Did victim go to First Step/ER? _____



MISSOULA COUNTYWIDE DOMESTIC VIOLENCE SUPPLEMENTAL FORM

CHILD WITNESSES			
Were there children present during the violence? YES <input type="checkbox"/> NO <input type="checkbox"/>		Statements taken from Children YES <input type="checkbox"/> NO <input type="checkbox"/>	
Location of the children during the incident?		Was DCFS notified? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are the children who were at the incident listed on the face page? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WEAPONS			
Was a weapon used during this incident? YES <input type="checkbox"/> NO <input type="checkbox"/>		Firearms(s) impounded as EVIDENCE <input type="checkbox"/> / FOR SAFETY <input type="checkbox"/>	
If YES, describe		Weapon other than firearm(s) impounded as EVIDENCE <input type="checkbox"/> / FOR SAFETY <input type="checkbox"/>	
MEDICAL TREATMENT			
EMS / Fire department personnel at scene? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Transported to hospital <input type="checkbox"/> Medical aid offered but refused	
<input type="checkbox"/> Treated by paramedics <input type="checkbox"/> First aid given at scene		<input type="checkbox"/> No medical treatment provided <input type="checkbox"/> Will seek own doctor	
Name of EMS with victim at scene:			
OFFICER CHECKLIST			
<input type="checkbox"/> Consider contacting duty detective. <input type="checkbox"/> Photograph BOTH parties to document injuries and/or lack of injuries where the parties claim injury or physical contact occurred. <input type="checkbox"/> Photograph the scene and location of physical evidence. Document where all evidence items were found. <input type="checkbox"/> If weapon used, photograph and collect the weapon. <input type="checkbox"/> If strangulation was done using an object, photograph and collect the object. <input type="checkbox"/> If defecation or urination in clothing, photograph and collect the clothing as evidence. <input type="checkbox"/> If victim vomited, photograph the vomit. <input type="checkbox"/> Obtain name and contact information of witnesses, including outcry witnesses. <input type="checkbox"/> Obtain a medical release. <input type="checkbox"/> Obtain evidence from hospital if available, or follow-up to retrieve. <input type="checkbox"/> Officer caution?			
LETHALITY ASSESSMENT			
<i>A YES response to one or more of Questions 1-3 automatically triggers the protocol referral to the YWCA crisis line</i>			
1. Have they ever used a weapon against you or threatened you with a weapon? If yes; type of weapon:	YES	NO	Declined to Answer
2. Have they threatened to kill you or your children?	YES	NO	Declined to Answer
3. Do you think they might try to kill you?	YES	NO	Declined to Answer
<i>A YES response to four or more of Questions 4-11 also triggers the protocol referral to the YWCA crisis line</i>			
4. Do they have a gun, or can they get one easily?	YES	NO	Declined to Answer
5. Have they ever tried to "choke" or strangle you? How many times?	YES	NO	Declined to Answer
6. Are they violently or constantly jealous or do they control most of your daily activities?	YES	NO	Declined to Answer
7. Have you left them or separated after living together or being married?	YES	NO	Declined to Answer
8. Are they unemployed?	YES	NO	Declined to Answer
9. Have they ever tried to kill themselves?	YES	NO	Declined to Answer
10. Do you have children they know are not theirs?	YES	NO	Declined to Answer
11. Do they follow or spy on you or leave threatening messages?	YES	NO	Declined to Answer
<i>Officers may activate the protocol referral, because of the victim's response to the question below, or whenever the officer believes the victim is in a potentially lethal situation.</i>			
12. Is there anything else that worries you about your safety?			
CHECK ONE <input type="checkbox"/> The victim declined to take the Lethality Assessment <input type="checkbox"/> Victim did not screen in <input type="checkbox"/> Victim screened in AT HIGHER RISK based on assessment <input type="checkbox"/> Victim screened in AT HIGHER RISK based on the belief of the officer		PROTOCOLS FOLLOWED After discussing the high-risk assessment, did the victim speak with the YWCA Advocate? <input type="checkbox"/> YES <input type="checkbox"/> NO YWCA Crisis Line call made? <input type="checkbox"/> YES <input type="checkbox"/> NO (800) 483-7858 or (406) 542-1944	



MISSOULA COUNTYWIDE STRANGULATION SUPPLEMENTAL FORM

STRANGULATION EVENT QUESTIONS

1. What did suspect use to strangle you? ☐ Left Hand ☐ Right Hand ☐ Two Hands ☐ Forearm ☐ Knee/Foot ☐ Other Object(s): _____
2. Describe manner/method in detail in your narrative. _____
3. Estimate how long strangulation lasted: _____ Minute(s) _____ Second(s) Multiple Times: ☐ YES # _____ ☐ NO
4. Estimate the amount of force suspect used to strangle: (1=weak / 10=very strong): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
5. Describe suspect's emotional demeanor while strangling you: _____
6. Describe the suspect's face/expression during strangulation: _____
7. What did suspect say while strangling you? _____
8. What else did suspect do while strangling you? _____
9. Were you able to speak during the strangulation? ☐ YES ☐ NO If yes, what did you say? _____
10. Did you do anything to attempt to physically stop the strangulation? ☐ YES ☐ NO Describe: _____
11. What made the suspect stop? _____
12. What did you think during the strangulation? _____
13. Has suspect strangled you on other occasions? ☐ YES ☐ NO If yes, # of occasions? _____ When? _____

SYMPTOMS EXPERIENCED BY VICTIM

SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER
Vision Changes: Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	Coughing Blood	<input type="checkbox"/>	<input type="checkbox"/>	Hoarse Voice	<input type="checkbox"/>	<input type="checkbox"/>
Vision Changes: Spots	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Voice	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss/Changes	<input type="checkbox"/>	<input type="checkbox"/>	Vomit/Dry Heaving	<input type="checkbox"/>	<input type="checkbox"/>	Whisper Voice	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Neck Pain/Tender	<input type="checkbox"/>	<input type="checkbox"/>
Unable to Breathe	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>	Trouble Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Breathe	<input type="checkbox"/>	<input type="checkbox"/>	Feel Faint	<input type="checkbox"/>	<input type="checkbox"/>	Pain Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Pain while Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	Urinate	<input type="checkbox"/>	<input type="checkbox"/>
Shallow Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Painful to Speak	<input type="checkbox"/>	<input type="checkbox"/>	Defecate	<input type="checkbox"/>	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Raspy Voice	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

OFFICER OBSERVED INJURIES

FACE	EYES	NOSE	MOUTH
<input type="checkbox"/> Skin Red/Flushed	<input type="checkbox"/> Red Eye <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Redness	<input type="checkbox"/> Swollen Lips
<input type="checkbox"/> Red Spots (e.g. petechiae)	<input type="checkbox"/> Red Spots in Eye <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Red spots (i.e. petechiae)	<input type="checkbox"/> Swollen Tongue
<input type="checkbox"/> Scratches or Abrasions	<input type="checkbox"/> Red Spots on Eyelid <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Scratches or Abrasions	<input type="checkbox"/> Bruise(s)
<input type="checkbox"/> Swelling	<input type="checkbox"/> Blood in Eyeball	<input type="checkbox"/> Swelling	<input type="checkbox"/> Scratches or Abrasions
<input type="checkbox"/> Bruising	<input type="checkbox"/> Eyelid(s) drooping	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Red Spots in Palate or Gums, Etc.
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
EARS	UNDER CHIN	NECK	SHOULDERS
<input type="checkbox"/> Redness	<input type="checkbox"/> Redness	<input type="checkbox"/> Redness	<input type="checkbox"/> Redness
<input type="checkbox"/> Red spots (i.e. petechiae)	<input type="checkbox"/> Scratches or Abrasions	<input type="checkbox"/> Scratches or Abrasions	<input type="checkbox"/> Scratches or Abrasions
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Bruises	<input type="checkbox"/> Lacerations
<input type="checkbox"/> Bruising or Discoloration	<input type="checkbox"/> Bruises	<input type="checkbox"/> Linear Marks (e.g. fingernail marks)	<input type="checkbox"/> Bruises
<input type="checkbox"/> Swelling	<input type="checkbox"/> Linear Marks (e.g. fingernail marks)	<input type="checkbox"/> Ligature Marks	<input type="checkbox"/> Other:
<input type="checkbox"/> Red Spots Behind Ear(s)	<input type="checkbox"/> Other:	<input type="checkbox"/> Red Spots (e.g. petechiae)	
<input type="checkbox"/> Bruising Behind Ear(s)		<input type="checkbox"/> Swelling	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
HANDS, FINGERS, ARMS	HEAD	CHEST	NECK MEASUREMENT
<input type="checkbox"/> Redness	<input type="checkbox"/> Lumps/Bumps	<input type="checkbox"/> Redness	<input type="checkbox"/> Took a measurement of victim's neck
<input type="checkbox"/> Bruising	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Scratches or Abrasions	_____ inches
<input type="checkbox"/> Swelling	<input type="checkbox"/> Scratches or Abrasions	<input type="checkbox"/> Lacerations	
<input type="checkbox"/> Scratches or Abrasions	<input type="checkbox"/> Hair missing	<input type="checkbox"/> Bruises	
<input type="checkbox"/> Broken Fingernails	<input type="checkbox"/> Red Spots on Scalp (e.g. petechiae)	<input type="checkbox"/> Linear Marks (e.g. fingernail marks)	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	



FACTS ABOUT STRANGULATION

- Strangulation is a significant predictor of future lethal violence
- If your partner has strangled you in the past, your risk of being killed by them is 10 times higher
- It only takes 7 seconds to lose consciousness
- Death may occur within 1 to 2½ minutes
- Swelling in the neck during the first 36 hours after strangulation can put you at risk for complications, including death

- Strangulation occurs when blood vessels and air passages are closed by external pressure on the neck
- Strangulation is *not* choking — choking is having an object lodged in your throat
- It is common to have no external signs of strangulation, but have internal neck damage. This could lead to stroke or even death days or weeks after the incident
- Strangulation can be caused by manual force (hand(s) around your neck, a forearm pressed on your neck or wrapped around your neck, kneeling on your neck)
- Strangulation can also be caused by a ligature (like a rope, electrical cord, shoelace) or hanging

YOU WERE STRANGLED, NOW WHAT?

- Go to the emergency department immediately—it could save your life!
- Inform your medical providers of your history of strangulation
- Make a report to law enforcement and ask for an advocate to help you
- Keep track of signs and symptoms
- What were you feeling and thinking during the attack?
- Share the signs, symptoms, thoughts, and feelings with the people assisting you

CONTACTS & RESOURCES

Emergency 911	First Step Resource Center 406-329-5776
Missoula Police Department 406-552-6300	YWCA Missoula crisis line 406-542-1944
Missoula County Sheriff 406-258-4810	Crime Victim Advocate Program 406-258-3830
UM Police 406-243-4000	UM Student Advocacy Resource Center 406-243-6559



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FACTS YOU SHOULD KNOW ABOUT STRANGULATION



People may call it **choking**, a **headlock**, or **chokehold**, but when someone cuts off your breath or blood flow by applying pressure to the neck, it is **strangulation**.

Whatever you call it, strangulation can cause serious injury.

SIGNS OF STRANGULATION

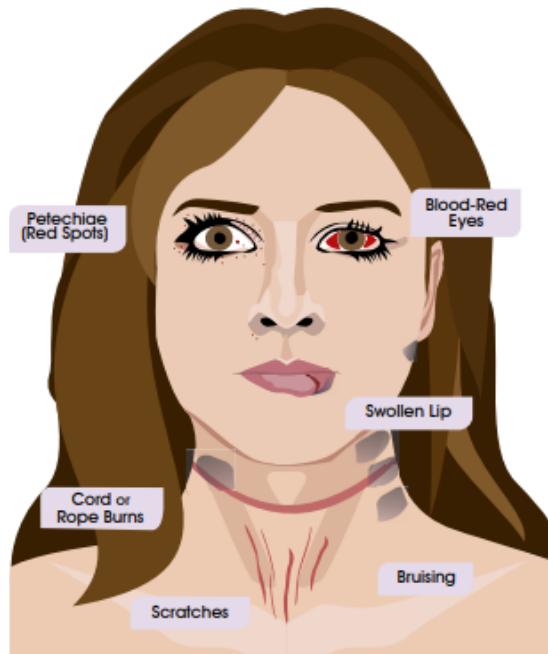
- **Redness** on face, eyes, under the chin, chest, or neck
- **Pinpoint red spots** (petechiae) on face, eyes, nose, around and behind ear, mouth, or scalp
- **Abrasions (scratch marks), bruises, or lacerations (cuts)** on face, mouth, under chin, neck, chest, or shoulders
- **Bleeding** from the ear canal
- **Uncontrolled urination or defecation**

External signs of strangulation may not be visible, yet internal neck damage might exist

SYMPTOMS OF STRANGULATION

- **Head, eyes, ears, nose, throat**— Vision changes, blurriness, ringing in ears, sore throat, coughing, hard to swallow, voice changes
- **Respiratory**—Hard to breathe, chest pain
- **Gastrointestinal**—Heartburn, vomiting, nausea
- **Neurological**—Memory loss, dizziness, weakness, loss of consciousness, headache
- **Psychiatric**—Depression, suicidal, insomnia, nightmares, anxiety
- **Behavioral**—Combative, restless, manic, agitated, highly emotional, confused

Image by Yesenia Aceves
strangulationtraininginstitute.com



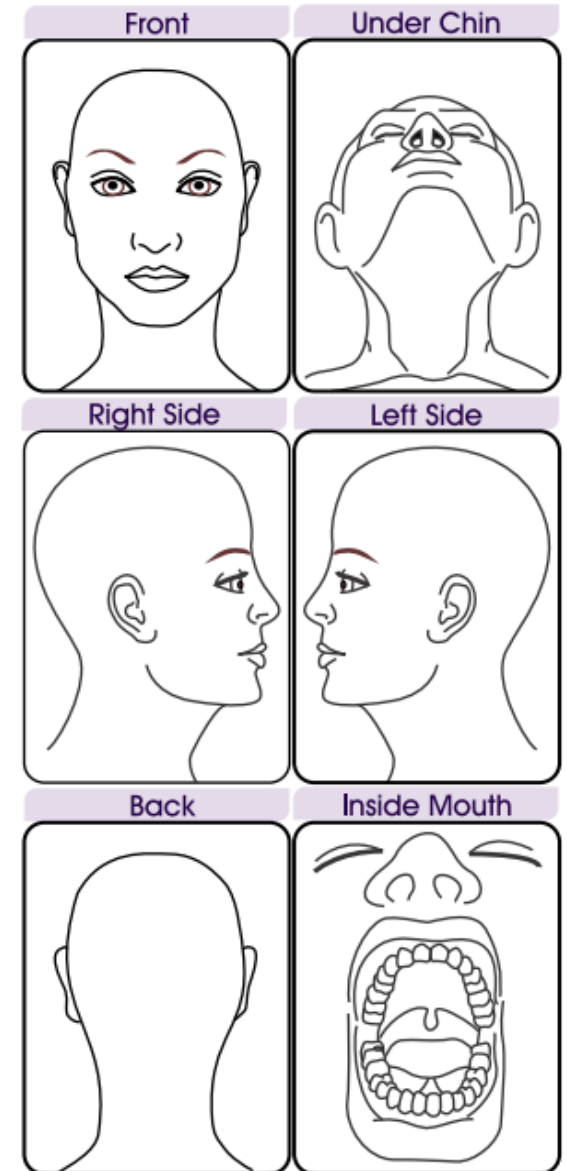
Date and Time	Log your Signs, Symptoms, and any other Sensations

LOG ANY SIGNS OR SYMPTOMS

Signs and symptoms may not show up immediately. Take photos and record your voice right after the incident and over the next few days and weeks.

Documentation over time is important.

DIAGRAMS TO MARK YOUR VISIBLE INJURIES



STRANGULATION ASSESSMENT CARD

v 10.12.18

SIGNS	SYMPTOMS	CHECKLIST	TRANSPORT
<ul style="list-style-type: none"> • Red eyes or spots (Petechiae) • Neck swelling • Nausea or vomiting • Unsteady • Loss or lapse of memory • Urinated • Defecated • Possible loss of consciousness • Ptosis – droopy eyelid • Droopy face • Seizure • Tongue injury • Lip injury • Mental status changes • Voice changes 	<ul style="list-style-type: none"> • 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 to arms or legs • Voice changes 	<p>S Scene & Safety. Take in the scene. Make sure you and the victim are safe.</p> <p>T Trauma. The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?</p> <p>R Reassure & Resources. Reassure the victim that help is available and provide resources.</p> <p>A Assess. Assess the victim for signs and symptoms of strangulation and TBI.</p> <p>N Notes. Document your observations. Put victim statements in quotes.</p> <p>G Give. Give the victim an advisal about delayed consequences.</p> <p>L Loss of Consciousness. Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?</p> <p>E Encourage. Encourage medical attention or transport if life-threatening injuries exist.</p>	<p>If the victim is Pregnant or has life-threatening injuries which include:</p> <ul style="list-style-type: none"> • Difficulty breathing • Difficulty swallowing • Petechial hemorrhage • Vision changes • Loss of consciousness • Urinated • Defecated <p>DELAYED CONSEQUENCES</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, blood clot, respiratory complications, or anoxic brain damage.</p> <p>Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. <i>Intimate Partner Violence: A Health-Based Perspective</i>. Oxford University Press, Inc.</p> <p>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.</p>

ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms. 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 **1-800-799-SAFE**.

NOTICE TO MEDICAL PROVIDER

- The Medical Advisory Board of the Training Institute on Strangulation Prevention has developed recommendations for the radiologic evaluation of the adult strangulation victim. 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
- 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. Strangled patients with arterial injuries can present with strokes months or years post-strangulation.
- 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

MEDICAL STRANGULATION AND SUFFOCATION FORM

Patient Name: _____ DOB: _____ Date/Time: _____

STRANGULATION MEDICAL QUESTIONS

1. Who strangled you and what mechanism did they use? _____ ☐ One hand ☐ Two Hands ☐ Bicep/Forearm ☐ Other _____
2. Describe manner and method in detail. _____
3. Estimate how long strangulation lasted ☐ 0-10 seconds ☐ 11-20 seconds ☐ 21-30 seconds ☐ 30- 60 seconds ☐ 1 minute or longer
4. Are you hurt or do you have pain anywhere? ☐ YES ☐ NO _____
5. How many times have you been strangled in your lifetime? _____ Within the last month? _____ When was the most recent strangulation? _____
6. How many times did this occur during the this assault? _____ ☐ Continuous Pressure? ☐ Intermittent Pressure?
7. Is there any chance you are pregnant (If Female) ☐ YES ☐ NO ☐ MAYBE

PRIMARY SYMPTOMS EXPERIENCED BY PATIENT

SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER
*Vision Changes: Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	*Dizziness/ Feel Faint	<input type="checkbox"/>	<input type="checkbox"/>	*Pain Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
*Vision Changes: Spots	<input type="checkbox"/>	<input type="checkbox"/>	*Headache	<input type="checkbox"/>	<input type="checkbox"/>	*Urinate	<input type="checkbox"/>	<input type="checkbox"/>
*Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	*Memory Loss	<input type="checkbox"/>	<input type="checkbox"/>	*Defecate	<input type="checkbox"/>	<input type="checkbox"/>
*Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>	*Trouble Swallowing	<input type="checkbox"/>	<input type="checkbox"/>	*Seizures	<input type="checkbox"/>	<input type="checkbox"/>

* Primary Symptoms to guide best practices for CTA to rule out life threatening injuries

SECONDARY SYMPTOMS EXPERIENCED BY PATIENT

SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER
Hearing Loss/Changes	<input type="checkbox"/>	<input type="checkbox"/>	Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Painful to Speak	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Coughing Blood	<input type="checkbox"/>	<input type="checkbox"/>	Changes in Voice	<input type="checkbox"/>	<input type="checkbox"/>
Pain while Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Disorientation	<input type="checkbox"/>	<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Shallow Breathing	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Neck Pain/Tender	<input type="checkbox"/>	<input type="checkbox"/>
Weakness/Tingling	<input type="checkbox"/>	<input type="checkbox"/>	Vomit/Dry Heaving	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

EMT/ PARAMEDIC OBSERVED INJURIES

FACE	EYES	NOSE	MOUTH
<input type="checkbox"/> Skin Red/Flushed <input type="checkbox"/> Red Spots (i.e. petechiae) <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Swelling <input type="checkbox"/> Bruising <input type="checkbox"/> Other:	<input type="checkbox"/> Red Eye o Left o Right <input type="checkbox"/> Red Spots in Eye o Left o Right <input type="checkbox"/> Red Spots on Eyelid o Left o Right <input type="checkbox"/> Blood in Eyeball <input type="checkbox"/> Eyelid(s) drooping <input type="checkbox"/> Other:	<input type="checkbox"/> Redness <input type="checkbox"/> Red spots (i.e. petechiae) <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Swelling <input type="checkbox"/> Bleeding <input type="checkbox"/> Other:	<input type="checkbox"/> Swollen Lips <input type="checkbox"/> Swollen Tongue <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Red Spots in Palate or Gums, Etc. <input type="checkbox"/> Other:
EARS	UNDER CHIN	NECK	SHOULDERS
<input type="checkbox"/> Redness <input type="checkbox"/> Red spots (i.e. petechiae) <input type="checkbox"/> Bleeding <input type="checkbox"/> Bruising or Discoloration <input type="checkbox"/> Swelling <input type="checkbox"/> Red Spots Behind Ear(s) <input type="checkbox"/> Bruising Behind Ear(s) <input type="checkbox"/> Other:	<input type="checkbox"/> Redness <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Bruises <input type="checkbox"/> Linear Marks (e.g. fingernail marks) <input type="checkbox"/> Other:	<input type="checkbox"/> Redness <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Linear Marks (e.g. fingernail marks) <input type="checkbox"/> Ligature Marks* <input type="checkbox"/> Red Spots (i.e. petechiae) <input type="checkbox"/> Swelling* <input type="checkbox"/> Other:	<input type="checkbox"/> Redness <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Bruises <input type="checkbox"/> Other:
HANDS, FINGERS, ARMS	HEAD	CHEST	Symptoms Not Evaluated
<input type="checkbox"/> Redness <input type="checkbox"/> Bruising <input type="checkbox"/> Swelling <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Broken Fingernails <input type="checkbox"/> Other:	<input type="checkbox"/> Lumps/Bumps <input type="checkbox"/> Lacerations <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Hair missing <input type="checkbox"/> Red Spots on Scalp (i.e. petechiae) <input type="checkbox"/> Other:	<input type="checkbox"/> Redness <input type="checkbox"/> Scratches or Abrasions <input type="checkbox"/> Lacerations <input type="checkbox"/> Bruises <input type="checkbox"/> Linear Marks (e.g. fingernail marks) <input type="checkbox"/> Other:	

Signature: _____
 Agency: _____

Witness: _____