



NON- FATAL STRANGULATION ASSESSMENT

Sexual Assault Nurse Examiner Program Guidance Document

INTRODUCTION

This document provides guidance for sexual assault nurse examiners (SANE) when presented with a sexual assault patient who has experienced a non-fatal strangulation. It is the Florida Council Against Sexual Violence's recommendation the [International Association of Forensic Nurses, Non-Fatal Strangulation Documentation Toolkit](#) be reviewed and utilized for the assessment and evaluation of the patient who has experienced a non-fatal strangulation. The toolkit "provides the forensic nurse with detailed guidance on assessment techniques, documentation, and evidence collection for this patient population. This toolkit also provides documents such as discharge instructions and sample policies that can be adjusted to best suit your institution and your forensic practice." (IAFN, November 2016) The non-fatal strangulation assessment form should be used in addition to the Florida Department of Law Enforcement 2018 [Adult / Adolescent Forensic Examination form and the Medical History / Initial Assessment form](#).

STRANGULATION

Manual strangulation (external neck compression) is a serious form of blunt force trauma, which causes asphyxia and is life threatening. Strangulation interrupts blood flow to the brain, and is typically caused by hanging, manual compression or ligature. It is important to note that strangulation differs from choking; choking is an internal obstruction of the airway and the two terms are not interchangeable.

ASSESSMENT

Often, there is no external evidence of injury from strangulation. Therefore, every sexual assault patient must be asked if the assailant placed his or her hands or some type of ligature around the patient's neck. If a patient does not recall the events of the sexual assault, a head to toe examination may reveal signs that a strangulation occurred, such as, petechiae on the outer or inner eyelids, behind the ears and the upper palate or posterior portion of the mouth. (IAFN, Henry).

Additionally, if a strangulation has occurred, the SANE must be knowledgeable of the warning signs (discharge instructions should include the same) indicating immediate need for medical attention / transfer to an emergency room.

- 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 of 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

(IAFN, November 2016)

NOTE: If a patient arrives at the certified rape crisis center and it is determined she is pregnant and a non-fatal strangulation has occurred, an evaluation at the hospital must occur. It would be prudent for the SANE to provide her with written discharge instructions pertinent to non-fatal strangulation.

DOCUMENTATION

Refer to the [Adult / Adolescent Forensic Examination form and the Medical History / Initial Assessment form](#), the [International Association of Forensic Nurses Non-Fatal Strangulation Documentation Toolkit](#) and FCASV's Injury Documentation, Sexual Assault Nurse Examiner Program Guidance Document, May 2019.

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