Non-visible Injuries

Strangulation is often underreported and not identified as a treatable condition. It can seriously impact a survivor's ability to perform activities of daily living. Non-fatal strangulation is one of the most lethal forms of intimate partner violence (IPV) and is a high risk of intimate partner violence (IPV). There may be no visible injuries in the most serious, even fatal, strangulation cases. If pressure is maintained, loss of consciousness can occur within 10 seconds and death can occur within 3-5 minutes. Victims of one strangulation are 750% more likely to become a victim of homicide by the same partner in the future.

Visible Injuries

Some Signs and Symptoms

In a study of 300 strangulation cases, only 50% had visible injuries, and only 15% had injuries that were sufficient to be photographed. There may be no visible injuries in the most serious, even fatal, strangulation cases. If pressure is maintained, loss of consciousness can occur within 10 seconds and death can occur within 3-5 minutes. Victims of one strangulation are 750% more likely to become a victim of homicide by the same partner in the future.

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Observe and Document – Collect & Voucher all Evidence

1. Did you experience any loss of bodily functions? (i.e. urination or defecation)
2. Did you lose consciousness or black out?
3. Did you experience any symptoms from a strangulation that occurred over 6 months ago? If yes…
4. Has your partner ever put their hands or any other object on or around your neck? If yes...
5. Within the last 6 months? If yes...

Follow-up

1. Has your partner ever put their hands or any other object on or around your neck? If yes...
2. Within the last 6 months? If yes...
3. Did you experience any of the listed “signs and symptoms?” If yes...
4. Did they experience any of the listed “signs and symptoms?” If yes…
5. If the person doesn’t want immediate medical attention, encourage them to seek medical attention in the next 24-48 hours should their symptoms persist or worsen.

Screening for Healthcare Response

1. Has your partner ever put their hands or any other object on or around your neck? If yes...
2. Within the last 6 months? If yes...
3. Did you experience any of the listed “signs and symptoms?” If yes...
4. Did you lose consciousness or black out?
5. Did you experience any loss of bodily functions? (i.e. urination or defecation)

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