

Institute For Addressing Strangulation

Non-fatal strangulation

Professor Catherine White

23rd November 2023





www.ifas.org.uk



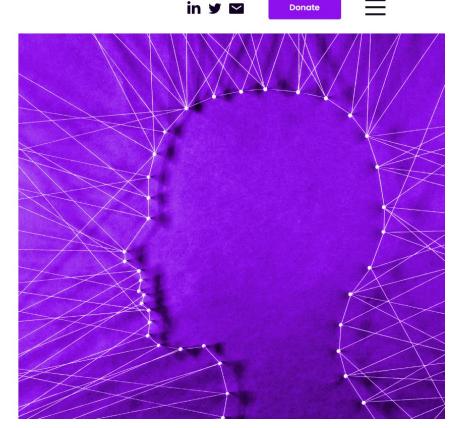
Institute For Addressing Strangulation

The Institute works to increase awareness of risks associated with strangulation

Sign up to our mailing list to stay connected to all the latest research, studies and training events on strangulation. You will also be alerted to the latest IFAS resources.

Mailing list sign up

IFAS Resources



Health warning





NFS an important risk factor for homicide of women

Nancy Glass J Emerg Med 2008 35(3)

A History of NFS:

X 6 times risk of becoming a victim of attempted homicide

X 7 times risk of becoming a completed homicide

Nancy Glass Summary

In summary, non-lethal strangulation is an important predictor for future lethal

violence among women who are experiencing IPV. We urgently need to improve

the clinical response to women reporting an incident of non-lethal strangulation

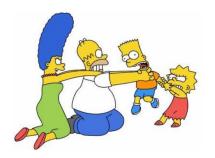
to improve treatment and enhance safety planning for this high-risk group of

abused women. 2008



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What is strangulation?

What is strangulation?

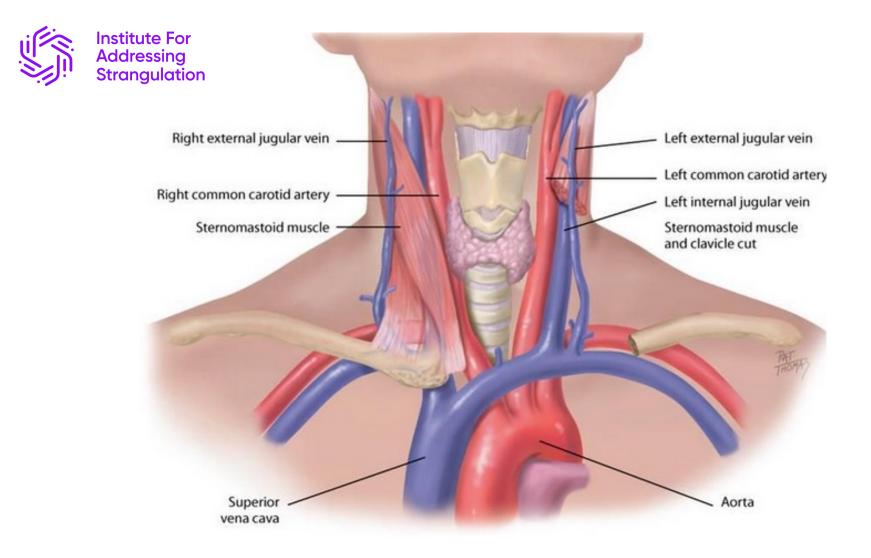
Obstruction of blood vessels and/ or airflow in the neck resulting in asphyxia.

Non-fatal strangulation

- <u>Section 75A(1)(a) SCA 2015</u> is the offence of non-fatal strangulation.
- The legislation does not provide a definition of 'strangulation' or 'strangles'. The word should be given its ordinary meaning which is the obstruction or compression of blood vessels and/or airways by external pressure to the neck impeding normal breathing or circulation of the blood. This offence applies where strangulation is non-fatal and does not result in death of the victim.
- Applying any form of pressure to the neck whether gently or with some force could obstruct or compress the airways or blood flow. Strangulation does not require a particular level of pressure or force within its ordinary meaning, and it does not require any injury.

Choke

Mechanical obstruction



Carotid artery compression

Carotid artery compression

Decreased blood flow to the brain

- Carotid artery compression
 - Decreased blood flow to the brain
- Jugular vein compression

- Carotid artery compression
 - Decreased blood flow to the brain
- Jugular vein compression
 - Stagnant hypoxia

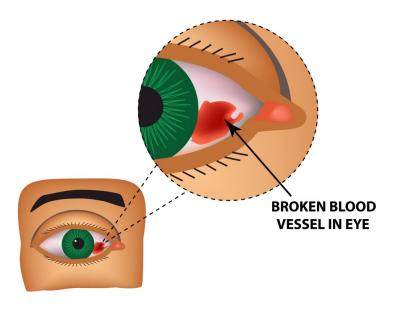
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 - Stagnant hypoxia
- Pressure on carotid bodies and baroreceptors
 - Bradycardia / asystole

Subconjunctival haemorrhage

SUBCONJUNCTIVAL HEMORRHAGE





Petechial haemorrhage







Pressure on the neck in adults

Jugular vein	4psi <i>,</i>
Carotid artery	11psi,
Trachea	34 psi.

Opening a can of coke 20psi Adult male hand shake 80-100psi

We don't know the pressures required in children but most likely less.

The timeline



6.8 seconds LOC

15 seconds Bladder incontinence

30 seconds Bowel incontinence

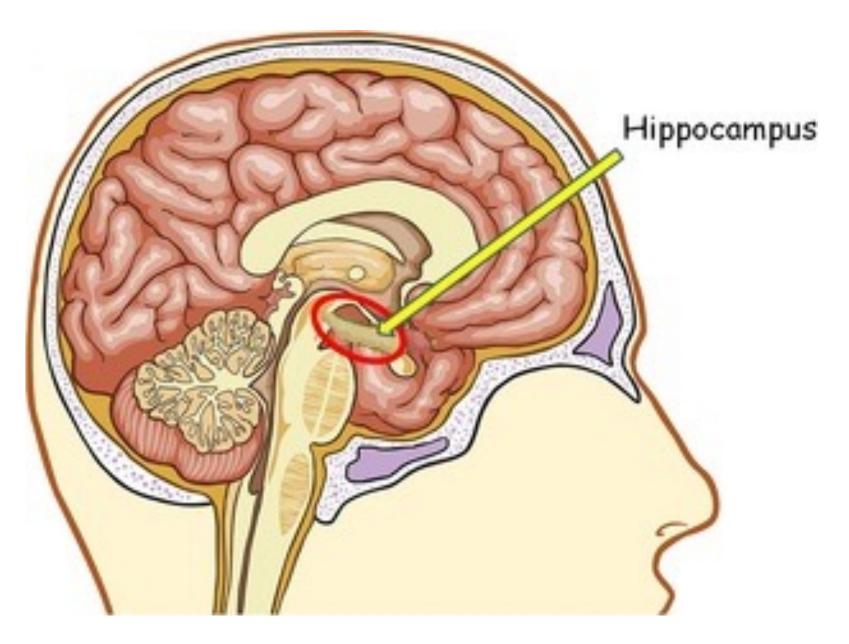
2-3 minutes Cell death

4-5 minutes

Brain death









No oxygen = no memory



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Use of a proforma

	n e.g. SARC proforma/ED/cur il medical assessment etc. sh			:. wr	here i	ssues	such	as o	onser	wcap	acityr a	alleged assailant	
Clinician				Regulatory Number									
Patient Name					Patie	nt DO	в						
	er												
History o	f Strangulation												
History from					Pers	ons pr	esen						
Method	Manual one hand	Mani	al two h	and	s								
	Ligature	Head	lock										
	Other specify below												
From 1 to 10	how hard was suspect's grip?		(Low)	1	2	34	5	6	7	8 9	10	(High)	
From 1 to 10 i	how painful was it?		(Low)	1	2	34	5	6	7	8 9	10	(High)	
Time strangul	ation occurred: Date/Time				Time	since	strar	ngula	tion (i	hours	days)		
Number of ep	isodes of strangulation in this	event:	One	2		ПМ	ore ti	han d	ne		D U	nknown	
Did suspect s	ay anything during strangula	ion?	□ Yes			□ N	•				DU	nknawn	
Actions of the	complainant during the stran	gulation			Unkr	nawn			Not a	isked			
What was the	complainant thinking at time	of strangu	lation?		Unkr	nawn			lot as	ked			
Hae the even	ect strangled the complainant	before?	🗆 Yes		⊐ No		Jnkn	own		Nota	isked		

IFAS NON-FATAL STRANGULATION PRO FORMA

Symptoms at the time of / immediately after strangulation:

History from		Persons present	
	Flashing lights	Tunnel vision	Spote
	□Yes □No □Unknown	□Yes □No □Unknown	□Yes □No □Unknown
	Blurred vision	Loss of vision	Seeing "stars"
Vision			-
	Yes No Unknown	□Yes □No □Unknown	Yes No Unknown
	Other:		
Hearing	Buzzing, Roaring or Popping	res ⊡No ⊡Unknown	Not asked
	Details:		
Loss of consciousness	□Yes □No □Unknow	n 🗆 Not asked	
Dizzy	□Yes □No □Unknow	n 🗆 Not asked	
Difficulty breathing	□Yes □No □Unknow	n 🗆 Not asked	
Difficulty speaking	□Yes □No □Unknow	n 🗆 Not asked	
Pain	Yes No Unknow	n 🗆 Not asked	
	Details:		
incontinence of urine		n 🗆 Not asked	
incontinence of bowels		n D Not asked	
Loss of strength		n 🗆 Not asked	
	Details (objective):		

Addressing Strangulation

IFAS NON-FATAL STRANGULATION PRO FORMA

Symptoms and signs since the time of strangulation:

istory from:			Persons present
Neck pain	Yes Site: Severity: Details:	□ No	Unknown Not asked
Neck swelling	D Yes Details:	D No	Unknown Not asked
Neck injuries	D Yes Details:	□ No	Unknown DNot asked
Coughing	Details:	□ No	Unknown Not asked
Dyephagia / drooiing	DYes Details:	□ No	Unknown Not asked
Odynophagia (Painful swallowing)	Details:	□ No	Unknown D Not asked
Dysphonia or voice changes	Details:	□ No	Unknown D Not asked
Dyapnoea	D Yes Details:	□ No	Unknown D Not asked
Vomiting	DYes Details:	□ No	Unknown Not asked
Headache	Details:	□ No	Unknown Not asked
Memory disturbance	Details:	□ No	Unknown Dot asked
Have any other symptoms or injuries thought to be related to the	D Yes Details:	D No	Unknown Not asked

JFLM 79 (2021) 102128

Journal of Forensic and Legal Medicine 79 (2021) 102128



Research Paper

'I thought he was going to kill me': Analysis of 204 case files of adults reporting non-fatal strangulation as part of a sexual assault over a 3 year period

Catherine White a,*, Glen Martin b, Alice Martha Schofield a, Rabiya Majeed-Ariss a

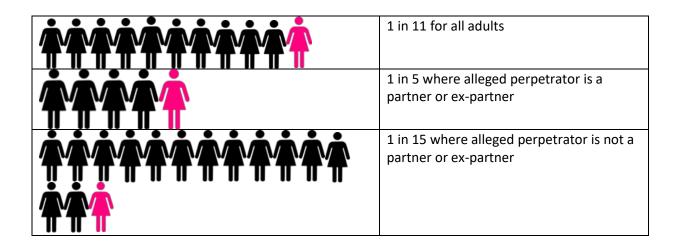
^a Saint Mary's Sexual Assault Referral Centre, Oxford Road, Manchester, M13 9WL, UK

^b The University of Manchester, Vaughan House, Manchester, M13 90B, UK





It happens a lot



Complainants

96.6% Female

Alleged assailants

98% Male

"I thought I was going to die"

36.6%

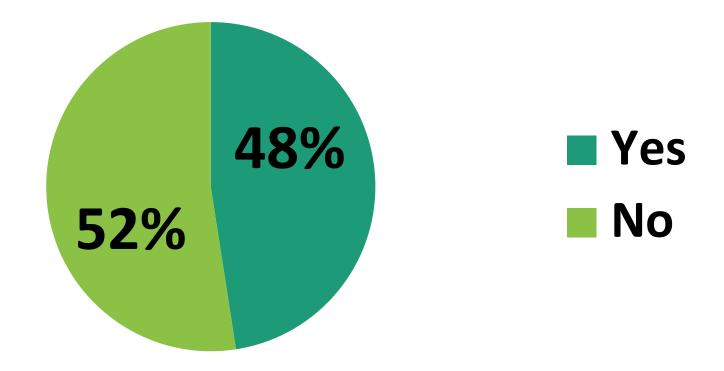
Psychological terror

- He is going to kill me. At least if he kills me it will be over
- God please give me life, my children need me.
- I actually thought he was going to kill me and the baby (20 weeks pregnant)
- I'm going to die. He only stopped each time when I was losing consciousness. He strangled me like he wanted to kill me. He only stopped because he thought I was dead.

Neck & Head Injuries

Saint Mary's NFS cases 2017-2019 n=204

Neck & head injury seen at FME



Neck bruises





Fitzpatrick Skin Colour Scale





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Internal injuries Strangulation

- Brain
- Neck structures
 - Haemorrhage into muscles
 - Vocal cords
 - Nerves
 - Thyroid
 - Hyoid
- Blood vessels
 - Carotid artery dissection



Loss of consciousness

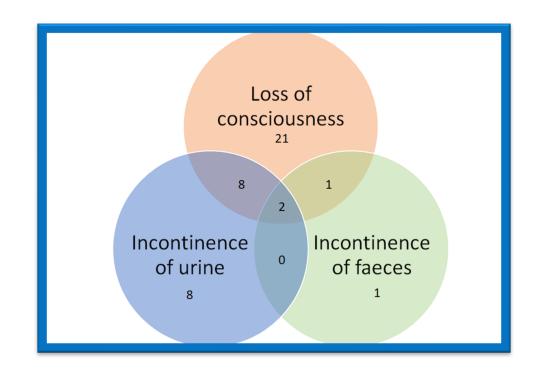
• 32/204 (15.7%)

72% of those with LOC had at least one injury (most common was bruising to the neck 69%)



Saint Mary's Adult NFS cases







Acquired Brain Injury

Advice regarding seeking brain injury assessment

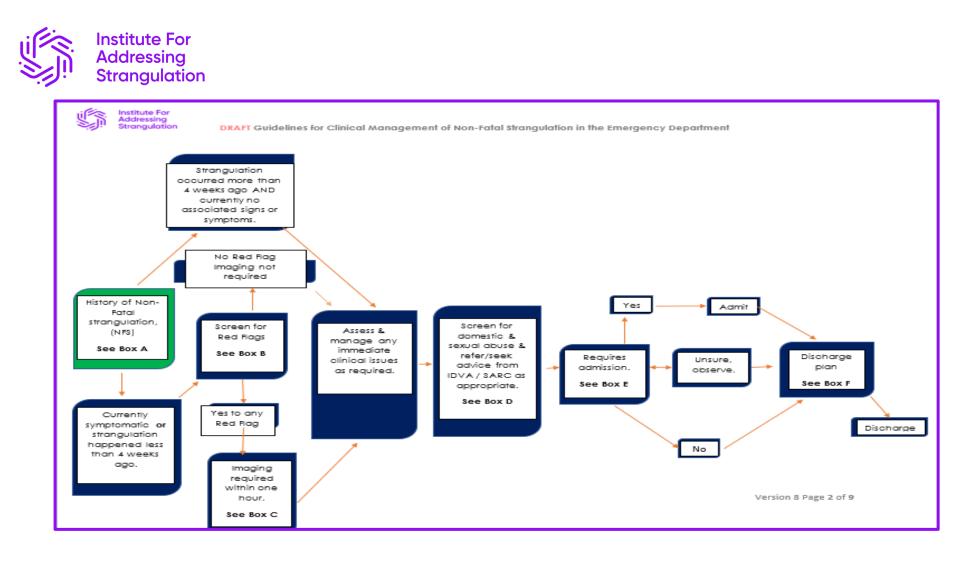
should be provided if there is history of prolonged

and/or repeated strangulations and/or deficits

suggestive of hypoxic brain injury that persist in the

months following the incident

(Australian ED Guidance)





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Information sharing

ENT
Patient
Police
Lawyers
GP
DASH
Safeguarding

Statements

Consensual??

112 of the 224 cases a DASH was completed.

Dash – average score 15

Children witnessing NFS

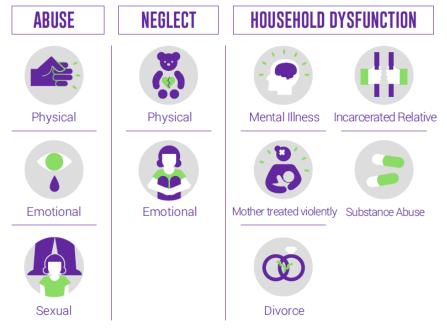
Saint Mary's 2021 study

- 40% strangled in their own home
- 30% had children living at home
- San Diego Paper 1
 - Children witnessed the NFS in at least 41% of cases



Adverse Childhood Experiences

The three types of ACEs include





Addressing Strangulation

Information for Victims of Strangulation

Risks of not knowing the risks

https://static1.squarespace.com/static/63bd7ef0794e9f154bdce4c e/t/64131368ee0266496d81dde8/1678971753356/IFAS+01+-+Patient+Information+v5.pdf

ifas.org.uk contact@ifas.org.uk

MARCH 2023

Report into Strangulation, Suffocation, Asphyxiation and Smothering Homicides

in England and Wales from 2011 to 2021

https://ifas.org.uk/wpcontent/uploads/2023/0 9/IFAS-final-ONS-1.pdf

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Funded by the Home Office



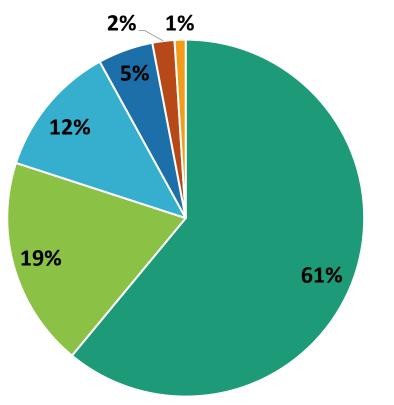
- Physical
- Sexual
- Neglect
- Emotional

Abuse tends to hunt in packs





ONS DATA Outcome of **8375** reports of non-fatal strangulation and suffocation in England and Wales from June 2022 to December 2022



- Not pursued due to evidential difficulties
- Not yet assigned an outcome
- Resulted in charges or summonses
- Other outcomes
- Investigation complete and no suspect identified
- Not in the public interest to prosecute



Case 1

- Unidentified male calls emergency services
- Unconscious female found on hotel room floor
- Carpet noted to be wet.
- Wet with what?





Case 2

- Husband witnessed by neighbour strangling wife.
- Police & paramedics arrive.
- Woman unconscious.
- No forensic examination.
- Injuries captured on body worn video



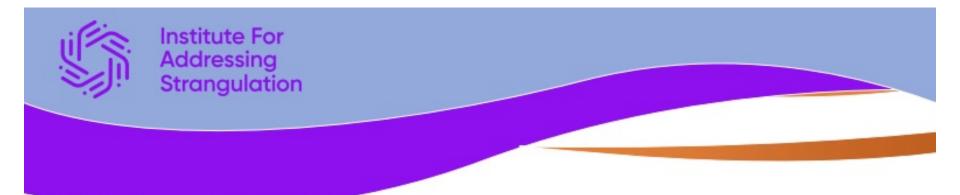


Case 2

- Retraction
- Says no assault
- Injuries due to love bites



	NFS + sexual assault	NFS but no sexual assault
Specialist secure victim focussed centre	✓	*
Forensic clinician assessment	✓	*
Crisis worker	\checkmark	*
Colposcopic images	\checkmark	*
Forensic samples	\checkmark	*
ENT Radiology pathway	\checkmark	*
Forensic report	\checkmark	*
Shower & clothing	\checkmark	*
Expert report	\checkmark	*
Advocacy	\checkmark	*
Quality assurance & peer review	Prof Catherine White	*



The Institute for Addressing Strangulation: One Year On

- 1. One Year On. Tuesday 28th November on-line event
- 2. Webinar series for emergency clinicians: Jan & Feb 2024
- 3. Webinar series for Sexual Health Clinicians: Feb & March 2024

