



BRIGHAM AND
WOMEN'S HOSPITAL



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Dying to Know: The Importance of Strangulation Inquiry in a Hospital Based Setting

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Disclosures

Neither presenter has any disclosure or conflict of interest to report for this presentation

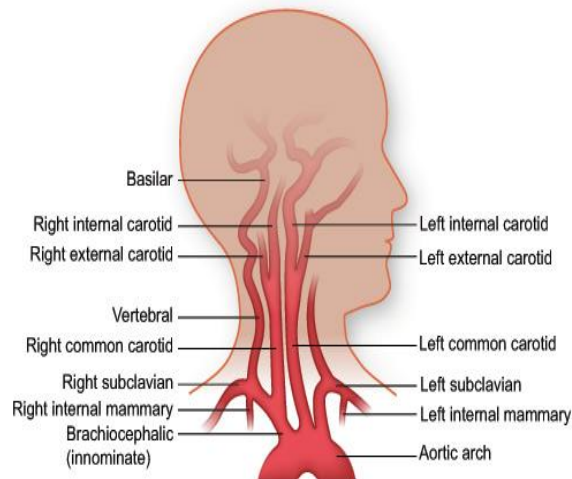


Objectives

- Understand the importance of non- fatal strangulation as a risk factor for future domestic violence homicide.
- Identify strategies used in one academic medical center to raise awareness and educate healthcare staff on the importance of strangulation inquiry in DV/SA cases.
- Discuss the significance of intra-disciplinary efforts in identification and intervention of non-fatal strangulation cases.
- Discuss the evidence and limitations thereof in diagnosis and treatment of non-fatal strangulation.

STRANGULATION

Strangulation is a form of asphyxia characterized by closure of the blood vessels and air passages within the neck as a result of external pressure on the neck.



Strangulation- How serious is it?

- Unconscious within seconds
- Death within minutes
- Eight pounds of pressure for 30 seconds will render the victim unconscious
- Brain death will occur in four to five minutes

Non-fatal Strangulation is an Important Risk Factor for Homicide of Women

- ~ PURPOSE: examine non-fatal strangulation in IPV cases as a risk factor for major assault or attempted or completed homicide.
- ~ DESIGN: A case control design was used to describe non-fatal strangulation among complete homicides and attempted homicides (n=506) and abused controls (n= 427).

Source: Glass, N., Laughon, K., Campbell, J., Block, C.R., Hanson, G., Sharps, P.W., & Taliaferro, E. (2008). Violence: Recognition, Management, and Prevention: Non-Fatal Strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, 35(3), 329-335.

Evidence

- ~ **Non-fatal strangulation** was reported in 10% of abused controls, 45% of attempted homicides and 43% of homicides.
- ~ Prior non-fatal strangulation **was associated with greater than six-fold odds** (OR 6.70, 95% CI 3.91–11.49) of becoming an attempted homicide and over **seven folds odds** (OR 7.48, 95% CI 4.53–12.35) of becoming a completed homicide.
- ~ These results show non-fatal strangulation as an important risk factor for homicide of women, underscoring the **need to screen for non-fatal strangulation** when assessing abused women in emergency department settings.

Source: Glass, N., Laughon, K., Campbell, J., Block, C.R., Hanson, G., Sharps, P.W., & Taliaferro, E. (2008). Violence: Recognition, Management, and Prevention: Non-Fatal Strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine*, 35(3), 329-335.

BWH Response- Informing Practice

Strangulation cases at BWH 2009 - 2012

Case study:

35 yr old female found at home unconscious brought into ED by EMS. Workup included: rule out head injury, toxicology, infectious disease, neuro or cardiac insult

23 yr old brought to ED after a DV assault and choking episode

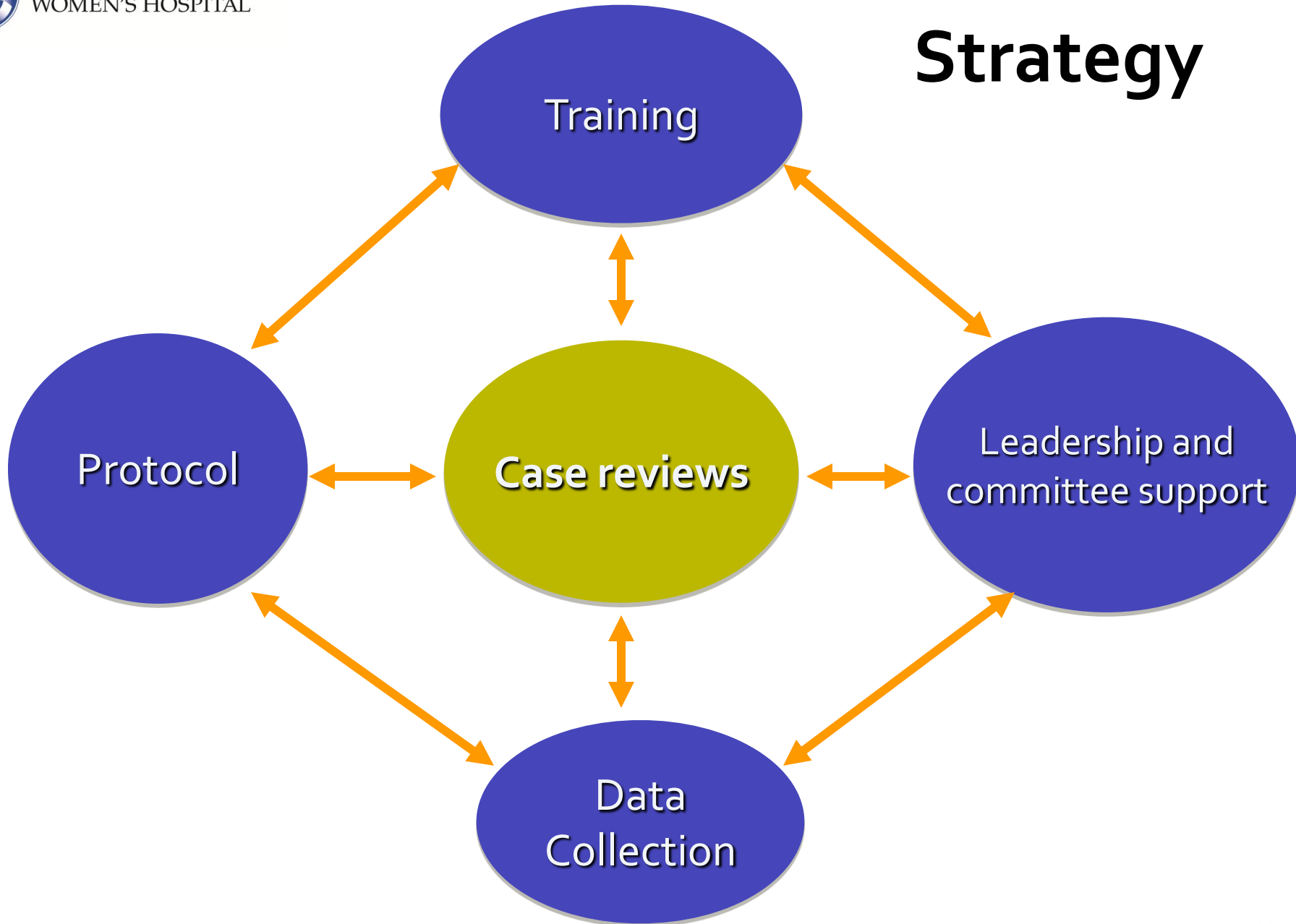
25 yr. old- pregnant- brought to OB triage with abdominal pain. (+) disclosure IPV (+) Screen for choking

~ Lessons learned

Lessons Learned

- ~ Non-fatal strangulation is a serious life threatening assault often committed within the context of domestic violence and sexual assault relationships
- ~ Many patients will not report a strangulation unless asked specifically
- ~ Providers require training r/t: identification, documentation, work-up and intervention and follow-up
- ~ Low incidence- high risk event

Strategy



Advancing Practice: Educational Opportunities

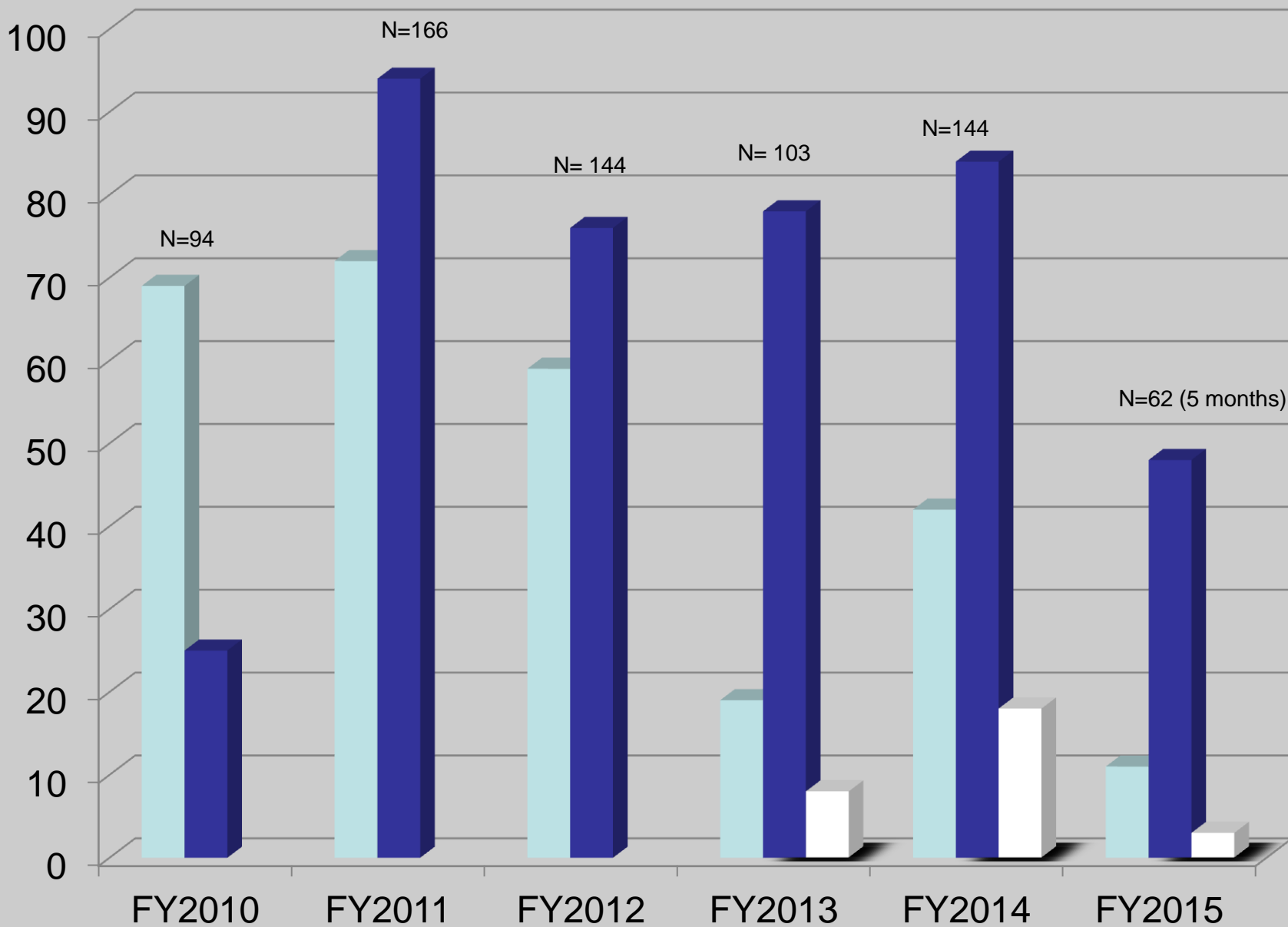
- ~ **Traditional didactic opportunities**
- ~ Yearly Program with Local and National Scholars
- ~ Credentialing (on line training) for all providers
- ~ Yearly competency – Health stream
- ~ Huddles at bedside - use to educate
- ~ Notification of high risk cases via emails
- ~ Keeping administration informed
- ~ Use survey monkey to understand areas of improvement and opportunities for improvement
- ~ Use of Patient Advisory Councils
- ~ Conduct Quality Assurance/Reviews on ALL DV/SA cases

Current

Past

Unknown

FY2009 = 14



In Summary

- DV and SA cases **must** be screened for strangulation
- If pregnant- (> 20 weeks) admit
- Written protocol and documentation of history, assessment **must** be standardized
- Safety and Risk Assessment
- Patient Autonomy
- **Opportunity- coordinating the expertise of many disciplines= BEST RESULTS**

Outcomes

- ~ Jackie Campbell training (2010)
- ~ “Choking” added to physical abuse screen (2011)
- ~ Strangulation Protocol adopted (2012)
- ~ Improved interventions – Case example
- ~ Case Huddles, Consultation
- ~ Continued work on awareness of issue and best practices for responding to cases
- ~ Improved communication amongst team members and across service lines and within community (ex. Pregnant patient)
- ~ Administration aware of high risk cases

Thank you!!

For more information contact us:

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