Protocol for Strangulation Cases:

1) Conduct a Physical Exam as usual:
   a) If you suspect ANY potential recent strangulation or if strangulation is disclosed, conduct a Strangulation Assessment using the Assessment and Documentation sheet.
   b) If there is no concern about strangulation, but there is a concern about domestic violence, contact Social Work for a full assessment and referral to the Passageway Program.1

2) Strangulation Assessment: Follow the instructions on the Assessment and Documentation form (pg 13-14 of this protocol).
   a) Assessment & Documentation
      • Complete a physical exam checking for all possible signs of strangulation. Use the Strangulation Documentation Form as a guide.
      • Fill out the Strangulation Documentation Form completely and file it in the medical record.
      • Make sure to note not only physical symptoms and injuries, but also the details of the incident as reported by patient.
      • Take photographs of any visible injuries following the protocol for photographic evidence collection.
   b) In all cases, it is MANDATORY to notify Social Work for full assessment, including risk assessment and safety planning.
   c) Educate the patient on the risks and life threatening consequences that are associated with strangulation. Review Discharge instructions with them. Give them a copy to take with them if safe to do so.

3) Follow up
   • Make plans for follow up with the patient.
   • Let patient know that they will receive a call from the Women’s GYN Clinic to schedule a follow up medical appointment.

4) Social Work Intervention
   • Conduct full psychosocial and domestic violence risk assessment. Provide safety planning, including discussing the safety of outreach from the 2 referral sources below, as well as taking a copy of the discharge instructions with them.
   • Make referral CARE Clinic (Annie Lewis O’Connor) for outreach to schedule follow up medical care at 617-732-4806, or pager #18559.
   • Make referral to Passageway for follow up advocacy services at 617-732-8753 or pager #31808.

---
1 Passageway provides on-site services to any patient who is a victim of domestic violence. Advocates are available via pager# 31808 M-F 8:30 – 5:00 for an in-person response to all DV cases.
Medical Response

Domestic Violence identified

No

Proceed with medical exam

Yes

Is recent* strangulation a possibility?
"Has your partner choked you or put hands/object around neck?"

No

Refer to Social Work for full assessment and Passageway referral.

Yes

Conduct a Strangulation Assessment

Fill out Strangulation Documentation Form and education patient about risks of strangulation and plans for follow up medical care.

Call in Social Work for full assessment, including risk assessment, safety planning and Passageway referral.

*Recent = any incident of strangulation within the last month.
Strangulation is a serious event that often occurs in the context of intimate partner violence. Many times there are **NO VISIBLE INJURIES** of the strangulation. It is important to ask about strangulation in all IPV cases, and document as indicated if positive disclosure, or if signs and symptoms are present. “Has your partner choked* you or put hands/objects against your neck?”

### Symptoms of Strangulation

The following symptoms should be documented, both in writing and photographed (if visible) for evidence collection.

Look for and ask about the following SYMPTOMS of injury, and check ALL that apply:

<table>
<thead>
<tr>
<th>RESPIRATORY</th>
<th>VOICE</th>
<th>THROAT/NECK</th>
<th>BEHAVIOR</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stridor</td>
<td>Raspy</td>
<td>Trouble swallowing</td>
<td>Mental status change</td>
<td>Dizzy</td>
</tr>
<tr>
<td>Hoarseness</td>
<td>Hoarse</td>
<td>Painful swallowing</td>
<td>Anxiety</td>
<td>Headaches</td>
</tr>
<tr>
<td>Subcutaneous emphysema</td>
<td>Coughing</td>
<td>Neck pain</td>
<td>Memory problems</td>
<td>Fainting</td>
</tr>
<tr>
<td>Respiratory distress</td>
<td>Aphasia</td>
<td>Nauseous</td>
<td></td>
<td>Urination</td>
</tr>
<tr>
<td>Hemoptyls</td>
<td>Unable to speak</td>
<td>Vomiting</td>
<td></td>
<td>Defecation</td>
</tr>
<tr>
<td>Inability to tolerate the supine position</td>
<td></td>
<td></td>
<td></td>
<td>Tinnitus</td>
</tr>
<tr>
<td>Dysphonia or aphasis</td>
<td></td>
<td></td>
<td></td>
<td>Vaginal bleeding</td>
</tr>
</tbody>
</table>

Look for VISIBLE SIGNS of injury and check ALL that apply:

<table>
<thead>
<tr>
<th>FACE</th>
<th>EYES/EYELIDS</th>
<th>NOSE</th>
<th>EARS</th>
<th>MOUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red, flushed</td>
<td>Petechiae (eyeball)</td>
<td>Bloody</td>
<td>Petechiae</td>
<td>Bruises</td>
</tr>
<tr>
<td>Petechiae</td>
<td>R or L or Both</td>
<td></td>
<td></td>
<td>Swollen tongue</td>
</tr>
<tr>
<td>Scratch marks</td>
<td>Petechiae (eyelids)</td>
<td></td>
<td>R or L or Both</td>
<td>Swollen lips</td>
</tr>
<tr>
<td></td>
<td>Subconjunctival hemorrhage</td>
<td></td>
<td></td>
<td>Cut/abrasion</td>
</tr>
<tr>
<td></td>
<td>R or L or Both</td>
<td></td>
<td>Bleeding from the ear canal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ptosis</td>
<td></td>
<td>Petechiae</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R or L or Both</td>
<td></td>
<td>R or L or Both</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNDER CHIN</th>
<th>CHEST</th>
<th>SHOULDERS</th>
<th>NECK</th>
<th>HEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redness</td>
<td>Redness</td>
<td>Redness</td>
<td>Redness</td>
<td>Petechiae on scalp</td>
</tr>
<tr>
<td>Scratch marks</td>
<td>Scratch marks</td>
<td>Scratch marks</td>
<td>Scratch marks</td>
<td>Pulled hair</td>
</tr>
<tr>
<td>Bruises</td>
<td>Bruises</td>
<td>Bruises</td>
<td>Bruises</td>
<td>Bump</td>
</tr>
<tr>
<td>Abrasions</td>
<td>Abrasions</td>
<td>Abrasions</td>
<td>Abrasions</td>
<td>Skull fracture</td>
</tr>
</tbody>
</table>

* use choked when asking patient, strangulation in professional context/documentation.
Please indicate injuries checked off above on the body maps below:

Notes: ____________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Additional Information:

How long did the strangulation occur?     _____ seconds ______ minutes

☐ Victim unable to estimate/remember length of time

Was the patient also smothered?     ☐ YES ☐ NO

Was the patient shaken during the incident?     ☐ YES ☐ NO

Was the patient’s head pounded against any object during the incident?     ☐ YES ☐ NO

Provider Signature: ________________________________________________

Date: _____________________________________________________________

Provider Name (Printed): ___________________________________________

Adapted from Taliaferro, Hawley, McClane and Strack, *Strangulation in IPV, Intimate Partner Violence, a Health-Based Perspective* (eds Mitchell, et al) 224 (2009). Adapted from SA-116 Strangulation Documentation Form, SA-110 Strangulation Assessment, Strangulation Form