Strangulation Identification

PEI Family Violence Prevention

June, 2012

Morag McLean RN
Victorian Order of Nurses
People in Crisis Program
Overview

- Family Violence Hurts Everyone...how FV impacts the health of the individual, family and community
- Definition and prevalence of strangulation in FV
- Signs and symptoms of strangulation
- How to identify a victim of strangulation
- Why it is important to identify a victim
- The impact of strangulation – Children who witness
- The benefits of having trained front line workers
VON Canada Edmonton Branch
PEOPLE IN CRISIS PROGRAM

“TRUST IS THE KEY”

- Established in 1979 when the first women’s shelter opened in Edmonton
- RN’s provide client centered primary health care
- Five first stage and one second stage women’s shelters, Elder Abuse Intervention Team, Seniors Safe House
- Inter-professional collaboration with community and government agencies.
How much do you know about Family Violence?
The Myths and Facts of Family Violence

1. All FV is physical
   ◦ FV includes various forms of abuse, violence, mistreatment and neglect, it can be:
     • Physical
     • Emotional and psychological
     • Spiritual
     • Financial
     • Sexual
     • Medication

   There is rarely only one form of abuse in a relationship
The Myths and Facts of Family Violence

2. Women are the only victims of FV
   - Women are abused in much higher numbers than men
     - Men are abused by men and women
     - Women are abused by men and women
     - Women and men are abused by adult children of both genders
     - Children are abused by men and women
     - Children are traumatized when they witness abuse
3. FV occurs only in poor, uneducated or immigrant families. Family violence is “cultural”

- FV occurs among all types of families, regardless of income, profession, region, ethnicity, educational level or race

- The rate of reported family violence in new Canadians is lower than established Canadians (Stats Canada 1999)
  - Study done in English and French and not representative of immigrant women (Canadian Council on Social Development, 2004)
The Myths and Facts of Family Violence

3 (cont.) FV occurs only in poor, uneducated or immigrant families. Family violence is “cultural”

- Barriers to accessing resources include:
  - **Language issues** [1]
    - Isolation
  - **Lack of economic support** [1]
    - Less likely to access social support than established Canadians (Hyman et al., 2006)
  - **Suspicion of state intervention** [1]
  - **Fear of discrimination and racism** [1]
  - **Loss of social support** [1]
  - **Loss of cultural community** [1]
  - **Lack of culturally appropriate services**
  - **Fear of losing sponsorship and subsequent of deportation**
    - Fear abuser will be deported [1]
  - **Fear of losing children** [1]

[1] Robin Mason, Women’s College Research Institute & University of Toronto; “What we know about IPV in the lives of immigrant women in Canada”
4. Women with disabilities are abused at the same rate as non-disabled women

- Estimated that women with disabilities are 1.5 to 10 times more likely to be abused

- Barriers include:
  - Societal attitudes towards persons with disabilities
    - Treated like children
    - Trained to be compliant and are punished for assertiveness
    - When they report are not believed
  - Dependence and enmeshment with caregiver
  - Dependence on a larger group of care providers
  - Isolation
  - Fear of institutionalization
  - Fear of loss of children
  - Lack of access to information on support services for victims of FV
  - Lack of access to communication devices for deaf
  - Lack of accessible shelters
  - Lack of accessible transportation

Public Health Agency of Canada, “Family Violence Against Women with Disabilities”
The Myths and Facts of Family Violence

5. Alcohol and drugs cause abuse

- There is a high correlation between alcohol, and drug abuse
- Abusers will use drinking and substance use as an excuse for violence
- Victims will use abusers' drinking and drug use to excuse and explain the behaviours
- Stopping the abusers' drinking will not stop the violence.
Definition of Family Violence

a systemic pattern of abusive behaviours

where the relationship is characterized by intimacy, dependency or trust

the abusive behaviours are used to gain power, control and induce fear

Community Initiative Against Family Violence, Edmonton, AB (CIAFV)
The Cycle of Violence

dvsolutions.org

**Tension Building**

Minor incidents of physical / emotional abuse. Victim feels growing tension.
Victim tries to control situation to avoid violence.
"Walking on eggshells." Victim cannot control abuser.
Longest phase.

**Denial**

Minimizing the abuse or acting as if it did not happen.
Denial keeps the cycle going.

**Honeymoon Phase**

Abuser sorry and apologetic.
Abuser makes promises.
"Hearts and flowers."
Idealized and romantic.
This phase often disappears with time.

**Explosion**

The actual abuse: physical, sexual, emotional, verbal, financial, ...

Morag McLean RN
Impact of Abuse on the Community

- Increased poverty for victims
  - Access to affordable acceptable housing
  - Poor nutrition
    *Pre-term births   *Failure to thrive

- Decreased work place/school productivity and safety for victim and their co-workers
  - Poor performance and achievement. Lost work days
  - Safety issues for co-workers

- Increased economic burden on the community
  - Social agencies and programming
    *Income support   *Children and Family Services
    *Addictions support   *Counselling services
  - Hospital and Emergency Room visits and admissions
    *Addictions   *Injuries   *Miscarriages   *Chronic disease
Societal Normalization/Desensitization

What do you see?
Types of Abuse
Emotional or Psychological Abuse

- Yelling, screaming, name calling, insults, threats, humiliation, or criticism, excessive jealousy or suspiciousness, threatening or harassing, isolation, depriving of love

- Stalking, destruction of property
- Has a high likelihood of escalation to physical abuse
- The effects of emotional abuse may be worse than the consequences of physical abuse

Stalking and wilful destruction of another persons property are against the law
Sexual Abuse

- Sexual assault (rape), unwanted sexual touching, sexual harassment, marital rape
- Human trafficking, sexual exploitation, or forcing someone to participate in unwanted, unsafe, degrading, or offensive sexual activity
- Controlling a woman’s reproductive choices
- Female genital mutilation

Sexual assault and sexual exploitation are against the law
Economic or Financial Abuse

Control of:
- achieving or maintaining financial independence working (or not)
- occupational choices
- access to financial resources
- depleting financial resources

Failing to provide the necessities of life to a spouse or dependent is against the law
Spiritual Abuse

- Control of participation in spiritual or religious practices
- Isolation from community of belief
- Ridicule of belief
- Use of spiritual belief and religious text to justify control
- Co-Abuse – by other wives or in-laws
- Threats to share “damning” information
A Relationship is Abusive if a Person:

- Feels like they are always “walking on eggshells”
- Dominates and controls the other
- Keeps the other from seeing family and friends
- Uses name-calling or putdowns
- Damages the other’s property
- Shows extreme jealousy or possessiveness
- Pushes, hits or physically restrains the other
- Forces sexual touching or sex
Who is at Risk of Being Abused?

• Anyone of us may experience abuse during our lifetime

• Increased risk
  – Female
  – Age (18 -24) [higher risk of being killed]
  – Age (65 or older)
  – Disabled
  – Aboriginal
  – Victimized as a child
  – Exposed to maternal violence
  – Pregnant
What do you Know About Strangulation? - Quiz
Strangled or Choked?

- Choked and strangled are used synonymously
- Physiological differences
- Legal importance in using “strangled”
STRANGULATION ....

Is a high risk and potentially lethal event
“Unconscious within seconds
Death within minutes…. It’s not a slap on the face”

“For some, choking was just another form of physical violence, like pushing... it was normal to be choked”

McClane & Strack
Strangulation...

Hanging

Manual (Throttling)
  one hand
  two hands
  knee or foot

Ligature (Garroting)

Chokehold (Sleeper hold, carotid restraint) forearm
Strangulation…. 

Danger Assessment survey 509 respondents entering nine Alberta women’s shelters

- When asked over 55% disclosed they had been “choked”

- 60% reported they believed the perpetrator was capable of killing them

- If they tell you they thought they would die, believe them

Dr. Jacquelyn Campbell, Danger Assessment
Strangulation…

Survey results of women who have been strangled while in an abusive relationship.

- 62 respondents in three California women’s shelters
- 93% lived in the same house as the abuser
- 78% strangled in their home
- 70% believed they would die
- 68% concurrent forms of abuse (verbal/physical)
- *13% strangled AFTER EPO was granted
- *9% abuser was friend, stranger, mother, grandmother

Wilbur, L. et al
Strangulation...

- May cause a variety of serious medical conditions with symptoms lasting for weeks after the event [1]
- Greater risk associated with multiple events [1]
- Relatively prevalent form of family violence [2]
- Significant predictor for risk of future lethal violence [2]

Strangulation ……

- 99% of perpetrators are male [1]
- 90% of cases have a history of DV [1]
- In 70-80% of DV cases the victim will recant [2]
- 50% of cases have children as witnesses [1]
- 10% of violent deaths in US are due to strangulation (with six female victims to every male victim)
- 3% will seek voluntary medical attention [1]

[2]Jacquelyn Campbell PhD, RN, John Hopkins School of Nursing
Strangulation…

Is misunderstood

Many front line workers, health care professionals, and police believe they know all the signs and symptoms of strangulation

unfortunately they don’t!
Strangulation is Misunderstood…

“BRENDA”

- Police and EMS respond to “domestic”
- Brenda assaulted with frying pan and broom handle
- ER treated by physician and discharged
- Shelter nursing assessment
- Returned to ER for reassessment
- Police, EMS and physician missed the strangulation
The blood supply to and from the brain is crucial for brain function. The nerve supply to the head and neck controls functions such as: swallowing, speaking, breathing, blood pressure, heart rate, and bowel function.
The Physics of Strangulation...

Quality of applied force + Duration of applied force + Surface area of applied force + Anatomy = Death in 4-5 minutes

“...although mechanical airway compromise occurs and ultimately compromises patient management, it (airway compromise) appears to play a minimal role in death ...of successful strangulations.

William Ernoehazy Jr., W.
**Strangulation . . . . . it's easy!**

- 11lbs of pressure occludes the blood vessels
  - 10 seconds LOC
- 20lbs of pressure opens a can of coke
- 33lbs of pressure occludes the trachea

McClane G. E.
Strangulation....the Stream of Consciousness

- **Disbelief** – can’t believe the air/blood supply is being cut off

  **Realization**

- **Primal** – fight with whatever means needed to get air/blood (sometimes defence wounds or attacker is wounded)

- **Resignation** – gives up, feel they can do nothing, believe they will die (think of children etc.)

  McClane G. E.
Strangulation....
the reported sequence of events

- Extreme shortness of breath
- (Severe pain)
- Intense fear
- Sensation of “stars”, things “going black”, “fading”
- Loss of consciousness
- Involuntary bowel and bladder

(Brain death)
Identifying Victims of Strangulation - the signs of strangulation
Do You Know All the Signs and Symptoms of Strangulation? - Quiz
The Signs of Strangulation

Pronounced petechiae in the whites of the eyes and on the cheeks/face.
The Signs of Strangulation
The Signs of Strangulation
The Signs of Strangulation....

Strangulation study of 300 survivors conducted over five years in San Diego CA

- 62% had NO visible injuries
- 22% had injuries too minor to photograph
- 20% reported pain only
- 16% had significant visible injuries

Strack & McClane
The Signs and Symptoms of Strangulation

- Voice changes (50%) (hoarse, raspy, loss of voice)
- Breathing changes (hyperventilation, gasping, panting)
- Coughing
- Sore throat
- Difficulty swallowing
- Throat, neck, shoulder pain
- Involuntary bowel and bladder

Symptoms most commonly reported during admission assessment
The Signs and Symptoms of Strangulation (cont.)

- Bruising/thumb prints (may not be evident for hours or days after)
- Red linear marks
- Petechiae
- Scrapes, scratches, claw marks (defence wounds)
- Restlessness, agitation, combativeness may lead to psychosis and amnesia
- Neurological anomalies
- Ringing in the ears
- Nausea and vomiting
- Miscarriage
Why is it important to identify a victim?

- **Delayed Death:**
  - caused by delayed airway obstruction leading to breathing difficulties and respiratory arrest
  - Upper airway swelling, vocal cord immobility
  - Fracture of the hyoid bone
  - Scarring of tissue of the neck
  - Tracheal (windpipe) stenosis (narrowing)
Why is it important to identify a victim?

- Miscarriage
- Neurological symptoms
  - Muscle spasms
  - Seizures
  - Paralysis
- Obstruction or spasm of the vessels of the brain and neck
  - Stroke
  - Brain damage
Why is it important to identify a victim?

- Emotional/psychological impact:
  - Overwhelming despair - Suicidal Ideation
  - Psychosis
  - Amnesia
  - Progressive dementia
  - Agitation, aggression, hyperarousal
  - Night terrors
  - PTSD

“Nearly all patients who have undergone strangulation....demonstrate restlessness and a propensity for violence”

William Ernoehazy Jr.
STRANGULATION....

Has been/is Misunderstood and MINIMIZED by:

Perpetrators
The Judicial system
Health care professionals
Victims
The Police
Pop Culture and Media

Morag McLean RN
Strangulation is Minimized by Police

“Carol”

- History of multiple assaults and strangulations

- Well known to local law enforcement

- During most recent assault strangled to LOC
  - Significant symptoms including extreme difficulty breathing witnessed by attending police

- Police tell her they will not be pressing charges due to the nature of partners injuries

- Admitted to shelter with ongoing symptoms of concern

- Reports she cannot lie down in bed as her breathing is compromised

- Does not make a report to police due to concern of reciprocal charges
Strangulation Minimized by Health Care Providers

“Gena”

- Reports strangled and nearly drowned by partner
- Significant symptoms on admission to shelter
- Attends medical clinic with nursing assessment sheet, physician referral letter and strangulation information sheet
- Is made to wait alone in assessment room for an hour without being seen by physician
- Assessed for shoulder and neck pain and treated with pain killers. **She was not assessed for strangulation**
Strangulation is Minimized by the Victim

“Lisa”

- Reports multiple strangulations by husband
  - “only strangled during sex”
- LOC - husband initiates CPR. Children witness
- Day 1 in shelter: disclosure
  - Symptoms: shortness of breath, voice changes, difficulty swallowing, neck pain, extreme pain on gentle palpation of neck, nightmares/flashbacks
- Day 2 in shelter: minimizing event, declines nurse
- Day 5 returns to husband
What the survivors are reporting on admission to shelters
What the Survivors are Reporting

**Strangulation is:**
- Used during episodes of rage and during assault and used with the intent to kill
- Used without rage as a form of control
- Used to intimidate and cause fear…..“get respect”
- Considered to be the same as being punched or slapped
- Considered to be “normal”
- Used for the **perpetrators** heightened sexual arousal – mistaken for breath play
- A recurring event in some relationships – abusers “learn” the signs of imminent loss of consciousness
Strangulation for “Pleasure”

- Breath control play
- Autoerotic or sexual asphyxia
- Strangulation
- Hypoxophilia
- Suffocation

- Usually a solitary act
- More dangerous than practitioners believe
  - Estimated deaths one per million per year in USA
- No safe way to practice this – risk of brain damage and death
- Belief it is easy to recognize the imminent “visible signs” of LOC
- Death more prevalent in men than women
- Should be consensual
- Inform practitioners of the dangers
  - “hypoxia not only stops the motor but it wrecks the engine”

Wiseman, J. GreeneryPress.com 1997
Don’t Forget the Children
Lisa 911 Call
Review of the Lisa Call

What did you picture was happening?
Who was involved in the fight?
What happened to the mom?
What happened to the baby brother and little sister?
What happened to Lisa?

How will this impact everybody the next day...and the day after that?
“Witness”

Verb:

1. to see, hear, or know by personal presence and perception

2. to be present at (an occurrence) as a formal witness, spectator, bystander

www.dictionary.com
Children who Witness

- Have a script to follow
- Feel they are to blame
- Hyper vigilant - worry about their parents/siblings
- Often anxious and depressed
- Often angry and shameful
- Are fearful

“Brain scans show that living in an abusive, angry environment affects children’s brain development. They use much of their brain to watch for danger. Less of their brain is available for healthy growth and development.”

www.familyviolence.gov.ab.ca
Dr. Bruce Perry, (2005) *Family Violence it’s your business. Community resource guide* (pp. 9-10)
Children who Witness

- **Negative Impact: emotional and psychological development**
  - Difficulty bonding and forming healthy relationships
    
  [www.familyviolence.gov.ab.ca](http://www.familyviolence.gov.ab.ca)

- **Negative Impact: emotional and physical health risks**
  
  Injury or death, chronic pain disorders, chronic illness, behaviour disorders and developmental delays, self neglect, fear, addictions, teen pregnancies, anxiety and depression
Children who Witness

Negative Impact: use different ways to cope

- Aggression
  - Defiance, impulsivity, angry, bossy or pushy, bully or hurt others

- Withdrawal
  - Fantasy world, depression, detachment from others, passive or overly obedient, numb and disconnected

“Simon” - 3 year old

- Banned from two day care facilities
- Anger issues with psychiatric intervention
- Set mattress on fire
- Stabbed dog

www.familyviolence.gov.ab.ca
Children who Witness

- 15 year old boy helps dad strangle step-mom
- 16 month old boy mimics dad strangling mom
- 18 year old girl accesses shelter fleeing mom
- 6 year old girl mimics mom “choking”
2008 Review and Assessment of shelter admission process revealed:

- Victims rarely self disclose
- Victims were often not identified
- Inconsistencies in the knowledge and experience of front line workers
- No recommendations for support and follow up if victims did disclose
- High incidence of minimization by the victim
- No information in plain non-medical terms
  - Most literature is for post mortem examination or ER assessment and treatment
- Advocacy needed for victim seeking medical attention
- Negative impact on physical but also psychological and emotional health of the victim
- Most victims will decline medical care

Morag McLean RN
Saving a life is simple...

“Ask the Question”

(have you been strangled/choked?)
Asking the Question

- Ask the question in a variety of ways
  - Does he/she put his/her hands around your throat?
  - Does he/she squeeze your throat?
  - Does he “choke” you during sex?
  - Does he/she put a hand on your throat to intimidate?
  - Does he/she control or silence you by holding you by your throat?
  - Does he/she push you against the wall/floor when he/she has a hand/arm on your throat?

- Assessment:
- Ask the Five Questions
- Non judgmental
- Assess for symptoms
- Inform of lethality
- Inform of warning signs and when to access care
“Five Strangulation Questions®”

1. Are you having difficulty breathing or swallowing? Did you have difficulty breathing?

2. Do you have a cough or changes in your voice?

3. Did you lose consciousness or nearly lose consciousness?

4. Did you lose control of your bowel or bladder?

5. Did you think you were going to die?
Asking the “Five Strangulation Questions”

What if the victim was strangled a year ago or many years ago?
Nursing Assessment Sheets

Asking the Question
Body Maps are court approved documents that contain objective and subjective information.

The “map” includes nurse witnessed physical injuries and client reported pain.

The client is encouraged to provide an account of how the injuries were sustained.
Nurse Strangulation Body Map and Assessment Sheet II
The nurse assessment sheet is a record of the objective and subjective issues which are witnessed by the nurse or reported by the client.

Information on previous strangulations and dates is included.

Pre-existing health concerns are also documented to help establish if reported injuries are related to this most recent event.
The client is given a copy of all body maps and nursing assessment sheets.

These documents have been used by the client when pressing criminal charges, in child custody related issues, for doctor’s visits, and when applying for income support.

Some clients keep a copy as a reminder of what the abuser is capable of doing.

MANY VICTIMS WILL HAVE NO OBVIOUS SIGNS OF INJURY FOR DAYS OR WEEKS, AFTER THE EVENT. CLIENTS SHOULD BE ADVISED THAT IF SYMPTOMS APPEAR OR GET WORSE THEY SHOULD ACCESS URGENT MEDICAL ASSESSMENT OR CALL 911.

SYMPTOMS OF CONCERN INCLUDE:
- Difficulty breathing
- Neck or throat pain
- Difficulty swallowing
- Nausea or vomiting
- Vision changes
- Right or left sided weakness or facial droop
- Cognitive changes

A copy of the assessment sheet, the body map and narrative notes should be given to the client.

Revised September 2011 Morag McLean RN
Advocating and Referring Victims

Write a letter to the family doctor, ER, or medical clinic.
To Whom it May Concern:

Re: Jane DOE
DOB: May 13th 1990

Jane reports that she was assaulted and strangled on (Date), at that time she experienced (e.g. extreme difficulty breathing, vomiting, loss of consciousness, loss of bladder control).

Today Jane reports she is experiencing (e.g. pain and difficulty when swallowing, a raspy/hoarse voice, cognitive changes including memory loss, and nightmares).

Thank you for seeing Jane. If you have any questions please do not hesitate to contact me.

Sincerely,

Name,
Position/Designation,
Agency

Attach a copy of the brochure Strangulation Identification for Victims
What the survivors are reporting on admission to shelters
What the Survivors Admitted to Shelter Reported in 2009

March – November 2009

38 nursing strangulations assessments were completed in four short stay shelters

- 78% believed they would die
- 62% LOC or near LOC
- 54% cough or difficulty talking/swallowing/speaking
- 26% cognitive changes
- 21% pregnant
- 18% involuntary bowel and bladder at event
- 35% minimized
- 3% attended medical clinic for assessment

The initial intent of the protocol was to provide identification, assessment, support and appropriate medical referral for as many victims of strangulation as possible.
What the Survivors Admitted to Shelter Reported in 2011

April 30 2011 – December 2011
75 nursing interventions, conducted in four short stay shelters and one second stage shelter in Edmonton, Alberta, Canada

- 80% were strangled multiple times
- 62% minimized the event
- 68% believed they were going to die
- 50% identified as being Aboriginal
- 37% cognitive changes, night terrors
- 18% reported long term symptoms of concern
- 9% the abuser was a family member
- 9% children were in the room and helped “save” mom

Morag McLean RN
Why do Survivors Minimize and Fail to Report?
“Amanda”

- Victim of multiple strangulations both manual and ligature (panties)

At the scene:
  - reported to be cognitively impaired, police did not believe her, did not collect evidence (panties)

At the scene:
  - difficulty breathing, involuntary bowel and bladder, expectation of death and thoughts of her children being orphaned, LOC

On admission to shelter:
  - Amanda shocked to discover the seriousness of strangulation
  - Strangulation Assessment completed. No visible “signs” present
  - Reports: sore throat, difficulty swallowing, cough, voice changes, significant cognitive impairment

- Provided with a Physician letter, and Nursing Assessment sheet for evidentiary and medical purposes
  - She did not attend clinic
“Amanda”

Over the course of the next four months:
- Amanda returned to partner twice
- was admitted to shelters with the help of police twice
- required two more strangulation assessments by VON nurses

On third admission to shelter:
- Amanda attended a medical clinic
- **Amanda was not identified as a strangulation victim and was treated for facial injuries secondary to the assault**

On discharge:
- **Amanda continued to show signs of significant cognitive impairment**
Changing or Leaving is a Process, Not an Event... it takes time and a lot of effort

- Pre-contemplation (committed to the relationship)
- Contemplation (committed but questioning)
- Preparation (considering change)
- Action (breaking away)
- Maintenance (establishes a new life)

The Stages of Change model and
The Domestic Violence Survivor Assessment (DVSA) Dr. J Dienemann in consultation with Dr. J Campbell
Why do Survivors Minimize and Fail to Report?

They have children

- They stay believing that children are better off having their abusive father in their lives
  - Most children suffer permanent damage from viewing violence
  - Victims underestimate the children's exposure to violence
  - 71% of children living in violent homes reported witness to abuse

Spouse Abuse assessing and treating battered women, batterers, & their children. (Second Edition)
Haraway M., Marsali H.
Why do Survivors Minimize and Fail to Report?

- Don’t understand the danger
- Protection and love of partner
- Embarrassment and shame
- Self blame “I allowed this to happen to me”
- Have more pressing issues to deal with (safety, income support, shelter, food, clothes, school registration.........)
- Personal history of trauma or neglect
  - changes brain architecture
  - changes the response to everyday events
  - always in fight or flight mode (survival)

“it’s like always having your foot on the brake and the gas pedal at the same time, even when you are stopped at a red light”
- Jacqui Linder, M.A, C.T.T Clinical Traumatologist
Why do Survivors Minimize and Fail to Report?

• Fear
  ◦ Fear of the perpetrators violence
  ◦ The risk [implicit] of being killed when leaving
  ◦ Belief that pressing charges will be of no value to them

75% of spousal homicides occur just before or just after the victim leaves

DAWN Domestic Abuse Awareness Network http://www.dawnonline.org/aboutus.htm The War on Women – Brian Yalée
Why do Survivors Minimize and Fail to Report?.. the judicial system requires patience

“Amy” 13 years of physical and emotional abuse by husband

April 14, 2009: Strangled manually from behind during an assault
  • LOC, involuntary bowel and bladder, extreme difficulty breathing. Police respond to 911 from witnesses

March 2010: At trial
  • Husband pleads “Not Guilty” on three counts including: (246[a]) 246. Overcoming resistance to commission of offence.

July 2010: Continuation of trial
  • Police and nursing evidence including body maps
  • Judge defers sentencing to review nurses evidence and body map

August 2010: Review of testimony nurses notes and body map
  • Judge finds the husband guilty on all three counts.
  • Sentencing scheduled for September

September 2010: Sentencing deferred
  • Sentencing deferred to November 16th due to a scheduling conflict

November 2010: Amy recants, follow up investigation

May 28, 2011 – Final Sentencing
  • 6 months jail and 18 months probation
Strangulation Assessment Process

- History of abuse; with or without injury or assault
- Ask the Question
- Ask the Five Strangulation Questions
- Assess for symptoms of concern
- Inform the victim of the lethality of strangulation
- Inform the victim what to do if symptoms change or get worse
- Refer where appropriate
When to refer

- Difficulty or changes in breathing
- Increased throat or neck pain
- Difficulty swallowing
- Change in level of consciousness
- Nausea and vomiting
- Vision changes
- Difficulty speaking
- Left or right sided weakness
- Psychological changes/suicidal thoughts
Scenarios
When Victims Decline Access to Medical Care or Don’t Press Charges... have we failed?

Caring,
Believing,
Informing,
Empowering....planting seeds
When Victims Decline Access to Medical Care or Don’t Press Charges Have We Failed?

“Mary”

- **September 2009:** admitted to shelter following assault and strangulation
  - Protocol reviewed by shelter staff and VON nurse
  - Nursing assessment completed
  - Access to medical care offered and declined
  - Charges not pressed

- **April 2010:** re-admitted to shelter following assault and strangulation
  - Reports she left most recent relationship the first time she was strangled
What Can I Do?

- Screen for strangulation... **Ask the Question**
  - The question should be hanging in the back of every front line workers mind

- Start using the “Five Strangulation Questions” in your agency

- Treat all reported strangulations seriously

- Inform the victim of the lethality of strangulation

- Document observations, and reported signs and symptoms at the time of the event and now
Reported Benefit of Using Protocol Tools

- Increased knowledge and understanding
- Change to interviewing technique both face to face and by phone
- More likely to ask question with tools to refer and support
- Identifying more victims
- Client benefits from being informed
**Asking the Question .... Saving a Life**

- Client arrives in shelter, staff observe client is having difficulty breathing

- Staff ask the question (have you been choked?)
  - Client states yes

- Staff call 911

- Client condition continues to deteriorate and she is taken to hospital via ambulance

- Later, police return to shelter to gather additional information as it is believed the client may die. Client has been intubated and is being ventilated

- Client survives and returns to shelter for support
What We Have Learned

- Victims need to be asked The Question (have you been strangled/choked)

- Every victim of any type of abuse should be asked The Question

- Strangulation occurs in relationships other than intimate partner

- Strangulation is intergenerational

- Victims benefit from being informed
Remember...
Abusers don’t need to find a loaded gun or a knife........

Strangulation is a commonly used weapon of abuse... and has potentially catastrophic outcomes
“You must be the change you wish to see in the world”

Gandhi
Questions
Thanks to

VON Canada

VON Edmonton, People in Crisis Team Nurses

Crisis Advocates at Lurana and A Safe Place Shelters

Dr. George E. McClane

and

The victims who bravely reported and shared their stories
Acknowledgments

- Alberta Council of Women’s Shelters
- DAWN Domestic Abuse Awareness Network http://www.dawnonline.org/aboutus.htm
- Dr. Bruce Perry, (2005) *Family Violence it’s your business. Community resource guide*
- Jacquelyn Campbell RN, PhD, John Hopkins School of Nursing
- Lurana Shelter and A Safe Place Shelter
- Victorian Order of Nurses People in Crisis Program
- www.familyviolence.gov.ab.ca