

NON-FATAL STRANGULATION (NFS) TOOLKIT FOR PROFESSIONALS

“Nonfatal Strangulation might well be the equivalent of water boarding, widely considered as torture. Both leave few marks, both can result in loss of consciousness, both are used to assert dominance and authority over the life of the other, both create intended fear and potentially result in death and both can be used repeatedly, often with impunity”

NFS, A Human Rights Issue, Sorrenson, Joshi and Sivitz 2014

The diagram below depicts potential visible physical injuries because of a strangulation incident. Logging injuries is a key part of supporting victims and can form useful evidence. It is also important to note that not all strangulation incidents result in visible injuries. It is equally important to log these incidents.

SIGNS AND SYMPTOMS OF STRANGULATION v.1.4.19

Based on: Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence, Oxford University Press, Inc. 2009

NEUROLOGICAL

- Loss of Memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

FACE

- Petechiae (tiny red spots slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks

Original artwork and graphics by Yessica Aceves

strangulationtraininginstitute.com

50% of *non-fatal* strangulation victims have no visible injuries.

20% of *fatal* strangulation victims had no visible injuries.

Medical attention is essential whether or not there are visible injuries

NFS is linked to Brain Injury

NFS is still a crime whether or not there are visible injuries.

Addressing NFS is important because it significantly increases the risk of being killed; homicide reviews show victims of NFS are 7 times more likely to be killed.

Safeguarding intervention at presentation is crucial.

From the year ending March 2011 to March 2021, there were 342 homicides caused by strangulation and 320 caused by suffocation, asphyxiation and smothering.

Domestic Abuse Act 2021:
A person commits an offence of **non-fatal strangulation** if they intentionally strangle another person.

An offence of non-fatal suffocation is where a person does any other activity that affects someone's ability to breathe and constitutes battery.

Useful information when supporting someone who has experienced non-fatal strangulation or suffocation

- Be professionally curious when discussing strangulation and/or attempted suffocation. Remember that only 50% of incidents result in visible injuries.
- Think Language: Keep in mind that the term "strangulation" might not resonate with the victim, so consider your choice of words carefully. Explore other ways to describe strangulation such as "pressure on the neck".
- Log any injuries – use a body map.
- Encourage reporting to the police.
- Medical attention is vital. Support the victims to seek medical advice whether there are visible injuries or not.
- Give information - link them to the leaflet for victims (see below)
- Risk assess and refer to MARAC regardless of score on the DASH.
- Safety plan and safeguard, considering risks to any dependent children.

Things to keep in mind:

- A small amount of pressure can cause restriction to the oxygen supply to the brain which can lead to long term health risks (see below) as well as immediate health risks.
- Victims regularly report believing they were going to die. This can lead to them fighting for their life and may result in visible injuries to the assailant. And potentially no visible injuries for the victims. This can lead to counter allegations from the assailant.

PSI = Pounds per Square Inch

Opening Can requires 20 PSI

A Handshake requires 40-80 PSI



It takes less pressure than a handshake to:

Block the jugular vein: ONLY 4 PSI

Block Carotid Arteries: ONLY 11 PSI

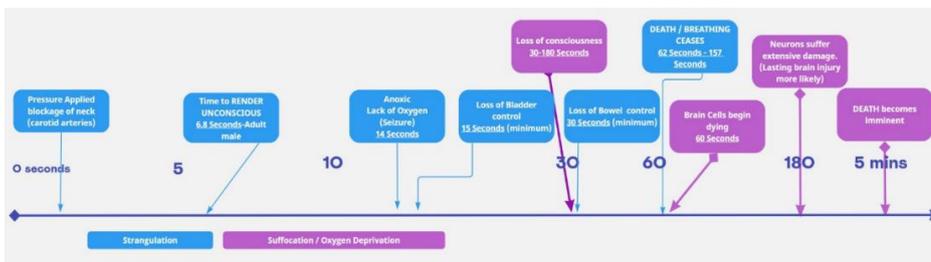
Block the Trachea: ONLY 34 PSI

20,000 victims in the UK experience strangulation each year.

Of all strangulation homicide victims 3 in 4 were female 1 in 4 were male

80% of all strangulation homicides took place in a house or dwelling such as a flat

Strangulation & Suffocation Timeline



Some of the long-term effects:

- Increased risk of brain injury
- Increased risk of stroke
- Cognitive difficulties: decreased ability to concentrate, pay attention and solve problems
- Communication difficulties
- Difficulty with executive functioning, such as making decisions, considering long-term consequences, taking initiative, feeling motivated, starting and finishing actions and impulsiveness.

Websites links:

Institute for Non fatal Strangulation website: <https://ifas.org.uk/>
Link to local support and MARAC referrals www.cambsdasv.org.uk

Useful Documents links:

Guidance leaflet for professionals:

[Non-fatal-strangulation-in-physical-and-sexual-assault-Dr-C-White-Jan-2023.pdf](#)

[\(ifas.org.uk\)](#) Leaflet for victims of NFS [IFAS 01 - Patient Information v2.indd](#)

With thanks to Bedfordshire Domestic Abuse Partnership