



RESOLUTION: 49(20)

SUBMITTED BY: Forensic Medicine Section
William Green, MD, FACEP
Sally Henin, MD, FACEP
Ralph Riviello, MD, FACEP
Heather Rozzi, MD, FACEP
William Smock, MD
Michael L. Weaver, MD, FACEP

SUBJECT: Strangulation Policy Statement and Educational Resources

PURPOSE: 1) Create a policy statement acknowledging the seriousness of strangulation in intimate partner and sexual violence and denouncing the use of choke hold/carotid restraint by law enforcement. 2) Work with specialty and stakeholder organizations to develop an information paper on the emergency department evaluation, treatment, and management of strangulation and available resources.

FISCAL IMPACT: Budgeted committee and staff resources.

- 1 WHEREAS, Intimate partner violence (IPV) and sexual assault (SA) are serious public health problems; and
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- 3 WHEREAS, Many IPV and SA victims seek treatment in the emergency department; and
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- 5 WHEREAS, Non-fatal strangulation is a form of asphyxia characterized by external pressure on the neck
- 6 closing the blood vessels or airway; and
- 7
- 8 WHEREAS, Studies indicate that 23 to 68% of female IPV victims and up to 25% of SA victims will
- 9 experience strangulation; and
- 10
- 11 WHEREAS, Strangulation is an indicator of the escalation of violence and associated with increased risk of
- 12 serious injury and even death in cases of IPV; and
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- 14 WHEREAS, Strangulation has been identified as one of the most lethal forms of IPV and SA; and is used to
- 15 exert power over a victim by taking from them control of their own body; and
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- 17 WHEREAS, When strangled, unconsciousness and anoxic brain injury may occur within seconds and death
- 18 within minutes; and
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- 20 WHEREAS, Oftentimes, even in fatal cases, there is no external evidence of injury from strangulation, yet
- 21 because of underlying brain damage due to hypoxia or vascular injuries during the strangulation assault, victims may
- 22 have serious internal injuries or consequences, including death, even days, or weeks later; and
- 23
- 24 WHEREAS, There has been increased awareness of the use of chokeholds/carotid restraint by law
- 25 enforcement as a potentially dangerous and truly represents lethal force; and in addition, there are several reports of
- 26 serious injury, including embolic strokes, to individuals when training on these techniques by performing them on
- 27 each other; and
- 28
- 29 WHEREAS, Many emergency medicine providers lack specialized training and knowledge to identify the
- 30 signs and symptoms of strangulation, they mistakenly focus only on the presence of visible or airway injuries when
- 31 imaging should have also been considered to rule out internal injury, and this lack of training has led to the

32 minimization of this type of violence, exposing victims to potential serious, short- and long-term health consequences,
33 permanent brain damage, and increased likelihood of death; and

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35 WHEREAS, There are no specific guidelines or recommendations regarding the emergency department
36 management of the non-fatal strangulation victim, including history taking, physical examination, radiographic
37 imaging, treatment, disposition, and documentation; therefore be it

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39 RESOLVED, That ACEP create a policy statement acknowledging the seriousness of strangulation in
40 intimate partner and sexual violence and denouncing the use of choke hold/carotid restraint by law enforcement; and
41 be it further

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43 RESOLVED, That ACEP work with the Emergency Nurses Association, International Association of
44 Forensic Nurses, Training Institute on Strangulation Prevention, and other related organizations and stakeholders to
45 create an information paper on the emergency department evaluation, treatment, and management of strangulation and
46 available resources.

Background

This resolution requests that ACEP create a policy statement acknowledging the seriousness of strangulation in intimate partner and sexual violence and denouncing the use of choke hold/carotid restraint by law enforcement, and that ACEP work with specialty and stakeholder organizations to develop an information paper on the emergency department evaluation, treatment, and management of strangulation and available resources.

The “[2019 Model of the Clinical Practice of Emergency Medicine](#),” developed by seven emergency medicine organizations, lists core patient conditions that present to emergency departments. In Item 18.1.9.4 Neck trauma, strangulation is listed as a disorder for which patient acuity could be critical, emergent, or lower acuity. Patient acuity level is fundamental to determining the priority and sequence of tasks to manage the patient.

Clinical signs and symptoms of non-fatal strangulation vary from patient to patient and may not appear for 24 to 36 hours, while the absence of external neck injuries does not exclude strangulation, all of which can make it difficult to identify this injury.

As an adjunct to the ACEP policy statement, “[Management of the Patient with the Complaint of Sexual Assault](#),” ACEP’s Forensic Medicine Section prepared the ebook, “[Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient](#)” that is available on the ACEP Web site. Chapter 16 of the ebook is titled “Strangulation.” This chapter addresses the challenges, physiology, mechanisms, definitions, pathophysiology, clinical symptoms and caveats, clinical findings, clinical evaluation, management, and documentation related to strangulation. There are also examples of a documentation chart for non-fatal strangulation cases, medical release form and questions to ask the victim.

The International Association of Forensic Nurses has developed a position statement on non-fatal strangulation and a [documentation toolkit](#), both available online on their website. The Emergency Nurses Association has a Topic Brief, “[An Overview of Strangulation Injuries and Nursing Implications](#),” available on their website.

The Training Institute on Strangulation Prevention has various resources (e.g., brochures, training DVD, webinars) on the topic, available at no charge on their Web site: <https://www.strangulationtraininginstitute.com>. The goals of the Institute are to: enhance the knowledge and understanding of professionals working with victims of domestic violence and sexual assault who are strangled; improve policy and practice among the legal, medical, and advocacy communities; maximize capacity and expertise; increase offender accountability; and ultimately enhance victim safety.

The 2017 Council referred Resolution 48(17) Non-Fatal Strangulation to the Board of Directors. The resolution

directed ACEP to work with other organizations to develop educational resources and programs related to the evaluation and management of non-fatal strangulation, and for ACEP to develop a policy statement on the seriousness of non-fatal strangulation and a clinical practice guideline for the evaluation and treatment of non-fatal strangulation in the emergency department. The Board assigned the referred resolution to the Clinical Policies Committee with the directive to review and provide a recommendation regarding further action. Members of the Clinical Policies Committee performed a literature search and reviewed the resources and materials available on the topic. The committee concluded there was not enough evidence to develop a clinical policy, that a policy statement was not the ideal means of disseminating educational content, and that there were multiple sources of educational content available on non-fatal strangulation. In September 2018, the Clinical Policies Committee recommended to the Board of Directors that a clinical policy or policy statement on non-fatal strangulation not be developed but that existing educational materials on the topic be further disseminated. It was suggested that the Forensic Medicine Section provide links to additional resources on their ACEP microsite and submit a course proposal for an ACEP meeting on this topic.

It is not known at this time whether additional research on this topic has been published without performing another literature search.

ACEP Strategic Plan Reference

Goal 2 – Enhance Membership Value and Member Engagement

Objective C – Provide robust communications and educational offerings, including novel delivery methods.

Fiscal Impact

Budgeted committee/task force and staff resources.

Prior Council Action

Resolution 48(17) Non-Fatal Strangulation was referred to the Board. This resolution directed ACEP to work with other organizations to develop educational resources and programs related to evaluation and management of non-fatal strangulation, develop a policy statement on its seriousness, and develop a clinical practice guideline.

Prior Board Action

September 2018, adopted the recommendation of the Clinical Policies Committee to take no further action on Referred Resolution 48(17) Non-Fatal Strangulation.

Background Information Prepared by: Travis Schulz, MLS, AHIP
Clinical Practice Manager

Reviewed by: Gary Katz, MD, MBA, FACEP, Speaker
Kelly Gray-Eurom, MD, MMM, FACEP, Vice Speaker
Susan Sedory, MA, CAE, Council Secretary and Executive Director