



Police Management of Strangulation Pocket Guide

Offence Details

- Context of strangulation (during sex/ sexual violence/ physical assault/ domestic abuse)
- Method of strangulation (with hands (manual)/ ligature/ chokehold/ headlock)
- Number of incidents of strangulation related to this report
- Length of strangulation(s) (if known)
- Other behaviours in addition to strangulation (punching/ kicking/ shaking/ scratching)
- Speech during strangulation (verbal threats/ shouting/ screaming)
- Suspect demeanour during strangulation
- If anything caused the strangulation to stop

Victim/Suspect Information

- Suspect handedness (right or left handed)
- Size/build of suspect and victim
- Victim skin tone (to establish how easily bruises may show – dark/olive/fair etc.)
- Victim and suspect vulnerabilities (e.g., learning disability)
- Impact factors (e.g., intoxication)

Immediate Risk and Need

- Victim received or offered medical attention [consider IFAS clinical guidelines] and forensic examination (if relevant)
 - If received, gather details: hospital, name & designation of lead clinician, length of time under clinical care, nature of clinical care received.
 - If onward referral/signpost has not been taken up by victim, are they aware of potential risks of not seeking medical treatment (e.g. delayed health impacts), are they aware of how they can access support at a later stage?
- Consider recording injury for both victim and suspect (e.g., any defence injuries?)
- Ensure high risk rating attributed to strangulation incidents in DASH/ risk assessments
- Victim strangulation leaflet (IFAS) to be provided

Possible Victim Impacts Considerations

- Extent of pain during and after
- Impact on breathing during and after
- Loss of consciousness during and after
- Behaviours/actions by the victim before, during and after (any dialogue with suspect, any incontinence by the victim)
- Victim thoughts and feelings during and after

Physical Evidence Considerations

- Photographs of any injuries to the party/parties involved
- Photographs of the scene
- Capture/collection of relevant evidential materials (e.g., clothing, any ligature/equipment used)
- Examination of the scene in relation to victim experience (e.g., signs of bleeding, signs of incontinence)

Possible Strangulation Signs and Symptoms

The physical and psychological impact of strangulation on individuals may include:

- Pain in the neck
- Difficulty with, and/pain when, breathing
- Vision defects such as blurry and/or loss of vision, dizziness
- Speech/voice difficulties or changes in voice
- Unconsciousness
- Incontinence of the bowel or bladder
- Confusion, disorientation, agitation, memory loss
- Hypervigilance or emotional numbness, flashbacks
- Memory loss from loss of consciousness

Possible Strangulation Injury

Around 50% of people who are strangled will not have visible injuries. Where injuries are present, these may include:

Bruising, scratches or pinprick marks called petechiae (from burst blood vessels) on the head, neck, eyes, lips, mouth or face.

Internal injuries may also be present - referrals for medical examination should be made if strangulation has occurred within the last four weeks or if the victim is still experiencing signs or symptoms.