MAY 2020 E-NEWS:
IMAGING FOR THE STRANGLED VICTIM

A MESSAGE FROM OUR PRESIDENT AND CEO

Welcome to another edition of the Strangulation Prevention E-News. The Training Institute on Strangulation Prevention launched E-News to succinctly share important information about non- and near-fatal strangulation assaults. Each E-News focuses on one subject, highlights one organization or individual, and shares one featured resource.

For this E-News, we focus on the need for **imaging for the strangled victim** and patient. We revisit our imaging recommendations of 2016, highlight two recent imaging articles from Indiana and Kentucky in 2019 and share our top resources to help frontline workers advocate for medical attention, a medical assessment which includes imaging and follow-up. We also ask for your support in completing a short survey.

Our featured leader for this month is not one person, but a small group of committed and dedicated physicians -- our medical advisors who authored the Imaging Recommendations of 2016: Drs. Bill Smock (Chair), Cathy Baldwin-Johnson, William Green, Dean Hawley, Ralph Riviello, Heather Rozzi, Steve Stapczynski, Ellen Taliaferro, Sally Sturgeon, and Michael Weaver.

Our featured resource is a new poster launched by Summer Stephan, San Diego County District Attorney and Wilma Wotten, Public Health Officer and Director of HHSA, Public Health Services in San Diego, California. ***www.sdcountyhealthcares.org***

In these challenging times in the United States and globally, we urge you all to stay safe, care for yourselves and others, and don't forget the complex needs of survivors right now.

With Great HOPE,

Gael Strack, CEO and Casey Gwinn, President

STRANGLED VICTIMS NEED IMAGING

Strangulation is Prevalent: High risk domestic violence victims are experiencing high rates of non-fatal strangulation, between 68% to 80% (Wilbur, 2001; Campbell, 2017). Because most victims suffer minimal or no visible ***external*** injuries with few symptoms, there is a tendency to minimize non-fatal strangulation. Untrained medical professionals often underestimate the risk of internal injuries and have traditionally been reluctant to order imaging for the alert patient who looks relatively fine. Yet, case reports and research articles have proven that victims of strangulation and suffocation may experience a wide range of internal injuries including injuries to the arteries and veins, fractures, swelling and other injuries that may result in delayed stroke and death.

New Research: Today, new research suggests strangulation victims are at risk of suffering an arterial dissection in 1 out 75 (Matusz, et al, 2019) or 1 out of 47 cases (Zuberi, et al, 2019). This is critical new information, especially when you consider that the risk of a carotid dissection was previously estimated to be 1 out 1,000. (Vilke, 2010).

New Laws: With 48 states now passing some form of a felony law on non-fatal strangulation, there is a growing awareness of the risks. There are more professionals encouraging victims to seek medical attention. In California, it is the law under Penal Code Section 13701(I). Hospitals will see more strangled patients. Clear protocols should be in place to guide medical professionals.The first protocol for screening the strangled patient was published in 2001 in the Journal of Emergency Medicine, "***Clinical Evaluation of the Surviving Victim***" authored by Dr. George McClane and Dr. Dean Hawley. In 2016, Imaging

recommendations for the acute adult strangled patient were developed by Drs. Smock, Baldwin-Johnson, Green, Hawley, Riviello, Rozzi, Stapczynski, Taliaferro and Weaver.

Tankia Lee with Detective Sylvia Vella

Significant Finding, Reasonable Conclusion: The authors from the Matusz, et al, 2019 article urge physicians and hospitals to adopt the Institute's imaging recommendations of 2016 developed by the leading forensic physicians in the field from the Institute. The Institute's recommendations were a product of a thoughtful process that involved a lengthy peer discussion and expert consensus based on a literature review and review of published and unpublished case studies. One particular case study is noteworthy. In 2016, the medical advisors reviewed the case of Tanika Lee. The case review included a review of her medical records and an in-person interview with Tanika. Tanika, a nurse, was manually strangled by her husband who applied pressure to Tanika's neck using a chokehold from behind. Tanika was also threatened with death. She reported that it felt like he was trying to pull her neck off her body. Tanika called the police and was referred to the San Diego Family Justice Center for services. There she met with a detective, Sylvia Vella, who was trained in the handling of near and non-fatal strangulation assaults. Detective Vella recommended she seek medical attention. Tanika, as a nurse, believed she was fine and did not need medical attention nor imaging. Six days after the strangulation assault, Tanika relented and sought medical attention at the Detective's insistence. When she arrived at our Level 1 trauma center in San Diego, she had no visible injuries to her neck and no symptoms. She did, however, have a small bruise behind her ear. The treating physician ordered a CTA. When the results came back, they discovered bilateral carotid dissections (CD) - ***six days after being strangled***. Given the risk of a CD without visible injury or symptoms, the physicians were unanimous in developing our Imaging Recommendations.

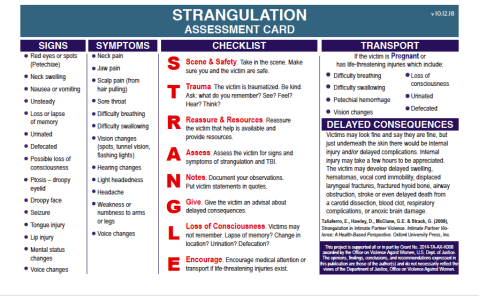
Significant Finding, Unreasonable Conclusion: Unfortunately, the authors from the Zuberi, et al, 2019, did not recommend adopting the imaging recommendations of 2016 for reasons that have eluded the Institute and has resulted in a letter to the Editor with our concerns. We simply hope and pray that physicians do not follow the Zuberi recommendations in light of current understanding and evidence. Following these recommendations invites potential harm to strangled victims, catastrophic health consequences, increased risk of stroke and death, and profound malpractice liability for doctors and hospitals. Medical professionals cannot wait for the strangled victim to return with a stroke before they perform a CTA. Victims of domestic violence are already reluctant to seek medical attention for their injuries. When they do, they deserve the best standard of care possible.

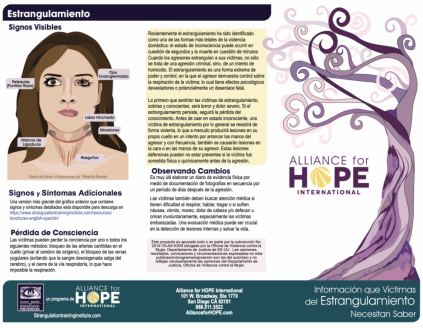
We can't afford to miss even one: For years, emergency room physicians have routinely ordered CT scans for blunt trauma patients, including head, neck, check and abdominal scans – out of an abundance of caution and despite the risk of

radiation of exposure which we now know is 1/13,699. Aggressive screening protocols in the stroke literature have proven to be cost effective. (Nazzal, 2014). It generally results in early diagnosis and better outcomes. **The risk of missing even one important finding may have a catastrophic outcome such as a stroke which could lead to brain damage or death.**

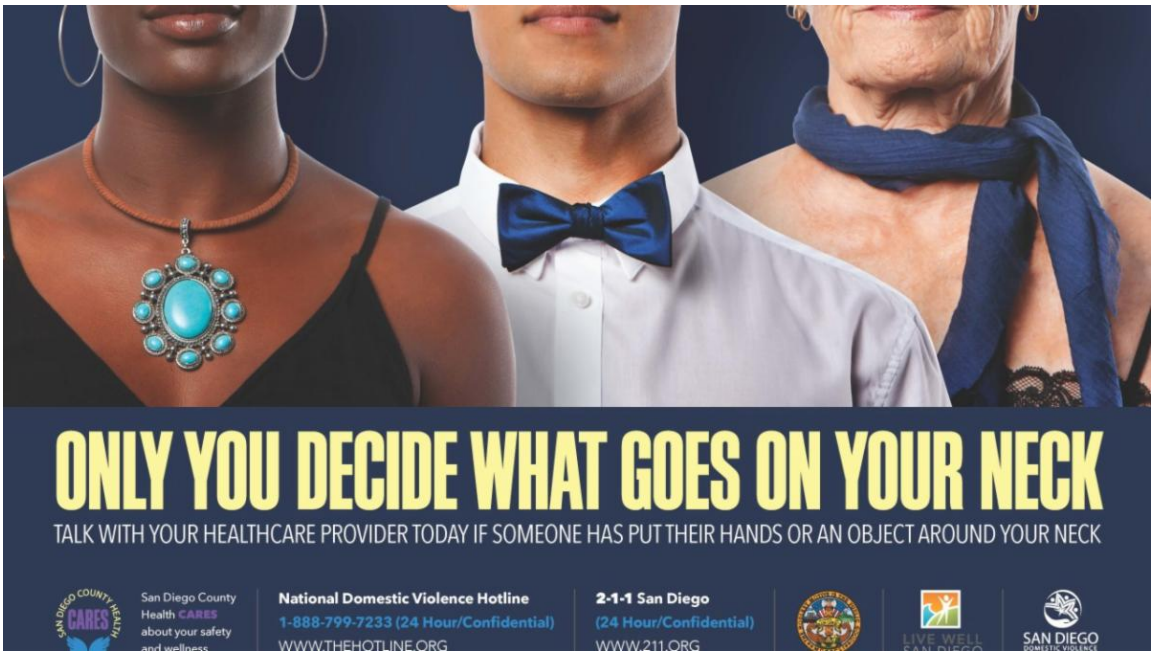
TOP RESOURCES TO ADVOCATE FOR MEDICAL ATTENTION AND IMAGING

- **Strangulation Assessment Card**
- **Victim Brochure**
- **Victim Brochure (Spanish)**
- **Imaging Recommendations for Adults 2016**
- **Recommendations for Pregnant Victim**
- **Imaging Webinar from 2017**
- **4-Minute Imaging Video with Dr. Smock**
- **2-Minute PSA Video from the Institute**
- **NY Medical Alert on Imaging**
- **San Diego Medical Alert on Imaging**





FEATURED RESOURCE OF THE MONTH:
San Diego Poster



FEATURED ARTICLES

- ***Strangulation 'Like Using Weapon' Says Northern Ireland Judge in Domestic Abuse Case***
- ***Mexico Sees Almost 1,000 Women Murdered in Three Months as Domestic Abuse Concerns Rise Amid Coronavirus***
- ***'Crime didn't stop': Career Prosecutor Brittany Dunlop Takes Over as Anchorage DA Amid Pandemic***
- ***Citing Little Used Law, Harris County DA Wins Major Battle in Bail Fight***

MONTHLY SURVEY

NEW WEBINAR - REGISTER TODAY!

2020 Imaging Recommendations for the Patient who has been Strangled: Saving the Lives of Survivors

Wed. June 3, 2020
11am PT/12pm MT/1pm CT/2pm ET

Spots are limited - register today!

Register

UPCOMING 2020 TRAININGS

Many of our trainings for the Spring and Summer of 2020 have been delayed or postponed due to the Coronavirus. We are continuing to navigate with all of our sites across the country. We are committed to continuing to train virtually or in-person depending on local or state health and safety rules and regulations.

Listed below are our currently scheduled trainings that remain on our schedule for 2020. All of the trainings below will happen virtually or in-person. We have also agreed to adapt any in-person trainings depending on social distancing rules and mask requirements. There may be trainings where in-person groups must be small and maintain social distancing rules, but we have committed to stream training live for all those that cannot attend in-person. In the words of Casey Gwinn, “Hunker down is not a vision statement.” So, we will keep adapting and creatively offering trainings in any way necessary throughout the rest of 2020.

Thank you for your grace, patience, and understanding. We are all in this together!

August 6 - 7, 2020 – 2 Day Strangulation Prevention
Bend, OR

August 18 – 20, 2020 – 3 Day Masters' Summit
San Diego, CA

August 27 - 28, 2020 – 2 Day Strangulation Prevention
Grand Forks, SD

September 15, 2020 – 1 Day DV and Strangulation Prevention
High Point University, NC

September 29 - 30, 2020 – 2 Day Strangulation Prevention
Watertown, SD

October 6 – 9, 2020 – 4 Day Advanced Course on Strangulation Prevention
Clackamas County, OR

October 15, 2020 – 1 Day Strangulation Prevention
Mount Vernon, WA

October 21, 2020 – Half Day Strangulation Prevention
Camp Pendleton, CA

October 27, 2020 – 1 Day Strangulation Prevention
Rayville, LA

October 27 – 30, 2020 – 4 Day Advanced Course on Strangulation Prevention
San Diego, CA

February 3, 2021 – 1 Day Strangulation Prevention
Cumberland, MD

February 5, 2021 – 1 Day Strangulation Prevention
Hagerstown, MD

March 2 - 5, 2021 – 4 Day Strangulation Prevention
Richmond, VA

JOIN US LIVE EVERY WEDNESDAY ON FACEBOOK AT 8 AM PST

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The Training Institute on Strangulation Prevention
Alliance for HOPE International
Toll Free: (888) 511-3522
Local: (619) 236-9551
www.allianceforhope.com
www.strangulationtraininginstitute.com

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