**Wisconsin Chapter of International Association of Forensic Nurses**

**Sexual Assault Nurse Examiner (SANE) / Forensic Nurse Examiner (FNE) Strangulation Assessment Guidelines**

These guidelines were developed to address the assessment, care, and documentation for the sexual assault, domestic violence, and/or other patient who reports strangulation. Given the potential danger to a victim of violence if a report to law enforcement is made, it is vital for the SANE/FNE to respect a patient’s right not to disclose the strangulation or to refuse intervention when the patient believes such action is not in his or her best interest. The role of the SANE/FNE in this process is to offer the patient options and allow the patient to make the decision. However, the following circumstances are reportable per Wisconsin state statutes and law enforcement should be contacted: child maltreatment, gunshot wounds, knife wounds, burns and abuse and neglect of elder and vulnerable adults.

**Guidelines**

1. All patients who report strangulation should be evaluated by an advanced practice healthcare provider in the emergency department.
2. SANE/FNE will assess for injury and document via a standardized documentation form and photographs.
   1. Documentation
      1. The WI-IAFN Strangulation Documentation Form should be used.
      2. Taking photographs of injury is not a substitute for documentation of injury.
   2. Photographing injuries
      1. All patients with visible injuries will be offered photography. The patient’s permission/consent to photograph must be obtained per facility protocol
      2. Photographs are taken of the entire neck and from varying distances and angles. A close-up photograph and a full body photograph are taken to capture detail of the injury, show the exact location of the injury, and to establish the identity of the victim. A photograph is taken using a measuring device placed alongside the wound to show the exact size. As evidence of a pattern of abuse over time, any fading bruises or scars are also photographed.
      3. Patients are told that follow-up photographs should be taken by law enforcement or SANE/FNE as injury becomes more visible or defined.
      4. Storage and release of photographs per facility policy.
3. Forensic Evidence Collection
   1. SANE/FNE to collect evidence as appropriate i.e., “touch” DNA from neck, fingernail swabbings.
4. Discharge instructions will outline when the patient should return to the Emergency Department and other recommended follow-up.
5. SANE/FNE will provide resources as appropriate i.e., local domestic violence agency.
6. It is recommended that a follow-up telephone call is made to the patient 3 – 5 days post exam. This follow-up should be per the patient’s discretion.

**REFERENCES / RESOURCES**

* 1. End Abuse Wisconsin. (2013). 2011 /2012 Wisconsin Domestic Violence Homicide Report. Retrieved from: http://wcadv.org/sites/default/files/resources/2011.2012HR\_0.pdf
  2. Faugno, D., Waszak, D., Strack, G., Brooks, M., and Gwinn, C. (2013). Strangulation Forensic Examination Best Practice for Health Care Providers. *Advanced Emergency Nursing Journal* 35 (4) 314-327.
  3. Gwinn, G., McClane, G., Shanel-Hogan K. and Strack, G. (2004). IPV: No Place for a Smile. *Journal of the California Dental Association* 32 (5) 399-407.
  4. Hawley, D. McClane, and Strack, G. (2001). A Review of 300 Attempted Strangulation Cases Part III: Injuries in Fatal Cases. *Journal of Emergency Medicine* 21 (3) 317-222.
  5. Holbrook, D. and Jackson, C. (2013). Use of an Alternative Light Source to Assess Strangulation Victims. *Journal of Forensic Nursing* 9 (3) 140-145.
  6. International Association of Forensic Nurses. (2013). Sexual Assault Nurse Examiner (SANE) Educational Guidelines.
  7. Limmen et al. (2013). Enhancing the Visibility of Injuries with Narrow-Banded Beams of Light within the Visible Light Spectrum. *Journal of Forensic Sciences* 58(2) 518-522.
  8. Paolo et al. (2009). Unexpected delayed death after manual strangulation: need for careful examination in the emergency room. *Monaldi Archives Chest Disease* 71 (3) 132-134.
  9. Rincon, R. Nannetti, C., Rasile, K. and Rable, J. (2013, May). Maricopa County Attorneys Office Strangulation Protocol. [Webinar]. In *National Family Justice Center Webinar Series.* Retrieved from: http://www.strangulationtraininginstitute.com/index.php/library/finish/846-webinars/3693-webinars-webinar-ppt-a-course-materials-responding-to-non-fatal-strangulation-cases-the-maricopa-county-law-enforcement-protocol-nfjca-a-maricopa-county-052013.html
  10. Shields, L., Corey, T., Weakley-Jones, B., Stewart, D. (2010). Living Victims of Strangulation A 10-Year Review of Cases in a Metropolitan Community. *American Journal Forensic Medical Pathology* 31 (4) 320-325.
  11. Taliaferro, E. (2012, November). Addressing Long-Term Health Consequences of Strangulation. [Webinar]. In *National Family Justice Center Webinar Series.*  Retrieved from: http://www.strangulationtraininginstitute.com/index.php/library/viewcategory/846-webinars.html
  12. Yen et al. (2007). Clinical forensic radiology in strangulation victims: forensic expertise based on magnetic resonance imaging (MRI) findings. *International Journal of Legal Medicine* 121 115-123.

**Completed on November 10, 2014 by the members of the Wisconsin Chapter of the International Association of Forensic Nurses Protocol/Documentation Committee:**

Laura Kollatz, BSN, RN, SANE-A, SANE-P (Co-Chair)

C. Jill Poarch, BSN, RN, SANE-A, SANE-P (Co-Chair)

Jacqui Callari-Robinson, RN, SANE-A, SANE-P, DF-IAFN

Kim Curran, BSN, RN, SANE-A, SANE-P

Tara Elder, MSN, RN, CPN

Jacalyn Friar-LeCaptain, BSN, RN, SANE-A, SANE-P

Jenny Halle, BSN, RN, CPN

Sharain Horn, MSN, RN, SANE-A

Saskia Lodder, BSN, RN, SANE-A, SANE-P

Cara Scheer, BSN, RN