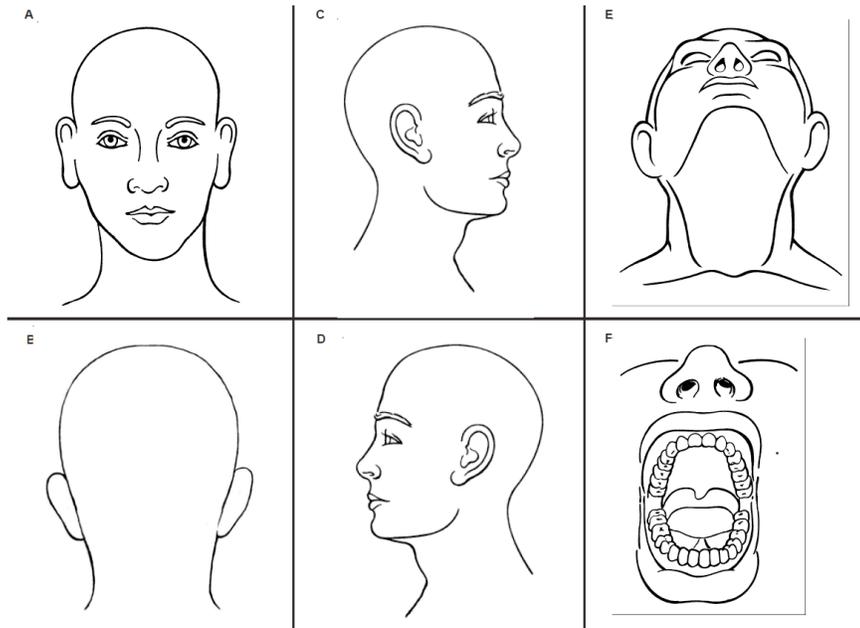


# Documentation Chart for Non-Fatal Strangulation

Breathing Changes	Voice or Vision Changes	Swallowing Changes	Behavioral Changes	OTHER
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe Other:	<input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak <input type="checkbox"/> vision changes	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Pain to throat <input type="checkbox"/> Nausea /Vomiting <input type="checkbox"/> Drooling	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy or faint <input type="checkbox"/> Headaches <input type="checkbox"/> Urination <input type="checkbox"/> Defecation <input type="checkbox"/> Hearing changes

**Use diagrams to mark visible injuries**



Face	Eyes & Eyelids	Nose	Ear	Mouth
<input type="checkbox"/> Red or flushed <input type="checkbox"/> Pinpoint red spots (petechiae) <input type="checkbox"/> Scratch marks	<input type="checkbox"/> Petechiae to <b>R</b> and/or <b>L</b> eyeball (circle one) <input type="checkbox"/> Petechiae to <b>R</b> and/or <b>L</b> eyelid (circle one) <input type="checkbox"/> Bloody red eyeball(s)	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose (ancillary finding) <input type="checkbox"/> Petechiae	<input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/abrasions (ancillary finding)
Under Chin	Chest	Shoulders	Neck	Head
Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasions	<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Fingernail marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark	<input type="checkbox"/> Petechiae <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture <input type="checkbox"/> Concussion

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records related to this incident to local law enforcement, my attorney, my advocate, the District Attorney's Office and/or the City Attorney's Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions to ASK: Method and/or Manner:

How was the victim strangled?

One Hand (R or L)       Two hands       Forearm (R or L)       Knee/Foot

Ligature (Describe): \_\_\_\_\_

How long? \_\_\_\_\_ seconds \_\_\_\_\_ minutes or Can't remember?

From 1 to 10, how hard was the suspect's grip? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

Continuous pressure?      Increased pressure?

From 1 to 10, how painful was it? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

Multiple attempts: \_\_\_\_\_       Multiple methods: \_\_\_\_\_

Could the victim breathe, talk and/or scream?

Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

What did the suspect say while he was strangling the victim, before and/or after?

Was she simultaneously smothered while being strangled? Shaken? Straddled? Restrained?

Head pounded against wall, floor or ground? (Possible concussion)

Where did the incident occur (Any corroborating evidence/possible sexual assault)?

Any visual changes (describe)?

Any hearing changes (describe)?

Any breathing changes (describe)?

Any changes in consciousness (describe)?

What did the victim think was going to happen?

How or why did the suspect stop strangling her?

Any witnesses?

What was the suspect's demeanor? Describe suspect's facial expression during strangulation?

Describe Prior strangulation? Prior domestic violence? Prior threats? Prior intimidation?

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# **Documentation Chart for Non-Fatal Strangulation**