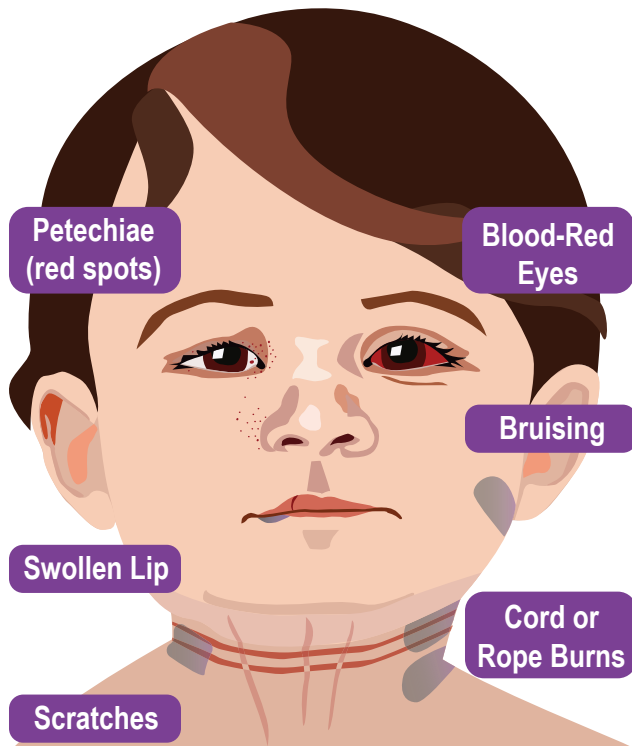


Strangulation

Visible Signs (may not be present)



Additional Signs and Symptoms

A larger version of the graphic above which contains detailed signs and symptoms is available for download at strangulationtraininginstitute.com/resources/library/pediatric/

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Strangulation is often under-recognized in children but no less serious than in adults. Unconsciousness may happen within seconds and death within minutes. Children may be strangled when caregivers lose control, as part of physical and/or sexual assault, or as a way of demonstrating ultimate power and control over the child. Regardless, strangulation of a child can have long-lasting physical and mental health effects and can result in death even months later.

Child victims of strangulation may feel terror and extreme pain. If strangulation continues, unconsciousness will follow. Before sliding into unconsciousness, a child victim may resist violently, producing injuries to their own neck or to the face or hands of their attacker. These defensive injuries may not be present in young or developmentally disabled children, or if the victim is physically or chemically restrained.

Observing Changes

Documentation by photographs organized in order, for a period of days after the attack is very helpful in beginning and building a journal of proof. Victims should be given medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, lightheadedness, headache or holding head, accidental urination and/or bowel movement in children not diapered. A medical evaluation may be extremely important in detecting internal injuries and saving a life.

Losing Consciousness

Victims may lose awareness or faint by any one or all of the following methods: blocking of the blood vessels from the heart in the neck (taking away oxygen from the brain), blocking of the large veins in the neck (preventing deoxygenated blood from exiting the brain), and closing off the tube from the mouth to the lungs, making breathing impossible.



ALLIANCE for
HOPE
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STRANGULATION
What Parents and Caregivers
NEED TO KNOW

Monitor the Child's SIGNS

Date & Time Photograph and Journal the Child's Signs

Monitor the Child's SYMPTOMS

Date & Time Journal the Child's Symptoms

Date & Time Journal Any Other Sensation

Signs of Strangulation

Head- pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture(crack), concussion.

Face- red or flushed, petechiae, scratch marks.

Eyes and Eyelids- petechiae to the left or right eyeball, bloodshot eyes.

Ear- petechiae (external and/or ear canal), bleeding from ear canal.

Nose- bloody nose, broken nose, petechiae.

Mouth- bruising, swollen tongue, swollen lips, cuts/abrasions(scrapes).

Under the chin- redness, scratch marks, bruise(s), abrasions.

Neck- redness, scratch marks, fingernail marks, bruise(s), abrasions, swelling, ligature(tie) or clothing marks.

Chest and Shoulders- redness, scratch marks, bruise(s), abrasions.

Symptoms of Strangulation

Voice changes- raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.

Swallowing changes- trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.

Breathing changes- difficulty breathing, hyperventilation, unable to breathe.

Behavioral changes- restlessness or aggressiveness, problems concentrating, amnesia(loss of memory), agitation, Post-traumatic Stress Syndrome, hallucinations.

Vision changes- complete loss or black & white vision, seeing 'stars', blurry, darkness, fuzzy around the eyes.

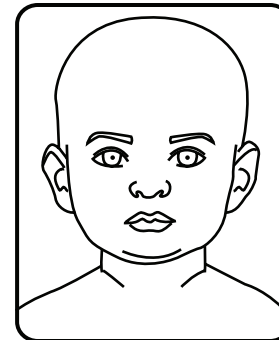
Hearing changes- complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.

Other changes- Memory loss, unconsciousness, dizziness, headaches, involuntary urination or bowel movement in potty-trained child, loss of strength, going limp.

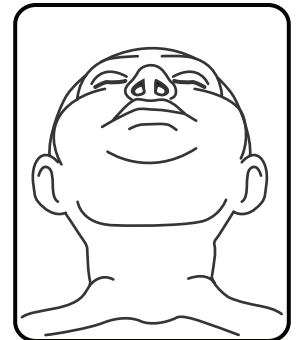
Diagrams to Mark Visible Injuries

Use a pen or a marker to indicate any visible signs and/or symptoms.

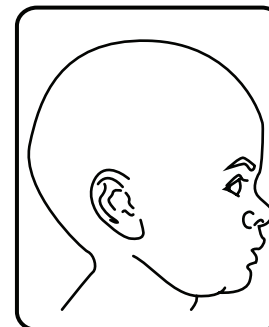
Front



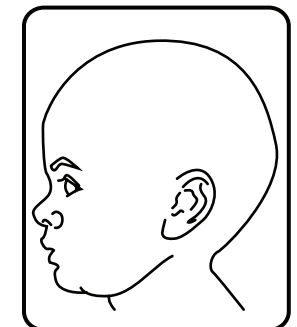
Under Chin



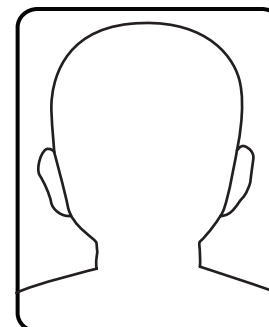
Right Side



Left Side



Back



Inside Mouth

