Management of acute non-fatal strangulation in primary care

**DFV safety risk red flags:**
- Strangled by domestic or intimate partner
- Multiple or recurrent strangulations
- Increasing frequency and/or severity of violence
- Weapon accessible in the home
- Children in the home or witnessed the event
- Pregnancy or postpartum
- Sexual assault (especially if pregnant)
- Controlling or jealous behaviours
- Recent separation from partner
- Abuse of children or pets
- Perpetrator threats of suicide/homicide
- Isolation of victim
- Perpetrator unemployment
- Drug and alcohol misuse/abuse
- Patient feels they have no safe place to go or feels unsafe to leave the healthcare facility

**Physical red flags:**
- Difficulty swallowing, speaking or breathing
- Focal neurological signs
- Carotid bruit
- Signs of raised intravascular pressure (petechiae, subconjunctival haemorrhage or tide mark ruddiness above level of ligature)
- Visible subcutaneous emphysema
- History of loss of consciousness
- History of incontinence while unconscious
- Visible bruising on neck (especially over carotids)
- Bony deformity of neck (especially hyoid bone)
- Vaginal bleeding in pregnant patient

**Assess for presence of physical red flags**
**Assess DFV safety risk red flags**
**Consider the need for imaging +/- inpatient observation**
**Document history and examination (including neurological examination)**
**Safety netting advice given and refer to DFV services or police**
**Consider any children’s safety and fulfill mandatory notification obligations**
**Follow-up review planned for 72 hours and review safety plan**
**Long-term follow-up to reassess for chronic brain injury (minimum three-month review)**

**Refer to local DFV service (+/- police/clinical forensic medical review)**

**Yes: Refer to emergency department**

**Figure 1.** Management of acute non-fatal strangulation in primary care

*DFV, domestic and family violence*