Strangulation

Strangulation, Intimate Partner Violence and Traumatic Brain Injury

Definitions

Strangulation and Brain Injury	Strangulation refers to the act of applying external pressure to the neck, obstructing a person's airway and restricting blood and oxygen to the brain. This can cause brain injury within seconds, even without loss of consciousness or visible marks (Dugan et al., 2024). Repeated or prolonged strangulation increases the risk of lasting neurological damage, stroke, and cognitive impairment (Dugan et al., 2024).
Strangulation and Intimate Partner Violence	Strangulation is an intentional form of violence used to enforce control, compliance and dependency over survivors (Brady et al., 2022; Stansfield & Williams, 2021). **Strangulation has been reported in up to 68% of women in abusive relationships (Wilbur et al., 2001)** Strangulation significantly increases the risk of **intimate partner homicide by more than 700%**, reinforcing the need to take strangulation seriously (Glass et al., 2008).

Why Disclosing is Complicated

Lack of Awareness and Screening	Strangulation is often overlooked because survivors may not seek care, may have difficulty recalling what happened, or may not realize that strangulation is a serious and potentially life-threatening form of violence, especially when there are no visible injuries. At the same time, police and other professionals often lack training to recognize, screen, and document strangulation. As a result, cases are frequently minimized or dismissed across criminal, family, and correctional systems, highlighting the need for better training, screening, documentation, and research to improve survivor safety (Haller et al., 2024).
Barriers to Disclosure	Survivors of strangulation often do not have visible or obvious external injuries, sometimes leading to survivors not seeking care, and professionals underrecognize the significance of a strangulation event (Hawley et al., 2001; Stellpflug, et al., 2022*).* Disclosure may also be limited by difficulty recalling the event due to brain injury, psychological trauma, or both (Bergin et al., 2022). Additional barriers include fear of reprisal, long wait times for health services, lack of childcare, beliefs that injuries are not severe enough to warrant care, and feelings of shame (MacGregor et al., 2016; Patch et al., 2018)

Recommendations

- **Raise public awareness** about strangulation, especially among survivors, so they recognize injuries and seek help early.
- **Train all frontline responders** on recognizing, documenting, and responding to strangulation, including subtle signs survivors may miss.
- **Make routine screening standard** for IPV and strangulation in healthcare, Emergency Medical Services, and law enforcement.
- **Create clear referral pathways** so survivors can quickly access medical care, safety planning, and support services.

This document was developed with the assistance of AI (OpenAI's ChatGPT) for drafting and phrasing, based on our literature review findings.

Scan the QR code to learn more about our project!

RESOLVE University of Manitoba Social Sciences and Humanities Research Council of Canada

Click here for full project reference list!