



Increasing Education on Nonfatal Strangulation to Sexual Assault Nurse Examiners

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Purpose

40 percent of intimate partner violence (IPV) victims describe an act of strangulation at least once in their relationship (Volchinsky, 2012). Following a strangulation attempt, a victim is seven times more likely to be killed by the perpetrator (White et al., 2021). Emergency department providers are primary caretakers for the IPV population but do not have the adequate knowledge to care for the complexity of nonfatal strangulation patients. In recent years, the strangulation phenomenon has been studied more closely due to its long-lasting health effects.

This scholarly project aims to increase education on nonfatal strangulation in sexual assault cases, improve documentation, and obtain appropriate imaging studies for internal injuries.

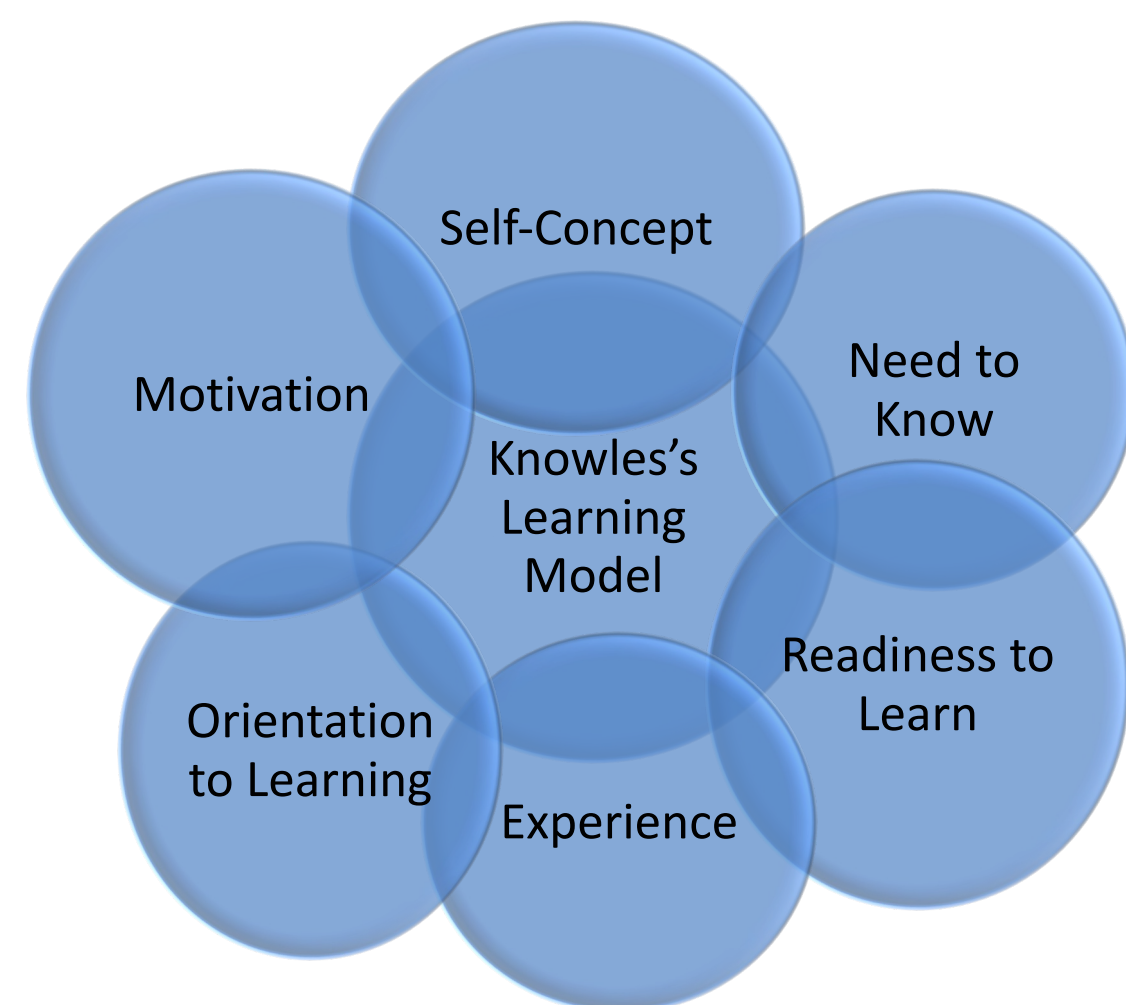
Framework

The project will address Knowles's learning model by adjusting learning methods to meet the participant's needs and tailor education for adult learners.

The SANEs work in a highly stressful setting, with weekly educational opportunities across a large spectrum of emergency medicine disciplines.

The nonfatal strangulation educational opportunities will be:

- Specific to SANE's
- Convey rationales for importance of change in practice
- Allow ample time for teaching
- Visual, kinetic and auditory to address all learning styles



Background

The prevalence of nonfatal strangulation in sexual assault cases is approximately 7.4 to 12 percent (Cannon et al., 2020, pp. 106). Strangulation may indicate an ongoing pattern of abuse in the relationship. The dangers of disclosing abuse may present safety concerns and an increased risk of femicide (Volchinsky, 2012; Monahan et al., 2020). Due to increased normalcy with non-fatal strangulation, and lack of physical injuries patients minimize their symptoms, and use incorrect terms when describing the assault. Short and long-term signs and symptoms of strangulation include difficulty speaking, carotid dissections, stroke, sore throats, and even death (Spungen et al., 2022).

A lack of education on the care for strangled patients makes providers unaware of the severity of strangulation—the knowledge deficit results in inadequate documentation and the lack of appropriate imaging studies. SANEs are the primary providers for patients reporting sexual assault and their expertise in forensics allows them to be assets to the team regarding care for the strangled patient.

Outcomes

A successful outcome in the project would demonstrate an increase in self-perceived confidence following the educational opportunities.

Markers of success include:

- Improvement in the post-survey confidence levels
- Improvements in the SANE documentation of signs and symptoms and injury documentation
- Use of quotations describing the nonfatal strangulation act
- Imaging orders for patients reporting nonfatal strangulation or rationales as to why imaging studies were not ordered

Background Cont.

Currently, there is little education on nonfatal strangulation among SANEs. There is one PowerPoint slide and no objectives in the current practice at a large metropolitan trauma center out of forty hours of training.

A lack of documentation and minimal assessment can defy the SANE's role in providing comprehensive care to their patients. Furthermore, many sexual assault cases do not go to trial, but the documentation presented at trial significantly impacts the case's outcome (Spungen et al., 2022).

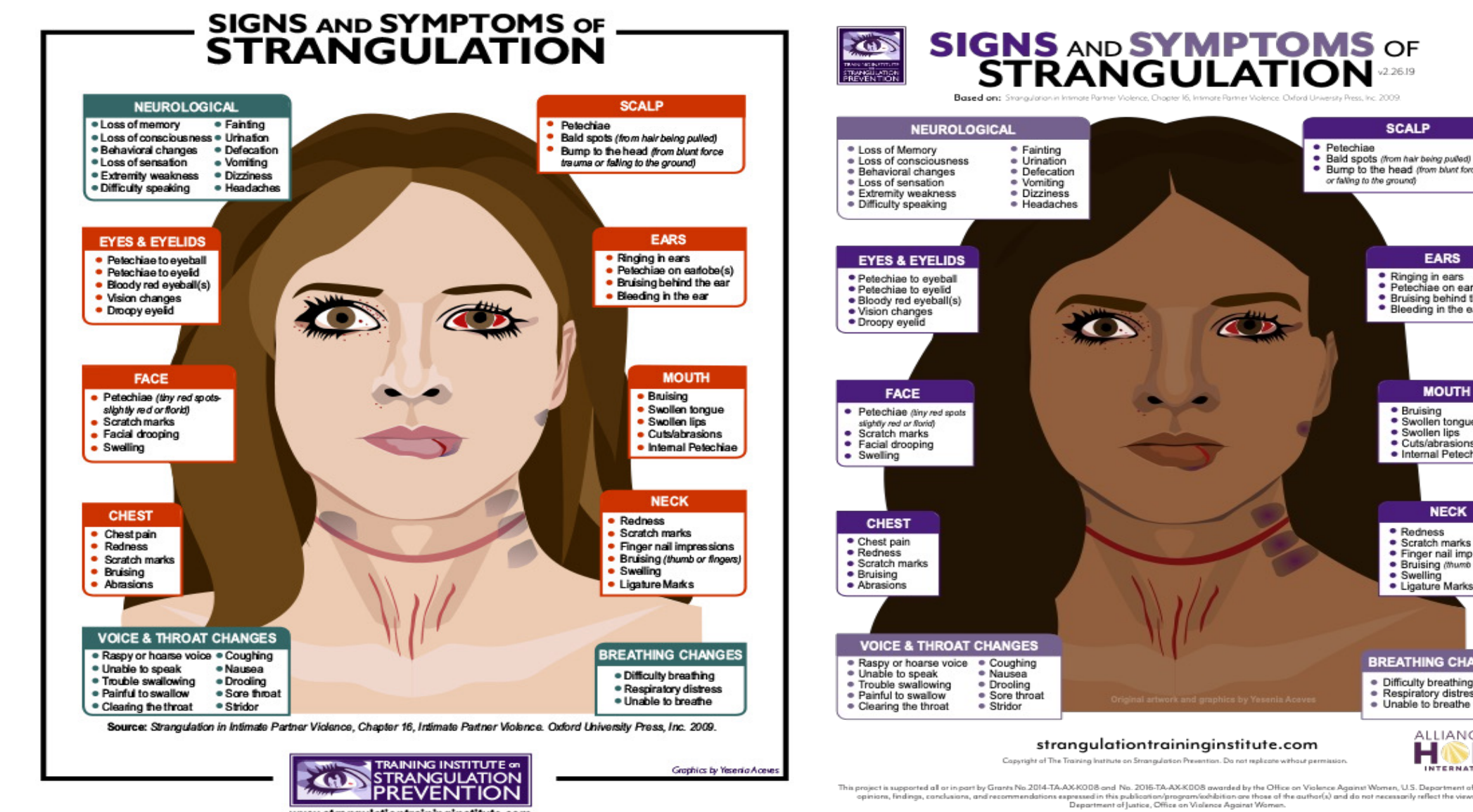
Education techniques to improve documentation and care for this specialized population include peer-review, educational webinars, and improving the forty-hour didactic SANE training to educate new SANEs effectively on nonfatal strangulation.

Conclusions

Knowles's learning model is intended for adult learners. The learning model is to meet the learners where they are in their SANE education and supplement already learned information.

This learning opportunity focuses on the role of the SANE and care for the patient reporting nonfatal strangulation. SANE's are experts in the field of forensics and are great role models to introduce updated guidelines for care of the patient that has been strangled.

Nonfatal strangulation has become more popularized in the last decade and improvements in documentation and assessment can improve long term outcomes for patients.

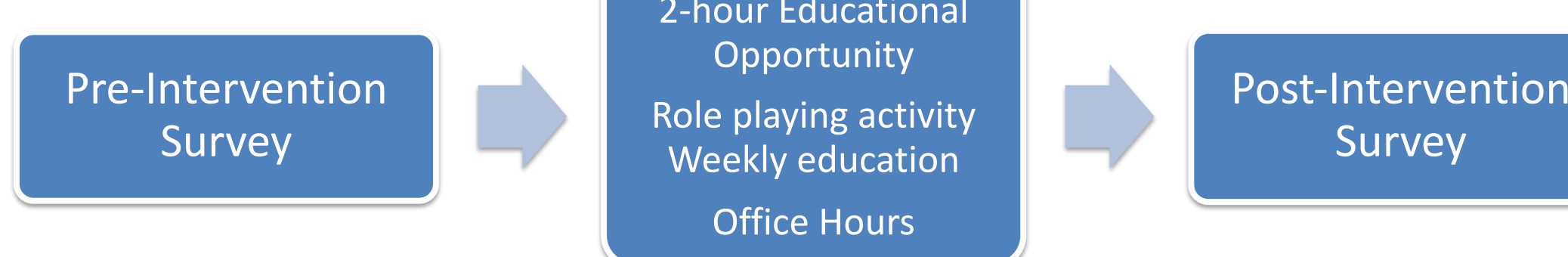


Methodology

Following a staff meeting to gauge SANE confidence on providing care to sexual assault patients that report nonfatal strangulation the SANEs reported little to no education regarding care for a patient reporting strangulation. First, the SANEs will be anonymously asked six questions to assess self-perceived knowledge with a Likert scale of one to five, with one being not confident and five being very confident.

1. How confident are you with the signs and symptoms of strangulation?
2. How confident are you in clarifying the act of strangulation on the patient?
3. How confident are you in ordering the correct imaging for a patient presenting with nonfatal strangulation?
4. How confident are you in recognizing lethality in nonfatal strangulation?
5. How confident are you in your ability to provide resources for patients of nonfatal strangulation?
6. How confident are you in the ability to educate the patient regarding follow-up care?

Next, the SANE's will be given education in the form of a one-hour educational video, weekly SANE specific education, and lastly officer hours to ask any questions regarding the education. Lastly, the SANE's will be given the same six question survey to assess for improvement in perceived self-confidence on the care for patients reporting nonfatal strangulation. Following the educational opportunities, the SANEs will be able to access assessment and imaging recommendation tools, and increased preparedness to care for this population.



Nursing Relevance

Strangulation adds a complexity that most healthcare workers are ill-equipped to address. The project aims to increase education about nonfatal strangulation to SANEs, who can then distribute that knowledge to other care team members. The SANE is the most prominent forensic nursing role. The role of the SANE begins with quality nursing care from the initial point of contact with the patient to testifying in the courtroom setting (Alpert et al., 2014). The SANE specializes in the assessment of injuries, and by increasing education, on nonfatal strangulation, the SANE can be mindful of potential injuries common with nonfatal strangulation.

The injuries may disappear over time, but the nurse's documentation can help prosecute the offender. By increasing education regarding nonfatal strangulation, the nurse can be prepared to ask questions regarding the mechanism of action of the assault and document accordingly.

References
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