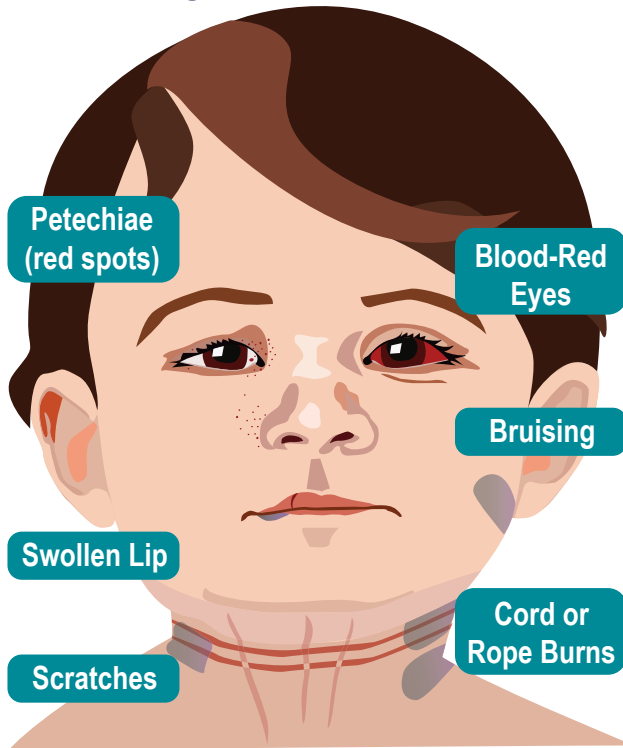


Visible Signs (may not be present)



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

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.

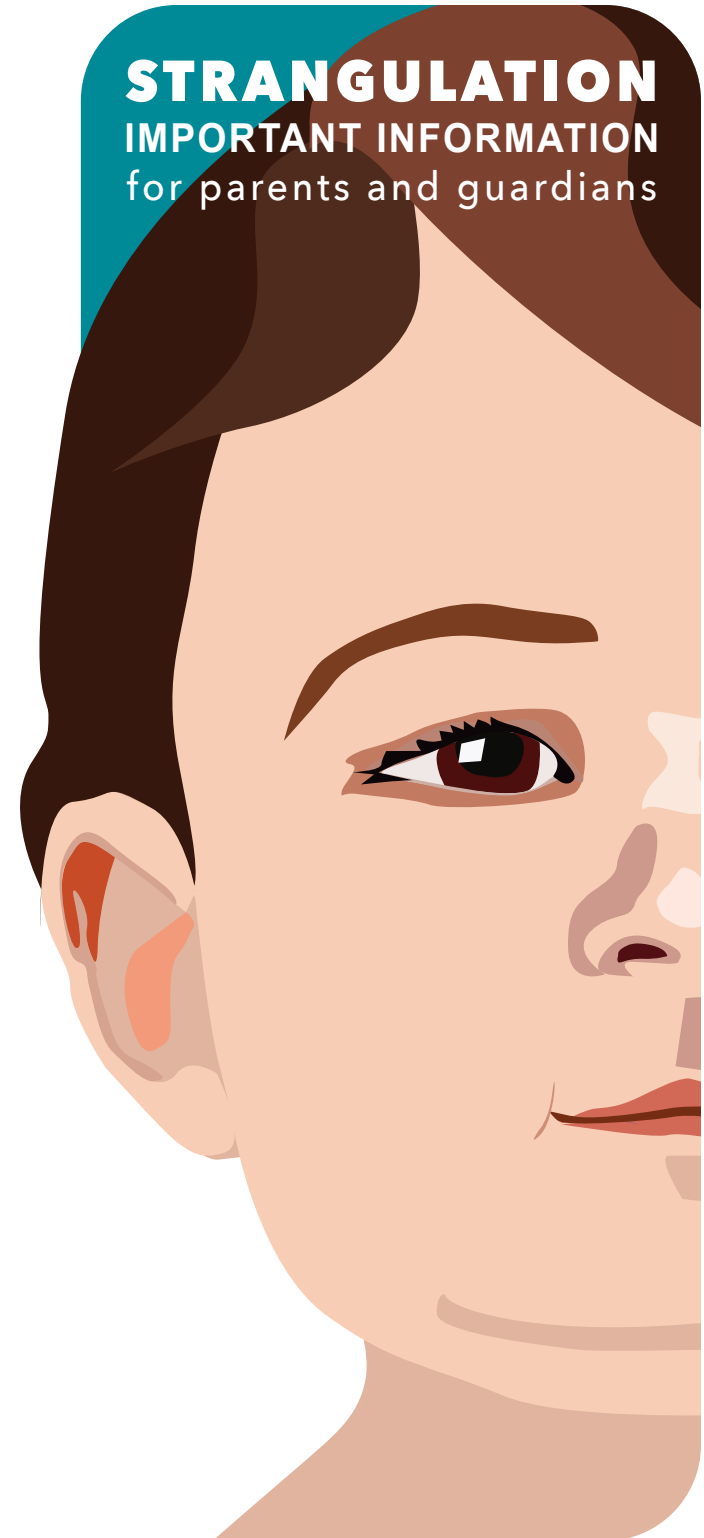
Observing Changes

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.

Loss of 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.

STRANGULATION IMPORTANT INFORMATION for parents and guardians



Monitor the Signs

Write down signs on the child, include time/date

Monitor the Symptoms

Write down symptoms in the child, include time/date

Additional notes:

Signs of Strangulation

HEAD—loss of hair, bruises, skull fracture, concussion, red spots (petechiae).

FACE—reddened marks, petechiae, scratches.

EYES AND EYELIDS—petechiae on one or both eyeballs, red and/or bloody 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, scratches, bruises, 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, cough, inability to speak, complete loss of voice.

SWALLOWING CHANGES—difficulty swallowing, pain when swallowing, neck pain, nausea/vomiting, drooling.

RESPIRATORY CHANGES—difficulty breathing, hyperventilation, unable to breathe.

BEHAVIOR CHANGES—restlessness or combativeness, concentration problems, amnesia (memory loss), agitation, hallucinations, post-traumatic stress syndrome.

VISUAL CHANGES—complete loss, or black and white vision, seeing 'stars', blurry, dark, fuzzy around the eyes.

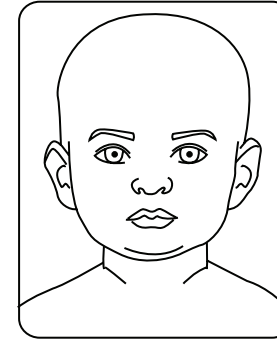
HEARING CHANGES—complete hearing loss, ringing, gurgling, buzzing, popping, pressure, tunnel-like hearing.

OTHER CHANGES—memory loss, loss of consciousness, dizziness, headaches, involuntary urination or bowel movement in potty-trained child, loss of strength, going limp.

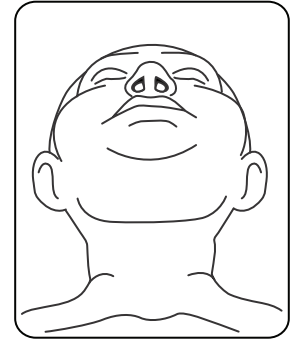
Diagrams to Mark VISIBLE LESIONS

Use a pencil or pen to mark any visible signs

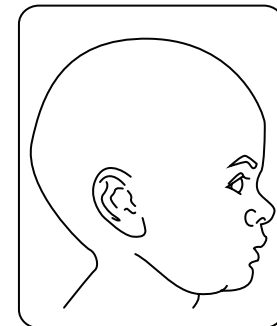
Front



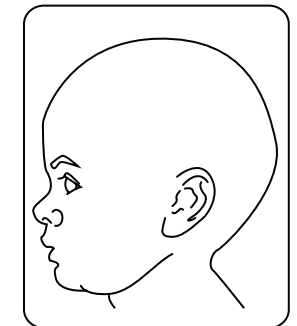
Under Chin



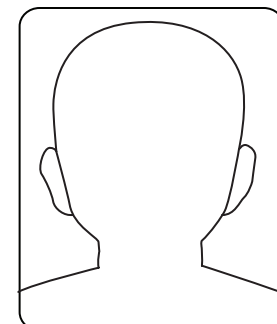
Right Side



Left Side



Back



Inside Mouth

