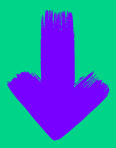
SAFE+EQUAL

Standing strong against family violence

UNDERSTANDING NON-FATAL STRANGULATION



Key Information for Family Violence Practitioners

Non-fatal strangulation is a highly dangerous and often under-reported form of family violence that significantly elevates the risk of serious harm or death for victim survivors. Strangulation is a deliberate act of violence intended to instil fear of death in the victim survivor with evidence showing that a history of non-fatal strangulation is one of the strongest predictors of intimate partner homicide.[1]

Despite its severe medical and psychological consequences, non-fatal strangulation has historically been under-recognised within both legal and healthcare systems, largely due to the absence of visible injuries and inconsistent responses across sectors. Specialist family violence practitioners play a critical role in bridging this gap as they are uniquely positioned to provide a coordinated response that acknowledges the profound impact of trauma and violence.

This resource provides guidance on identifying and effectively responding to non-fatal strangulation, understanding its legal and health implications and delivering trauma-informed, evidence-based support to victim survivors.

WHAT IS NON-FATAL STRANGULATION?

Non-fatal strangulation refers to acts of choking, strangling, or suffocating, which involves applying pressure to the front or sides of a person's neck, obstructing or interfering with any part of their respiratory system.[2]

KEY CRIMINAL OFFENCES

In Victoria, the tragic death of Joy Rowley underscored the urgent need for legal reform to address non-fatal strangulation. Her death, which was a result of a pattern of intimate partner violence, prompted significant changes in the legal framework aimed at better protecting victims of strangulation. In response, the Crimes Amendment (Non-Fatal Strangulation) Bill 2023 was introduced and became law on 13 October 2024.[3]

The new legislation introduced two specific criminal offences that criminalise non-fatal strangulation, including choking, strangling, or suffocating a person. It is important to note that the legal reforms in Victoria classify non-fatal strangulation as a criminal offense regardless of visible injury.[4]

	Offence	
	Non-fatal strangulation	**Non-fatal strangulation intentionally causing injury**
Intent to cause injury required?	No intent to cause injury is required	Yes – proof of intent to cause injury is required
Description	Intentionally strangles another person, regardless of any resulting injury or unconsciousness	This offence targets cases of non-fatal strangulation which intentionally causes injury to the victim
Visibility of injury required?	No - non-fatal strangulation often leaves no visible injuries, or injuries may emerge only weeks or months later	Yes - injury includes physical harm and harm to mental health It's important to note that harm to mental health refers to psychological harm, and excludes emotional reactions such as distress, grief, fear, or anger unless these emotions result in psychological harm
Sentence	This offence carries a maximum 5-year sentence	This offence carries a maximum 10-year sentence.

Both offences apply when the victim and offender are family members, as defined under the *Family Violence Protection Act 2008*. The term 'family members' includes:

- Children, parents, step-parents, siblings
- Current or former spouses or domestic partners
- Current or former intimate personal relationships (not necessarily sexual)
- Other relationships reasonably regarded as familial in nature

This inclusive definition ensures that the law adapts to evolving community understandings of family dynamics.

IMPACTS OF NON-FATAL STRANGULATION

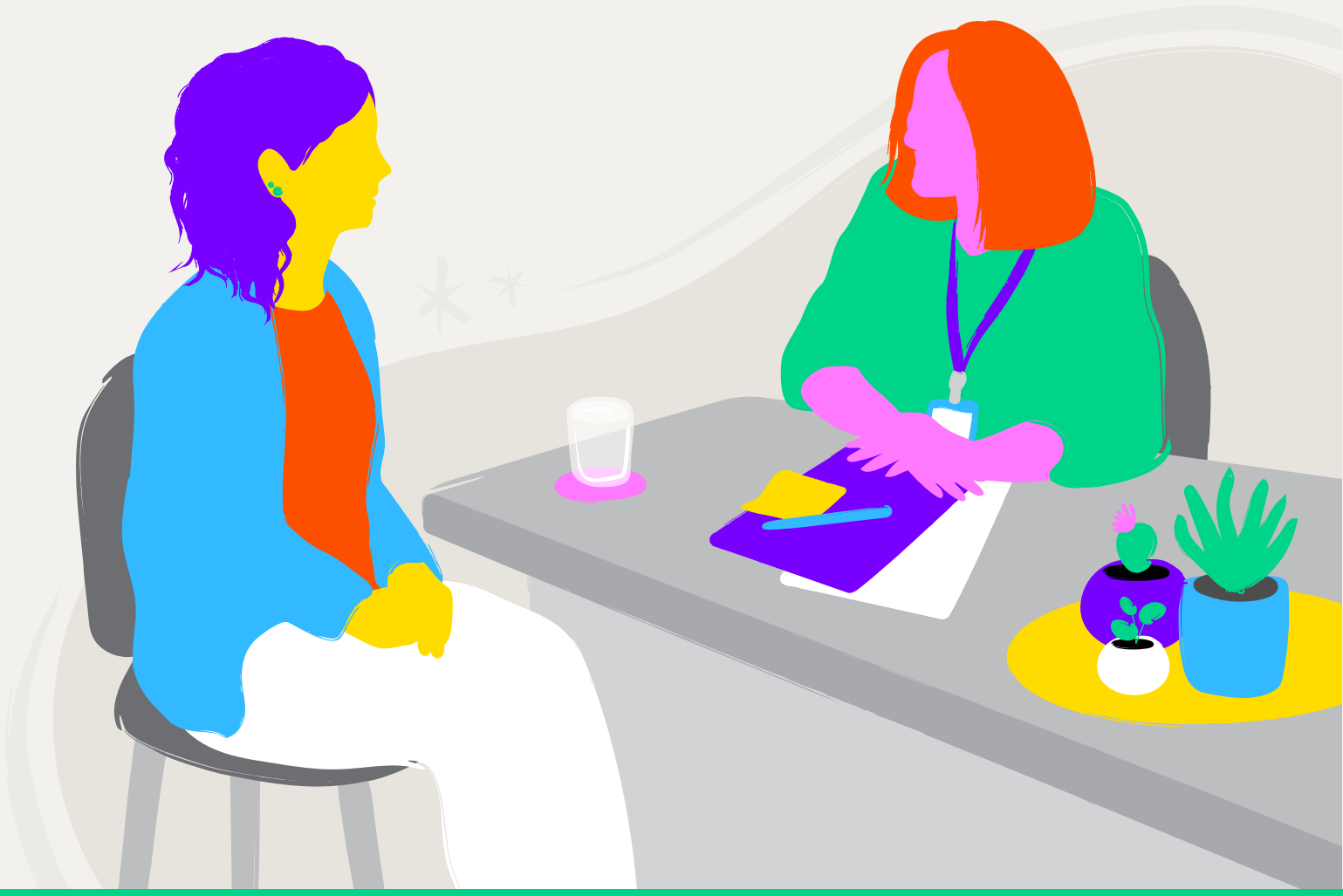
Non-fatal strangulation in the context of family violence is a serious and potentially lethal form of assault with wide-ranging physical and psychological consequences. It can severely disrupt a victim survivor's life in complex and enduring ways. While strangulation may not always leave visible marks, it is a strong predictor of future fatal violence and must be treated as a critical warning sign.

Strangulation restricts the flow of oxygen and blood to the brain, which can result in both immediate and delayed health complications. Even in the absence of external injuries, internal damage may be significant. The deprivation of oxygen can cause acquired brain injury (ABI), and may also lead to strokes, seizures, or blood clots. Critically, the risk of death following a strangulation incident is high with fatal outcomes occurring hours, weeks or even months after the incident, sometimes without warning. Evidence shows that a history of non-fatal strangulation is one of the strongest predictors of intimate partner homicide.[5]

Beyond physical harm, victim survivors of non-fatal strangulation commonly experience profound psychological impacts. Being strangled, particularly by an intimate partner, can trigger profound feelings of fear, powerlessness, and terror. These emotional responses often persist long after the assault, contributing to ongoing experiences of anxiety, depression, and post-traumatic stress disorder (PTSD).

Because the presentation of injuries following non-fatal strangulation can vary considerably, this may lead to inconsistent medical assessments and delays in recognising the full extent of harm. Symptoms may be subtle or delayed, which can result in misdiagnosis or minimisation of risk leaving victim survivors vulnerable to ongoing physical and psychological complications.[6]

Family violence practitioners play a vital role in recognising the signs of non-fatal strangulation and educating victim survivors about its seriousness, even if the victim survivor reports feeling fine in the hours or days following the incident.



RECOGNISING AND RESPONDING TO THE SIGNS OF NON-FATAL STRANGULATION

The MARAM Foundation Knowledge Guide and Responsibility 7: Comprehensive Risk Assessment provide comprehensive guidance for practitioners on how to assess for the presence of family violence risk factors, including strangulation.

Early medical intervention following non-fatal strangulation can significantly reduce the risk of serious or life-threatening outcomes. Practitioners should encourage victim survivors of non-fatal strangulation to seek **immediate** medical attention if:

- Strangulation occurred within the past 72 hours
- Symptoms of Acquired Brain Injury (ABI)* are present, including confusion, memory issues, difficulty coordinating, or other cognitive changes

Or if any of the following signs or symptoms are present:

- Problems/difficulty breathing (standing or lying down)
- shortness of breath, new persistent cough, or coughing up blood
- loss of consciousness, seizures, sudden fainting, dizziness, and/or feeling lightheaded
- changes in voice or difficulty speaking
- increased pain and/or swelling to the neck, throat, or tongue
- pinpoint red or purple dots on face/neck or burst blood vessels in the eyes
- left or right-sided weakness, numbness, or tingling
- drooping eyelid or changes to vision
- difficulty thinking clearly or understanding speech
- difficulty walking
- behavioural changes, memory loss, confusion, and/or thoughts of harming self or others
- Strangulation occurred during pregnancy
- Victim survivor is under 18 years old[7]

Practitioners may complete a **Medical Referral Template** to support timely and thorough medical assessment. This helps ensure that key risk indicators and presenting symptoms are clearly communicated to healthcare providers.

The 24–72 hours following non-fatal strangulation are considered a critical window for the onset of potentially life-threatening symptoms, even in the absence of visible injuries.[8] Even where a victim survivor reports no symptoms, practitioners should encourage that someone safe stays with them for the next 24-72 hours if possible.

ASSESSING FOR TRAUMATIC OR ACQUIRED BRAIN INJURY (ABI)

Non-fatal strangulation is a serious risk factor for acquired brain injury (ABI), as even brief periods of oxygen deprivation can cause lasting neurological damage. ABI can impair cognitive, emotional, physical, and executive functioning, with symptoms varying depending on which areas of the brain are affected.

MARAM Responsibility 7: Comprehensive Risk Assessment provides guidance for practitioners on assessing for traumatic or acquired brain injury as a result of family violence.

Practitioners should assess for ABI when there is a history or suspicion of non-fatal strangulation. Victim survivors may not immediately associate these symptoms with the violence they've experienced, so early recognition and assessment are critical to facilitate appropriate intervention, mitigate long-term impacts and support recovery.[9]

Be alert to the following signs and symptoms:[10]

- persistent headaches, dizziness, or vision disturbances
- memory loss, confusion, or disorientation
- difficulty with concentration or completing everyday tasks
- seizures or other unexplained physical changes such as limb weakness, coordination difficulties, or sensory changes

Research from Victoria underscores the prevalence of ABI in the context of family violence:[1]

40% of family violence victims presenting to Victorian hospitals over a 10-year period had sustained an ABI

57% of family violence-related major trauma cases involved ABI

82% of family violence-related deaths were attributed to ABI

DOCUMENTATION

It is common for victim survivors of non-fatal strangulation to be apprehensive to disclose the details of the incident for a number of reasons. This may be due to shame, trauma, a fear of retaliation, and anxiety that they will not be believed. In these cases, it is important to acknowledge their fear and distrust in allowing them time to disclose when comfortable.

Pressuring a victim survivor to provide a narrative before they are ready increases the likelihood of an inaccurate version of the incident being disclosed. In circumstances that the incident later leads to a prosecution, a prior inconsistent narrative could impact a prosecution or restorative justice process.

Accurate and comprehensive documentation of non-fatal strangulation incidents is essential not only for effective risk management but also for the integrity of any potential legal proceedings.

It is important that practitioners document all disclosures, observations, and risk indicators ensuring even partial disclosures are captured clearly. Practitioners should document incidents of non-fatal strangulation in a MARAM risk assessment and in case notes.

Details may include:

- Date and time of the incident, along with the name of the perpetrator and any witnesses (if known)
- Description of the incident, including what led up to the strangulation and how it occurred. Use the victim survivor's own words, documenting even partial disclosures
- Specific actions taken by the perpetrator during the incident e.g. duration, method (such as use of hands, clothing, rope)
- Multiple or recurrent strangulations
- Verbal threats or statements made by the perpetrator, particularly any threats to kill
- Physical responses and symptoms experienced by the victim survivor e.g. loss of consciousness, dizziness, difficulty breathing, voice changes, incontinence
- Emotional response of the victim survivor e.g. feelings of fear or terror ("I thought I was about to die")
- Record of changing or emerging symptoms over time

ONGOING RISK MANAGEMENT AND SUPPORT

Given the serious and often hidden nature of non-fatal strangulation, it is essential that practitioners take a comprehensive, coordinated, victim centred approach to support victim survivors. Follow-up actions should address both immediate and long-term needs, ensuring that survivors are connected to appropriate services and empowered to make informed decisions throughout their recovery journey.[11]

These actions align with responsibilities under the MARAM Framework and are designed to ensure an effective and trauma-informed response to the serious risks associated with non-fatal strangulation:

Key actions include:

- Collaborating with medical and other professionals to ensure coordinated and comprehensive responses to non-fatal strangulation and its impacts, engaging culturally safe supports where required
- Updating risk assessments and safety plans to reflect the serious risk associated with non-fatal strangulation and the potential escalation of risk when reporting it, sharing relevant information under the Family Violence and Child Information Sharing Schemes where appropriate
- Providing victim survivors with psychoeducative support and critical information about the risks of strangulation, including the heightened risk of future homicide when strangled by an intimate partner
- Providing victim survivors with information about their choice to report to police, reminding them that non-fatal strangulation is a serious criminal offense regardless of the presence of visible injuries and referring to specialist legal services for legal information and advocacy
- Providing tailored support for children and young people who have had direct or indirect experience of non-fatal strangulation, recognising they are victim survivors in their own right.

Non-fatal strangulation is a highly dangerous form of family violence that significantly elevates the risk of serious harm or death for victim survivors. Practitioners have a responsibility to take disclosures seriously, respond with urgency, and advocate for comprehensive care. Understanding the relevant criminal offences and the health and psychological impacts equips practitioners to better support victim survivors who have experienced this serious form of violence.

ENDNOTES

1 Glass N, Laughon K, Campbell J, Block CR, Hanson G, Sharps PW, Taliaferro E. (2007) Non-fatal strangulation is an important risk factor for homicide of women

2 Crimes Amendment (Non-fatal Strangulation) Bill 2023

3 Crimes Amendment (Non-fatal Strangulation) Bill 2023

4 Judicial College of Victoria (2024) *Family Violence Bench Book*

5 Women's Health NSW (2024) *Non-Fatal Strangulation and Acquired Brain Injury in the Context of Sexual Violence: An Evidence Brief*

6 Australian Women's Health Alliance et al. (2022) *Integrated Literature Review – Non-Fatal Strangulation in the Context of Family Violence*

7 Victoire, A., De Boos, J., & Lynch, J. (2022) *'I Thought I Was About to Die': Management of Non-Fatal Strangulation in General Practice*

8 Agency for Clinical Innovation (2022) *Managing Non-Fatal Strangulation in the Emergency Department Clinical Practice Guide*

9 Royal Australian College of General Practitioners (2022) *Abuse and Violence: Working with Our Patients in General Practice*

10 Family Safety Victoria (2021) MARAM Practice Guides: Responsibilities for Working with Adult Victim Survivors

11 Australian Women's Health Alliance et al. (2022) *Integrated Literature Review – Non-Fatal Strangulation in the Context of Family Violence*

MEDICAL REFERRAL TEMPLATE FOR INCIDENTS OF NON-FATAL STRANGULATION AND SUSPECTED BRAIN INJURY

Service referred to: _____ Date of referral: _____

Client Full Name: _____ Client DOB: _____

REASON FOR REFERRAL

_____ is engaged with our service for _____ support.

During our conversations client has reported experiencing:

- ☐ pressure applied to neck (front/sides)
- ☐ breathing being restricted through drowning or suffocation
- ☐ suffered an injury to the head such as a hit or knock

This was a ☐ one off / ☐ repeated incident which occurred approximately _____.

Client reports the following **significant symptoms** of non-fatal strangulation (NON-FATAL STRANGULATION) and acquired brain injury (ABI)

How the injury occurred

- ☐ Repeated incidents of NON-FATAL STRANGULATION
- ☐ Significant force (lifted off the ground, shaken or hit)
- ☐ Loss of bladder/bowel control during incident
- ☐ Near or complete loss of consciousness
- ☐ Memory loss
- ☐ Neurological symptoms persisting more than 10 days after the incident

Physical signs and symptoms of NON-FATAL STRANGULATION:

- ☐ Neck bruises
- ☐ Neck swelling, tenderness, deformity
- ☐ Red spots (petechiae)
- ☐ Changes in voice or inability to talk
- ☐ Difficulty or pain swallowing
- ☐ Air bubbles underneath the skin (subcutaneous emphysema)
- ☐ Difficulty or labored breathing
- ☐ Haemorrhage in eyes and mouth

New or evolving neurological symptoms:

- ☐ Feeling slow and foggy
- ☐ Difficulty processing information, comprehending, or problem solving
- ☐ Memory problems
- ☐ Changes in mood:
  - ○ Irritability
  - ○ Anxiety
  - ○ Sadness
  - ○ Low or flat affect
  - ○ Emotional sensitivity
  - ○ Feeling numb
  - ○ Other _____
- ☐ Changes in sleep
  - ○ Trouble falling asleep
  - ○ Excess sleep
  - ○ Other _____
- ☐ Muscle fatigue and/or limb weakness
- ☐ Balance disturbance and/or poor coordination
- ☐ Severe headaches and/or migraines
- ☐ Changes in vision or sight
- ☐ Light or noise sensitivity

REFERRAL COMMENTS:

Referral information

In accordance with organisational protocols and clinical advice outlined in national and state-based heath guidelines for managing NON-FATAL STRANGULATION and ABI, the client has reported one or more red flags that require medical assessment and potential referral to specialist and allied health services. Sources used to inform our protocols can be viewed below.

FUTURE CLIENT SUPPORT

Our service will continue to support the client through:

REFERRING ORGANISATION CONTACT DETAILS:

Please do not hesitate to contact us if we can be of any further assistance.

Referring Organisation: _____ Referrer Name: _____

Referrer Position: _____ Signature: _____

Phone No.: _____ Email: _____

Adapted with permission from Women's Health NSW (2024): It left no marks learning hub