SAFE EQUAL

UNDERSTANDING NON-FATAL STRANGULATION

Standing strong against family violence



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



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.

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.³

	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

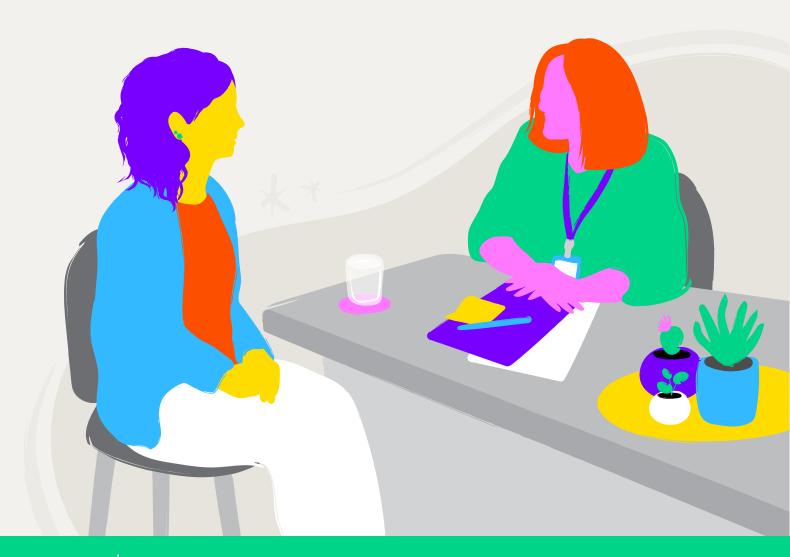
Non-fatal strangulation in the context of family violence is a serious and potentially lethal form of assault with wide-ranging physical and psychological consequences. It can severely disrupt a victim survivor's life in complex and enduring ways. While strangulation may not always leave visible marks, 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.⁴ Evidence shows that a history of non-fatal strangulation is one of the strongest predictors of intimate partner homicide.¹

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.⁵

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.

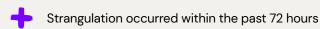


RECOGNISING AND RESPONDING TO THE SIGNS OF NON-FATAL STRANGULATION

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.⁶

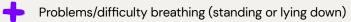


Early medical intervention following non-fatal strangulation can significantly reduce the risk of serious or life-threatening outcomes. Practitioners should encourage victim survivors of non-fatal strangulation to seek **immediate** medical attention if:





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



- 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 old⁷

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.9

MARAM Responsibility 7: Comprehensive Risk Assessment provides guidance for practitioners on assessing for traumatic or acquired brain injury as a result of family violence.6

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.10

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:11

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

of family violence-related major trauma cases involved ABI

of family violence-related deaths were attributed to ABI



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



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.⁵

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

- 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) Act 2024 (Vic)
- 3 Parliament of Victoria (2023). Parliamentary Debates (Hansard), Legislative Assembly, 14 November 2023 (Crimes Amendment (Non-fatal Strangulation) Bill 2023)
- 4 De Boos, J. (2019). Review article: Non-fatal strangulation: Hidden injuries, hidden risks. Emergency Medicine Australasia, 31(3), 302-308.
- 5 Australian Women's Health Alliance et al. (2022) Integrated Literature Review Non-Fatal Strangulation in the Context of Family Violence
- 6 Family Safety Victoria (2021) MARAM Practice Guides: Responsibilities for Working with Adult Victim Survivors
- 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 Women's Health NSW (2024) Non-Fatal Strangulation and Acquired Brain Injury in the Context of Sexual Violence: An Evidence Brief
- 10 Royal Australian College of General Practitioners (2022) Abuse and Violence: Working with Our Patients in General Practice
- 11 Brain Injury Australia. (2018). The prevalence of acquired brain injury among victims and perpetrators of family violence. Brain Injury Australia.

MEDICAL REFERRAL TEMPLATE FOR INCIDENTS OF NON-FATAL STRANGULATION AND SUSPECTED BRAIN INJURY Service referred to: Date of referral: _ Client DOB: Client Full Name: __ **REASON FOR REFERRAL** $_{-}$ is engaged with our service for $_{--}$ 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 \square one off / \square repeated incident which occurred approximately $_$ Client reports the following significant symptoms of New or evolving neurological symptoms: non-fatal strangulation (NON-FATAL STRANGULATION) ☐ Feeling slow and foggy and acquired brain injury (ABI) ☐ Difficulty processing information, comprehending, or How the injury occurred problem solving ☐ Repeated incidents of NON-FATAL STRANGULATION ☐ Memory problems ☐ Significant force ☐ Changes in mood: (lifted off the ground, shaken or hit) O Irritability ☐ Loss of bladder/bowel control during incident O Anxiety ☐ Near or complete loss of consciousness O Sadness ☐ Memory loss O Low or flat affect ☐ Neurological symptoms persisting O Emotional sensitivity more than 10 days after the incident O Feeling numb Physical signs and symptoms of NON-FATAL Other STRANGULATION: ☐ Changes in sleep ☐ Neck bruises O Trouble falling asleep ☐ Neck swelling, tenderness, deformity O Excess sleep ☐ Red spots (petechiae) Other _ ☐ Changes in voice or inability to talk ☐ Muscle fatigue and/or limb weakness ☐ Difficulty or pain swallowing ☐ Balance disturbance and/or poor coordination ☐ Air bubbles underneath the skin ☐ Severe headaches and/or migraines (subcutaneous emphysema) ☐ Changes in vision or sight ☐ Difficulty or labored breathing ☐ Haemorrhage in eyes and mouth ☐ 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.

_____ Referrer Name: ___

Email:

__ Signature: ____

Referring Organisation:

Referrer Position:

Phone No.: