

SIDE A – Table 01: Immediate, Short-Term and Long-Term Harms of Strangulation

Safety: People experiencing Domestic and Family Violence (DFV) are already navigating their safety before they ever reach out for support. They are self-assessing the risks they face and use strategies to mitigate the risk of harm. Any advice given or action taken by a practitioner may unintentionally or unknowingly increase the harm and threat that a person may face as a result of not fully understanding a person’s situation and context. [Follow My Lead](#) is a resource designed for all social and service responders to build awareness of concepts of safety in order to improve and inform responses.

Timeframe of risk or possible identification	Cervical Spine Injury	Neck Fractures	Heart Attack	Airway Swelling or Collapse	Voice Changes	Miscarriage	Foetal Brain Damage	Internal Bleeding (Hematoma)	Lung Disease (Pneumonitis)	Blood Clot (Thrombosis)	Swollen Blood Vessel (Aneurysm)	Limb Paralysis or weakness	Diagnosis of PTSD/ Anxiety / Depression	Dementia	Parkinsons Disease (Vascular)	Disability	Neck Pain	Headaches	Memory Loss	Hypoxic/ Anoxic Brain Injury	Stroke	Death	
Moments to weeks after assault						*						***						***	***				
Weeks to months after assault												***						***	***				
Months to years after assault														***	***	***		***	***		*		

* = Indicates that a definitive causal link has not yet been established in the research, but a body of case studies exists.

*** = This could be a secondary symptom that may occur if strangulation has caused hypoxic/anoxic brain injury.

NOTE: this table does not provide a comprehensive list of all the health conditions and problems that can be caused by strangulation, however, it does cover a range of issues that have been consistently documented by practitioners working with people who have experienced strangulation.

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Strangulation and Hypoxic/Anoxic Brain Injury

Strangulation has the effect of cutting off blood flow to the brain by restricting the blood vessels in the neck (blood vessels that carry oxygen-rich blood to the brain). When oxygen-rich blood is cut off from the brain the following things may happen:

- After 7 seconds – the person being strangled can become unconscious or faints
- After 15 seconds – the person being strangled can lose control of their bladder
- After 30 seconds – the person being strangled can lose control of their bowels
- After 1 minute – the person being strangled can die.

If a person survives a strangulation assault the brain may not fully recover, especially if a large amount of brain cells have died. This is called an anoxic brain injury.

A person may also experience hypoxic brain injury if they were unconscious for an extended period of time after being strangled, or if they have a stroke as a result of strangulation.

Hypoxic/anoxic brain injuries can lead to a number of health conditions and difficulties including: limb weakness and balance issues; physical tremors; changes in vision; memory problems; speech and language difficulties; mood changes; difficulty with planning and problem solving; headaches; vascular Parkinson's disease; dementia and other neurocognitive impairment. Suffocation can also cause Hypoxic brain injury.

The [DFV/ABI Project Report](#) provides more detailed descriptions of the differences between strangulation and suffocation.

This resource is informed by:

- Queensland Health, '[Non-Lethal Strangulation in Domestic and Family Violence](#)', June 2017
- Synapse, '[Types of Brain Disorders: Anoxic & Hypoxic Brain Injury](#)', date unknown.
- Headway UK, '[Effects of Hypoxic/Anoxic Brain Injury](#)', date unknown.
- Victorian Order of Nurses (Canada), '[Identification, Care and Advocacy of Strangulation Victims – Information for Frontline Workers and Crisis Advocates](#)', 2010.
- Utley, [Katherine, Health Issues result from strangulation](#), 2014.
- Smock, Bill, '[Dr Smock's Top 25 Medical Consequences resulting from strangulation and vascular neck restraint](#)', 2017.

Plain language descriptions to listen out for:

It is very unlikely that a person will use words like 'strangulation' or 'suffocation' to describe assaults that put them at risk of a possible Acquired Brain Injury resulting from anoxia or hypoxia.

Listen out for descriptions such as:

- "choked me"
- "pressed me up against..."
- "held me by the neck"
- "squeezed my neck"
- "hands around my neck"
- "tied me up around the neck"
- "throttled me"
- "had me in a choke hold"
- "sat/lay on top of me/on my chest"
- "pinned me down"
- "held me around the chest and squeezed"
- "covered my mouth with..."
- "smothered me"
- "gagged me"
- "tried to drown me"

(note: drowning is not suffocation, or strangulation, but has the same effect as these assaults – causing hypoxia, and possible ABI).

Resources for responding to disclosures that could reflect strangulation or suffocation are outlined in the [DFV/ABI Project Report](#).

Acknowledgements: DVSM acknowledges and thanks the Medical Director, Ambulatory & Primary Healthcare, Illawarra Sexual Health (also a Clinical Associate Professor, University of Sydney & University of Wollongong) for providing ongoing feedback and significant contributions in developing this resource.

DVSM also thanks practitioners from the Forensic Medical Unit (Western Sydney & Nepean Blue Mountains LHDs) for their feedback.