

## WHAT IS STRANGULATION?

Strangulation is a potentially lethal form of assault on a person’s neck in which the perpetrator uses their hands, a body part or an object (such as a belt or rope) in a way that cuts off the person’s breathing and reduces the amount of oxygen-rich blood entering their brain. When oxygen-rich blood cannot enter the brain, a person’s brain cells begin to die rapidly, and this can lead to a range of serious health risks including: [hypoxic or anoxic brain injury](#) (types of Acquired Brain Injury), and death.

There are no physical signs of strangulation in up to 50% of cases, thus asking about strangulation may be a responder’s only way of knowing that a person is at risk. Some people will not be able to remember the assault afterwards because the memory centre of the brain (the hippocampus) is generally the first to lose oxygen and become impaired during strangulation – they may describe ‘blacking out’, or not being able to remember the assault.

For more information about harms caused by strangulation see: [DFV/ABI Table 01: Immediate, Short Term and Long Term Harms of Strangulation](#). Suffocation (covering or pressing on a person’s airways so that they cannot breathe) can also cause ABI. Perpetrators of domestic and family violence who use strangulation to harm or control are more likely to commit murder, or engage in other physically harmful acts of violence such as sexualised assault.

## HOW THE BODY RESPONDS:

### SIGNS & SYMPTOMS OF STRANGULATION

**When the person perpetrating the violence targets at a person’s neck, or tries cut off their breathing the person who is assaulted may experience one or more of the following bodily responses during or after the assault...**

Problems with concentration  
 Problems with memory  
 Coordination difficulties  
 Light-headedness or Dizziness  
 Changes in vision/ eyesight  
 Red eyes or red spots in their eyes  
 Blueish Lips & Fingertips

Neck Pain  
 Sore throat  
 Droopy eyelid or face  
 Tongue or lip injury

Losing control of bladder  
 Losing control of bowels  
 Loss of consciousness  
 Persistent Cough  
 Swollen Tongue  
 Swollen Neck  
 Nausea or vomiting

Seizures  
 Voice changes or loss  
 Breathing difficulties  
 Headaches  
 Limb Numbness/Tingling  
 Prolonged Nose Bleed  
 Swallowing difficulty

HIGH RISK SYMPTOMS – REFER TO EMERGENCY CARE IF OCCURRING WITHIN DAYS OF STRANGULATION

## PLAIN LANGUAGE DESCRIPTIONS

The following phrases may at times be used to describe assaults that involved ‘strangulation’ or ‘suffocation’

- “choked me”
- “pressed me up against...”
- “held me by the neck”
- “squeezed my neck”
- “hand’s 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 asphyxia, and possible ABI).

**Safety:** People experiencing domestic and family violence (DFV) are already mitigating the risks they face and have strategies in place to increase their safety. **Follow My Lead, My Safety Kit and My Dignity** are support resources described below and available via DVSM’s initiative Insight Exchange [www.insightexchange.net](http://www.insightexchange.net)

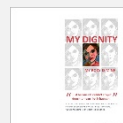


[Follow My Lead](#) is an awareness raising resource which speaks from the voice of people with lived experience of domestic and family violence (DFV) who need the professionals and their social networks to be more prepared to respond effectively; more prepared to respond in ways that uphold dignity and build on safety.



[My Safety Kit](#) is a reflection resource that speaks in the voice of the reader who may be reflecting on their own relationships and (possible) experiences of domestic and family violence.

A physical assault targeted at a person’s face, head or neck, or that tries to cut off their breathing may be perpetrated in the context of sexualised violence. [My Dignity - My body is mine](#) - an information and reflection resource for anyone who may be or has experienced sexualised violence, and anyone who may be responding. The intent of My Dignity is to provide information, support reflection, share lived experience insight from others, and signpost to contacts and supports.



Asking permission to ask: “Is it ok if I ask you a few questions about the assault to explore any health risks or harms it may have caused?”

## Exploring Violence and Resistance

In what ways did your partner (or other person) assault you?  
 How did you respond? Can you remember any actions you took or made when they were assaulting you?  
 How were these responses important or helpful to you?  
 What stopped the assault in the end?

When we ask a person about their responses to violence, we gain a better understanding of the violence, and of the risks to safety and wellbeing of the person faced.

## Exploring Strangulation

Was the assault directed at your face, head or neck? **[IF ‘YES’ CONTINUE]**  
 Did they touch or apply pressure on your neck at all?

These questions relate to Awareness examples 01 & 08 in the [DFV/ABI Project Report](#).

**[IF NO, USE [DFV/ABI Resource 02: DFV & Concussion/ m-TBI](#)]**  
**[IF YES, CONTINUE]**

Did they use two hands, one hand, or choke you with an arm or an object?  
 What happened in your body when they assaulted you like that? ----->  
 Did you feel light-headed? Did you pass out or lose control of your bladder?  
*If the person cannot remember all of/ parts of the assault:* What was the last thing you remember happening?  
 Did you notice any new health problems or changes afterwards? **[SEE LIST ON SIDE A]**  
 Did you notice that any of those health problems went away? Have any remained?  
 How recent was this assault? **[IF WITHIN PAST WEEK INFORM ABOUT HIGH RISK SYMPTOMS ON SIDE A]**

These are ways the body tries to protect itself when it is experiencing a serious injury. Soiled clothing, bedding or furniture can be used as evidence in cases where a perpetrator is charged with strangulation.

### Practice Note:

How can we support a person recovering from strangulation?



### Ask

- About their health and their experience of violence.
- About what medical attention or advice they have received.
- How we can support them with following this advice.

### Watch

- For any high risk or worsening symptoms (listed on side A), if strangulation occurred in the last 7 days support the person to access an emergency department.

## Support recovery and wellbeing

- Meet in comfortable spaces where the person feels most relaxed.
- Support the person to engage in activities that are not stressful but require them to use different parts of their brain, i.e. cooking, shopping, art, reading magazines, mild exercise (i.e. walking).
- Encourage them to talk with a doctor to discuss recovery and to track their health concerns.
- Listen to their limits and boundaries. Are they getting tired or experiencing an increase in symptoms? Ask them if they would like to stop case-work and rest, or if they feel ok to continue.
- If health problems relating to strangulation persist past a few weeks, discuss referral to a service that can explore the possibility of anoxic/hypoxic brain injury. Some pathways for brain injury services in Western Sydney are outlined in [Map 01 DFV/ABI Intersection: Responses and Service Pathways \(Western Sydney\)](#).

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