



Non-Fatal Strangulation (NFS) in the context of Intimate Partner Violence: A guide for clinicians

What is NFS?

Non-fatal strangulation (NFS), which is also called choking or suffocating, is when a person has survived “having pressure applied over the neck by any means” obstructing the airflow and blood vessels in the neck region. Pressure may be applied by one or two hands, forearm (as in a chokehold), other body parts or ligature.

NFS as a Risk Factor in Intimate Partner Violence

NFS is one of the most potentially lethal forms of intimate partner violence (IPV). People who have been strangled by an intimate partner are at greater risk of severe violence and of being killed by that partner. NFS in an IPV context is the ultimate form of power and control, where the perpetrator can demonstrate control over the victim’s next breath. NFS is a gendered crime, as almost always the victims are female and perpetrators are men.

The health consequences of NFS

There are few other acts of violence that have potential to create so many health problems for victims. NFS has been linked to neck and throat injuries, neurological disorders such as paralysis, memory loss, vision changes, and psychological disorders. NFS may cause brain damage due to lack of oxygen and may have caused internal injuries that don’t present until days or weeks later. There appears to be a positive correlation between the number of strangulations experienced by a victim-survivor and the resulting negative health outcomes. Given the pain inflicted and its potential lethality, NFS can induce a trauma response causing problems such as chronic insomnia, depression, anxiety, PTSD, and suicidal ideation. Visit www.blueknot.org.au to learn more about being trauma informed.

What you can do if you suspect a person has been recently strangled (choked)?

1. Ask about NFS

A person may use a range of words to describe NFS including choked, suffocated, grabbed by the throat, attempted to strangle me with his hands/ with my clothes, squeezed my neck and held me against the wall/door with his arm across my throat. The best way to ask about if NFS has occurred is to ask “has there been any pressure applied to your neck by any means?”

2. Ask about possible symptoms

The following symptoms may occur after an episode of strangulation:

- Difficulty breathing
- difficulty swallowing or pain on swallowing
- Vocal changes (raspy or hoarse voice, coughing, unable to speak or complete loss of voice)
- Dizziness, headaches

- Vision changes (complete loss or black and white vision, seeing 'stars', blurry)
- Memory loss – gaps in memory or a loss of time
- Hearing changes (complete loss of hearing, ringing, buzzing, pressure)
- Incontinence of urine and/or faeces at the time of strangulation

Post-strangulation symptoms such as confusion, slurred speech and agitation can potentially be misinterpreted intoxication or mental health issues. It is also important to note that NFS can cause unconsciousness, and as such, a person may not remember the strangulation.

3. Look for potential physical signs of NFS

- Bruises to the neck and/or behind the ears
- Scratches on the neck or under the chin
- Small red pin-point spots on the face, ears, eyes, neck or chest (petechiae)
- Bloodshot eyes
- Bleeding into the whites of the eyes (subconjunctival haemorrhages)
- Swollen face, mouth and/or neck

Victims of NFS may not show any obvious signs of NFS. A recent Western Australian study showed only **half** (52%) of women who had been strangled showed visible injuries.

4. Consult an ED Physician.

Refer them to be assessed by a Doctor or emergency department Physician. Breathing difficulties can be delayed up to 36 hours later. People can have long term medical and mental health issues after an episode of NFS.

5. Provide Support and Referral

- Inform your client that due to the recent NFS, they are at increased risk of being killed by that intimate partner at a later stage, and escalating IPV including death.
- Complete a thorough risk assessment including Safety Planning or refer client to a specialist FDV support service to undertake. If a recent sexual assault has occurred, phone SARC on 1800 199 888, or refer to the [SARC](#) Guidelines.
- If safe to do so, give them the "Non-Fatal Strangulation (NFS) Patient Information pamphlet, available through the [SARC](#) website.

6. Document

- Document what the patient describes. If any visible injuries, document either using body maps or with photographs.
- Clearly document that this was Non-Fatal Strangulation (NFS). It is vitally important to use the correct language when describing this in your medical record to avoid the behaviour being minimised or concealed. Note, as part of the Family Violence Reform Bill, the State Government is introducing a new criminal offence of non-fatal strangulation (to become law in 2020).
- Effective documentation in medical records can also be used to provide supporting evidence of the history of FDV. This can support victim-survivors in a number of ways, such as: in the application for restraining orders, criminal prosecution, tenancy matters, access to emergency financial support etc.



- The Assessment Family and Domestic Violence Form (FDV951) can be used to document the NFS and other FDV risk factors.

References:

Kristal, K., Non-fatal strangulation in women referred to refuges and domestic family violence outreach services, Women's Council for Domestic and Family Violence Services WA, 2019

Glass N, Laughton K, Campbell J, et al. Non-fatal strangulation is an important risk factor for homicide of women. J Emerg Med. 2008;35:329-335.

Smith, DJ, Mills, T & Taliaferro, EH 2001, 'Frequency and Relationships of Reported Symptomology in Victims of Intimate Partner Violence: The Effect of Multiple Strangulation Attacks, The Journal of Emergency Medicine, vol. 21, no. 3, pp 323 – 329.

Information for Victims of Strangulation (Pamphlet). PEI Family Violence Prevention Services Inc. (Adapted with permission from VON Canada). [N.D] (accessed via KK)

Pritchard, AJ, Reckdenwald, A, Nordham, C & Holton, J 2016, 'Improving Identification of Strangulation Injuries in Domestic Violence: Pilot Data From a Researcher-Practitioner Collaboration' Feminist Criminology, June 2016, pp 1 – 22.

Kristal, K., Non-fatal strangulation in women referred to refuges and domestic family violence outreach services, Women's Council for Domestic and Family Violence Services WA, 2019

Zilkens RR, Phillips MA, Kelly MC, Mukhtar SA, Semmens JB, Smith DA. Non-fatal strangulation in sexual assault: A study of clinical and assault characteristics highlighting the role of intimate partner violence. J Forensic Leg Med. 2016 Oct; 43:1-7.

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