ASSESSMENT TOOL:

Responding to strangulation in the context of domestic, family and sexual violence

Purpose

This assessment tool supports service providers to screen, assess and respond to women who have experienced strangulation in the context of domestic, family and sexual violence (DFSV). It is designed to supplement, rather than replace, existing organisational assessment tools and protocols, local referral pathways, and professional tools and guidelines (including medical guidelines; safety assessment tools, like the NSW Domestic Violence Safety Assessment Tool (DVSAT); and legislation). The tool is also designed to pick up smothering, suffocation and other forms of breath restriction.

Supporting documentation

The practice standards outlined within this assessment tool are evidence-based and informed by the Women's Health NSW Guidelines: Responding to non-fatal strangulation and sexual choking.

Structure

This tool consists of three steps:

1. **Know the signs:** Be familiar with the signs and symptoms of strangulation and be prepared to revisit screening for strangulation across the client's service interactions.
2. **Ask the questions:** Ask questions to assess a woman's medical, safety and short- and long-term needs.
3. **Respond to needs:** Act on the information.

> Taking a trauma-informed approach, this assessment tool is designed to be conversational, client-centred and flexible in its implementation. The three steps it outlines do not need to be taken in order. For example, the client may disclose strangulation when discussing their safety, and so you may assess the client's safety needs before identifying their initial medical needs.

At a glance: Strangulation in the context of domestic, family and sexual violence referral pathway

Disclosure of strangulation in the context of domestic, family and sexual violence

What is the initial medical need?

Recent strangulation (within 7 days)

Signs of life-threatening injury

Call 000 and inform onsite doctor and/or nurse.

Support to attend local emergency department

Refer to emergency department using medical referral template (if safe to carry). If client refuses, provide GP referral.

Historical strangulation (more than 7 days)

New or evolving neurological symptoms

Refer to primary health services (i.e. GP, neuro OT) or emergency department if symptoms significant or local criteria allows using medical referral template.

No significant signs and symptoms

Refer to primary health services (i.e. GP, neuro OT) or emergency department if symptoms significant or local criteria allows using medical referral template.

What is the safety need?

Serious and immediate threat

Call 000 if you believe the woman or her children are in serious and immediate threat. Share information only with client consent or without it only if risk assessed as serious and immediate.

Domestic and family violence, no serious and immediate threat

Call 000 if you believe the woman or her children are in serious and immediate threat. Share information only with client consent or without it only if risk assessed as serious and immediate.

Sexual violence, no serious and immediate threat

Discuss options with client including a formal police report, an online police report (SARO), and a referral to a Sexual Assault Service.

Mandatory reporting

Complete if the client is 17 years or younger or they disclose a child was present during the incident/event.

What are the client's short- and long-term needs?

- Case management
- Legal support
- Medical follow-up
- Mental, psychological, psychosocial and community support
- Children's health and wellbeing

STEP 1:
Know the signs

Medical red flags

How the injury occurred

- Repeated incidents of 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 event
    - Physical signs and symptoms of strangulation
    - neck bruises, 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 laboured breathing

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
- Changes in sleep
    - trouble falling asleep
    - excess sleep
- 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

When to screen for strangulation

1. Disclosure and/or indicators of domestic and family violence
   For example:
    - fear of their intimate partner or family member
    - physical injuries, including bruising, lacerations, patterns of repeated injury
    - delay in seeking medical or mental health support
    - isolation from family and friends
    - partner/family member monitoring behavior, tracking location, controlling finances
2. Disclosure and/or indicators of sexual violence
   For example:
    - feeling pressured to do sexual acts that they didn't want to do
    - physical injuries, including bruising, pelvic pain, sexually transmitted infection
    - complaints about sexual dysfunction or sexual behavior
    - unwanted pregnancies (as a result of sexual violence)
3. Completing a DVSAT
4. Disclosure and/or indicators of strangulation and sexual choking, including visible and non-visible signs and symptoms
5. Signs and symptoms of a potential brain injury

Screen new clients early to engage early intervention. Sometimes it can take time to build trust and rapport so be prepared to revisit screening tools at any stage during the client's journey. Strangulation can be a repeated and ongoing part of women's experiences of domestic and family violence.

STEP 2:
Ask the questions

All questions within this assessment tool can be modified to mirror the client's language and reflect their cultural and life experiences. They can also be supplemented with prompts. See screening and assessing in Guidelines: Responding to non-fatal strangulation and sexual choking.

Screen for strangulation

Was pressure applied to your neck or were you held in a way that made it hard to breathe, including during sex? **For example:** • held or grabbed by the neck • choked or put in a chokehold • anything over or in your mouth • your face pushed into a pillow or mattress • pinned down or put pressure on your chest If the client does not to answer, document this and include a prompt to screen for strangulation in a later session.	☐ Yes ☐ No ☐ Not disclosed Comment:

Assessment of initial medical need

If the client has any life-threatening injuries, call 000 and stay with the client until help arrives

Signs of life-threatening injury
- trouble breathing
- near or complete loss of consciousness
- confusion/not responding appropriately

When was the last time pressure was applied to your neck? When exploring the client's experience, it can help in the initial stages to mirror the client's language. For example, if the client calls strangulation "choking", you use the same term.	☐ Within the last 7 days ☐ More than 7 days ago Comment: (i.e. day, month, year)
Can you tell me about what happened? If in the context of consensual sexual choking, see "Referral pathway: Disclosure of strangulation in the context of sexual choking" in the Guidelines: Responding to non-fatal strangulation and sexual choking.	**Context:** ☐ DFV ☐ SV ☐ DFSV ☐ Sexual choking **About the event:** ☐ Repeated strangulation ☐ Significant force (lifted off the ground, shaken or hit) Comment:

Explore with the client any symptoms they experienced during or within 10 days of the strangulation event. Consider incorporating health promotion/psychosocial education into your assessment. **For example:** Pressure to the neck can cause oxygen and blood supply to the brain to be cut off. This can cause someone to lose consciousness or faint. Did this happen to you?	☐ 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 NFS ○ 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 laboured breathing Comment:
Explore with the client any new or evolving neurological symptoms that have developed since the strangulation event. Consider providing basic health promotion/psychosocial education to clients around why these indicators are important to explore. **For example:** Pressure on your neck can hurt your head, just like being hit in the head. Did you feel dizzy or confused after this happened?	☐ 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 Comment:

Assessment of safety need	
If the client's safety needs have **not** already been assessed, use the following questions, or complete a DVSAT. If your organisation doesn't regularly complete risk assessments, refer to one that does, for example, Women's Domestic Violence Court Advocacy Service (WDVCAS).	
Are you worried about your immediate safety or the safety of anyone close to you? **Call 000 if the client expresses they are, or you deem the centre, client and/or their children to be, at serious and immediate threat.**	☐ Yes ☐ No ☐ Not disclosed Comment:
Do you currently have, or in the past have you had, an Apprehended Domestic Violence Order (ADVO) against this person?	☐ Yes ☐ No ☐ Not disclosed Comment:
Are there any children or young people who usually live with you, or visit the home? **Example:** • your own children from this relationship • children from a previous relationship • other children you care for, e.g. grandchildren/kinship care	☐ Yes ☐ No ☐ Not disclosed Comment:
Did a child (0 to 15 years) or young person (16 to 17 years) experience (including witnessing) strangulation during this event or at another time?	☐ Yes ☐ No ☐ Not disclosed Comment:
Are you already connected to other services?	☐ Yes ☐ No ☐ Not disclosed Comment:
Do you have somewhere safe to go today?	☐ Yes ☐ No ☐ Not disclosed Comment:

STEP 3:

RESPOND TO NEEDS

The response outlined within this assessment tool has been summarised. For the full response description, including more details on client presentation, actions, considerations and the Statewide Service Directory, see Guidelines: Responding to non-fatal strangulation and sexual choking.

Remember to proactively engage with the client to understand their cultural identity, intersecting marginalisations and life experiences, and consider how these factors should inform the services you connect them to.

Ask yourself: Will this service be culturally safe, accessible, affordable and acceptable to my client?

Medical response

Outcome	Response
Recent strangulation event (within 7 days) **Signs of life-threatening injury**	• **Call 000** and request an ambulance • Inform onsite doctor, nurse or first aider, if available • Do not leave the client alone

Recent strangulation event (within 7 days)
With or without significant signs or symptoms of strangulation
	• Use the medical referral template to support the client to attend a local emergency department (if it is safe for them to carry)
	• If the client chooses not to attend the emergency department, provide GP referral
	• If the client has experienced sexual assault, discuss referral to a Sexual Assault Service
	• Deliver health promotion/psychosocial education, including the following (for more information visit itleftnomarks.com.au):
	  ○ the benefits of an initial medical assessment
	  ○ when to seek immediate medical advice in case they are delayed in attending, or choose not to attend, an emergency department
	
	If you are unsure if the client has signs of life-threatening injury or feel it is necessary for an ambulance to be called, do so.

Historical strangulation event (more than 7 days ago)
New or evolving neurological symptoms
	• Using the medical referral template provide a warm referral to a primary healthcare service, such as a GP, nurse practitioner, neuro occupational therapist, neurophysiologist or specialised healthcare service
	• If the client has experienced sexual assault, discuss a referral to a Sexual Assault Service
	• Deliver health promotion/psychosocial education, including the following (for more information visit itleftnomarks.com.au):
	  ○ the benefits of seeking a medical assessment, including brain injury assessment, which might result in receiving appropriate medical treatment; accessing additional health services preventing life-long injury; receiving expert medical advice; and support in applications for NDIS funding and for evidence-gathering for legal and compensatory outcomes they may wish to pursue in the future
	  ○ when to seek medical advice if they later experience strangulation or a knock to the head, or are shaken violently

Historical strangulation event (more than 7 days ago) **No significant signs or symptoms**	• Deliver health promotion/psychosocial education, including the following (for more information visit itleftnomarks.com.au): ○ the benefits of seeking medical attention if they experience any new or evolving symptoms ○ when to seek medical advice if they later experience strangulation or a knock to the head, or are shaken violently
Safety response	
Outcome	**Suggested action**
Serious and immediate threat **Client states they are, or they are assessed to be, at serious and immediate threat from physical harm or injury from the perpetrator and/or another person**	• **Call 000** and request police to attend the client's location • Stay with, or on the phone with, the client • Follow workplace safety procedures and inform your supervisor or manager of the situation • If the client is not at the service centre (i.e. is on the phone or online), advise them to move to a safe space. This might include locking themselves in a room or moving to a safer location, such as a neighbour's house • Client information is only to be shared with consent and/or in accordance with part 13A of the *Crime (Domestic and Personal Violence) Act 2007* (NSW)
Domestic and family violence (DFV) **No serious and immediate threat**	• Discuss reporting options with the client: ○ formal reporting to local NSW Police Domestic Violence Liaison Officer ○ formal reporting to local police station • If your service does not provide DFV services, gain consent to share information and provide warm referral to a DFV service that can help the client with safety planning and risk mitigation • If your service does provide DFV services, discuss risk mitigation and possible referral to local Safety Action Meeting
Sexual violence **No serious and immediate threat**	• Discuss reporting options with the client: ○ formal reporting to local NSW Police Sexual Violence Portfolio Holder ○ formal reporting to the local police station ○ online reporting using the Sexual Assault Reporting Option • Discuss a referral to a Sexual Assault Service to access specialist counselling, medical care, and the option for forensic and medical examination for clients who experienced sexual assault within 7 days. Children and young people who have experienced sexual assault more than 7 days ago may still be able to access forensic and medical examination. Consult with your local Sexual Assault Service to discuss
Mandatory reporting	
Client discloses a child (0 to 15 years) or young person (16 to 17 years) experienced DFSV or is otherwise at risk of harm	• Use the Mandatory Reporting Guide to assess the need to complete a mandatory report • Mandatory reporting obligations should be discussed with and explained to the client • Wherever possible, offer early intervention services for children present in the home for DFSV

Short and long-term response	
Discussing a client's short- and long-term needs and what services they would like to engage throughout their healing journey is an ongoing process that can take place over multiple service interactions.	
Identified needs	**Suggested action**
Case management support	• Referral to case management support should be discussed with all clients who are engaging in one or more services, or who may be suffering from an acquired brain injury • Referral options should be discussed with the client, including accessing case management through specialised services
Mental, psychological, psychosocial and community support	• Discuss with the client available mental health services and supports • Discuss all available options for psychosocial support, including peer support groups, community activities and events, and advocacy options • Reduce the stigma associated with poor mental health and any reluctance to seek support with providing warm referrals, offering culturally safe services, and offering peer support options

Medical follow-up
 	
The client's health needs remain unmet, or they have new or evolving neurological symptoms
	• Using the medical referral template provide a warm referral to a primary healthcare service, such as a GP, nurse practitioner, neuro occupational therapist, neurophysiologist or specialised healthcare service
	• Deliver health promotion/psychosocial education, including the following (for more information visit itleftnomarks.com.au):
	  ○ the benefits of seeking further medical assessment, including brain injury assessment, which might result in receiving appropriate medical treatment; accessing additional health services preventing life-long injury; receiving expert medical advice; and support in applications for NDIS funding and for evidence-gathering for legal and compensatory outcomes they may wish to pursue in the future
	  ○ when to seek medical advice if they later experience strangulation or a knock to the head, or are shaken violently
	• Discuss allied and holistic health options, not as an alternative to a GP visit, but in tandem with it. These include the following:
	  ○ massage therapy
	  ○ naturopathy
	  ○ physiotherapy
	  ○ speech pathology

Legal support **Client may wish to access legal support to pursue criminal charges, make a civil claim, or apply for compensation**	• Explain to the client there are multiple legal options they may wish to pursue in the future, including criminal charges, civil claims and victims compensation • Clients are to be made aware that there is no limitation period for strangulation so they can pursue a criminal outcome at any time • If the client wishes to explore legal or compensation options, discuss specialist legal services they may wish to engage with, for example Women's Legal Service NSW

Children's health and wellbeing **Disclosures of children being present in the home or witnessing strangulation or other forms of DFSV**	• Connect clients and their children with early intervention services