

## Summary of implications

# Non-fatal strangulation and acquired brain injury in the context of sexual violence

**Key consideration 1:**  
Australian prevalence data on non-fatal strangulation and brain injury is lacking and needed to support multidisciplinary, evidence-based responses

1. There is a need for accurate and localised prevalence data about non-fatal strangulation particularly in the context of sexual violence.
2. Service providers should ask women about non-fatal strangulation if they are aware that other physical forms of intimate partner violence are occurring.
3. Services need organisational protocols and referral pathways that promote multidisciplinary, evidence-based responses for victims and survivors of non-fatal strangulation.
4. Screening and assessment tools covering non-fatal strangulation should employ a general question about pressure being applied to the neck and/or breathing being inhibited and be supported by guides and regular training for screeners.

**Key consideration 2:**  
A number of factors, including delayed and hidden signs and symptoms and a lack of understanding of the potential for non-fatal strangulation to cause brain injury, hamper appropriate medical referral and follow-up

5. Foster greater awareness of potential health implications of non-fatal strangulation so service providers make appropriate medical referrals while remaining cognisant of safety.
6. Scaffold better recognition of injuries related to non-fatal strangulation with localised longitudinal studies that focus on the prevalence and relationship with other health implications following strangulation.
7. Develop and tailor organisational tools, including a referral pathway and protocol, to facilitate staff making localised and appropriate medical referrals that support women advocating for health needs following non-fatal strangulation and brain injury.
8. Build greater understanding of the health implications of non-fatal strangulation among service providers, specifically hidden and delayed signs and symptoms, to increase medical referrals, build clinical data and strengthen clinical guidelines.
9. Improve evidence about, understanding of, and access to neuropsychological assessment and social support for women with brain injuries resulting from gender-based violence including non-fatal strangulation.
10. Review protocols and resources relating to acquired brain injuries with a domestic, family and sexual violence-informed lens to

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## Key consideration 2

ensure relevance for women experiencing violence and provide alternatives for managing mild brain injuries when the home environment is not conducive to recovery.

**Key consideration 3:**  
Service providers need to stay cognisant of legal and compensatory responses to non-fatal strangulation and increase specific and informed consent for sexual choking

11. Conduct research into the efficacy of the 2018 changes to the *Crimes Act 1900* (NSW) against the stated aim of facilitating prosecution of more offences of choking, suffocation and strangulation in the context of DFV.
12. Services should develop data collection and protocols to assist staff to record instances and impacts of non-fatal strangulation in case notes in line with their role and responsibilities alongside regular training to effectively use them.
13. Build capacity for specific and informed consent in New South Wales via the provision of non-judgemental and accessible legal and health information relating to sexual choking and brain injury.

**Key consideration 4:**  
The normalisation of sexual choking as a mainstream sexual practice creates a need for accurate and up-to-date health and legal information

14. Provide women and their sexual partners with accurate and up-to-date information about risks associated with choking and being choked by their sexual partners.
15. Resource people engaging in sexual choking with up-to-date health information that makes clear the link between choking and mild brain injuries, including the long-term effects of repeated brain injuries.
16. Foster a sexual health-capable culture by building digital capacity to assess and critically engage with all forms of information about sexual choking and factor them into informed consent.

**Key consideration 5:**  
Non-fatal strangulation and brain injuries can impact differently across different life stages and intersect with other forms of disadvantage and discrimination

17. Alongside fulfilling mandatory child safety requirements, adult-focused services addressing non-fatal strangulation and brain injuries should keep children in view and offer referrals for early intervention wherever possible.
18. When designing responses to non-fatal strangulation and brain injury, care should be taken to consider differences in the way these issues present at different life stages and intersect with other forms of marginalisation and discrimination.