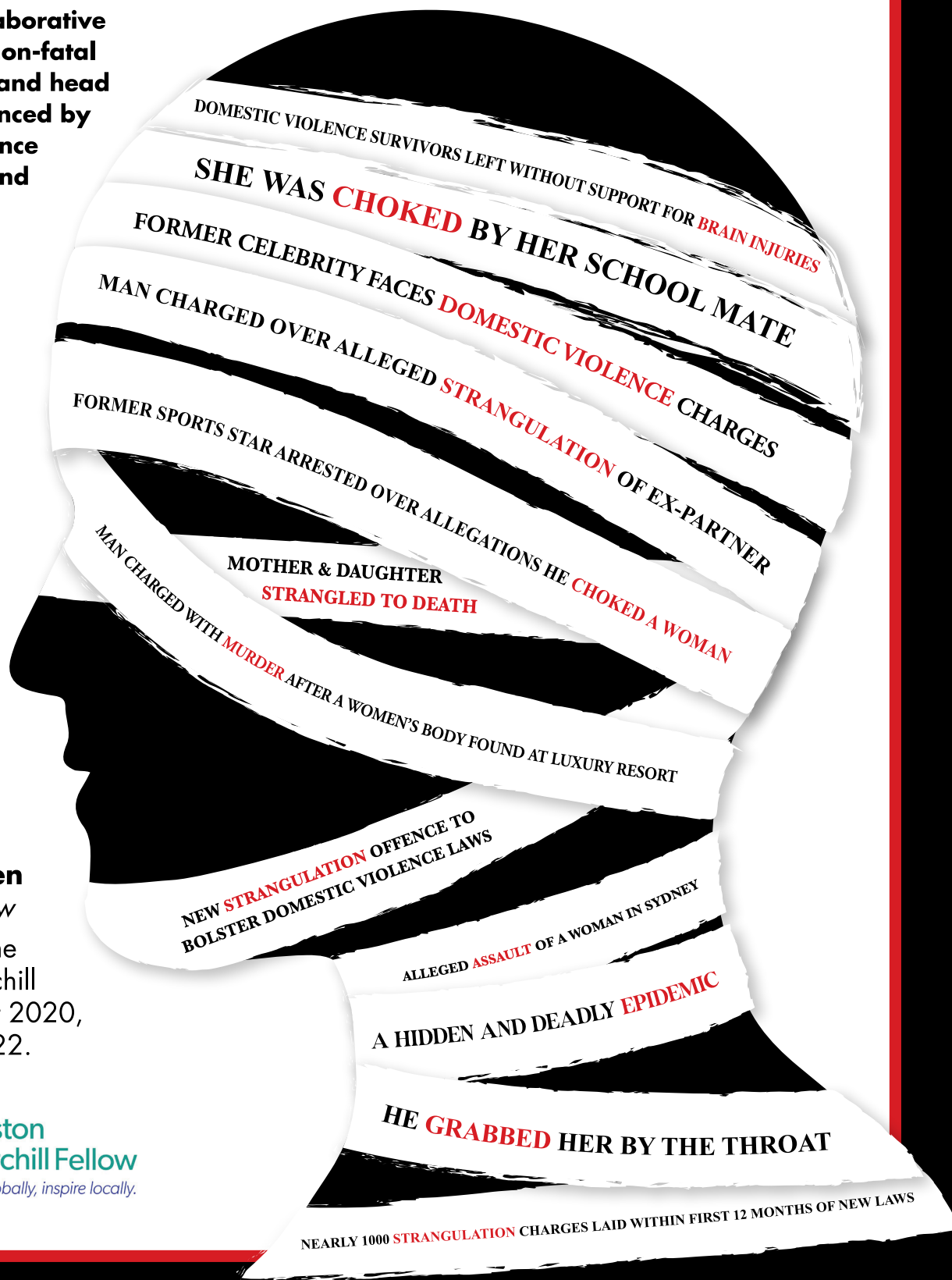


# BEYOND *the* HEADLINE

Exploring collaborative responses to non-fatal strangulation and head injury experienced by domestic violence victims, USA and Canada.



DOMESTIC VIOLENCE SURVIVORS LEFT WITHOUT SUPPORT FOR **BRAIN INJURIES**

**SHE WAS CHOKED BY HER SCHOOL MATE**

FORMER CELEBRITY FACES **DOMESTIC VIOLENCE** CHARGES

MAN CHARGED OVER ALLEGED **STRANGULATION** OF EX-PARTNER

FORMER SPORTS STAR ARRESTED OVER ALLEGATIONS HE **CHOKED A WOMAN**

MOTHER & DAUGHTER **STRANGLED TO DEATH**

MAN CHARGED WITH **MURDER** AFTER A WOMEN'S BODY FOUND AT LUXURY RESORT

NEW **STRANGULATION** OFFENCE TO BOLSTER DOMESTIC VIOLENCE LAWS

ALLEGED **ASSAULT** OF A WOMAN IN SYDNEY

A HIDDEN AND DEADLY **EPIDEMIC**

HE **GRABBED** HER BY THE THROAT

NEARLY 1000 **STRANGULATION** CHARGES LAID WITHIN FIRST 12 MONTHS OF NEW LAWS

**Danielle Allen**  
Churchill Fellow

Awarded by the  
Winston Churchill  
Memorial Trust 2020,  
completed 2022.



## EXECUTIVE SUMMARY

### **‘Beyond the Headline’- Exploring collaborative responses to domestic violence victims who have experienced non-fatal strangulation and brain injury**

**WINSTON CHURCHILL FELLOWSHIP REPORT**

**DANIELLE ALLEN, JUNE 2022.**

Attempted strangulation is a serious red flag in a violent relationship. It is a lethality indicator. In fact, you are 7.5 times more likely to be murdered if your violent partner has already tried to strangle you (Glass et al. 2008). Strangulation is medically dangerous, with internal unseen injuries that can have disabling or deadly consequences in the days and weeks after the assault. Brain injury can occur with brain cells dying within seconds when deprived of oxygen due to pressure on the neck. Hits or blows to the head can also cause traumatic brain injuries that can leave a legacy of neurological, physical, and mental health challenges. Most victims/ survivors are unaware of these medical risks and do not seek medical assessment. These forms of extreme physical violence are sadly common and

often combined with intimidation, coercive control and other forms of domestic, family and intimate partner abuse.

The key to saving lives and reducing the serious health impacts of these violent assaults, is effective collaborative responses and risk assessment for victims/ survivors. This Fellowship report contains examples of collaborative integrated service responses, possible treatment pathways and assessment tools developed by colleagues the USA and Canada, who are leading practice and research developments in this area.

This report is intended for government and non-government agencies working in the domestic, family, intimate partner violence field. The focus of my recommendations is on improving system and service responses to victims/ survivors who have experienced non-fatal strangulation and potential brain injury.

The global impact of the COVID-19 pandemic necessitated a change from an in-person traveling Fellowship to one conducted virtually using video conferencing platforms. 18 organisations participated in the project with 20 online interviews primarily conducted over a four-week period in March 2022. Additionally, I attended four industry webinars, learning from leaders in the field who shared their practice knowledge and research findings.

The findings of this report are relevant to four key areas in the Australian context:

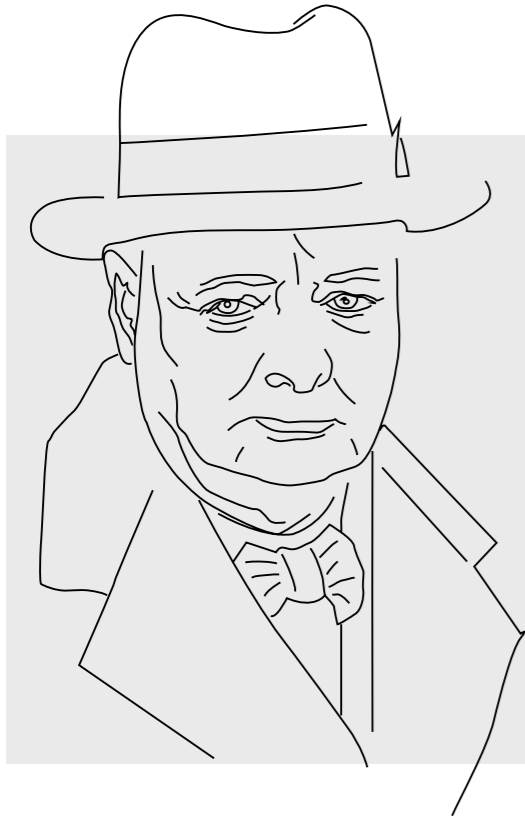
- Prioritising education and training across the sector to strengthen work force capacity.
- Developing guidelines for collaborative assessment, safety planning and referral for and with victims/ survivors of non-fatal strangulation and brain injury related to intimate partner and domestic and family violence.
- Building community awareness around the health implications and risks of non-fatal strangulation and brain injury in domestic, family and intimate partner violence.
- Advocating for a whole of system approach to providing support and service improvements for and with victims/ survivors.

The obvious disparity with the recognition, treatment and supports of sports related head injuries has propelled the work of researchers and advocates. Significant investment in researching ‘what works’ for assessing, treating and supporting victims/ survivors of domestic, family and intimate partner violence is occurring in the USA and Canada. Research is urgently needed into the impact that the erotization of violence in main stream media and

pornography is having on violence in relationships. Many experts are witnessing an increase use of extreme physical assault and coercive control in both casual and intimate relationships, particularly among young people.

The findings from this Fellowship investigation will be shared with policy makers, service providers and key stakeholders nationally, to shine a light on the potential deadly issues of non-fatal strangulation and brain injury in domestic, family and intimate violence. Focused and committed support for improved whole of system and community responses are required in Australia.

## CONCLUSION AND RECOMMENDATIONS



*"It is not enough to say we are doing our best, we must succeed in doing what is necessary."*

*Winston Churchill*

Our colleagues in the USA and Canada are demonstrating that with determined effort and cross agency collaborations in both practice and research, improving service responses to victims/ survivors who have experienced lethal levels of physical violence like non-fatal strangulation and brain injury is necessary and achievable.

Enacting specific legislation recognising the lethality of these forms of violence is only the first step to improving legal, social and health responses to victims/ survivors of high risk physical gendered violence, including those who experience NFS and TBI's. Implementation guidelines

and treatment pathways, cross sector education and collaborative responses are all essential for ensuring victims/ survivors are supported and perpetrators are held accountable.

Significant investment in researching 'what works' for assessing, treating and supporting NFS and TBI victims/ survivors of domestic, family and intimate partner violence is needed in Australia. Focused and committed support for improving 'whole of system', victim/survivor centred and community responses are required.

## RECOMMENDATIONS

1. When IPV or child abuse is identified, protocols are required for routine enquiry about non-fatal strangulation and traumatic brain injury.
2. When IPV is identified, protocols for discussing the implications of risk assessments with adult victims are required.
3. Cross sector education on the impacts and risks of non-fatal strangulation and brain injury in domestic and family violence is required whilst the specialties of support services is maintained.
4. Establish and promote 'champions' within organisations to lead service improvement strategies.
5. Collaboration between agencies should be seen as an essential part of the service response and measured in annual reports, performance appraisals and accreditation. Funding to acknowledge that cross sector relationship building needs to be built in to ensure it happens.
6. Co-location of DFV supports services – tailored to communities with options for full-time, part-time or a mobile basis in non-metro centres, with lower populations where a permanent 'one stop shop' is not feasible. Improve accessibility to services by co designing culturally specific service hubs with communities with priority populations.
7. For Health services:
  - Urgent need for State sanctioned guidelines for assessing IPV related NFS and TBI.
  - Develop treatment and support pathways comparable to the effort that has been made for sports related head injuries.
  - Treatment and support pathways must include both medical and psychosocial responses and referrals within and across services.
  - Mandatory local implementation plans to accompany guidelines at individual hospitals, linked to accreditation.
  - Training for all emergency departments, general practice doctors and mandatory screeners within health services to ask about NFS and TBI when IPV is identified.
  - Embed education on the health and social impacts of IPV including responding to NFS and TBI's into undergraduate nursing, medical and allied health training.
  - Expansion of current sexual assault forensic assessment services to support victims/ survivors of domestic and family violence.
8. Key national stakeholders to collaborate and deliver a public community awareness campaign, highlighting the risks and impact of NFS and TBI to all, not only to those who disclose abuse.
9. Hope focused, strength-based service models co-designed and lead by victims/ survivors.
10. Investigate support for Women's Community Shelters and Homelessness services to trial TBI treatment programs in conjunction with health rehabilitation professionals and researchers.