

A health response to Non-lethal Strangulation in Domestic and Family Violence

FACTSHEET

Background

The Final Report of the Special Taskforce Into Domestic and Family Violence in Queensland, the [Not Now Not Ever: Putting an End to Domestic and Family Violence](#), recommended "... that the Queensland Government considers the creation of a specific offence of strangulation." Non-lethal strangulation in Domestic and Family Violence (DFV) became a stand-alone criminal offence in Queensland in April 2016. The intent of a stand-alone strangulation offence is primarily to improve justice responses and to increase women's safety. The evidence advocates the need for other important reform including awareness-raising of the risks, improving identification and treatment of health needs, and better coordination of forensic responses. This Factsheet and Flowchart aim to address these needs through the provision of easy-to-access, evidence-based resources for use in busy clinical environments.

Evidence-based responses to non-lethal strangulation in DFV

- **ASK.** Non-lethal strangulation can cause serious and potentially critical damage to the structures of the neck with few or no obvious signs on the body. Where health workers suspect/know that a client has experienced DFV, the most useful initial screening tool is to ask the client directly about their experiences.
- **CHECK.** The evidence shows that the clinical signs and symptoms of serious injury resulting from non-lethal strangulation can be easily overlooked as minor health complaints, other less dangerous injuries, or as indicators of intoxication.
- **USE CLINICAL JUDGEMENT & CONSULT.** There is no evidence to support any one set of clinical screening or treatment protocols for clients who have experienced non-lethal strangulation. Knowledge of the presentation, impacts and potential outcomes of non-lethal strangulation is essential to good clinical judgement.
- **INFORM AND REFER.** The research shows that 'lay people' may not know the risks and symptoms of non-lethal strangulation in DFV. The provision of health information is a key part of the clinical response. Refer women to specialist support workers who can provide the information women need to make informed decisions.
- **DOCUMENT.** Evidence suggests that health records may be important in securing convictions and keeping victims safe.

Non-lethal strangulation and information sharing in DFV

- **Information sharing with client consent.** Obtaining client consent to release information is preferable where safe, possible and practical. When you have client consent the process for information sharing does not change. For more information refer to Queensland Health's [DFV Referral Model](#).
- In addition to the new crime of non-lethal strangulation in DFV in Queensland, there have been recent amendments to the [Domestic and Family Violence Protection Act 2012](#) that operate as an exception to the duty of confidentiality stipulated in section 142 of the [Hospital and Health Boards Act 2011](#) and allow hospitals and health services to share otherwise confidential client information for the purposes of assessing or managing DFV risk.
- Health workers can share client information to support an assessment of DFV risk, or to lessen or prevent a serious DFV threat. For more information refer to the Queensland Health quick reference [DFV Information Sharing Flowchart](#), or the [DFV Information Sharing Guidelines](#).
- Recent legislative reform in relation to non-lethal strangulation and information sharing in DFV **do not constitute mandatory reporting**. Health workers are not obliged to report an incident of non-lethal strangulation to the police.
- **Duty of Care.** All Queensland Health staff members have a duty of care to disclose any relevant information about a client to avert a serious risk to the life, health or safety of the client, another person or to public safety. Under the HHB Act, disclosure in these situations can be made by a designated person with the written authority of the Hospital and Health Service Chief Executive or delegate. Staff should be aware of which positions have this delegation within their local service.