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# The voices of women impacted by non-fatal strangulation

(Summary Report - key themes)



## Content/ Trigger Warning

This report contains material that can be confronting and disturbing. Sometimes words can cause sadness or distress, or trigger traumatic memories for people, particularly survivors of past abuse or violence. For some people, these responses can be overwhelming. If you need to talk to someone, support is available 24 hours a day through the following support services:

1800RESPECT:	1800 737 732
DV Connect:	
Womensline -	1800 811 811
Mensline -	1300 789 978
Lifeline:	13 11 14
Beyond Blue:	1300 224 636

## Acknowledgements

### Acknowledgement of Country

We proudly acknowledge the Traditional Owners of the lands across Queensland and other Australian states and territories and pay our respects to all First Nations Australians. We acknowledge that sovereignty over this land was never ceded.

### Acknowledgement of Red Rose Foundation

We acknowledge the work of the Red Rose Foundation without whose efforts this study would not have been possible. Our research partnership with the Foundation, through a Memorandum of Understanding, was the basis for this study.

### Acknowledgement of Research Participants

We acknowledge the sixteen brave women who gave of their time to speak so that others may learn from their experience. This report has been written for each of them. It recognises that many victim/survivors remain invisible and unheard; it also recognises the criticality of an integrated, systems response when victim/survivors speak. Victim/survivors are the reason behind, and at the forefront of, our work. We thank you for sharing your stories with us and keeping us grounded in our efforts.

### Artwork on cover

The artwork on the cover was created by talented artist Kylie Hill. Kylie is a proud Kalkadoon and Waanyi woman from Mount Isa in far north Queensland. Kylie has called Ipswich home for the past 30 years.

<https://indigenousartcode.org/member/kylie-hill/>



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# The voices of women impacted by non-fatal strangulation (Summary Report - key themes)

## Introduction

### Background

Strangulation is one of the most lethal forms of domestic violence. It is mainly perpetrated by men against women and survivors of strangulation suffer not only immediate impacts, but potentially, delayed and/or long-term consequences.

Strangulation can take various forms (as will be evidenced in women's accounts within this report). De Boos (2019, p. 302) describes strangulation as external pressure to the neck that can be achieved through:

*manual pressure (throttling with hands, forearm, kneeling/foot on the neck), sleeper hold (elbow bend compression or headlock), ligature/garroting (necklace, clothing, cord, belt), neck compression (object pressed against the neck) and hanging.*

Despite the high risk of lethality and serious harm, the prevalence of non-fatal strangulation (NFS) in Australia is unknown (De Boos, 2019). There is limited research on the topic, with only a minimal number of published studies in Australia.

The lack of research pertaining to NFS formed the basis of a Memorandum of Understanding (MOU) between the Red Rose Foundation (Red Rose) and the Queensland Centre for Domestic and Family Violence Research (QCDFVR) CQUniversity in 2019. Both Red Rose and QCDFVR have a focus on domestic and family violence (DFV). Specifically, Red Rose is a lead provider in training, advocacy, and support regarding strangulation.

A priority emerging from the MOU was a study focused on hearing the experiences of women who had survived non-fatal strangulation (NFS). Such a study was undertaken in 2020 and 2021 and is understood to be an Australian first with its focus on hearing women's voices talking about their NFS experience in intimate partnerships.

The study's aims were two-fold: the first was to capture women's perspectives regarding their NFS experiences and the impacts; and the second was to discern the supports and responses they received from the service system. Sixteen women consented to share their perspectives with interviewers from CQUniversity. The study was supported by a grant from CQUniversity Australia, awarded to Dr Nicola Cheyne.

This report provides a summary of key themes arising from the study. It is an initial report written to honour and do justice to the voices and views of the women who participated in the study. As such, the words of the interviewees (each assigned a pseudonym) are key features of this report. Given the breadth of information shared by participants, this report does not purport to reflect the full extent of findings from the study; these will be contained in forthcoming reports and articles.

## Literature

This study was timely given the limited literature on the topic, with calls for more research to be undertaken in this area. The current research reveals that:


- Non-fatal strangulation (NFS) is a high harm and high-risk form of gendered violence (Glass et al., 2008; Gwinn et al., 2014; Joshi et al., 2012; Mcquown et al., 2016; Messing et al., 2018; Reckdenwald et al., 2019; Strack et al., 2001; Thomas et al., 2014; Wilbur et al., 2001).
- The high harm contextualisation of NFS is related to its potential lethality, the possibility of acquiring a brain injury, or suffering serious delayed consequences such as a stroke or blood clot (Birchard et al., 2021; Braamcamp de Mancellos, 2021; Brady et al., 2021; Cimino et al., 2019; De Boos, 2019; Douglas & Fitzgerald, 2020; Glass et al., 2008; Hawley et al., 2001; Kabat & Anderson, 1943; Levack et al., 2009; Spencer & Stith, 2020; Thomas et al., 2014).
- Women who experience NFS are also in a high-risk category, with their potential to be murdered in a future violent event by the same perpetrator significantly increased (De Boos, 2019; Glass et al., 2008; Thomas et al., 2014).
- The true extent of the harm and risk caused by NFS is not accurately understood as many women do not seek assistance after an incident, and for women who do seek assistance, the complexity of their circumstances can be compounded by the lack of any obvious physical injuries and the dearth of knowledge about NFS by workers in some service sectors (Anderson, 2016; Braamcamp de Mancellos, 2021; De Boos, 2019; Gwinn et al., 2014; McClane et al., 2001; Smith et al., 2001; Strack & Gwinn, 2011; Turkel, 2007).

As part of this study, an integrative literature review was undertaken. This review can be accessed on the QCDFVR and Red Rose websites.

## Approach and Methodology

A feminist, participatory, and trauma-informed approach formed a critical component of this study. All interviewers were experienced DFV lecturers and/or researchers, and all had partaken in NFS training and held a nuanced understanding of trauma. High Risk Ethical approval for the study was granted by CQUniversity Australia. Red Rose offered support to women who requested it at any stage prior to, during or after the interview process.

Semi-structured research questions were co-designed with Red Rose to meet the two research aims: to gain understandings of a) women's experiences of NFS and its impacts; and b) the supports and responses they received from the service system. Red Rose shared information about the study, and an invitation to participate in it, with women who had engaged with the Foundation due to their experiences of NFS. Sixteen women consented to be interviewed, with interviews carried out through a mix of communication media - face-to-face, telephone, and internet conferencing.



Analyses of the interview transcripts were undertaken through an initial coding exercise in NVivo followed by a further manual feminist content analysis to ensure the full extent of messages conveyed by the interviewees were captured. A draft of the report was shared with participants of the study to check quotes and context prior to its finalisation.

## Limitations

The sample of interview participants for this study was relatively small. The interviews took place during COVID-19 restrictions - this may have influenced some of the responses. Interviewees had engaged with Red Rose and received information and support in relation to DFV and NFS prior to participating in this study. Accordingly, participants indicated they had developed an increased awareness of 'red flags' and harms associated with NFS – an awareness they did not have prior to engagement with Red Rose.

## Findings

In commencing the findings section, it should be noted that:

- all perpetrators of the NFS events were male;
- all perpetrators were the (then) intimate partners of the women interviewed;
- the NFS co-occurred with other forms of abuse in intimate partner relationships spanning from one to 22 years; and
- all participants had separated from the perpetrator at the time of the interviews.

## A repertoire of abuse

Participants highlighted a veritable repertoire of intimate partner violence (IPV) perpetrated by their partner. This repertoire formed a pattern that escalated over time – often hidden because of its non-physical nature or lack of visible injuries. Women spoke of enduring multiple types of abuse at the hands of their partner. The abuse was constant and concurrent over considerable time spans – during which NFS was a tactic used to exert ultimate control. In this section participants describe the dimensions and complexity of the IPV they were subjected to. As previously stated, pseudonyms have been used to safeguard the women's identities.

### Power and control

The word 'control' was used repeatedly by participants in describing the abuse they had suffered. The following quotes from Mary, Amy, and Jill respectively, illustrate the extent and dimensions of the control exercised by their partners.

**"Coercive control in DFV contexts describes patterns of abusive behaviour designed to exercise domination and control over the other party to a relationship. It is often a process that happens slowly over time and can be nuanced, making it difficult to identify."**

**Queensland Government, Women's Safety and Justice Taskforce (2021)**

*He controlled how I wore my hair, how much make-up I had on, what I wore, how much I weighed, the books I could read, the internet I could have on, how long I was allowed to be, like what time I had to go to bed, what time I had to be up. He literally controlled every single aspect of my life, every single aspect. And like I always walked on eggshells every day.*

*So, I had no social media, I wasn't allowed to socialise, so literally, I wasn't even allowed to go to the supermarket; taking my son and picking him up from school was an issue because if I was too long, I'd be accused of having affairs and apparently having sex with other parents at the schoolyard, and just revolting stuff. He had cameras 24/7 monitoring inside and outside the house, and devices. He'd put nails and screws under the back tyres to give the car a puncture so that the car was unusable. Yeah, I was literally completely isolated...*

*He was very controlling, very controlling, like he removed me from every one of my supports, and I'm a very strong and independent kind of woman... there was definite breaking of goods, there were threats to myself, my family, loved ones...He kicked in doors...there was the financial abuse because I'd given up everything for him, and he had total power over me financially as well ...*

This extent of power and control set the scene for the NFS that followed.

## Grooming and entrapment

The use of power and control was a constant in a pattern of escalating abuse that turned their lives into a “... horror film ... like a psychological thriller”, to use Marissa's words. Jill's comment, “I was trapped, I was really trapped”, also sums up a common theme across interviews.

Mary's analogy of grooming and coercion provides a sense of the complexity of the circumstances that can trap women in domestic violence (DV) situations:

*People don't get domestic violence, my analogy is if you put a frog in a boiling hot pan they're going to jump out, aren't they? But if you put a frog in a cold pan of water and slowly heat that pan up, that frog is not going to jump. That's exactly the same as DV, because they don't start out with whack, wham, knock your arse out.*

The escalating pattern of abuse for some participants started early in the relationship. For example, in Joan's situation IPV started after two months, and NFS after a year into the three-year relationship. Conversely, Karen was in her relationship for 15 years with IPV occurring “probably 10 years into it – but with emotional, verbal and financial abuse before that”, and multiple instances of NFS occurring during the last five years of the relationship.

## Threats

Threats were an integral feature of the abuse, further exacerbating the feelings of entrapment, intimidation, and fear. The types of threats were wide-ranging. Threat

to the women themselves, their children, family members, friends, and pets were commonplace. Karen reflected how her partner would strangle her in front of the children – something she now recognises as a form of control and a display of power to intimidate the children. Children were also used as bargaining power. In Jane’s case this included, even when separated, threats to withhold contact, until she did “sexual things.”

Barbara’s partner said “I’ll just inject you with insulin and no one will even know that I killed you” – needless to say, Barbara was not a diabetic. Wendy and Marissa’s partners threatened suicide to hinder the women leaving or disclosing the abuse. Some partners played on mental health issues, or past relationships where they said they had been the aggrieved, to evoke feelings of sympathy from the women – intimating it was the women’s responsibility to make things better in the current relationship.

Threats, both implicit and explicit, also coerced women into avoiding medical treatment or making a disclosure following an NFS event. Amy recounts arriving at the hospital in a “really, really bad way” with throat injuries that subsequently took “two to three weeks before the pain and the swelling subsided.” Despite the extent of the injuries sustained, Amy recalls her non-disclosure of NFS, in front of her then partner, this way:

*I said, “Well, I dropped a weight on my neck at the gym”, which is the only story I could come up with because of the fear in telling the truth, especially when he’s standing over the top of you saying, “Don’t you say anything.” I couldn’t even open my mouth for them to be able to look down my throat, it was that painful. But while waiting for the doctor to come and review me, he (Amy’s partner) made me discharge myself from the hospital and go home against the nurse’s advice.*

## Sexual violence

Sexual violence was an almost universal feature in the stories shared by participants. As women reflected on their experiences during their interviews, many acknowledged they did not recognise their experiences as sexual abuse at the time. In Mary’s words:

*Well, if you’d asked me about three years ago, I would have said that it didn’t start until I got pregnant with my oldest ... Well, it started on our wedding night, actually, where he raped me for the first time. Well, when I recognised it as being rape basically. There were occasions before that as well, but that’s the first one that I really remembered.*

Their partners demanded sex whenever they felt like it - these demands occurred frequently. In Jill’s case she was forced “to do oral sex on him every day otherwise

... very little external pressure is required to cause the loss of consciousness in seconds, or brain death in minutes (Strack & McClane, 2001)



*there were consequences, every day.” There could also be ‘consequences’ during sex; for instance, Mary said “He’d deliberately injure me during sex, he’d grip me and everything.”*

## Non-fatal strangulation

The insidious act of strangulation entered the repertoire of IPV for participants at different stages in their relationship, as indicated above. For two participants, it was a single NFS event that led to them leaving the already abusive relationship. All other participants experienced more than one NFS event, with Debbie, for example, estimating she had been strangled more than 100 times over a five-year period.

Regardless of the number of times women were subjected to NFS all their accounts spoke of NFS being the ultimate act of exerting power and control. Marisa summed this up stating, *“they are basically saying to you I can take your life.”* Karen recalled thinking, when she was being strangled, that it was going to be *“death or not death.”* This theme is reflected in published studies: Thomas and colleagues (2014, p. 125) found that men who strangle their intimate partners are *“setting the stage”* - ensuring their victim understands they *“can or will kill”* them.

Janette was only strangled once, however she experienced multiple assaults to the head with resultant injuries and concussion. Her partner’s intent was clear - while strangling he said, *“Oh my god, what am I going to wrap the body up in”* - as he held her face down into the pillow, put his hands around her neck, and his knee in her back. Janette recalls waking up four hours later.


Ellen was subjected to multiple NFS events and, despite her partner being a heavy drinker, she talked of the deliberation and control that was at the core of the NFS events, saying:

*He was very aware of what he was doing. It wasn’t like some fit of rage ... He knew that he had created the fear. He knew exactly where to push, you know, against my neck, which would create that choking sensation. He knew exactly how long to choke for. It was very premeditated, and it all happens in an instant, nobody knows when - there’s, you know, no evidence of it.*

Participants reflected that at the time of the NFS event/s they did not always understand they were experiencing strangulation, given the methods used to constrict their airways. Barbara summed up this point reflecting:

*... for a long time, I didn’t realise that what I had experienced was strangulation because it came from behind. And it wasn’t hands around my throat... I was put in a headlock from behind, around my neck constricting my airways until I sort of lost consciousness.*

*Participants also had no idea about the level of risk and harm associated with NFS. Hence, they generally did not seek assistance. Wendy said she thought, because she did not lose consciousness, medical assistance was unnecessary.*



Holly and Mary also did not seek medical assistance immediately after they were strangled, saying they were unaware of the seriousness of NFS and did not really understand “*what was happening*” (Mary).

Our findings align with those of McLean (2012) who suggested a victim’s lack of awareness about the serious nature of NFS and/or the absence of physical injuries following a strangulation event can result in victim/survivors not seeking medical assistance.

## Misconceptions about domestic violence

### It can happen to anyone...

Participants expressed an almost universal theme of disbelief about being caught in a web of IPV, as illustrated by Mary’s comment “*I can’t believe I was that stupid*” and Jane’s reflection “*I sort of kick myself because I ignored a lot of signs.*”

All participants, through their stories, revealed themselves to be intelligent, self-aware, and articulate women who had never foreseen becoming a victim/survivor of IPV and NFS. Domestic violence advocates and researchers have long identified that IPV occurs across all sociodemographic groups. Participants in this study highlighted this fact. A number of participants were working in professions such as law, nursing, education, child protection, corrective services, and community services at the time of the abuse.

Indeed, as part of their professions some said they had attended DV training, or their work involved women who had experienced DV. Nevertheless, these experiences did not negate a common misconception most had at the time of the abuse - that physical violence was a major component of DV. Debbie, Jane, Holly, Vanessa, and Wendy, for example, explained that the abuse they experienced prior to their NFS incident/s was not overtly physical, so they did not understand they were at increased risk of escalating violence. In Marissa’s case, the abuse in her family of origin had normalised the abuse she was subjected to in her intimate relationship:

*... I didn’t realise that I was in an abusive relationship. But it was all so normal to me*

The harms that ensued prompted a desire in these women to convey to other women the risks and ‘red flags’ pertaining to NFS. The women who agreed to participate in this study had a shared aim, as summed up by Vanessa - it was important “*to really make a difference*” so that other women could be forewarned.

### Jekyll and Hyde

The complexities evident in the accounts of DV and NFS provided by the study’s participants are further compounded by many describing how their abusive partners presented as charming and a ‘good guy’ who was liked by others. Jill described how her ex-partner’s character, physical presentation, and lifestyle were persuasive influences for her entering the relationship:

*So, when he's good, he's very good, he's very charming, yep, he lives a very lavish lifestyle and kind of sweeps you up in it. He's a very good-looking guy.*

In Jane's case she fell in love with her partner's "sweet loving side" before being confronted with "Jekyll and Hyde behaviours" that escalated. Laura also reflected about this dual aspect and how it could readily change:

*Out in public and in between violence he seemed to be quite an attentive and loving partner. And then all of a sudden, you know, any little kind of disagreement or whatever, [and] violence would occur. Alcohol was linked, but not every time, not every incident.*

Laura was not the only one who spoke of alcohol and/or drugs being linked to the abuse, but none suggested this was the cause of violence.

The perpetrators' outward charm was at odds with participants expressing how dangerous the men were in reality. Laura said the man who perpetrated violence against her had "gotten away with so much raping, bashing, [and] strangling... I'm really lucky to be alive." Marissa characterised her abuser as "very, very violent, dangerous", and Holly used similar language, describing the man who violated her as a "scary person" and "mentally unwell."

## **The impacts of NFS**

Non-fatal strangulation can cause immediate or delayed neurological damage, along with significant emotional and psychological trauma (Birchard et al., 2021; De Boos, 2019). Participants exemplified high levels of trauma and harm as a result of NFS.

### **Short-term impacts**

Participants recognised NFS as the ultimate act of power and control. As noted in the definition, provided in the Introduction, constriction of the throat can occur in different ways. Therefore, the immediate impacts of NFS can vary among victim/survivors.

Nevertheless, in this study, many women had trouble talking and swallowing, and experienced feelings of disorientation, dizziness or 'fogginess' after a NFS event.

Debbie summed up the immediate impacts of NFS in these terms:

*like a drowning, kind of, like you're underwater... you just have no idea what the frigging hell, where you are, what's going on... and then your throat just kills and... you're coughing... dry coughing, and like gasping...*

Following one NFS event, Amy said "talking and swallowing were impossible". She was unable to talk and swallow without pain for weeks.

While Janette’s “throat felt like a hotplate” and her body was in “trauma mode” following NFS; and Jane spoke about finding petechiae up under one eyelid and was “quite puzzled” the following day – “just weird like dizzy and vertigo and tinnitus... I did have red marks on my neck ... and bruising.”

The confusion and disorientation experienced by victim/survivors following a NFS event can be further compounded by an awareness of impending danger and their instinct to calm the immediate situation, particularly if children are present. Some women indicated that after experiencing a NFS event, despite their pain and disorientation, they attempted to carry on with household tasks to divert attention from the abuse.

The befuddlement experienced by women in the aftermath of an NFS event, can also help explain the difficulties most participants found in identifying and/or disclosing the NFS to first responders or others. The difficulties were often compounded by fear of their intimate partner.

**Victims of non-fatal strangulation can present without visible injuries, but this does not diminish the risk of lethality (Douglas & Fitzgerald, 2014; Glass et al., 2008; Green, 2017).**

## Long-term harm

Extensive harms continue to impact on these women’s lives long after the final NFS event and long after they have left the relationship. An alarming array of enduring health issues were part of their lived experience, with no less than nine participants specifically identifying the ongoing impact of post-traumatic stress disorder (PTSD) on their lives, with others naming anxiety and/or depression. The following three summaries relating to Vanessa, Jessica, and Jane respectively, illustrate the dimensions of the long-term impact that IPV and NFS continue to have on them.

**Vanessa has a range of physical and psychological health concerns. With two “crushed discs” in her back and a torn psoas major (connecting her torso to her hip), she also has ringing in her ears and experiences vocal cord dysfunction directly related to the NFS. Consequently, she constantly feels like she is choking, including while asleep and eating food. Compounding this, Vanessa has anxiety and complex PTSD. This manifests in various ways including her not leaving the house after dark and not making new friends. Vanessa experienced a lack of understanding and support from her employer and no longer works.**

Jessica suffers many physical complications since her NFS. Her teeth are chipped because her front teeth were lodged behind her bottom teeth when she was being strangled; her top two vertebrae are fusing together; she frequently suffers headaches; and she has floaters in her vision. Jessica has days where she struggles with suicidal thoughts and some daily tasks.

Jane suffers from PTSD. She has had gastritis as well as neck and chest pain but wonders if these could be caused by the ongoing tension she feels. Jane is greatly concerned about her hands having tremors which are “really bad” some days. While she is keen to go back to her previous work role, Jane considers the tremors would be prohibitive. She has found different things trigger her, so she tries to avoid these, but this also means she isn’t engaged in some things she did before as a matter of course.

Others named depression, poor balance, tinnitus, memory and concentration loss, as a few of the consequences they experienced due to NFS. The impacts also manifested in poor sleep patterns, fear of the dark, distrust of others, and forms of isolation because establishing and maintaining relationships were now a challenge. Jane noted that people think she is functioning well – “*but they don’t know what’s going on internally*” – so again the impacts can be invisible to an observer.

While some participants reflected on their resilience and good fortune in surviving DV, for most the struggle with the impacts of IPV and NFS continues. Many women continue to be fearful of the perpetrator. Ellen feels that her life will never be better unless her abuser is “*completely away*” from her. She will always “*have this fear, unless this person (the abuser) is pretty much not alive or I’m not in the same country.*” Those with ongoing court cases or Family Law Court provisions stating children were to participate in visitations with their father, continued to live with heightened fear and triggers.

This report has primarily explored the health risks and harm, with the impacts of NFS far-reaching. Participants spoke of their socio-economic situation being irretrievably damaged due to IPV and NFS. As indicated previously, participants held a range of qualifications and came from a variety of professional backgrounds. Employment is almost always inextricably linked to other aspects of people’s lives, bringing, at a minimum, social and economic benefits. However, all participants, bar one, were bearing the long-term impact of being unable to maintain employment in the manner they had previously. Hence, many were living with severely compromised financial means.

## Children

The focus of the study was on the women interviewed; however, it would be remiss not to note that nine of the participants talked about their children's exposure to, and impacts from, IPV and NFS. All participants had gone to great measures, using a variety of tactics, to protect their children from the abusive partner. For example, Joan said she would act submissively, and pretend the bashings and rapes were not happening.

Some children witnessed NFS events, though there were study participants, such as Mary, who said her children never saw their father strangle her. Still, Mary is concerned that one of her children is strangling their sibling and "acting out" at school. Amy and Wendy also expressed concerns about their sons mimicking the abusive behaviours of their fathers, with Amy sharing that her usually kind and loving son uses the same tactics as her ex-partner:

*He can be quite manipulative and aggressive in a very sneaky way... like he'll hit his little sister and she'll start crying... and then he'll say, "I'm so sorry, what's wrong? Do you know? Are you hurt?"*

Participants with children continue to deal with the ongoing trauma in their own lives and that of their children. Some spoke of accessing counselling for their children. Others, such as Ellen, recounted the anger and frustration when there was acknowledgement that the children were secondary victims of serious DV by their father, but the Family Court failed to prevent his access to the children. This continued contact has a major impact on children's lives, constantly re-traumatising them. The feeling of systems abuse through the legal system, is profound in these cases, and was a recurring theme in this study.

## Service system responses

The descriptions above demonstrate a need for a well-informed service system that can identify and respond to NFS in the short and longer term. Unfortunately, participants' accounts of service responses to NFS tells a story of shortfalls across the current service system. These accounts reveal that the complexity of the women's circumstances was often compounded by the lack of any obvious physical injuries and the dearth of knowledge about NFS by workers in some service sectors, as has been found in other research (Anderson, 2016; Braamcamp de Mancellos, 2021; De Boos, 2019; Gwinn et al., 2014; McClane et al., 2001; Smith et al., 2001; Strack & Gwinn, 2011; Turkel, 2007).

## Health responses

The responses women received from health services across the spectrum (first responders, hospitals, primary health care) were generally haphazard, inconsistent, and highly reliant on the individual responder's knowledge of NFS and their discipline skill set. Across this cohort of women, common experiences included inadequate screening or an inaccurate diagnosis in health settings. Jane summed up discrepancies within the health system saying:

*I think it's just, yeah, you either get somebody who's maybe more educated or somebody who's not.*

The potential consequences of not adequately screening or being informed about NFS are explicitly apparent in Karen's example below. As Karen explains, she had a brain bleed following an NFS incident and rape, but she did not know this at the time of calling an ambulance:


**When the ambulance arrived, they thought I was drunk, because with a brain bleed you are a little bit chaotic, I suppose.... And they thought I'd had a domestic and they said, "Have a good lay in bed darling, if you still feel a bit unwell in the morning call your GP. "My mother was there by then and she said, "No, you take her to hospital, this isn't normal." And they didn't want to take me to hospital, they thought I'd be okay in the morning, but they eventually took me to the hospital. The other thing I was doing was projectile vomiting. I asked them for a drink to wash my mouth out in the ambulance. They responded, "Darling, I think you've had enough already." I said, "Well, actually I just want to rinse the vomit out of my mouth, that's why I want a drink, I want to rinse it out." But they wouldn't do it until I got to hospital, anyway, so by the time I got to hospital, they put me out in the waiting room. And then my husband arrived in the waiting room because Mum was there with the kids. And I passed out in the waiting room and so they ended up getting an MRI ...**

Karen also later encountered a young Registrar at the hospital who said:

*Put your head forward, put your head on your chin, look left, look right. Yeah, you're fine, you can go home.*

The accounts in the first section of this report have shed light on the many reasons women may not disclose NFS following an event. It is ironic that when some women in this study did feel safe to disclose NFS, it was not taken seriously and health assessments were not carried out. For instance, months after a NFS event, Amy was informed about the possibility of delayed consequences from NFS, so she sought further screening from her own doctor, only to have him dismiss her concerns.

Mary also felt disillusioned by the health sector when she finally did talk with various doctors and psychologists about the abuse perpetrated against her and her children. Despite telling a doctor that her abuser had threatened to kill her and her children, she received no follow-up on these allegations or an adequate response.



This study underscores that first responders and health staff need to be knowledgeable about, and alert to, the signs of NFS and conduct appropriate screening.

## Police responses

Similar to health responses, participants found police responses were also highly reliant on the individual officer's knowledge of NFS.

The important role police play in responding to women who need to leave an abusive situation was demonstrated in the cases of Jill, Jane, and Wendy. These three women felt supported by the police in the immediacy of leaving. Jill praised the police officer who interviewed her, saying he helped her understand the serious nature of strangulation and helped with referrals. Jane commented that her attending police officer had received training in relation to strangulation, and as a consequence:

*... he was wonderful, and then they got somebody from Centacare to come over as well.*

This contrasted with the experiences of all other participants, where police conveyed a lack of knowledge about NFS. One police officer asked Vanessa if she had passed out and she replied that she could not remember the event. The police officer's conclusion was that NFS had not occurred because she could not remember it happening. This ill-informed comment is contrary to the reality of many victim/survivors whose experiences have been validated by research identifying memory loss as a common consequence of NFS (Birchard et al., 2021; Braamcamp de Mancellos, 2021; De Boos, 2019; Messing et al., 2018),

Mary, Jessica, and Amy also experienced barriers to reporting their experiences of NFS to police. Jessica stated:

*I've had issues with the police the whole way through... it's been an absolute nightmare, absolute nightmare... it took them six weeks to even take a statement from me.*

Mary commented that her abuser's employer "had connections with the police" and this impacted on her reporting breaches of a protection order – the police would not "touch" her allegations, despite her having "concrete proof" of the abuse.

Amy found police follow-up and their attention to detail in her case left not only her children and herself vulnerable to harm, but also jeopardised the safety of another young woman who entered into a relationship with the abuser when he left jail.

Clearly, the response of police officers who were informed about NFS made a positive impact on the lives of these participants, just as an ill-informed response had a negative impact on others.



## Specialist and other services

Participants also received varying responses from support services, including DV specialist services.

The difference made by having support when leaving an abusive relationship was identified by Amy. She found the response from the DV service she contacted was “wonderful and they did put us up in emergency accommodation for a total of seven weeks.” Jill spoke of a variety of services that supported her to leave the relationship and move on with her life saying,

*I feel like the government was what got me out - all of those support agencies. I paid for nothing, and they all just swooped me up and took care of me and got me out safely.*

Debbie also said she received a lot of support from the services in the DV sector for her children and herself. Jane found the 1800RESPECT service “great” and she continues to have contact with a Liaison Officer.

Support was received primarily at the ‘crisis’ point of leaving and getting a protection order – though the period of support was generally limited. Other women, such as Janette, found there was a dearth of assistance available after experiencing NFS:

*No support whatsoever, especially the second time. It was absolutely disgusting...*


Barbara expressed a common concern - often referrals were made, and outrage expressed, but actions did not follow:

*I just tell my story over and over and over and over again ... nobody actually steps in to do anything about it at all. Yeah, it's a terrible system. If I had known it, I think I would have just let him kill me.*

Barbara qualified her comments by saying that she found the only people who have not let her down are from Red Rose: the support from Red Rose was “amazing”. Similarly, Mary identified Red Rose as providing pivotal support for those who are sharing a similar journey through life and the court system – these women have become “sisters for life” - a stark contrast to the specialist service sector, whose response she viewed as “non-existent, absolutely non-existent” - just “a phone and some groceries once.”

## The legal system

The study did not specifically ask questions related to the legal response to IPV and/or NFS. Nevertheless, during their lives post-NFS, many of the participants had cause to have contact with one and/or another aspect of the judicial system. Participants spoke of their experience with the DV court, and the fraught intersection between the Family Law Court and other courts. For example, most women in this study experienced significant tension in their communications



within and between the Magistrates and Family Law Courts. Jane, for instance, mentioned that she was frustrated about the separation of matters between these two courts:

*I certainly put in the affidavit about what happened in the relationship, but that was not even presented [in the Family Law matter].*

However, Wendy and Jill expressed gratitude that the police and courts helped them escape violence. Wendy detailed being quite supported in the court system and that receiving a protection order was her “saviour to be able to get out of the relationship.” She also felt protected throughout the proceedings because the police handled everything, and she did not have to go to court - which was a relief for her as she is still “terrified” of the abuser.

In contrast, Barbara was certain the courts had no concept of coercive control or DV. She commented, “we went to trial, and he was acquitted.” This occurred despite Barbara suffering severe head injuries, including facial fractures, and nearly losing an eye. Although the prosecutor criticised the police for losing Barbara’s statement detailing the strangulation, this was of little consolation to her.

Also of concern to participants was the lack of accurate recording when they spoke to psychologists or doctors, with reports from some sessions not accurately reflecting statements made by participants. The loss of, or omissions in, statements were a major frustration and deficit when participants went to court. Mary, for example, found the records subpoenaed from her psychologist did not accurately reflect the level of violence she had experienced. The threats of abuse against her and her children had been discussed during a joint counselling session with her abuser but were undocumented.

As well, there was a common theme emerging from the women’s accounts of their abusers having no respect for, or manipulating, the system. Mary experienced difficulties again when she tried to have her abuser held accountable for breaches of a protection order:

*He doesn’t respect the law whatsoever, and they (perpetrators like him) are the most dangerous kind because he doesn’t care – he knows there’ll be no consequences.*

Ellen said the man who abused her also felt he was above the law. She has to take her children to a contact centre so that they can see their father:

*... he mocks the system... This is why people stay in an abusive relationship rather than leaving it to the court system to protect their children.*

Overall, the narratives of women in this study revealed systems abuse to varying levels with Karen describing the legal system as:

*very, very corrupt, very corrupt, a lot of collusion. And the victims are never protected... it’s very, very scary.*

## Discussion and conclusion

This study revealed that all the participants have lived through a pattern of DFV that escalated over time in their relationship with the perpetrator of NFS. While all participants had left the perpetrator in question, some were still living in fear - particularly where children were concerned and where there was a legal requirement for continuing contact with the perpetrator.


Coercive control was evident in all the relationships, manifesting itself with and through other forms of violence - women spoke about financial abuse, psychological abuse, sexual abuse, and physical abuse. For the women in this study, NFS was seen as a perpetrator's tangible demonstration that he held the victim's life - or death - in his hands. This is the ultimate use of power and control and the perpetrator often conveyed that very clear message during the act of strangulation, or at other times to 'groom' and further entrap the victim.

Women talked about now understanding much more about DFV, and in particular NFS. Many said they had not identified what they now recognise to be 'red flags'. Indeed, not all participants registered the NFS event/s as strangulation due to misconceptions about strangulation and/or the way it occurred - for example, a calculated act of strangulation being mistaken for a too vigorous 'hug from behind'.

For a variety of reasons, few participants immediately reported or sought support/treatment for NFS. These included NFS events not being recognised as deliberately life-threatening; and/or the immediate impact of NFS rendering some victim/survivors unable to coherently convey the nature of the abuse to responders. Other participants did not report or seek support immediately due to fear about disclosing abuse when still entrapped within the abusive relationship.

Regardless of the circumstances, NFS had significant short- and long-term physical and psychological impacts on participants, including difficulty swallowing, neck and throat pain, headaches, petechiae, brain fog, vertigo, trauma, and anxiety. The impacts of NFS were so profound that it was impossible to quickly return to 'normal' life, and the passing of time has not brought women the respite they had hoped it would. For most, the trauma continues along with other physical, psychological, and financial challenges.

This was evidenced by the number of participants who had held full-time employment positions prior to the NFS event/s. Most found the experience of NFS has changed them, perhaps irrevocably. Some could not return to work of any kind, while others could not return to the same position or to full-time work. Most participants said they were unable to function in the same way due to memory and/or concentration difficulties, PTSD, and/or simply finding themselves unable to cope with the responsibilities of work in the way they previously had. These conditions meant that women were seeking sustained informed support that was responsive to their circumstances and their needs. They had found solace in connecting with other women who had experienced NFS. These women shared,



and continued to endure, experiences that those who have not faced NFS could have difficulty fully understanding.

Participants had a range of agencies and services involved in their lives following NFS and their experiences of these varied. However, it is overwhelmingly clear that there were major deficiencies in the reactions and responses of agencies/service providers to the immediate and emerging needs of the women in this study. It was unfortunate that for many, their journey through and across services involved encountering more than one agency/service provider who was uninformed and did not understand or respond to NFS.

The agencies/services that provided practical and emotional support to these women had personnel who believed them, had knowledge and awareness of NFS, and responded in ways informed by their understanding of NFS. However, most identified deficits of knowledge and understanding across and within various systems. Consequently, due to inadequate responses, most participants have ongoing unmet needs stemming from the impacts of NFS. At worst, the inadequate and inappropriate responses provided to some women could have endangered their lives.

Such inadequate responses meant that women did not receive the support or treatment required. It was also concerning that record-keeping was inadequate. The details and circumstances pertaining to NFS were, on many occasions, not documented. These omissions ultimately disadvantaged women in court and referral processes since major components of their statements were not included in the records.

While this study was focused on adult victims of NFS, some participants described the impacts on their children. Family Law Court outcomes were described as harmful. It is unfortunate that women in their efforts to be protective, faced major challenges, with secondary victimisation being evident in the stories they told.

It is clear the service system needs to have greater awareness of NFS, with appropriate screening through sensitive and informed questioning, and accurate documentation of NFS implemented at all levels across systems. It is apparent that education and training would benefit a broader range of responders and support services. This report has illustrated the long-term impacts of NFS, highlighting the need for support and treatment services for women that are available beyond the short-term.

In conclusion, the voices of women should be included in further research, government and non-government planning for services, and in training/education – they have the lived experience. Collaborative approaches can “empower” victim/survivors to “rebuild their lives” (Backhouse & Toivonen, 2018, p. 10) based on the principle that victim/survivors are the experts of their experiences. They, the victim/survivors, “are best placed to lead the development of plans aimed at securing their long-term safety and wellbeing” (Backhouse & Toivonen, 2018, p. 10).

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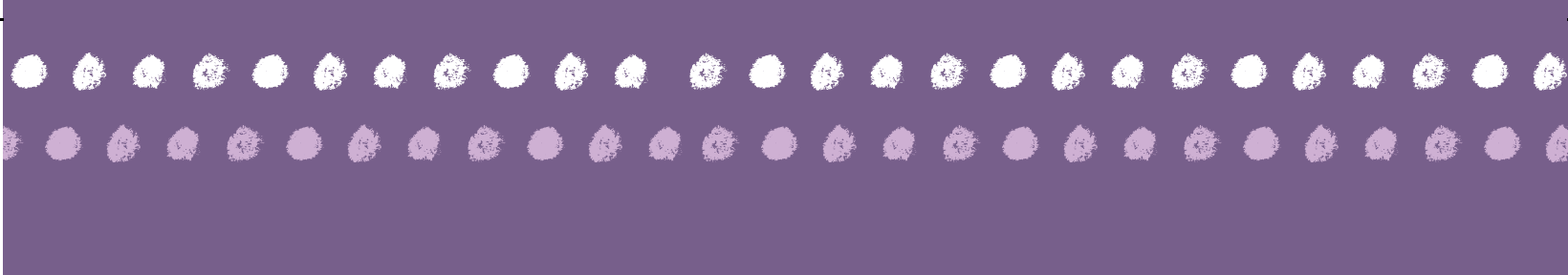
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