Lessons from women impacted by intimate partner strangulation

QCDFVR
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Heather Lovatt, Vicki Lowik and Nicola Cheyne explored women's experiences of non-fatal strangulation and their accounts of the service response they received. In the Lovatt, Lowik and Cheyne (2022) study all of the perpetrators were male and were past intimate partners of the women. The strangulation co-occurred with other forms of abuse spanning from 1 to 22 years, and was recognised by the women as the ultimate act of power and control – power and control over her living or dying.

Useful Definitions

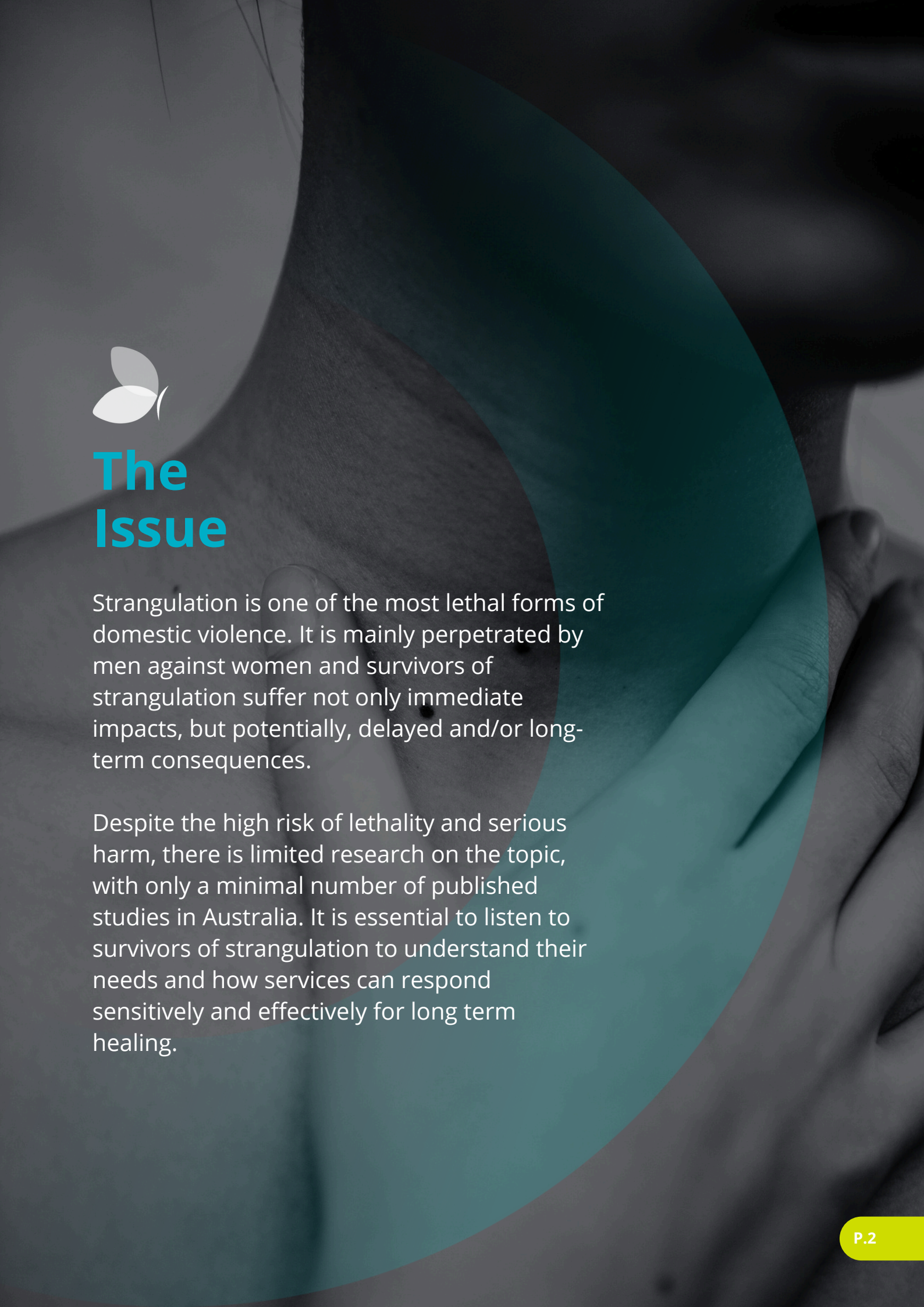
Domestic and family violence (DFV)

Abusive, threatening, or coercive behaviour used by one person to control or dominate another person in a relevant relationship.

Strangulation

Strangulation is defined by De Boos (2019, p. 302) 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/ garrotting (necklace, clothing, cord, belt), neck compression (object pressed against the neck) and hanging.



The Issue

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.

Despite the high risk of lethality and serious harm, there is limited research on the topic, with only a minimal number of published studies in Australia. It is essential to listen to survivors of strangulation to understand their needs and how services can respond sensitively and effectively for long term healing.

What we know

Non-fatal strangulation 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).

Survivors of strangulation risk 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 non-fatal strangulation 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 non-fatal strangulation is not accurately understood as many women do not seek assistance after an incident. 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 non-fatal strangulation 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).

Victims of non-fatal strangulation can present without visible injuries, but this does not diminish the risk of fatality.

(Douglas & Fitzgerald, 2014; Glass et al., 2008; Green, 2017).

Short-term impacts of non-fatal strangulation

The authors identified that

- Directly after being strangled, many women said that they had trouble talking and swallowing, and experienced feelings of disorientation, dizziness or 'fogginess' .
- The confusion and disorientation experienced by victim/survivors following a strangulation event can be further compounded by an awareness of impending danger and their instinct to calm the immediate situation, particularly if children are present.

> *I was unable to talk and swallow without pain for weeks . . . talking and swallowing were impossible.*
>
> (Amy survivor of strangulation)

> *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. . .*
>
> (Debbie, survivor of strangulation)

- Some women indicated that after experiencing a strangulation 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 a strangulation event, can also help explain the difficulties most participants found in identifying and/or disclosing the strangulation to first responders or others. The difficulties were often compounded by fear of their intimate partner.

> *I found 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.*
>
> (Jane, survivor of strangulation)

> *My throat felt like a hotplate and my body was in trauma mode following strangulation.*
>
> (Janette, survivor of strangulation)

Long-term harm of non-fatal strangulation

Women spoke of multiple and complex long term impacts.

This included their socio-economic situation being irretrievably damaged. Employment is almost always inextricably linked to other aspects of people's lives, bringing, at a minimum, social and economic benefits. However, all the women in this study except 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.

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 strangulation. 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 strangulation. 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.

Women's experiences of current system responses after surviving strangulation

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 non-fatal strangulation and their discipline skill set.

After experiencing rape and strangulation, Karen had a brain bleed, but she did not know this at the time of calling an ambulance. She explained that "when the ambulance arrived, they thought I was drunk, because with a brain bleed you are a little bit chaotic, I suppose... and they said, 'Have a good lay in bed darling, if you still feel a bit unwell in the morning call your GP"'.

Women reported varying responses from specialist support services. Some received excellent short-term support, including emergency accommodation and other supports. However, longer term support was lacking.

> *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, strangulation survivor)

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

Specific services for women who had experienced intimate partner strangulation, like the Red Rose Foundation in Queensland, were reported to be essential for longer term specialist support.

Many women were concerned about the inaccurate recording of the details they had provided to police, psychologists or doctors, which limited the legal evidence available to them should they wish to prosecute their abuser. For example, reports from some psychology sessions did not accurately reflect statements made by women. Mary, for example, found the records subpoenaed from her psychologist did not record 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.

Recommendations for change

SERVICE SYSTEM NEEDS TO HAVE GREATER AWARENESS OF NON-FATAL STRANGULATION

APPROPRIATE SCREENING THROUGH SENSITIVE AND INFORMED QUESTIONING

ACCURATE DOCUMENTATION OF NON-FATAL STRANGULATION IMPLEMENTED AT ALL LEVELS ACROSS SYSTEMS.

EDUCATION AND TRAINING ON NON-FATAL STRANGULATION ACROSS BROADER RANGE OF RESPONDERS AND SUPPORT SERVICES.

PROVISION OF SUPPORT AND TREATMENT SERVICES FOR WOMEN AVAILABLE BEYOND SHORT-TERM TO ADDRESS DEVASTATING LONG-TERM IMPACTS OF NON-FATAL STRANGULATION ON WOMEN.

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