QCDFVR
Queensland Centre for Domestic and Family Violence Research

LITERATURE REVIEW

Non-fatal strangulation: A highly lethal form of gendered violence

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The Centre

The Queensland Centre for Domestic and Family Violence Research (QCDFVR) has operated since July 2002. Since then, its primary purpose has been to create and share knowledge to influence policy and practice in gendered violence. QCDFVR works across the three areas of research and knowledge creation, service system support, and education and training. We inform policy, strengthen practice, support communities, and drive real-world solutions to the complex challenges of preventing and responding to domestic, family and sexual violence. Our work is informed by the wisdom of practitioners and those who have experienced violence.

Our Mission

Our Mission is to be at the forefront of preventing, and responding to, gendered violence through research, education and service system support.

Acknowledgement to 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 Peoples. We acknowledge that sovereignty over this land was never ceded. We value the ongoing contribution of our many First Nations partners in advising, supporting and contributing to our work and projects – so that your voices and those of your communities are reflected in our work. We thank you with humility.

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Introduction

Domestic and family violence is predominantly a gendered form of violence, mainly perpetrated by men against women (Australian Institute of Health and Welfare [AIHW], 2023). This violence is enabled by 'an overt or subtle expression of a power imbalance, resulting in one person living in fear of another and [it] usually involves an ongoing pattern of abuse characterised by coercive and controlling behaviours' (Toivonen & Backhouse, 2018, p. 5). In Australia, at least one in four women has experienced DFV since the age of 15 (Australian Bureau of Statistics [ABS], 2023). Victim-survivors of DFV can experience serious physical and mental health outcomes, social isolation, financial stress, and, for some, death (AIHW, 2023). Non-fatal strangulation is an insidious, highly lethal form of DFV that can increase a victim-survivor's future risk of experiencing attempted homicide by 7-fold or homicide by 8-fold (Glass et al., 2008).

> **Domestic and family violence is predominantly a gendered form of violence, mainly perpetrated by men against women.**
>
> *(Australian Institute of Health and Welfare [AIHW], 2023)*

Strangulation

Strangulation is often colloquially referred to as 'choking' (Turkel, 2007). However, strictly speaking, strangulation occurs when external pressure is applied to the neck, whereas choking occurs when there is an internal obstruction to the airway (Braamcamp de Mancellos, 2021; Douglas & Fitzgerald, 2014; Gwinn et al., 2014; Turkel, 2007). External pressure to the neck can occur 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' (De Boos, 2019, p. 302). Very little pressure is required to cause the loss of consciousness in seconds (Strack & McClane, 2001), brain damage can occur after three minutes, with death occurring after four or five minutes (Carlson, 2014).

Generally, a man's handshake is between 80 and 100 pounds per square inch (PSI) (De Boos, 2019, p. 303), and it only takes four PSI of pressure on the jugular veins or 11 PSI on both carotid arteries for less than 10 seconds to cause a victim to become unconscious and experience convulsions (De Boos, 2019, p. 303). It requires less pressure to occlude the jugular veins than it does to open a ring-top can of drink. Therefore, though women would be physically capable of strangling a man, strangulation is mainly perpetrated by men against women (Douglas & Fitzgerald, 2014; Green, 2017; Gwinn et al., 2014; Pritchard et al., 2018; Thomas et al., 2014).

Non-fatal strangulation

CONSENSUAL CONTEXT

Concerningly, NFS is being 'normalised in mainstream media and pornography' and is increasingly becoming an acceptable part of consensual sexual activity (Shor & Liu, 2025; Victoire et al., 2026). This normalisation of NFS correlates with social media romanticisation of the behaviour, involving memes that are devoid of any reference to the associated risks (Herbenick et al., 2023). Research reveals the prevalence of sexual NFS in Australia. Through online surveys with 4702 Australians (47% cis-men, 48% cis-women, and 4% trans or gender diverse people), between the ages of 18 and 35 years, the findings revealed that 57% of participants reported being sexually strangled (61% women, 43% men, and 79% trans or gender diverse people) and 51% reported strangling a partner (40% women, 59% men, and 74% trans or gender diverse people) (Sharman et al., 2025, p. 465).

In a submission to the *Non-fatal strangulation: Section 315A review* by the Queensland Law Reform Commission (QLRC, 2025, p. 22), the Red Rose Foundation referenced the capriciousness of NFS:

> **Every individual's physiology is unique** and not static; a previous strangulation incident that appeared harmless is no guarantee of future safety. This unpredictability means that **individuals cannot anticipate how their body will respond to strangulation,** even with prior experience.

Non-fatal strangulation

DFV CONTEXT

Men use strangulation to gain power and control over their intimate partners, with many victim-survivors experiencing other forms of violence concurrently with NFS (De Boos, 2019; Pritchard et al., 2017; Sorenson et al., 2014; Thomas et al., 2014; Vella et al., 2017). Although research outcomes vary on the prevalence of NFS in DFV contexts, NFS assaults are shown to be present in a high percentage of these contexts, with the likelihood that some victim-survivors experience multiple NFS assaults. Wilbur et al. (2001) conducted an early US study with participants from two women's domestic violence shelters (one in Texas and one in California). It was found that 68% of participants had been strangled by an intimate partner, 87% of participants who had been strangled were threatened with death, and 70% thought they were going to die during the strangulation (Wilbur et al., 2001, p. 299). Forty-six per cent of participants had been strangled between three and 20 times (Wilbur et al., 2001, p. 300).

A review of domestic violence and sexual assault cases referred to a forensic nurse examiner program in Ohio, US, between 2004 and 2008, identified that NFS was present in 38% of the domestic violence cases and in 10% of the sexual assault cases, with the victim-survivors in the NFS/domestic violence cases having 'significant risk for lethality … in their relationships' (Mcquown et al., 2016). In a similar study conducted in Western Australia between January 2009 and March 2015, Zilkens et al. (2016, p. 2) analysed the case notes of 1064 women who had been sexually assaulted and had presented to a sexual assault service for a forensic examination. The analysis found that 79 (7.4%) of the 1064 sexual assault victims had also experienced NFS assaults (Zilkens et al., 2016, p. 3). Forty-six (58%) of these 79 women were strangled by an intimate partner (Zilkens et al., 2016, p. 3). The analysis revealed that women who are sexually assaulted by an intimate partner were 8.4 times more likely to experience NFS than women sexually assaulted by a friend or acquaintance, and 4.9 times more likely to experience NFS than women sexually assaulted by a stranger (Zilkens et al., 2016, p. 3).

Men use strangulation to gain power and control over their intimate partners, with many victim-survivors experiencing other forms of violence concurrently with NFS.

(De Boos, 2019; Pritchard et al., 2017; Sorenson et al., 2014; Thomas et al., 2014; Vella et al., 2017)

Fitzgerald et al. (2022) conducted a review of 210 Queensland prosecution matters involving one or more NFS assaults, between 2017 and 2020. These matters were finalised in the four years following Queensland's 2016 enactment of standalone legislation for NFS (in a domestic relationship). In the 210 matters:

68.6% involved current intimate partner relationships
20% involved ex- or separated intimate partner relationships
11.4% involved other family relationships – including the children of defendants

(Fitzgerald et al., 2022, pp. 9, 10)

Approximately 13% of complainants in the 210 matters identified as Aboriginal and Torres Strait Islander; 6.7% of the matters involved children as complainants, with children present during the NFS assault in 43% of the matters (Fitzgerald et al., 2022, p. 10).

In 2019, a South-Western Sydney Local Health District Roundtable was convened to explore acquired brain injuries in DFV victim-survivors caused by, for example, head injuries, NFS, choking, or drowning (Farrugia et al., 2020). At this Roundtable, one service provider stated that since they started screening for DFV (2016 to 2019), they had received 46 disclosures of NFS (Farrugia et al., 2020, p. 4). Farrugia et al. (2020, p. 19) also identified Aboriginal and Torres Strait Islander women's overrepresentation as victim-survivors of NFS who acquire a brain injury; these women are 70% more likely to acquire a brain injury than non-Indigenous women. It is important to acknowledge that the increased vulnerabilities experienced by Aboriginal and Torres Strait Islander women are influenced by the contexts of 'colonisation, genocide, forced removal of Aboriginal people from their lands, loss of culture, the Stolen Generations, on-going racism, and inter-generational trauma' (Farrugia et al., 2020, p. 19).

Sorenson et al. (2014, p. e57) conducted a systematic review of NFS epidemiology, which included articles from the Americas (3 countries), Eastern Mediterranean (1 country), Europe (4 countries), and the Western Pacific (1 country). Analysis of the articles in the review revealed that abuse by an intimate partner was prevalent; however, community concern about this abuse appeared to be waning (Sorenson et al., 2014). The authors suggested an increased focus on assaults such as strangulations, acid burnings, and waterboarding could assist policymakers in understanding the 'risk to and terror experienced by those being abused' (Sorenson et al., 2014, p. e57). Additionally, it was recommended that risk assessments include separate questions for the types of violence that have dire consequences like NFS, rather than one category of 'severe violence' or one question asking whether the victim-survivor had been 'choked or burnt', as neither allowed for an accurate assessment of the risk of harm (Sorenson et al., 2014, pp. e54, e55).

Strangulation & Homicide

Non-fatal strangulation is a key indicator that violence in a DFV context is escalating, and that the victim is at risk of serious harm and/or death (Douglas & Fitzgerald, 2014; Sharman et al., 2021). As previously stated, experiencing NFS can increase a victim-survivor's future risk of experiencing attempted homicide by 7-fold and homicide by 8-fold (Glass et al., 2008). Glass et al. (2008) conducted a secondary analysis of data from a US 11-city case-controlled study to determine risk factors for attempted and completed homicide. They found that 45% of victims of homicide and 43% of victims of attempted homicide had a high likelihood of having a history of strangulation (Glass et al., 2008, pp. 330, 333). Dobash et al.'s (2007) research also revealed that a high percentage (37%) of men who killed their intimate partner used strangulation.

Sharman et al. (2021, p. 4) examined the history of NFS in a sample of 20 cases held by the Queensland Death Review Board Unit of the Coroners Court of Queensland. The examination found that 80% (n=16) of the cases were femicides, and strangulation was the cause of death in 25% (n=5) of the cases (Sharman et al., 2021, p. 4). Strangulation/choking/asphyxiation was either involved in the violence before death or was the cause of death in 60% (n=12) of the cases, and a history of NFS was known by family members or first responders in 70% (n=14) of the cases (Sharman et al., 2021, p. 4).

Together with NFS being a common cause of homicide in DFV contexts, perpetrators also rely on it as a 'mechanism of coercive control to instill compliance and dependency over time through a pattern of malevolent conduct' (Brady et al.,2021, p. 2).

> **Men who strangle their intimate partners are considered to be 'setting the stage', ensuring their victim understands that they 'can or will kill' them.**
>
> *(Thomas et al., 2014, p. 125)*

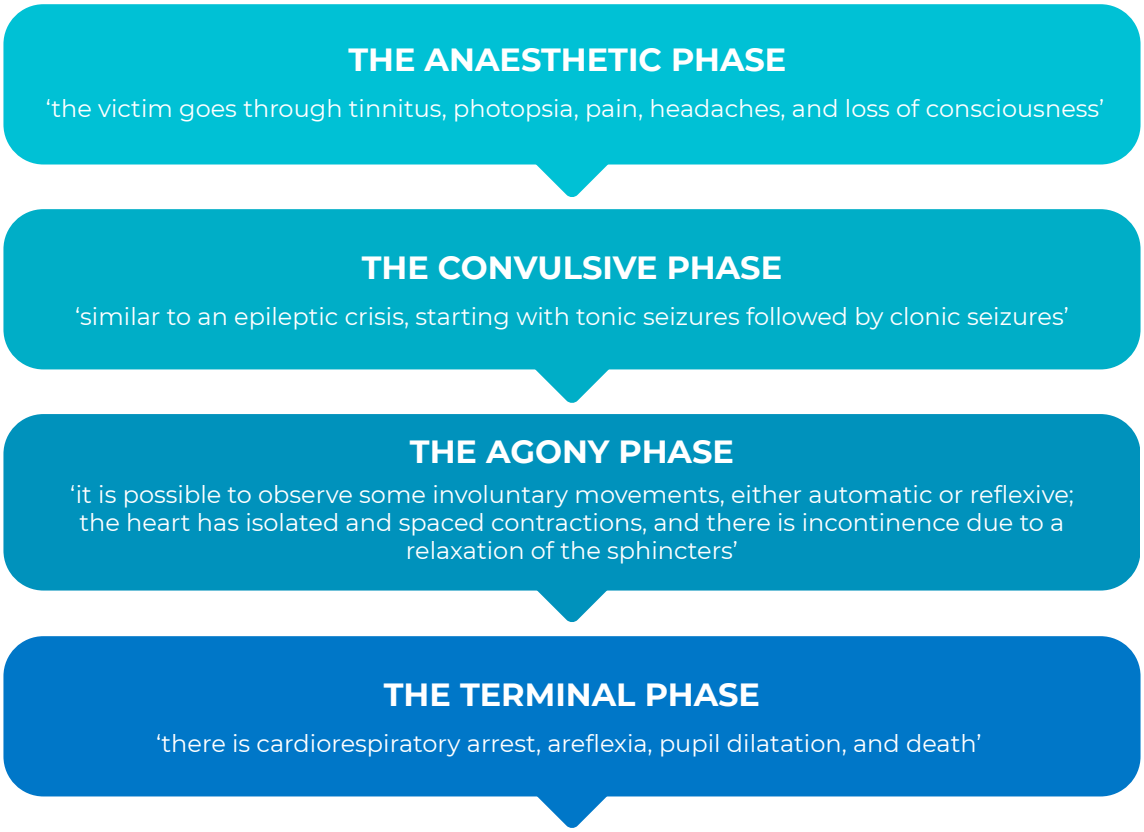
Consequences of NFS

Strangulation is a high-risk, high-harm form of violence. Some women will die, others will suffer physical and psychological consequences, with the severity of these consequences potentially influenced by the 'intensity, duration, and number' of NFS assaults (Braamcamp de Mancellos, 2021, p. 1). Smith et al. (2001) found that victim-survivors who experienced two to five NFS assaults were more likely to be diagnosed with significant memory loss and tinnitus, while Cimino et al. (2019, p. 716) found that those who had been 'strangled more than five times report more frequent muscle spasms, tinnitus, dizziness, and weakness on one side of the body'. However, it is important to note that a woman can acquire a brain injury or die from just one strangulation event (Birchard et al., 2021; Braamcamp de Mancellos, 2021; Cimino et al., 2019; De Boos, 2019; Glass et al., 2008; Hawley et al., 2001; Kabat & Anderson, 1943; Levack et al., 2009; Spencer & Stith, 2020; Thomas et al., 2014).

A person who is being strangled can lose consciousness after four to 10 seconds of arterial pressure, have an anoxic seizure after six to eight seconds (Kabat & Anderson, 1943), lose bladder control after 15 seconds and bowel control after 30 seconds, sustain brain stem damage after 20 seconds, and brain death after one to six minutes of pressure (De Boos, 2019). Various studies refer to women's loss of consciousness following NFS assaults:

- Wilbur et al. (2001) - loss of consciousness in **17%** of strangulation cases;
- Malec et al. (2007) - loss of consciousness in **76%** of strangulation cases;
- Shields et al. (2010) - loss of consciousness in **38%** of strangulation cases; and
- Zilkens et al. (2016) - loss of consciousness in **8.9%** of strangulation cases.

Vanrell (2009) and Di Maio (2001) (cited in Braamcamp de Mancellos, 2021, p. 4) identified four phases of escalation that may be observed due to restricted oxygenated blood flow to the brain:



Victim-survivors of strangulation can suffer a range of immediate or delayed physical and neurological symptoms including changes to vision, eyelid and facial droop, dizziness, motor speech disorders, breathing difficulties, tinnitus, problems with swallowing, limb paralysis/weakness, pain, muscle tremors or spasms, miscarriage or premature birth, confusion, nausea, coma, seizures, brain injury, and stroke (Birchard et al., 2021; De Boos, 2019; Douglas & Fitzgerald, 2020; Parekh et al., 2024; Villasclaras-Garcia et al., 2025). Delayed consequences, such as a stroke or a blood clot, may not emerge for days or weeks after NFS assaults (Carlson, 2014; Douglas & Fitzgerald, 2020).

When the brain is starved of blood and oxygen, certain areas react differently (Birchard et al., 2021). The brain stem and hippocampus are particularly sensitive to restricted blood flow (Hawley et al., 2001). Some brain cells can survive for days, then die (Levack et al., 2009). Hence, victim-survivors of NFS have an increased risk of acquiring a traumatic brain injury (Rajaram, 2020; Valera et al., 2003; Villasclaras-Garcia et al., 2025), with the 'neurological damage leading to possible cognitive and behavioural changes,' along with 'the risk of significant psychological trauma' (Birchard et al., 2021, p. 4).

Some victim-survivors of strangulation continue to experience neurological damage and cognitive problems, including amnesia and short-term memory loss, long after an NFS assault (Birchard et al., 2021; De Boos, 2019; Douglas & Fitzgerald, 2020; Pritchard et al., 2018). Victim-survivors can also experience delayed psychological outcomes such as 'depression, anxiety, suicidality, and nightmares'; 'fear and feelings of danger, powerlessness, and vulnerability'; 'exacerbation of existing mental health difficulties'; and a range of dissociative disorders (Birchard et al., 2021, p. 18). The terror of facing death during an NFS assault can contribute to psychological trauma, with some victim-survivors developing post-traumatic stress disorder (Birchard et al., 2021; De Boos, 2019; Funk & Schuppel, 2003; Gwinn et al., 2014; Jordan et al., 2020; Shields et al., 2010; McClane et al., 2001).

Help-seeking by victim-survivors of NFS

Victim-survivors of strangulation tend to self-isolate, and many do not seek assistance (Joshi et al., 2012; Pritchard et al., 2018; Ralston et al., 2019; Thomas et al., 2014); hence, strangulation assaults can be 'shrouded in silence' (Dotson, 2011, p. 244). Research by Smith et al. (2001) revealed that 39% of NFS victim-survivors at a refuge sought medical attention, despite more than 50% of these victim-survivors having experienced multiple NFS assaults. Concerningly, McClane et al.'s (2001) research revealed that as few as five percent of NFS victim-survivors sought assistance following their assault.

Various reasons have been put forward to explain this hesitancy to seek help. Turkel (2007) suggested that descriptors such as 'grabbing of the throat' or 'choking' rather than 'strangulation' could minimise a victim-survivor's experience of violence. McLean (2012) considered that the hesitancy to pursue medical assistance could be due to a victim-survivor not understanding the serious nature of the strangulation assault, especially if they had not sustained any visible injuries. Thomas et al. (2014) found that NFS victim-survivors' help-seeking could be influenced by behavioural changes following an assault. They considered these changes to be particularly notable in relation to power dynamics – one woman in their study was recorded as becoming more aggressive towards the person using violence (Thomas et al., 2014). In contrast, most women in the study became more compliant and submissive, potentially reducing the likelihood of them reporting the violence (Thomas et al., 2014).

Medical responses to NFS

Lowik et al. (2025, p. 533) found that accessing medical support after NFS assaults was often constrained by the out-of-pocket financial costs, which were compounded by the 'cumulative impact of feeling unsafe and unwell'. Farrugia et al. (2020, p. 21) proposed that intersectional factors such as 'ethnicity, gender, socio-economic status, and other social categories (such as disability)' could reduce a victim-survivor's access to support. Campbell et al. (2017) acknowledged that some victim-survivors of strangulation might also refuse medical attention. Consequently, some victim-survivors can have undiagnosed brain injuries that may be influencing their 'quality of life, wellbeing, and capacity to live independently' (Farrugia et al., 2020, p. 5); other victim-survivors can suffer delayed strokes and blood clots and 'won't wake up the next morning' (Manne, 2018, p. 2).

Non-fatal strangulation is not well understood in the medical sector despite its prevalence and the possibility of grave outcomes, including brain injury or death (Braamcamp de Mancellos, 2021; Gwinn et al., 2014; Strack & Gwinn, 2011; Turkel, 2007). Strack and McClane's (2001) review of 300 cases of strangulation found:

- **50%** of victim-survivors presented with no visible injuries,
- **35%** had insignificant visible injuries, and
- **15%** had injuries consistent with NFS.

Campbell et al.'s (2017, pp. 7-14) more recent study of 9,355 DFV incidents identified 2,605 NFS victim-survivors, where:

- **60%** had visible signs of strangulation;
- **14%** received medical treatment;
- **3%** received first aid on the scene;
- **11%** had been taken to the hospital;
- **84%** experienced multiple strangulations;
- **31%** of the pregnant DFV victim-survivors in this study had experienced strangulation in their most recent DFV incident; and
- **17%** of these pregnant NFS victim-survivors received medical treatment.

The inconsistency in post-strangulation injury presentations can lead to misdiagnoses or the minimisation of a woman's strangulation experience, leaving her vulnerable to a delayed medical crisis (Birchard et al., 2021; Strack & Gwinn, 2011). Braamcamp de Mancellos (2021) emphasised that fatal outcomes could be prevented if NFS victim-survivors were correctly diagnosed and received appropriate medical responses. Unfortunately, the medical triage process favours the 'visible manifestation of physical trauma' (Farrugia et al., 2020, p. 4). For example, when a victim-survivor identifies as experiencing strangulation, their presenting symptoms may be considered stress-related, resulting from the anxiety of being assaulted, rather than from any physical injuries (Bitzer, 2020).

Peel and Cunnion (2024) stated that when frontline medical professionals, such as nurses, are concerned that a patient may have experienced DFV, they should respond to these concerns. Carlson (2014, p. 21) echoed this, suggesting that emergency room nurses need to be alert to any patient who presents following a DFV or sexual assault incident, particularly if they have 'marks around the neck or face' or they 'report being hit, pushed [or] shoved'. Further, Carlson (2014, p. 21) recommended that medical teams need to ask victim-survivors of DFV if they have been 'choked' and whether they have 'a scratchy voice, sore throat, dysphagia, or cough' so that medical responses for these victim-survivors can be put in place. Interestingly, Donaldson et al.'s (2024, p. 5091) research revealed that:

- **51.1%** of health professionals did not ask about NFS;
- **59%** had no formal education on NFS; and
- **0%** of health professionals in this study had an understanding that **50%** of NFS victim-survivors may present with no visible injuries.

Villasclaras-Garcia et al. (2025) promoted informing women who survive strangulation to go to an emergency room for assessment due to the strong relationship between NFS and traumatic brain injury. Nevertheless, Monahan (2019) found that when DFV victim-survivors present themselves at hospital emergency rooms, they are not routinely screened for a traumatic brain injury. Bitzer (2020, p. 2) considered this could be due to a lack of 'necessary education, training, or resources such as referrals or screening tools' to assist a medical team in accurately identifying injuries, such as traumatic brain injury (Bitzer, 2020, p. 2). Research has long promoted the importance of educating first responders and health practitioners about the connection between NFS and traumatic brain injuries (Edwards & Douglas, 2021; Glass et al., 2008; Haag et al., 2019; Kwako et al., 2011).

The Queensland Law Reform Commission's *Non-fatal strangulation – Section 315A review: Summary report* (QLRC, 2025, p. 18) provided recommendations to improve responses to NFS by Queensland health professionals:

> **R13** Queensland Health, Queensland Hospital and Health Services, Queensland Primary Health Networks and the Queensland Ambulance Service, as well as relevant professional colleges, should:
>
> a) develop, regularly review and update their training, policies, guidelines and resources on non-fatal strangulation and relevant laws, practices and procedures.
>
> (b) develop a best practice non-fatal strangulation assessment and documentation protocol, tailored to their operational needs.
>
> All Queensland emergency medicine physicians, forensic physicians and nurses, general practitioners, paramedics and emergency department nurses and social workers should be required to complete training and education on non-fatal strangulation.

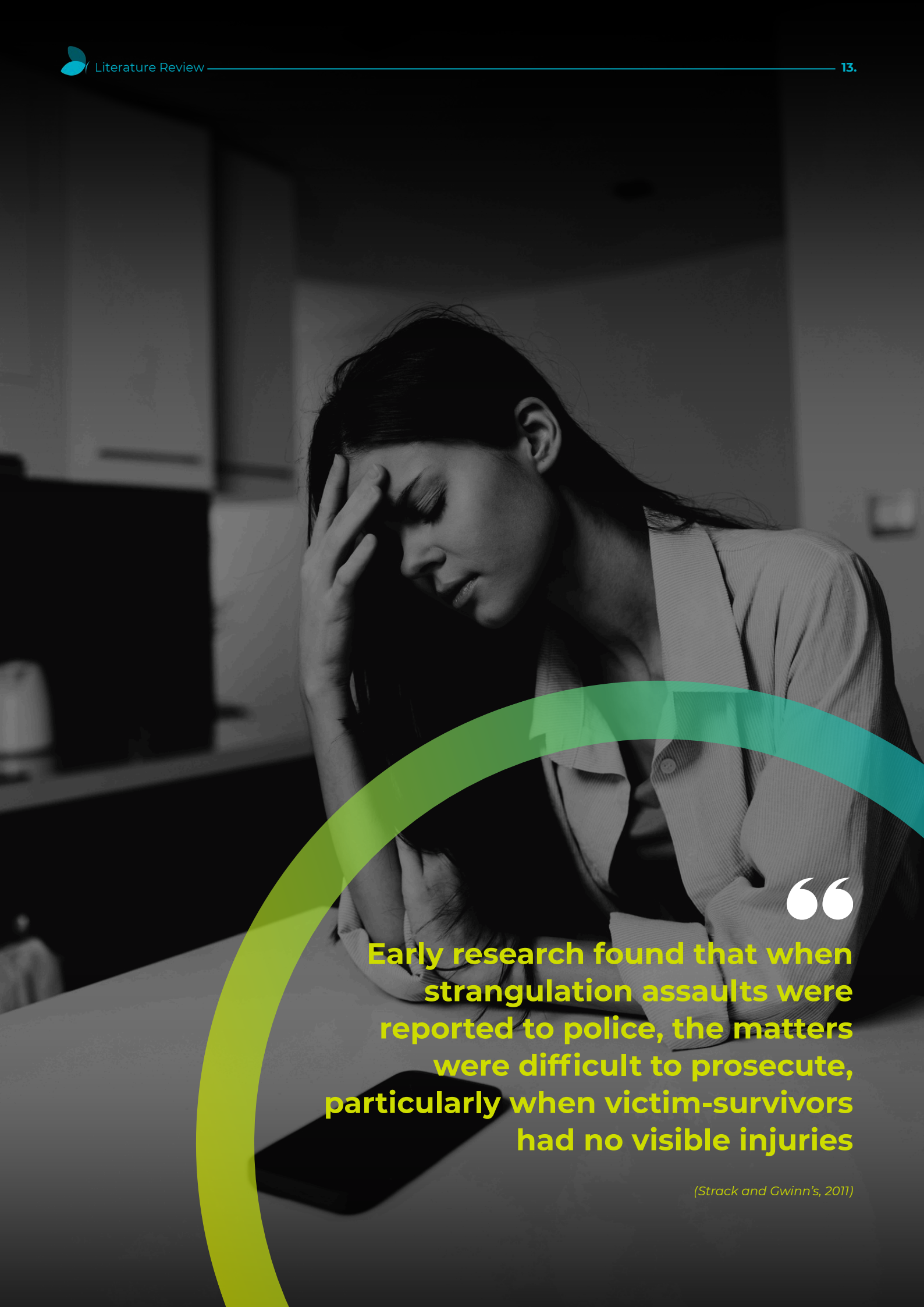
Justice and legal responses

Strack and Gwinn's (2011) early research found that when strangulation assaults were reported to police, the matters were difficult to prosecute, particularly when victim-survivors had no visible injuries. Terminology during this period also potentially minimised strangulation assaults by referring to them as 'attempted strangulation' (Gwinn et al., 2014, p. 82); the current use of the term 'non-fatal strangulation' more clearly represents the serious nature of these assaults.

Many victim-survivors of strangulation do not gain the justice and legal responses required to hold perpetrators accountable and ultimately, prevent the escalation of violence in their lives (Braamcamp de Mancellos, 2021). In Lovatt et al. (2022), victim-survivors reflected on police responses to their NFS assaults. One woman experienced a comprehensive response to her circumstances as the police officer had received NFS education (Lovatt et al., 2022). Most other women in the study were disappointed with police responses to their reporting, particularly how long it took for police to take their statement, and the lack of attention given to ascertaining details about their NFS assaults (Lovatt et al., 2022). When responses to the reporting of NFS assaults are remiss, women and their children can find themselves embedded in situations of high-risk and high-harm, with no safe pathway out (Lovatt et al., 2022).

Reporting NFS assaults to police can also place women at risk of being potentially misidentified as the perpetrator of violence. Douglas and Fitzgerald (2020, p. 10) explain that, as some women are being strangled, they may find themselves in 'flight mode', fearing that the outcome of the assault will rest on 'survival of the fittest'. Consequently, if victim-survivors act in self-defence, they can place themselves at risk of having a cross-order filed against them by the perpetrator (Douglas & Fitzgerald, 2020; Gwinn et al., 2014). Further to this, stranglers can try to avoid accountability by downplaying their actions, gaslighting victims, and pressuring victims not to report the assault (Brady et al., 2021; Thomas et al., 2014).

The invisible injuries associated with some NFS assaults can make prosecuting NFS charges challenging (Sharman et al., 2023). Researchers have suggested that enhanced clinical responses and standardised documentation by health professionals could assist police in improving the collection of evidence (Jinghede-Sundwall et al., 2025; Sharman et al., 2023). While NFS education for police would assist them in developing a deeper understanding of strangulation, help them with their interviewing of victim-survivors, and improve their collection of critical evidence (Douglas & Fitzgerald, 2014, p. 250).



Early research found that when strangulation assaults were reported to police, the matters were difficult to prosecute, particularly when victim-survivors had no visible injuries

(Strack and Gwinn's, 2011)

Education about NFS for police can also build an awareness of how perpetrators of NFS purposefully create fear and terror in victims so they can exercise 'power and control' over them, with this fear and terror having the 'capacity to cause [victims] psychological and mental damage' (Edwards & Douglas, 2021, p. 119). Additionally, with comprehensive education, police are more likely to follow up with victim-survivors to ensure they are safe and to advise them of the charges laid against the defendant (Douglas & Fitzgerald, 2014, p. 250). Therefore, an improved understanding of NFS can lead to better support for victim-survivors as they journey through criminal justice and legal systems (Haag et al., 2019, p. 994).

The QLRC (2025, p. 18), in their review of Queensland strangulation legislation, acknowledged the need to improve responses to NFS reporting, investigation, and evidence collection, making the following recommendations for those working in the criminal justice system:

> **R11** The QPS, ODPP, National Judicial College of Australia, Australian Institute of Judicial Administration, Queensland Courts and restorative justice/dispute resolution providers should regularly review and update their training, policies, guidelines and resources on non-fatal strangulation and relevant laws, practices and procedures.
>
> All police, prosecutors, judicial officers and restorative justice/dispute resolution facilitators who deal with non-fatal strangulation matters should be required to complete training and education on non-fatal strangulation.
>
> **R12** The QPS should develop a consistent screening, documentation, and response protocol for non-fatal strangulation.

Legal responses to non-fatal strangulation have been developing since 2014, with all Australian states and territories now having introduced legislation to address strangulation:

- *Crimes Act 1900No 40* (NSW) s 37
- *Crimes Act 1900* (ACT) s 27; s 28
- *Criminal Law Consolidation Act 1935* (SA) s 20A
- *Criminal Code Act 1983* (NT) s 186AA
- *Criminal Code Act 1899* (QLD) s 315A
- *Criminal Code Act 1924* (Tas) s 170B; s 334AA; s 334A
- *Crimes Act 1958* (Vic) s 34AD; s 34AE
- *Criminal Code Act Compilation Act 1913* (WA) s 298

Not all these legislative acts define strangulation. However, Douglas and Fitzgerald (2020) endorsed the need for legislation to contain a definition of strangulation that accurately represents victim-survivors' experiences. They suggested any definition should capture 'the broad range of actions that underpin it and its central danger - that it impedes breathing or restricts blood flow' (Douglas & Fitzgerald, 2020, p. 13).

A Queensland Court of Appeal case, R v HBZ [2020] QCA 73, was based on the word 'choked' being undefined in the *Criminal Code Act 1899* (Qld), and the jury being directed that 'choked' meant 'to stop or hinder the breathing of a person' (see R v HBZ [2020] QCA 73 - Caselaw). The appellant submitted that a penal provision should be interpreted narrowly, with 'choking' meaning to completely stop a person from breathing. One of the points of appeal was that 'the learned trial judge erred in the direction given to the jury on the definition of choking'. The jury direction from the judge provided the following definition of 'choking' based on a handout to the jury:

> 'Choked' is an English word that bears its ordinary, everyday meaning – that is – 'to hinder or stop the breathing of a person'.

The decision from the Court of Appeal was that:

The direction given by the trial judge on the meaning of 'choked' was correct. It was a direction on the law. The meaning of the word 'choked' for the purpose of count 1 was a matter of legal interpretation and it was appropriate that the judge directed the jury to apply the meaning 'to hinder or stop the breathing of a person'.

Further, other legislative acts addressing strangulation require the prosecution to prove the complainant did not consent to being strangled. This legal requirement is another point of contention, particularly since research shows that strangulation occurring within the DFV context is usually a form of coercive control, where victim-survivors experience fear and have constrained agency (Douglas & Fitzgerald, 2020). Concerns have been raised about a victim-survivor being cross-examined regarding their willingness to be strangled, particularly when there is an assumption of consent because the woman has remained in the relationship despite there being a history of NFS (Tolmie, 2018, p. 58). Since criminal law does not recognise consent to serious levels of violence (Tolmie, 2018), the necessity to prove lack of consent to strangulation potentially erodes the seriousness of the act and its consequences on victim-survivors (Strack & Gwinn, 2011). Edwards and Douglas (2021, p. 119) endorsed strangulation being acknowledged in all policy documentation as a form of control. As well, Edwards and Douglas (2021, p. 119) proposed that sentencing guidelines should recognise strangulation 'as an aggravating factor across all offences, rather than leaving the matter to judicial discretion'. This would enable the heightened risk of strangulation to be considered even when the standalone offence is not charged.

The QLRC's review (2025, p. 16) addresses the areas of definition and consent in Queensland legislation through the following recommendation:

R2 Section 315A of the Criminal Code should be changed to:

(a) also apply to people in a relationship involving coercion, control or domination.

(b) make it an offence with a maximum penalty of 7 years imprisonment to unlawfully engage in conduct capable of restricting another person's respiration and/or blood circulation.

(c) include a legislative note that explains that conduct capable of restricting a person's respiration and/or blood circulation could include:

- applying pressure to the person's neck
- covering the person's nose or mouth
- obstructing or interfering with the person's respiratory system or accessory systems of respiration.

(d) modify the way consent is relevant by including a defence of affirmative consent if the conduct constituting the offence occurs in a sexual context.

A rebuttable presumption should also be included in section 348AA of the Criminal Code that applies to all sexual offences and states that complete or partial restriction of the person's respiration and/or blood circulation is evidence of lack of consent.

Long-term support

There is a need to build 'practice-based knowledge on how to best support victim-survivors through the potentially lethal and long-term health consequences' of NFS, particularly since 'acquired brain injuries are often invisible … and are commonly misunderstood' (Farrugia et al., 2020, pp. 4-5). Not all victim-survivors will experience a brain injury, but the impact of such an injury on a woman's 'quality of life, wellbeing, and capacity to live independently' can place her at 'further risk of violence and controlling behaviour from a perpetrator' (Farrugia et al., 2020, p. 5). High-risk DFV victim-survivors, such as those who have experienced NFS, require support that extends beyond the crisis intervention to meet their complex long-term needs (Tomkins, 2020).

Victim-survivors of strangulation can face many barriers to seeking and receiving appropriate support (Haag et al., 2019). Feelings of shame or stigma and concerns about judgments being cast on their capacity to parent can prevent some victim-survivors from seeking support (Haag et al., 2019). Such factors can influence women's decisions to remain silent about abuse, compounding their risk of experiencing ongoing violence (Haag et al., 2019). Additionally, DFV services can face significant barriers to securing adequate funding to provide the specialist support required by NFS victim-survivors (Haag et al., 2019).

Haag et al. (2019, pp. 993-994) suggested victim-survivors of strangulation would benefit from 'community-based peer support, a unified service hub with a feminist trauma-informed model of care'. The long-term wellbeing of victim-survivors is reliant on providing such 'informing, empowering, and supportive' services (Domestic Violence Service Management, 2018). These services would be underpinned by the principle that victim-survivors are the 'experts of their experiences' and they 'are best placed to lead the development of plans aimed at securing their long-term safety and wellbeing' (Toivonen & Backhouse, 2018, p. 10).

To complement education across various frontline services, it has been recommended that education should be extended to include 'secondary schools, public awareness campaigns, and public service announcements' (Haag et al., 2019, p. 993). This broader community education is relevant considering the increasing normalisation of strangulation in sexual contexts. Beyond prevention aims, this education may assist victim-survivors to understand their experiences of NFS and encourage them to seek support (Haag et al., 2019, p. 993).

Victim-survivors of strangulation can face many barriers to seeking and receiving appropriate support.

(Haag et al., 2019)

References

Australian Institute of Health and Welfare. (2023). *Family and domestic violence*. Australian Government. https://www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/family-domestic-violence

Australian Bureau of Statistics. (2023). *Personal Safety, Australia.* Australian Government. https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22

Birchard, H., Byrne, C., Saville, C.W.N. & Coetzer, R. (2021). The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. *Neuropsychological Rehabilitation*. https://doi.org/10.1080/09602011.2020.1868537

Bitzer, H. (2020). *An Examination of Providers' Awareness, Knowledge of Screening and Treatment, and Perceived Barriers Associated with Intimate Partner Violence-related Traumatic Brain Injury.* [PhD thesis. Pittsburgh University]. https://d-scholarship.pitt.edu/concern/etds/77e22f4f-6c85-4b18-82f8-191a1160f3bd?locale=zh

Braamcamp de Mancellos, J. (2021). Pathology of non-fatal asphyxia and the risk of fatal outcome in the context of intimate partner violence. *Journal of Forensic Science and Criminology, 9*(2), 1-12. https://annexpublishers.com/articles/JFSC/9201-Pathology-of-Non-Fatal-Asphyxia-and-the-Risk.pdf

Brady, P.Q., Fansher, A.K., & Zedaker, S.B. (2021). How victims of strangulation survived: Enhancing the admissibility of victim statements to the police when survivors are reluctant to cooperate. *Violence Against Women*, 1-26. https://doi.org/10.1177/10778012211022772

Campbell, A.M., Hicks, R.A., Thompson, S.L., & Wiehe, S.E. (2017). Characteristics of Intimate Partner Violence Incidents and the environments in which they occur: Victim reports to responding law enforcement officers. *Journal of Interpersonal Violence*, 35(13-14), 1-24. https://doi.org/10.1177/08862605177042

Carlson, S. (2014). Strangulation – Asphyxia and terror. *Canadian Journal of Emergency Nursing, 37*(2), 20-23. https://doi.org/10.29173/cjen459

Cimino, A.N., Patch, M., Alter, Y., Campbell, J.C., Gundersen, K.K., Tang, J.T., Tsuyuki, K., & Stockman, J.K. (2019). The effect of intimate partner violence and probable traumatic brain injury on mental health outcomes for black women. *Journal of Aggression, Maltreatment & Trauma, 28*(6), 714-731. https://doi.org/10.1080/10926771.2019.1587657

Crimes Act 1958 (Vic)
https://classic.austlii.edu.au/au/legis/vic/consol_act/ca195882/s34ad.html

Criminal Code Act 1899 (QLD) s 315A
https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-1899-009

Crimes Act 1900 (ACT) s 27; s 28
https://www.legislation.act.gov.au/a/1900-40/default.asp

Crimes Act 1900 No 40 (NSW) s 37
https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-1900-040#sec.37

Criminal Code Act 1983 (NT) s 186AA
https://legislation.nt.gov.au/en/Legislation/CRIMINAL-CODE-ACT-1983

References

Criminal Code Act 1924 (Tas) s 170B; s 334AA; s 334A
https://www.legislation.tas.gov.au/view/html/inforce/current/act-1924-069#JS1@GS334AA@EN

Criminal Code Act Compilation Act 1913 (WA)
https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a196.html&view=consolidated

Criminal Law Consolidation Act 1935 (SA) s 20A
https://www.austlii.edu.au/cgi-bin/viewdoc/au/legis/sa/consol_act/clca1935262/s20a.html

De Boos, J. (2019). Review article: Non-fatal strangulation: Hidden injuries, hidden risks. *Emergency Medicine Australasia, 31,* 302-308. https://doi.org/10.1111/1742-6723.13243

Dobash, R.E., Dobash, R.P., Cavanagh, K., & Medina-Ariza, J. (2007). Lethal and nonlethal violence against an intimate female partner: Comparing male murderers to nonlethal abusers. *Violence Against Women, 13*(4), 329-353. https://doi.org/10.1177/1077801207299204

Domestic Violence Service Management (DVSM). (2018). *Whole of Person, Person-Centred responses to the intersection of Domestic and Family Violence and Acquired Brain Injury.* Domestic Violence NSW Service Management. *https://www.readkong.com/page/project-report-dfv-abi-intersection-domestic-violence-6768870*

Donaldson, A.E., Ravono, A., Hurren, E., Harvey, C., Baldwin, A. & Solomon, B. (2024). An exploration of frontline health professionals' current understanding of non-fatal strangulation. *Journal of Advanced Nursing, 80*, 5090-5101. https://doi.org/10.1111/jan.16311

Dotson, K. (2011). Tracking epistemic violence, tracking practices of silencing. *Hypatia, 26*(2), 236-257. https://doi.org/10.1111/j.1527-2001.2011.01177.x

Douglas, H. (2019). Victoria's commitment to a non-fatal strangulation offence will make a difference to vulnerable women. *The Conversation,* 3 July. http://theconversation.com/victorias-commitment-to-a-non-fatal-strangulation-offence-will-make-a-difference-tovulnerable-women-119743

Douglas, H., & Fitzgerald, R. (2014). Strangulation, domestic violence, and the legal response. *Sydney Law Review, 36,* 231-254. https://search.informit.org/doi/10.3316/agispt.20142725

Douglas, H., & Fitzgerald, R. (2020). Women's stories of non-fatal strangulation: Informing the criminal justice response. *Criminology & Criminal Justice,* 1–17. https://doi.org/10.1177/1748895820949607

Edwards, S.S.M. & Douglas, H. (2021). The criminalisation of a dangerous form of coercive control: Non-fatal strangulation in England and Wales and Australia. *Journal of International and Comparative Law, 8*(1), 87-120. https://www.proquest.com/scholarly-journals/criminalisation-dangerous-form-coercive-control/docview/2560121358/se-2

Farrugia, C., Funston, L., Verco, J., Campbell, J., Rabuka, M., Castro, R., & Andrews, L. (2020). *Time is of the essence: Domestic and family violence and the potential for acquired brain injuries in victim-survivors*. NSW Health Education Centre Against Violence. https://australianwomenshealth.org/resource/time-is-of-the-essence-domestic-and-family-violence-dfv-and-the-potential-for-acquired-brain-injuries-abi-in-victim-survivors/

Fitzgerald, R., Douglas, H., Pearce, E. & Lloyd, M. (2022). The prosecution of non-fatal strangulation cases: An examination of finalised prosecution cases in Queensland, 2017 – 2020. The University of Melbourne and The University of Queensland. https://law.unimelb.edu.au/__data/assets/pdf_file/0005/4096535/Fitzgerald-et-al-ODPP-report.pdf

References

Funk, M., & Schuppel, J. (2003). Strangulation injuries. *WMJ-Madison, 102*(3), 41–45. https://europepmc.org/article/MED/12822289

Glass, N., Laughon, K., Campbell, J., Block, C.R., Hanson, G., Sharps, P.W., & Taliaferro, T. (2008). Non-fatal strangulation is an important risk factor for homicide of women. *The Journal of Emergency Medicine, 35*(3), 329–335. https://doi.org/10.1016/j.jemermed.2007.02.065

Green, S. (2017). Strangulation is a powerful tool of violence that often leaves no physical mark. *The Seattle Times* (13 November). https://www.seattletimes.com/seattle-news/law-justice/king-county-fights-to-stop-strangulations/#:~:text=In%20domestic-violence%20cases,%20manual%20strangulation

Gwinn, C., Strack, G., & Mack, M. (2014). Law reform targets the crime of strangulation. *Domestic Violence Report, 19*(6), 81-100. https://www.civicresearchinstitute.com/online/PDF/FIPV-1301-03-Law%20Reform.pdf

Haag, H., Sokoloff, S., MacGregor, N., Broekstra, S., Cullen, N., & Colantonio, A. (2019). Battered and brain injured: Assessing knowledge of traumatic brain injury among intimate partner violence service providers. *Journal of Women's Health, 28*(7), 990-997. https://doi.org/10.1089/jwh.2018.7299

Hawley, D.A., McClane, G.E., & Strack, G.B. (2001). A review of 300 attempted strangulation cases part III: Injuries in fatal cases. *The Journal of Emergency Medicine, 2*1(3), 317–322. https://doi.org/10.1016/S0736-4679(01)00401-2

Herbenick, D., Guerra-Reyes, L., Patterson, C. et al. (2023). #ChokeMeDaddy: A content analysis of memes related to choking/strangulation during sex. *Archival Sexual Behavior, 52,* 1299-1315. https://doi.org/10.1007/s10508-022-02502-5

Jinghede-Sundwall, A., Caman, S. & Zilg, B. (2025). Fatal and non-fatal strangulation in Sweden: A retrospective analysis of injury patterns and forensic implications. *Forensic Science International, 377,* 112614. https://doi.org/10.1016/j.forsciint.2025.112614

Jordan, K.S., Murphy, J.A., Romine, A.J., & Varela-Gonzalez, L. (2020). A case of nonfatal strangulation associated with intimate partner violence. *Advanced Emergency Nursing Journal, 42*(3), 186–195. https://doi.org/10.1097/TME.0000000000000305

Joshi, M., Thomas, K.A., & Sorenson, S.B. (2012). "I didn't know I could turn colors": Health problems and health care experiences of women strangled by an intimate partner. *Social Work in Health Care, 51*(9), 798–814. https://doi.org/10.1080/00981389.2012.692352

Kabat, H., & Anderson, J.P. (1943). Acute arrest of cerebral circulation in man: Lieutenant Ralph Rossen. *Archives of Neurology & Psychiatry, 50*(5), 510–528. https://doi.org/10.1001/archneurpsyc.1943.02290230022002

Kwako, L.E., Glass, N., Campbell, J., Melvin, K.C., Barr, T., & Gill, J.M. (2011). Traumatic brain injury in intimate partner violence: A critical review of outcomes and mechanisms. *Trauma, Violence, & Abuse, 12*(3), 115–126. https://doi.org/10.1177/1524838011404251

Levack, M.M., Pettitt, B.J., & Winston, A.D. (2009). Carotid artery thrombosis and delayed stroke associated with the use of a shoulder belt in a teenager. *Journal of Pediatric Surgery, 44(*8), e29–e33. https://doi.org/10.1016/j.jpedsurg.2009.05.026

References

Lovatt, H., Lowik, V., & Cheyne, N. (2022). The voices of women impacted by non-fatal strangulation: Summary Report – key themes. Queensland Centre for Domestic and Family Violence Research (QCDFVR), Central Queensland University. https://noviolence.org.au/wp-content/uploads/2022/08/The-voices-of-women-impacted-by-non-fatal-strangulation-FINAL.pdf

Lowik, V., Cheyne, N. & Lovatt, H. (2025). "He's been trying to get me …": The lived experience of survivors of intimate partner strangulation after leaving the abusive relationship. *Journal of Family Violence, 40*,529–539. https://doi.org/10.1007/s10896-023-00664-x

Malec, J.F., Brown, A.W., Leibson, C.L., Flaada, J.T., Mandrekar, J.N., Diehl, N.N., & Perkins, P.K. (2007). The Mayo classification system for traumatic brain injury severity. *Journal of Neurotrauma, 24*(9), 1417–1424. https://doi.org/10.1089/neu.2006.0245

Manne, K. (2017). *Down Girl: The Logic of Misogyny*. Oxford University Press.

McClane, G.E., Strack, G.B., & Hawley, D. (2001). A review of 300 attempted strangulation cases Part II: Clinical evaluation of the surviving victim. *The Journal of Emergency Medicine, 21*(3), 311–315. https://doi.org/10.1016/S0736-4679(01)00400-0

McLean, M. (2012). *The identification, care, and advocacy of strangulation victims: Information for front line workers and crisis advocates.* (Victorian Order of Nurses for Canada, 2009, rev 2012). www.von.ca/pdf/special_projects/STRANGULATION_PROTOCOL_Final_May_2012.pdf

Mcquown, C., Frey, J., Steer, S., Fletcher, G.E., Kinkopf, B., Fakler, M., & Prulhiere, V. (2016). Prevalence of strangulation in survivors of sexual assault and domestic violence. *The American Journal of Emergency Medicine, 34*(7), 1281–1285. https://doi.org/10.1016/j.ajem.2016.04.029

Monahan, K., Purushotham, A., & Biegon, A. (2019). Neurological implications of nonfatal strangulation and intimate partner violence. *Future Neurol, 14*(3), 1-5. : https://doi.org/10.2217/fnl-2018-0031

Parekh, V., McMinn, J., Brkic, A., Williams, D., Boxx, C., Bailey, L. & Reid, K. (2024). More than meets the eye: Lid and conjunctival injuries in cases of non-sexual assault are frequently accompanied by non-fatal strangulation. *Emergency Medicine Australasia, 36,* 849–855. *https://doi.org/10.1111/1742-6723.14462*

Peel, M. & Cunnion, K. (2024). Recognising and responding to non-fatal strangulation in domestic abuse. *Nursing Standard, 39*(8), 68-73. https://doi.org/10.7748/ns.2024.e12061

Pritchard, A.J., Reckdenwald, A., Nordham, C., & Holton, J. (2018). Improving identification of strangulation injuries in domestic violence: Pilot data from a researcher–practitioner collaboration. *Feminist Criminology, 13*(2), 160–181. https://doi.org/10.1177/1557085116653181

Queensland Law Reform Commission. (2025). *Non-fatal strangulation: Section 315A review: Summary Report*. Queensland Government. https://www.qlrc.qld.gov.au/__data/assets/pdf_file/0011/897005/nfs-summary-report-final.pdf

Rajaram, S.S., Reisher, P., Garlinghouse, M., Chiou, K.S., Higgins, K.D., New-Aaron, M., Ojha, T., & Smith, L.M. (2020). Intimate partner violence and brain injury screening. *Violence Against Women, 27*(10), 1548-1565. https://doi.org/10.1177/1077801220947164

References

Ralston, B., Rable, J., Larson, T., Handmaker, H., & Lifshitz, J. (2019). Forensic nursing examination to screen for traumatic brain injury following intimate partner violence. *Journal of Aggression, Maltreatment & Trauma, 28*(6), 732–743. https://doi.org/10.1080/10926771.2019.1637988

Sauvageau, A., Ambrosi, C., & Kelly, S. (2012). Three nonlethal ligature strangulations filmed by an autoerotic practitioner. *American Journal of Forensic Pathology, 33*(4), 339–340. https://doi.org/10.1097/PAF.0b013e3182663002

Sharman, L. S., Douglas, H., & Fitzgerald, R. (2021). *Review of domestic violence deaths involving fatal or non-fatal strangulation in Queensland.* The University of Melbourne and The University of Queensland. https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0009/723690/review-of-dv-deaths-involving-fatal-and-non-fatal-strangulation-in-queensland.pdf

Sharman, L.S., Fitzgerald, R. & Douglas, H. (2023). Medical evidence assisting non-fatal strangulation prosecution: a scoping review. *BMJ Open,* 13, e072077. https://pmc.ncbi.nlm.nih.gov/articles/PMC10077461/pdf/bmjopen-2023-072077.pdf

Sharman, L.S., Fitzgerald, R. & Douglas, H. (2025). Prevalence of sexual strangulation/choking among Australian 18–35-year-olds. *Archival Sexual Behavior, 54*, 465-480. https://link.springer.com/article/10.1007/s10508-024-02937-y

Shields, L.B., Corey, T.S., Weakley-Jones, B., & Stewart, D. (2010). Living victims of strangulation: A 10-year review of cases in a metropolitan community. *The American Journal of Forensic Medicine and Pathology, 31*(4), 320–325. https://doi.org/10.1097/PAF.0b013e3181d3dc02

Shor, E. & Liu, X. (2025). The rise of spanking, hitting, and strangulation: a longitudinal evaluation of aggression in pornography. *Journal of Sex Research, 63*(4), 1-3. *https://doi.org/10.1080/00224499.2025.2565660*

Smith Jr, D.J., Mills, T., & Taliaferro, E.H. (2001). Frequency and relationship of reported symptomology in victims of intimate partner violence: The effect of multiple strangulation attacks. *The Journal of Emergency Medicine, 21*(3), 323–329. https://doi.org/10.1016/S0736-4679(01)00402-4

Sorenson, S.B., Joshi, M., & Sivitz, E. (2014). A systematic review of the epidemiology of nonfatal strangulation, a human rights and health concern. *American Journal of Public Health, 104*(11), e54-e61. https://doi.org/10.2105/AJPH.2014.302191

Spencer, C.M., & Stith, S.M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, Violence, & Abuse, 21*(3) 527-540. https://doi.org/10.1177/1524838018781101

Strack, G., & McClane, G. (2001). *How to improve your investigation and prosecution of strangulation cases.* http://www.ncdsv.org/images/Strack-McClane_HowToImproveYourInvestigationProsecutionStrangulation_updated_9-2001.pdf

Strack, G.B., & Gwinn, C. (2011). On the edge of homicide: Strangulation as a prelude. *Criminal Justice, 26*(3), 32. https://strangulationprevention.com.au/wp-content/uploads/2019/08/On-the-Edge-of-Homicide-Strangulation-as-a-Prelude-Strack-and-Gwinn-2011.pdf

Thomas, K.A., Joshi, M., & Sorenson, S.B. (2014). Do you know what it feels like to drown? Strangulation as coercive control in intimate relationships. *Psychology of Women Quarterly, 38*(1), 124–137. https://doi.org/10.1177/0361684313488354

References

Toivonen, C., & Backhouse, C. (2018). National Risk Assessment Principles for domestic and family violence: Companion resource. A summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence. *ANROWS Insights* 09/2018: ANROWS. https://www.anrows.org.au/research-program/national-risk-assessment-principles/

Tolmie, J. (2018). Coercive control: To criminalize or not to criminalize? *Criminology & Criminal Justice, 18*(1), 50–66. https://doi.org/10.1177/17488958177467l2

Tomkins, J. (2020). *High-risk victims of intimate partner violence within the Integrated Safety Response pilot: An examination of psychosocial stressors and repeat victimisation.* Thesis. The University of Waikato. https://researchcommons.waikato.ac.nz/entities/publication/570424d9-1df7-400d-bd48-868cc77fde0b

Turkel, A. (2007). "And then he choked me": Understanding, investigating, and prosecuting strangulation cases. *The Voice* (National Center for the Prosecution of Violence Against Women). Retrieved from http://www.ncdsv.org/images/NCPCA_AndThenHeChokedMe_vol_20_no_8_2007.pdf

Valera, E.M., & Berenbaum, H. (2003). Brain injury in battered women. *Journal of Consulting Clinical Psychology, 71*, 797-804. https://www.researchgate.net/publication/6250765_Brain_injury_in_battered_women

Vella, S.A., Miller, M.M., Lambert, J.E., & Morgan, M.L. (2017). "I felt close to death": A phenomenological study of female strangulation survivors of intimate terrorism. *Journal of Feminist Family Therapy, 29*(4), 171–188. https://doi.org/10.1080/08952833.2017.1370572

Victoire, A., de Boos, J., McMillan, J. & White, C. (2026). Harmful effects of sexual choking. *The British Medical Journal,* 392, 1-2. http://doi.org/10.1136/bmj.s275

Villasclaras-Garcia, C., Hidalgo-Ruzzante, N., Teva Álvarez, I. & Pérez-García, M. (2025). Women survivors of intimate partner violence: A scoping review of the relationship between traumatic brain injury and non-fatal strangulation, brain alterations and neuropsychological functioning. *Aggression and Violent Behaviour, 85*, 102105. https://doi.org/10.1016/j.avb.2025.102105

Wilbur, L., Higley, M., Hatfield, J., Surprenant, Z., Taliaferro, E., Smith Jr, D.J., & Paolo, A. (2001). Survey results of women who have been strangled while in an abusive relationship. *The Journal of Emergency Medicine, 21*(3), 297–302. https://doi.org/10.1016/S0736-4679(01)00398-5

Zilkens, R.R., Phillips, M.A., Kelly, M.C., Mukhtar, S.A., Semmens, J.B., & Smith, D.A. (2016). Non-fatal strangulation in sexual assault: A study of clinical and assault characteristics highlighting the role of intimate partner violence. *Journal of Forensic and Legal Medicine, 43*, 1–7. https://doi.org/10.1016/j.jflm.2016.06.005

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