



Rob Veale Ltd

Family Violence Workshop Series (2020)

This series of slides covers material presented in the wider 'Strangulation in the context of Intimate Partner Violence' presentation. Topics include:

- Where to from here
- Available Resources
- Strangulation in other contexts
- 'We Can't Consent to this' website details
- Strangulation charges and disposition (to 30/06/2020)



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Where To From Here ...

- Raising awareness for all service providers
- Raising awareness of seriousness and risk
- Protecting victims and holding offenders accountable



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Some available resources



www.justice.govt.nz/about/news-and-media/news/family-violence...
 Family violence experiences shared on video - Ministry of Justice
 People who've been affected by family violence speak candidly about their experiences in a suite of videos now available on the Ministry of Justice YouTube ...

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ADVICE FOR VICTIMS / SURVIVORS

Most people get better after a strangulation injury, but sometimes problems may occur. Strangulation injuries could be considered like a concussion or being knocked out. Serious problems are rare but may occur sometimes days later. It is best to get checked out.

Serious problems

Return to your doctor or hospital (Dial 111) if you notice any of the following:

- Sleeps or difficult to wake
- Confused
- Fits or falling down, problems with balance
- Breathing problems
- Tongue swelling
- Vomiting
- Problems with vision, speaking or understanding speech

Milder problems

- Mild headache
- Feeling dizzy, can't remember, can't concentrate for long
- Feeling tired, annoyed or poor sleep
- Small bruises (pinpoints) on face, neck or body
- Small burst blood vessels in the eyes

These milder problems usually get better without treatment. But if you develop new bruises or swelling or are worried, see your family doctor (GP) for a check.

ADVICE FOR ADVOCATES

Safety questions

Advocates may help survivors understand the seriousness of strangulation. They can discuss the increased risks of serious harm or death. Advocates might also ask clients about strangulation when assessing safety. They might ask 'has your partner ever put their hands around your throat', or 'has your partner put pressure on your neck so you couldn't breathe' or 'has your partner ever covered your mouth or nose with their hand or anything else so you couldn't breathe?'

Document information

With client consent, advocates should document any discussions with their client, including considering photographs or voice recordings.

Encourage client to seek help

if your client has been strangled within the previous 48 hours, or exhibits signs and symptoms after strangulation, advocates must strongly encourage them to seek medical attention.

Need more information or training, contact www.robveale.com

Strangulation & Intimate Partner Violence



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Information from the Strangulation Training Institute and other sources has been used in compiling this brochure. Check out their website on strangulationtraininginstitute.com

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STRANGULATION IS NOT CHOKING

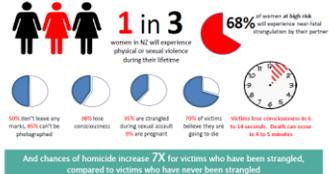
STRANGULATION	CHOKING
Pressure (compression) applied externally to the neck	Airway blocked (obstructed from the inside of the neck)
Pressure restricts blood and air getting to and from the brain	Food or other foreign object partly or entirely blocks the windpipe (trachea)
Usually intentionally done by someone else	Usually accidental (generally while eating)
Potential serious physical injury or death, even after the external pressure ends.	Minimal potential for long-term physical injury after the blockage is removed

CONSEQUENCES OF STRANGULATION

Strangulation may result in -

- Physical injury
 - Death within 4 to 5 minutes
 - Unconsciousness within 6 to 14 seconds
 - Arterial damage and neck swelling
 - Petechiae - small burst blood vessels
 - Dizziness, sore throat, voice changes
- Neurological injury
 - Facial or eyelid drooping
 - Stroke-like symptoms including blindness
 - Memory loss
 - Paralysis
- Psychological injury
 - PTSD, depression, anxiety
 - Suicidal ideation
 - Nightmares and sleep disturbances
 - Amnesia and memory loss
- Delayed fatality - Deaths can occur hours, days or weeks after the attack due to various causes.

STRANGULATION STATISTICS



And chances of homicide increase 7X for victims who have been strangled, compared to victims who have never been strangled

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Family violence committee backs strangulation recommendation

Posted 8th Mar 2016 in Family Violence Death Review Committee

The Family Violence Death Review Committee (the FVDR) welcomes comments by Justice Minister Amy Adams supporting efforts to make non-fatal strangulation a specific crime.

In its Fourth Annual Report[1] published in 2014 the FVDR called for the Government to consider an amendment to the Crimes Act 1961 to include non-fatal strangulation as a separate crime.

"Non-fatal strangulation is extremely dangerous and has a significant physical and psychological impact on victims. There is a fine line between a non-fatal and a fatal strangulation," says the FVDR's chair Associate Professor Julia Tolmie.

"A San Diego study[2] found most abusers do not strangle to kill, they strangle to show they can kill. Strangulation is often present in cases we review, either in the history of a victim's abuse or as part of the death event."

References

Family Violence Death Review Committee, Fourth Annual Report: January 2013 to December 2013, Wellington, Health Quality & Safety Commission, 2014. <http://www.hqsc.govt.nz/assets/FVDR/Publications/FVDR-4th-report-june-2014.pdf>

G.B. Strack and C. Gwinn, 'On the edge of homicide: Strangulation as a prelude', Criminal Justice, vol. 26, no. 3, 2011.

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Appendix K: Strangulation discharge information: discharge advice to patients and their families and friends

Milder problems

- Mild headache
- Feeling dizzy, cannot remember things, cannot concentrate for long
- Feeling tired, feeling easily annoyed or poor sleep
- Bruises (small or pinpoint) on face, neck and body
- Small burst blood vessels in the eyes.

These problems usually get better without any treatment, but if you develop new bruises or swelling, or you are worried, see your family doctor (GP) for a check. If the milder problems do not get better after two weeks, see your family doctor.

What you can do to help yourself

Medication and drugs:

- DO take paracetamol (Panadol) for headache. DO take your usual pills.
- DO NOT take sleeping pills unless your doctor says you can.
- DO NOT drink any alcohol until you are better.

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Appendix K: Strangulation discharge information: discharge advice to patients and their families and friends

Sport: DO start mild exercise when you feel better. DO NOT play any sport where you could injure your head for at least three weeks. DO check with your doctor or coach before playing again.

Work school: DO take a few days off work or school if you have some of the milder problems. DO see your doctor for a check if you need further time off.

Driving: DO NOT drive for at least 24 hours.

Rest: DO have plenty of rest. Eat and drink as usual.

Wellbeing: DO seek counselling if you would like support or if your mood changes.

Your doctor or nurse today will tell you when to see your family doctor (GP) for a check.

Take this sheet and your discharge letter with you to the appointment.

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Appendix L: Acute post-strangulation documentation form

Subjective/history

Description of event (time and location of event):

Who strangulated you (relationship)?

Did the person approach you from: Front Behind

Where did the person strangle you?

Occular Ear Mouth Chin/neck

Occular Ear Mouth Chin/neck Front Back Other Unknown

Ligature/rope

Other (specify):

Consent given: No Yes (Estimated length of time (specify minutes/seconds))

Appearance notes:

Reddened face: No Yes (Specify)

Reddened neck: No Yes (Specify)

Reddened chest: No Yes (Specify)

Reddened arms: No Yes (Specify)

Reddened hands: No Yes (Specify)

Reddened feet: No Yes (Specify)

Reddened legs: No Yes (Specify)

Reddened back: No Yes (Specify)

Reddened buttocks: No Yes (Specify)

Reddened groin: No Yes (Specify)

Reddened perineum: No Yes (Specify)

Reddened genitalia: No Yes (Specify)

Reddened anus: No Yes (Specify)

Reddened rectum: No Yes (Specify)

Reddened vagina: No Yes (Specify)

Reddened cervix: No Yes (Specify)

Reddened uterus: No Yes (Specify)

Reddened ovaries: No Yes (Specify)

Reddened fallopian tubes: No Yes (Specify)

Reddened vagina: No Yes (Specify)

Reddened cervix: No Yes (Specify)

Reddened uterus: No Yes (Specify)

Reddened ovaries: No Yes (Specify)

Reddened fallopian tubes: No Yes (Specify)

Objective/examination

A study of your strangulation was suggested that only if present have physical findings on initial examination (front & all views)

Facial lighting is necessary for a thorough examination of the face, neck and inside the mouth.

Facial for strangulation signs (front view, back of neck, front and shoulder areas, profile, above and under jaw and upper chest. Tick all that apply. Two ticks may be entered.)

No injury noted/visible

Swollen mouth

Bruising

Red eyes

Red lips (perioral hyperaemia)

Neck swelling

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Developing Protocols

Staff in many organisations are using risk assessment tools that include strangulation or choking as a high risk factor.

Disclosures of recent strangulation are expected to increase.

Examples where staff did not know what action should be taken have been found. There is a requirement for clear protocols between various agencies.

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Take it seriously....

- Encourage contact with a doctor
- Encourage writing down the circumstances and symptoms / signs
- Encourage reporting to Police

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Other contexts

- The 'choking game'
- Autoerotic asphyxia
- 'Breath' play
 - May not be considered an assault or violence by a victim – remember the behaviourally-based question
 - More common than you might believe
- Martial arts
- Restraints used by security staff

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