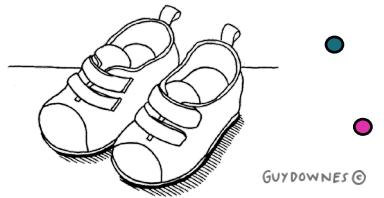


Start | Keep | Stop

www.insightexchange.net/strangulation



The following de-identified insights are from 181 respondents who provided consent to share their responses to the module.

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
Asking questions differently, especially for victims	Read through the resources and keep learning about responding to strangulation	Watching movies/ entertainment that do not promote messages aligned with this training
Listening for and/or asking specifically about pressure on the neck/throat.	Holding space for women to speak about their experiences	
Using different terminology when asking about strangulation.	Being careful with the language I use to document in the medical record when violence is disclosed.	Using specific terminology when asking about strangulation.
Using language such as put pressure on neck etc.	Highlighting the danger of DV/strangulation escalating to victims.	Using the term strangulation
Listen more carefully to language used by my client- choking, pressure on neck, I felt like I was suffocating	Highlight the dangers and prevalence of strangulation to anyone I know working in relevant sectors.	Not asking about strangulation
Being aware of the language used to describe strangulation so perpetrators can't minimize it.		
Discussing risks and impacts of strangulation with clients - assessing further if needed.		
Asking the question when appropriate has the person put pressure on your neck.	Connecting the words 'choking', 'throttle'etc.is actually 'strangulation'.	

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
	Believe what people tell me has happened.	
Document better.	Listen, acknowledge & validate client.	Not to look at DV as one but many factors.
Mentioning strangulation as a stand-alone aspect of the violence, and the impact on the victim.	Viewing all attempts of the victim to survive as a way of keeping herself safe.	Not mentioning strangulation.
Be more aware that strangulation doesn't leave marks sometimes.	Be more observant. Help the person understand the long term affects and to be aware of the ongoing conditions .	
Ask my clients about physical symptoms that they may be too embarrassed to share with me.	Making sure that I do not shame, degrade or humiliate my client's dignity.	
Word my questions better with both the perpetrators and survivors	Being curious when the perpetrator/ survivor say "I only pushed her" or "I was pushed"	Use words like 'strangulation' or 'choke'
Scheduling specific sessions with the men I work with about strangulation and it's risks	Asking for specific detail about their behaviour to ensure I have a clear picture ie. "Where were your hands" "Where did you grab her" - if they used strangulation spending time highlighting how unsafe and risky this behaviour is	Asking about strangulation just as part of assessment
I have already changed the terminology in our Assessment Form. I will be more focussed on questioning around "How did you respond when...and what did you do?"	I intend to complete the Master Class with Linda Coates.	
Hopefully share this presentation with my wider team (who support victim survivors) and encourage other services to become better informed	Continue to use language that locates responsibility/challenges mutualisation	

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
asking about pressure applied to the neck	watching for signs of strangulation	negating a watered-down response
Discussing the visible and non-visible harm caused by strangulation when men who use violence state that the victim consented	Discuss consent in the context of power and control in an abusive relationship.	Not asking men who use violence deeper questions when disclosures of pushing or holding down a victim survivor are made.
Letting others know about social responses reminding everyone that they have an impact for victims	Holding non judgemental space for victims and perpetrators	Being hard on myself if I find myself judging
Think about the language	Supporting victims,	
Be aware of my language	Support the MBC program keeping updated with information like these suggestions.	
listening deeper	exploring the depth of sexual violence	thinking of reached the end of the investigation
Being mindful of all of the dynamics of perpetrator, responder and victim	Trauma informed response to victim survivors	
Considering Insight Exchange resources and researching how we might collaborate and incorporate the modules and resources even more into our upskilling of our Counsellors.	Continue the focus on developing our Counsellor's skills and knowledge and the value that a response-based practice approach has into our induction and ongoing training.	To be honest, I'm not sure - not because I don't have things to improve upon, I do; however, in this role it is more about building relevant and valuable information in existing practice development and training as part of my focus on continuous improvement.
viewing counselors calls and listening to the language used and file notes describing reason for call	Reviewing this and discussing language used	

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
Taking a more considered approach to the language used by victims and perpetrators and ensure I don't perpetuate this minimizing and mutualising language.	Learning and exploring opportunities to expand knowledge	Try to stop using mutualising language
Eliciting resistance more	Compassionate support	
	conscious of my language. ask during TRAM's	
As above I will enquire if there was a need to change clothes	Continue to encourage victims of strangulation to seek medical support even if they do not have any outward physical signs of strangulation	
Be aware of the potential for victims' experiences strangulations; asking the questions.	Asking the questions. Informing fellow colleagues and key community stakeholders.	Not asking.
assessing for strangulation		
Being more aware of strangulation even when there are no bruises/signs visible	Being vigilant and being curious	Looking at the visible signs only
Asking questions such as 'how much pressure was applied" and "did you feel the need to change your clothes" as this gives more insight into the persons experience	Engaging in conversations with victims	NA
Challenging participants using the language described in this presentation	Explaining the severity of strangulation	
Challenge participants who have used strangulation and explain the dangers of it, the impact, the risks, the dignity and choice.	Identifying it in my assessments.	Buying into the minimisation and justification and blaming of the victims behaviours
	Reading current research / literature on DV (particular Australian specific - "Review of DV deaths Involving Fatal / Non-Fatal Strangulation" by QLD & Melbourne Universities is good)	
asking "has there been any pressure been put on your neck?"	keep mindful of my clients experiencing violence to ask if any pressure placed on their neck	I am no longer writing children as witness to DV - I will be writing "victim"

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
Call out mutualising language, and be mindful of it in my case notes and conversations, and recognise and reflect on resistance.	Asking questions about whether the person using violence has restricted the victim survivor's breathing; being mindful of language when asking questions.	Using mutualising language.
Listening to language which may indicate strangulation	Having the open and difficult conversations around strangulation	
Respond with appropriate language that doesn't unintentionally share blame or put any responsibility on victim	Believing victims disclosures of domestic violence	Use language that doesn't unintentionally share blame or put responsibility on victim
Heightening my awareness of the emotional trauma experience	Providing wholistic care to victims of SA including awareness of strangulation injuries	Using language that suggests contact was invited ie kiss (we need to look at our SA protocols around language)
Inviting further responses from clients	Believing victim-survivors and noticing their resistance	Facilitating minimising language by perpetrators
	Listening and writing detailed information	
Documenting very well	Listen actively	Assuming it's consented
	Realising the importance of strangulation as a precursor	
Asking if they have had pressure to their throat. being able to appropriately bring up with Young People		
Asking more relevant questions about indirect symptoms	Researching and learning	Minimalising impacts of strangulation
Asking about pressure to the neck	Acknowledging & responding	
Using the question about 'has anyone applied pressure to your neck'		

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
I will bring this information safely into my counselling sessions with men to explore the impact on the AFM	I will continue to bring education when men talk about sexual intimacy and strangulation emphasizing the dangers of this behaviour	I will not let the opportunity to discuss the impacts and dangers of strangulation pass by without unpacking responsibilities and impacts
Asking the perpetrators more indepth questions where I feel there has been family violence committed.		
Sharing this video presentation	Asking questions and being curious	Nothing
Being more curious and asking more questions.	Supporting clients impacted by violence.	
Asking precisely the client specific questions	staying alert and helping people find their own words to describe their experience	asking questions using technical terms
Be more mindful of using collecting collective language "fighting", challenging perpetrator minimizing	Keep asking specifically about the nature of specific violence	
Greater awareness and questions following this	Listening out for minimising of both victim survivor experiences and behaviours of perpetrators	Minimising any experience of strangulation
Asking about strangulation, referring to the hospital and GP once Strangulation is disclosed	Asking about strangulation	-
Being cautious of my language to best ask DV questions	Learning and evolving my knowledge on this topic	Making generalisations
Asking direct questions about young people's relationships - Does anyone put hands on each other's necks? Create a PP to present to students about safe intimacy? Relationship violence - break it down? (Just some ideas)		

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
"Did you need to change your clothes after the incident."	Discussing the different forms of language when asking a woman about strangulation.	Stating it was a 'fight'
Being more aware of language used		
Looking more into stats		
Changes to questions	Supporting women	Assuming
Asking Qs: 'Has there ever been pressure applied to your neck?' 'Did you change your clothes following the abuse?'	Holding perpetrators as RESPONSIBLE for their behaviour in practice and in language.	Normalising/ minimising porn culture (of sex with strangulation) by not asking further questions when young people disclose 'choking' in the context of sex.
Asking about head injury and pressure to the throat	Using DFV proficient language and continue to	Do at least one strangulation module per year to stay on top.
Using terms and language that more accurately describes the victim-survivors experience	Asking the questions about pressure or threats thereof to neck and restricting breath	Language such as 'heated argument'
Asking more specifics about physical "altercations" and choking etc.	Asking curiously both PUVS and V/S about their FV experiences with specifics	
Be aware of my initial response and how I document	Being open and offer a safe place to disclose	Documenting without thought to language
Record better	Listen long and hard	Rushing during assessment
Following up with my staff to support appropriate questioning with their clients.	Ensuring work to offer allyship to victim-survivors and accountability to perpetrators.	Stop not thinking about strangulation.
Upskill in language and case noting	Keep perpetrators in focus	

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
Start asking the question to do a proper screening	Documenting it	Stop the silence around non-fatal strangulation - start talking about it. Do my part as a responder
Watch the masterclass on language and violence to help inform the way I speak as a responder	Being empathetic and listening to the words as well as subtext for possible areas to explore further	Being uncomfortable broaching this subject with my patients
I will ask all sexual assault victims that I see: "has there been any pressure put on your neck?"	I will continue to be mindful of victims' reticence, for many reasons, to divulge everything that has happened to them.	Can't think of anything in particular
Ask the client more (relevant) questions related to strangulation.	Be more aware of how this impacts our clients	To agree with client when they minimise their experiences
Feeling confident to ask further questions when risk of DV identified, if safe to do so.		Ignoring the situations
Informed case noting		
Asking about more information		
Asking 'has there been any pressure put on your neck"	Empathise on dignity	Watch that I do not use the term 'argue' inaccurately when describing family violence
Having conversations about this with friends and family, and other service providers	Empathically asking about strangulation with clients to support and provide information to enable healing and meaning making	Walking away from difficult conversations with family and friends
Enquire about any pressure to their neck, refer to GP or other healthcare professional for further assessment.	For victim-survivors of FV - continue to ask about non-fatal strangulation and recognise this as a risk factor that someone may be at increased risk of serious harm or death	Not further exploring signs that someone may have been strangled.
Including questioning on strangulation in my initial assessment when indicated/appropriate.	Keeping an open mind when reviewing patients, having a holistic approach	Victims and perpetrators will respond in accordance to the responders
Asking if someone has had pressure on their neck	Referring on when indicated i.e., to Social Worker	Not ask about neck pressure

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
By gently asking the questions and sharing the video and advocating for clients when applicable.	Keep watching my language and understand and help to show the resistance to violence and promote safety / dignity of victims.	I am going to stop assuming that people are aware of the dangers of strangulation. I will gently ask the questions and refer them to the GP if they disclose any form of pressure to the neck during physical violence.
Change my language in enquiring about strangulation	Keeping the narrative victim focused	
Asking specific questions about strangulation experiences	Recognising strangulation as a high-risk indicator of lethality.	
Become more Intune and aware of victim's narratives.	Listening to gain trust	Assuming
Change my language and accountability to clients around use of strangulation and health risks	Speak and show the importance of bringing to light the seriousness of strangulation.	Not speaking about it or brushing over the topic
Listening more for self reports that could indicate strangulation issues		Not recognising reports that may be less than obvious
Asking about 'pressure applied to the neck'	Using language that holds the perpetrator accountable	
Continue to train staff, highlight this for staff providing front line care in ED	Training clinical staff and medical staff	Avoid having the hard discussions around morbidity and mortality and nonfatal strangulation
Reflecting on the language I use when asking about strangulation. Possibly use the module as part of WDVCAS induction.	Training my team about strangulation	
Telling my patients that I have time, so they don't have to rush	Asking my patients if there was any pressure applied to their neck	Filling silent space with talking
Talk more to young women regarding the pornification and risks of strangulation.		

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
Handing out the 'what to look for' (SOS) card and including this information in education sessions	Offering support and naming this up for what it is.	
Being more mindful of possibilities of strangulation and ask about this more.	Providing non-judgmental support to clients and suggesting healthcare after an incident.	Assuming strangulation is not that common.
Spread information about this and how to support women	Supporting women	Note taking that doesn't recognise resistance
Rephrase how I type up my notes to ensure blame is not removed from the perpetrator	Asking the question	
Ask "Have you experienced any pressure to your neck?"	Be mindful of domestic violence & how to respond	
Using the resources		
Ensure my written documentation about the victim is accurate.	Continue hold the perpetrator accountable	Stop using language that put focus on the victim.
Really using curious language	Being supportive	
Asking if a client has had pressure on their neck and needed to change their clothes	Acknowledging the severity of a strangulation and bringing it up in conversation	Not clarifying awkward or minimising conversations
	Using response-based and dignity driven practice	
Keep strangulation as a possibility for clients and ask relevant questions .	Supporting clients who have experienced DV	Not sure will think on this.
Sharing the ideas of language with the team of case manger	Supporting women and children	

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
I am going to continue challenging the men (who use violence) on the language they use to describe the incident and their narrative		
Being open and asking different questions in my assessment protocol	Being empathetic and empowering	Feeling nervous to investigate further
New ways to ask questions	Discussing with staff in supervision	
Use appropriate language when talking with patients who I am concerned may be experiencing domestic and family violence	Screening clients for domestic and family violence	Downplaying or undermining the seriousness of strangulation if ever discussed
	Be mindful and aware of how the person using violence can manipulate to state they responded in 'self defense'	Stop learning on updated information and resources in relation to the above topic.
Asking questions differently regarding strangulation	Asking follow up questions and being curious about the v/s experience	Feeling uncomfortable to ask further questions
Using simpler language and focusing more on whether clothing had been tightened	Learning about the person using violence	
Being mindful of my language and avoid mutualising where possible.	Doing my best to assist victim-survivors with what they need.	
Immediately, especially in the context of supervision and secondary consultation	Throughout my professional and personal life	
Directly asking about strangulation when FV risks are disclosed.	Asking curious questions regarding family violence	
Informing people of the risks of strangling even if it's consensual		
Asking questions differently regarding strangulation	Asking follow up questions and being curious about the v/s experience	Feeling uncomfortable to ask further questions
Continuing to research, train and speak amongst staff		

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
Using the Perpetrator/Victim/Responder Model in practice, it is an excellent, graphic tool for responders to us.	Accessing Insight Exchange information and resources, and sharing these with others	
Being more aware of the potential of strangulation when an individual is hinting that there has been domestic violence	Watch the words that I use in case notes when writing about domestic violence	
Asking clients if they have had pressure applied to their neck (use simple language)	Taking the lead from the victim/survivor	
Simple questions to ask my clients		
Being more mindful of the indicators of strangulation when I work with victims of domestic violence and ask some additional screening questions (was any pressure applied to your neck/did you feel the need to change your clothes)	Continue to be mindful of the language I used as to ensure I continue holding the perpetrator responsible (as opposed to use blaming language for the victim)	If appropriate, to utilise more screening questions than I currently use.
Review my language - that is powerful and a social construct /for centuries benefitting men	Have aroha for survivors - talk more about resistance,	
Not always assume drug and alcohol intoxication when viewing prisoners unusual behaviours.	Encouraging my peers to be mindful of their language when reporting violent incidents, so they don't conceal violence.	Feeling intolerant when victims of a form of violence continue to go back to the perpetrator, remind myself leaving is not simple and there are dignifying ways to respond, frustration is unhelpful.
Being more conscious of my language	Providing space and empathy for these hard conversations	Accepting that for some people it is part of a sexual act

start	keep	stop
I am going to start doing these things:	I am going to keep doing these things:	I am going to stop doing these things:
focus on clarifying responsibility and revealing her resistance, also ask about any pressure to their neck.	Acknowledging and believing their experience.	unifying them and using they
using language such as force to neck or head		Documentation that patient looks under the influence of drugs or alcohol
safe space for the victim to share her story	provide relevant options for help	taking medical rationale as a given. ask questions
Asking further questions to understand the details of the strangulation for the woman's health	Asking about strangulation and documenting	
using terminologies that explains the situation without sugarcoating	advocate and provide direct DV services that encompasses victims safety, person centred and trauma informed.	



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