

# Start | Keep | Stop

INSIGHT EXCHANGE

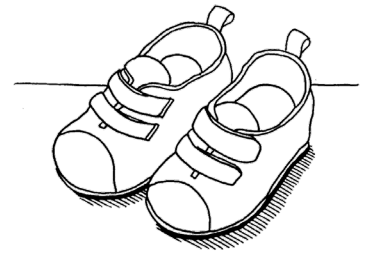
Foundations Module

Understanding and responding to

## STRANGULATION

[www.insightexchange.net/strangulation](http://www.insightexchange.net/strangulation)

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<h3>start</h3> <p>I am going to start doing these things:</p>	<h3>keep</h3> <p>I am going to keep doing these things:</p>	<h3>stop</h3> <p>I am going to stop doing these things:</p>
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

I am going to start doing these things:

## keep

I am going to keep doing these things:

## stop

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 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.