



# WORKFORCE & COLLABORATION

**CHAIR: DALE HARDY, EXECUTIVE LEADER, BENDIGO COMMUNITY HEALTH**

1. Clinician's Perspectives of Trauma- Informed Care in the Alcohol and Other Drug Sector
2. How a multidisciplinary framework can support treatment outcomes for presentations of non-fatal strangulation?
3. A holistic approach to treating benzodiazepine dependency: the rural and regional perspective

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# How a multidisciplinary framework can support treatment outcomes for presentations of non-fatal strangulation?

Meg Bagnall, BCHS

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Non-fatal strangulation  
and the importance of  
a multidisciplinary  
response for  
identification,  
assessment, treatment  
and follow-up

Presented by:

- Dr. JoAnn Parkin, Senior Forensic Physician,  
Clinical Forensic Services, Victorian  
Institute of Forensic Medicine

and

- Meg Bagnall, Specialist Family Violence  
Advisor in Alcohol and Other Drugs,  
Bendigo Community Health Services

## Project Partners

Bendigo Community Health  
Services



Bendigo Family Violence Unit,  
Victoria Police



The Department of Clinical  
Forensic Medicine, Victorian  
Institute of Forensic Medicine



## Project Aim:

- To improve the grass-roots response to presentations of non-fatal strangulation (NFS) by recognizing the importance of an integrated approach across a range of health sectors both locally and beyond.

# Coming to grips with NFS

## What do we know?

### Following an episode(s) of NFS:

- RISKS arise for both the physical and psychological health and well being of the victim.
- NFS is an indicator of fatality risk, a survivor is 7 times more likely to be a victim of homicide.
- Frontline responders often fail to recognize or adequately address the risks and their possible consequences i.e. mortality/morbidity
- The frontline responders include more individuals and groups than this term commonly encapsulates.....

# What do clinicians need to understand about NFS?

**Who is predominantly affected?**

Women, predominantly young, in family violence settings

**Victims do not use the term NFS – that is a health and research term – ASK!**

Choked, strangled, throttled, couldn't breathe, held me down, used his elbow, knee, put pressure on my throat.

**Symptoms and signs may not present immediately – SO ...follow-up needed.**

AND 50 % of victims show no visible signs or symptoms to their head or neck.

Some S & S can be subtle but are indicators of an impending medical emergency: airway obstruction, stroke.

**Are there long-term consequences? Record keeping & follow-up!**

Neuropsychological deficits – cognition, memory, anxiety, depression

More research being conducted.

# What do clinicians need to understand about NFS?

## Why is documentation important?

It gives victims who have no observable injuries or do not present for acute medical assessment options for prosecution

- Why is NFS used by perpetrators?

Coercive control, “I could kill you, I choose not to just now”

- What might perpetrators not understand ?

That they often come closer to killing their victim than they realise

## Why is it effective method of control?

- The structure of the head and neck.

# What are some of the current response problems?

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Lack of awareness of the seriousness of NFS.

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Lack of education and training across the healthcare sector and the designated first responder sectors i.e. police and ambulance.

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Lack of consistent acute health response in terms of assessment and follow-up protocols.

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Lack of referral to family violence agencies.

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Lack of MBS items for GP's to undertake family violence disclosures and assessments.

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NFS has not yet passed as a stand-alone offence in Victoria



# How did we address the problem?

In recognition of these issues frustrated Victoria Police members, Bendigo Community Health and Clinical Forensic Medicine (VIFM) Practitioners teamed up and discussed ways of improving the response to NFS.



A universal health assessment and discharge letter assessing and responding to NFS was designed. It can be uploaded and used in health programs across Victoria.



Written in a manner that seeks contextual information from survivors to facilitate court processes if health records are subsequently subpoenaed (input from DSgt Guy Menhennitt Vic Pol).

# How did we address the problem?

- A specialized NFS training video was created with presentations by individuals from:
  - Victoria Police (Bendigo Family Violence Unit)
  - AOD Family Violence (Bendigo Community Health Services)
  - Clinical Forensic Medicine (Victorian Institute of Forensic Medicine [VIFM])
  - Forensic Pathology (VIFM)
  - Forensic Radiology (VIFM)

# Access to the video

- Aim to be utilized as a training tool at dedicated workshops for police and social workers.
- Within Bendigo Hospital – Emergency Dept.
- Within government funded (DSS) training sessions for health practitioners expressing an interest in recognizing and responding to sexual violence [Monash University & VIFM program]
- On the VIFM website (access by password) for General Practice Physicians CPD.

# What else?

The team has also consulted on two peer reviewed papers that contribute to the GP White Book.

The fifth edition of the White Book is designed to help GPs recognise, respond to, and refer domestic and family violence using a trauma-informed approach.

Clinical Forensic Medicine (CFM) practitioners at VIFM act as a 24/7 resource for health professionals across Victoria on assessing and responding to NFS in all its forms i.e. family violence and all form assaults.

CFM practitioners examine, document and refer injuries associated with NFS. They provide written expert opinions and court testimony on NFS and all forms of assault/family violence.

Other practitioners' medical notes are subpoenaed and CFM practitioners will interpret and present expert testimony.

