

20 May 2025

[REDACTED]
Queensland Law Reform Commission
via email: [REDACTED]

Dear Jodie,

Re: RACGP response to Queensland Law Reform Commission Consultation Paper - *Non-fatal strangulation: Section 315A review*

The Royal Australian College of General Practitioners (RACGP) Queensland Faculty thanks the Queensland Law Reform Commission for the opportunity to provide feedback on the Consultation Paper – *Non-fatal strangulation: Section 315A review*.

The RACGP is Australia's largest specialist medical college and stands at the forefront of our world-class healthcare system. We have more than 50,000 members, including over 9,000 members across Queensland. The RACGP train 90% of our nation's specialist general practitioners (GP), all of whom provide high-quality care to patients everywhere – from remote Aboriginal and Torres Strait Islander communities to our capital cities.

The RACGP set the standards for general practice, facilitates lifelong learning for GPs, connects the general practice community, and advocates for better health and wellbeing for all Australians. Every year more than 22 million Australians choose to see a GP for their essential healthcare, making GPs the most accessed health professionals in the country.

GPs are often one of the first points of contact for a person who is experiencing domestic and family violence¹. While GPs are primarily responsible for medical care, they need to understand the legal ~~issues associated with~~ domestic and family violence so they can best advocate for their patients and assist their patients by providing information on legal options and referrals to legal and other support services.

Awareness of the significance of non-fatal strangulation is increasing in health and justice settings. While approximately half of patients strangled will sustain no immediate physical injury, strangulation has potential significant consequences such as carotid dissection, hypoxic brain injury and laryngeal injury. Non-fatal strangulation by an intimate partner increases homicide risk by 7.48 times. GPs have a key role in identification, education and appropriate treatment.²

Informing patients of the increased risk of future homicide if strangled by an intimate partner may prevent death and making them aware of the red flag signs and symptoms, from subtle bruises or petechiae to significant oedema, focal neurological deficits and cognitive impairment, aids in

decision making regarding referrals and imaging as well as informing documentation for legal purposes.

The RACGP has a number of resources supporting GPs addressing domestic and family violence. ***The White Book. Abuse and violence: working with our patients in general practice***³, was developed by GPs and subject matter experts to ensure that the content is the most valuable and useful for health practitioners. The guideline is a practical resource for GPs and is based on the best-available current evidence. The White Book specifically includes several references with regards to the assessment, management and support for patients experiencing non-fatal strangulation.

It is important for GPs to recognise and respond to victim-survivors to get the help they need. For many victims, many injuries are internal or delayed in showing a physical sign, requiring specific clinical vigilance, and timely follow-up. The BMJ article *Medical evidence assisting non-fatal strangulation prosecution: a scoping review*⁴ found that GPs can support the prosecution of criminal charges of non-fatal strangulation through routine practice, particularly when injuries are not visible to the naked eye. GPs have a range of investigative tools with differing sensitivity available to reveal and record evidence of non-fatal strangulation and assist clinical investigation. Although many victim-survivors may not wish to proceed with a prosecution when they initially present to the GP, victim-survivors may choose to proceed at some future time. Ensuring that non-fatal strangulation is well-documented empowers victim-survivors to make the choice to proceed into the future.

The RACGP recommends that the Queensland Law Reform Commission considers including in its final report links to the RACGP White Book and articles such as the AJGP *Management of non-fatal strangulation in general practice* as the available sources of evidence-based clinical guidelines for GPs.

For further enquiries regarding this RACGP submission please contact [REDACTED], State Manager RACGP Queensland, on [REDACTED]

Best regards,

[REDACTED]
Dr Cath Hester FRACGP
Chair RACGP Queensland

¹ Hegarty K, Bush R. Prevalence of partner abuse in women attending Australian general practice: A cross-sectional survey. Aust N Z J Public Health 2002;26(5):437–42.

² AJGP Vol 51, issue 11, November 2022. 'I thought I was about to die': Management of non-fatal strangulation in general practice <https://www1.racgp.org.au/ajgp/2022/november/management-of-non-fatal-strangulation>

³ The White Book. RACGP. 5th edition April 2022. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/about-this-guideline>

⁴ Sharman LS, et al. BMJ Open March 2023, <https://bmjopen.bmj.com/content/bmjopen/13/3/e072077.full.pdf>