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Committee Secretary
House Standing Committee on Social Policy and Legal Affairs
Parliament House
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Submission in Response to

Inquiry into family, domestic and sexual violence.

The Red Rose Foundation welcomes the opportunity to provide a response to the above inquiry and through this submission we will address the following terms of reference.

- a) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.
- b) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response that could be considered in an Australian context.
- c) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.
- d) The way that health, housing, access to services, including legal services, and women's economic independence impact on the ability of women to escape domestic violence.
- e) All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.
- f) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

The Red Rose Foundation

The Red Rose Foundation Australia is a Brisbane based, national organisation with a specific focus on addressing the issues surrounding domestic violence deaths including homicide, suicide and accidental deaths arising from incidents and or / histories of domestic violence. Research informs that the majority of domestic violence deaths are predictable and preventable. The focus of the foundation is to address systemic gaps in service systems through training, education and research. We are cognisant of the strong links between domestic violence, child abuse and sexual violence.

The board of the Red Rose Foundation comprises professionals drawn from sector management, legal profession, violence prevention consultancy and research all who have vast experience and expertise across both domestic violence and sexual assault. Board members have extensive experience in working across domestic violence, child protection and sexual assault sectors for many years. Board members are drawn from Queensland, New South Wales, and Victoria.

The key projects of the Red Rose Foundation are:

- Crisis Intervention and support for women experiencing high risk domestic violence.
- Crisis and long term support for victims of domestic violence who have experienced non lethal strangulation.
- Establishment of the Australian Institute for Strangulation Prevention. (link provided in references)
- Partnership with the Training Institute for Strangulation Prevention USA (link provided in references)
- The Red Bench Project
- Red Rose Rallies/Vigils Australia
- Domestic & Family Violence Specialist Training
- Provision of practice seminars/forums
- Research Partnership with Central Queensland University on the immediate and long term impact of domestic violence related strangulation.

While board members have a sound knowledge base of the majority of the issues highlighted through the terms of reference, in this submission we are focusing specifically on the critical issue of strangulation and the damaging impact it has on a victim's physical and mental health as well as their social and financial well being.

Whilst there are many important issues relating to domestic violence and sexual assault that need to be addressed at a national level, the Red Rose Foundation will focus on two specific critical issues within this submission.

- The need to have non-lethal strangulation recognised as a high risk behaviour in all Commonwealth domestic violence related polices, funding programs, training, research and awareness strategies

1. Non – Lethal Domestic Violence Strangulation

The work of the Red Rose Foundation on the critical issue has been extensive. We advocated to have a legislative response for many years and were pleased to see a recommendation addressing strangulation included in the *Not Now Not Ever* Report. In 2016, the Criminal Code 1899 was amended to include Sect 315A *Choking, suffocation or strangulation in a domestic setting*. Queensland was the first State in Australia to introduce specific legislation to address domestic violence related strangulation and suffocation.

Since then, the Red Rose Foundation has provided expert training across Australia on recognising and responding to non lethal training including training and workshops to Police, Magistrates, Health Professionals including doctors, ambulance officers, social workers, community based workers and many others.

In August 2019, The Red Rose Foundation established and launched the Australian Institute for Strangulation Prevention to provide a national institute for the development of training, research and best practice.

In 2019 a MOU outlining a formal alliance with the Training Institute for Strangulation Prevention in San Diego was signed forging a partnership for the further development of resources, training and research.

Non-Lethal Domestic Violence Strangulation

Women who have been strangled/choked as part of the abusive pattern of behaviour perpetrated against them, are being deemed to be 800%, more likely to be a victim of domestic homicide whether by strangulation or other forms of lethal assault. (Glass et al 2008)

Research informs statistically, in 50% of cases of strangulation there are no observable injuries and in many cases where the victim has been rendered unconsciousness, as a result they have no memory of the assault. This makes it so much easier for the perpetrator to escape a charge of strangulation as victims often have difficulty making statements or recalling the event with memory lapses, distorted

thinking, confusion and anxiety. While many services now are documenting non-lethal strangulation, from our observations there is no specific change in the type of responses offered to victims who need longer term trauma informed support not a brief crisis intervention.

Non-lethal Strangulation: Some Facts

- Strangulation” is defined as “the obstruction of blood vessels and/or airflow in the neck resulting in asphyxia and or carotid dissection.
- Death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, acute respiratory distress syndrome (ARDS), and the risk of blood clots travelling to the brain (embolization).”
- Loss of consciousness can occur within 5 to 10 minutes (seconds); death within minutes.
- 35% of strangulation victims are strangled during sexual assault. (Glass et al)
- Only half of victims have visible injuries, and of these, only 15 percent could be photographed.” The most common visible injuries are neck bruising and “petechial spots,” which show up on the face, scalp, mouth, earlobes, eyelids, and eyeballs of choked victims.
- Strangulation also causes damage to the victim’s throat, making breathing, swallowing, coughing, and talking difficult. Infrared forensic cameras can document the tissue damage in the throat.
- Psychological injury includes PTSD, depression anxiety, suicidal ideation, memory problems, amnesia and nightmares. (Source: Training Institute for Strangulation Prevention USA)

A US study found that post-concussion symptoms might last for 6 months to a year or more. The study indicated 24-60% of patients reported new symptoms at a 3 month follow up, 25% reported symptoms at a six month follow up and 10-15% of patients reported symptoms post injury. (Wilson et al, 2009)

- 84% of victims had experienced multiple strangulations
- 82% had lost consciousness
- 58% of non-fatal strangulation sexual assault cases involved intimate partners
- 25% had experienced strangulation during pregnancy

- Less than 50% had sought medical assistance and of those who did the majority were misdiagnosed. (Wilson et al, 2009)

Strangulation is a form of asphyxia characterised by closure of the blood vessels and/or air passages of the neck, as a result of external pressure on the neck or throat. (Dr Bill Smock: 2019)

Smothering is defined as obstruction of air passages above the epiglottis including nose, mouth and pharynx. Choking is obstruction of the air passages below the epiglottis. Dr William Smock 2019

Death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, acute respiratory distress syndrome (ARDS), and the risk of blood clots travelling to the brain (embolization).

There is no substantial Australian data to draw on, however research from the US looking at the demographic difference between women with and without a history of strangulation, found that victims of both completed homicides and attempted homicides were far more likely to have a history of strangulation. (Glass et al): 2008)

Strangulation is an early indicator of potential homicide or serious life threatening injuries. A study from Wilbur et al found that 87% of perpetrators threatened to kill their partners during strangulation and 70% of victims feared death during the strangulation assault. The perpetrator is most often an intimate partner in 79% of all strangulation.

Intersection of strangulation, sexual violence and pornography

There is a growing trend with the rise of violent pornography, that strangulation is seen as part of sexual activity. Strangulation during sexual activity was once considered erotic sex, this is no longer the case.

There are now widespread concerns regarding the defense of “rough sex gone wrong” which has been used in several murder trials.

In the UK, 60 women were killed by men who claimed the women were “consenting” parties to strangulation during sex. Previous trials demonstrate these claims are successful and can result in lesser charges, lighter sentences or, most recently, no prosecution at all.

The UK will ban “rough sex gone wrong” defense making the rough sex defense inexcusable as well as including strangulation in their amended domestic abuse legislation.

There are many issues that the National Plan to Reduce Violence against Women and their Children does not address : Strangulation and the role within sexual violence and pornography is one. As stated pornography, and in particular violent pornography must be considered as an emerging issues and one that has the potential to impact on the lives of your women.

The Red Rose Foundation Recommends:

- Non-lethal strangulation to be recognised as a high risk behaviour in all Commonwealth domestic violence related policies, funding programs, training research and awareness strategies.
- Further research be undertake on strangulation and the overlap with pornography and sexual violence

I provide this submission for your consideration.

Betty Taylor

CEO
Red Rose Foundation



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