REVIEW OF DOMESTIC VIOLENCE DEATHS INVOLVING FATAL AND NON-FATAL STRANGULATION IN QUEENSLAND

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We honour and remember those who have lost their lives to domestic and family violence.

ACKNOWLEDGMENTS

We pay our respects to the Traditional Owners of the land on which we live and work. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

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EXECUTIVE SUMMARY

This report draws on files held by the Domestic and Family Violence Death Review Unit in the Coroners Court of Queensland to examine 20 intimate partner homicides where strangulation was either present in the relationship before death, was the cause of death, or both. All deaths occurred between 2011 and 2020, before and after the introduction of the non-fatal strangulation legislation (*Queensland Criminal Code* Qld, s. 315A) in 2016. Research for this report was conducted on closed coronial investigations only and is not necessarily reflective of all deaths of this nature within the time period.

BACKGROUND:

Strangulation is a common feature of non-fatal violence against women and is a type of gendered violence frequently used as a form of control in the context of domestic violence (DV) and sexual assaults. While it easily can be fatal, non-fatal strangulation is a key marker for the escalation of violence in a domestic relationship, and a strong indicator of future risk for serious harm and death of the victim. In fact, experiencing non-fatal strangulation increases one's risk of becoming an attempted homicide victim by 700%, and becoming a homicide victim by 800%.[1]

This report explores deaths in the context of domestic violence where strangulation has been the cause of death or is recognised as non-fatal form of violence in the relationship. We approach this report through the lens of the social entrapment of victims who experienced fatal or non-fatal forms of strangulation, asking:

1. What coercive and controlling tactics did the primary abuser use and how did they develop over time to close down the victim's space for action?
2. Were there any intersecting structural inequities in the primary victim's life circumstances that affected their risk of coercive control and accessing safety options?
3. What were the limits of the safety response? That is, what was the response of those individuals and agencies that were in a position to help?

DATA OVERVIEW:

The sample of 20 cases comprised:

- 80% (16) femicides;
- 25% (5) where the cause of death was strangulation;
- 60% (12) where strangulation/choking/asphyxiation was involved in the violence before or cause of death; and
- 70% (14) that had a history of non-fatal strangulation that was known by either family members or first responders.

CONCLUSIONS:

The response by criminal justice, medical, forensic, and legal professionals appears to have improved over time, particularly since the introduction of the non-fatal strangulation offence; however, the report identifies systemic shortcomings with respect to the response to strangulation as part of domestic violence.

Coronial investigations and findings on domestic violence deaths should consistently explore and identify the historical, social, and structural contexts of domestic violence to clearly identify the circumstances leading to a person's death. Coroners should consistently utilise the expertise of the Domestic and Family Violence Death Review Unit in their findings.

BACKGROUND: STRANGULATION AS DOMESTIC VIOLENCE

Strangulation is a type of asphyxia caused by pressure to the neck, sometimes involving a type of ligature (such as a belt or cord), or more commonly, manual strangulation using hands, arms (e.g., chokehold), knees or feet. It is a common feature of non-fatal violence against women and is a type of gendered violence frequently used as a form of control in the context of domestic violence (DV) and sexual assaults.[2]

Strangulation can result in many sequelae (visible and invisible), including, but not limited to: sore throat; changes to vision, hearing and breathing; loss of sensation; memory loss; anxiety and post-traumatic stress disorder; loss of consciousness; paralysis; and miscarriage of pregnancy.[3] There are often no externally visible injuries that result from strangulation.[4] When visible signs do occur, such as bruising, swelling, or petechiae, they may not appear until days later, if at all,[5] which can hinder reporting to services and reinforce its continued use as a form of control.[2]

Strangulation is a highly dangerous and easily fatal form of violence where unconsciousness can occur within seconds and death within minutes.[6] Yet, the fatality associated with strangulation may not occur at the time of the act or even in the days following the incident. Blood clots, stroke, and brain damage caused by strangulation can cause death weeks, or even months, after the event. Death can occur when there are no visible injuries immediately following the strangulation; and even when symptoms are immediate, few seek medical assistance when experiencing them.[4,7,8] Non-fatal strangulation is a common feature of violence against women with a history of domestic violence, and has been reported at a rate of between 27% to 68% of these women.[1,9,10]

STRANGULATION AND HOMICIDE

Australia's National Homicide Monitoring Program commenced in 1989 and its reports identify that approximately 10% of domestic homicide deaths have resulted from strangulation or suffocation since the program commenced.[11–13] Between 2017-18, homicides resulting from strangulation or suffocation accounted for only 6% of all deaths. However, when analysis of the National Homicide Monitoring Program data is limited to women victims of intimate partner homicide, strangulation or suffocation is identified as the cause of death for 12% of women.[11]

Non-fatal strangulation is now well-known as a key marker for the escalation of violence in a domestic relationship. In particular, non-fatal strangulation in a domestic relationship is a strong indicator of future risk for serious harm and death of the victim.

Prior attempted, non-lethal strangulation is one of the best predictors of the subsequent homicide of victims, with the risk of becoming an attempted homicide victim increasing by 700%, and the risk of becoming a homicide victim increasing by 800%.[1]

LEGISLATIVE EFFORTS

Across much of Australia, the act of non-fatal strangulation can result in a charge of common assault, assault causing bodily harm or serious harm, or attempted murder.[14] In the absence of a specific offence, research suggests that common assault charges are most likely to be preferred as a response to non-fatal strangulation and this may result in trivialisation of the behaviour.[6,15] Further, an act of non-fatal strangulation may not result in any identifiable physical harm, making charges requiring evidence of harm difficult to prove. Similarly, the requirement of proof of intent to cause serious harm or death may also be difficult to prove, making attempted murder similarly difficult to charge and prosecute in this context.

Queensland's introduction of a non-fatal strangulation offence in 2016 was a direct consequence of a Recommendation 120 of the *Not Now, Not Ever* report into domestic and family violence within the state.[16] Among the recommendations to increase understanding and safety in relation to domestic violence, the report advocated for a specific offence for non-fatal strangulation to reflect that this type of violence heightens a victim's risk of future severe harm and domestic homicide. Thus, in 2016 a strangulation offence, with a maximum penalty of 7 years imprisonment, was introduced into Queensland criminal law:

315A Choking, suffocation or strangulation in a domestic setting

A person commits a crime if—

(a) the person unlawfully chokes, suffocates or strangles another person, without the other person's consent; and
(b) either—
    i. the person is in a domestic relationship with the other person; or
    ii. the choking, suffocation or strangulation is associated domestic violence under the *Domestic and Family Violence Protection Act 2012* (Qld).

SOCIAL ENTRAPMENT LENS

The introduction of the stand-alone non-fatal strangulation offence in Queensland demonstrates the State's recognition of the potential risk and actual harm associated with strangulation. Queensland Courts' domestic and family violence statistics indicate that as of January 2021 there have been over 1,000 successful prosecutions of non-fatal strangulation since its introduction in 2016. The high number of proven cases of non-fatal strangulation shows that this behaviour is common. These figures, along with the significant proportion of domestic violence-related deaths attributed to strangulation,[11] show there is a need to examine when and why this form of domestic violence takes place, and recurs, despite the recognition of it in legislation and its successful prosecution.

At least historically, intimate partner violence (IPV) has been viewed and understood by the criminal justice system as a dysfunctional relationship where physical and some non-physical violence is committed by one or both persons against the other.[17,27] The ***primary victim*** (i.e., the person most often the victim of violence in the relationship) is assumed to have several safety options available during and between incidents of violence by the ***primary perpetrator*** (i.e., the person most often perpetrating domestic violence in the relationship). These include calling the police, applying for a protection order, contacting domestic violence services and leaving the relationship. However, patterns of abusive behaviours are tailored to the specific victim, and are also determined by the responses to those

behaviours by others around the primary victim and primary perpetrator, including responses from social institutions.[18] Furthermore, primary victims are differently situated in terms of their access to wider social structures of support and their levels of marginalisation and inequality. These factors may exacerbate the use of coercive control by the person perpetrating violence and also impact the safety options available to the victim.[19]

In every situation, IPV involves complex circumstances of the primary victim and primary perpetrator, where violence is embedded in the intimate access one person has to another over time in conditions that permit, or encourage, domination. The circumstances are multifaceted and unique to each case. A social entrapment lens can facilitate recognition of the complex interplay between coercive control and the reality of the victim's access to safety options and the role of structural inequality – or the unequal access to resources. This primarily focuses attention on the following overlapping dimensions:

1. What coercive and controlling tactics did the primary abuser use and how did they develop over time to close down the victim's space for action?
2. Were there any intersecting structural inequities in the primary victim's life circumstances that affected their risk of coercive control and accessing safety options?
3. What were the limits of the safety response? That is, what was the response of those individuals and agencies that were in a position to help?

These three tiers of enquiry provide a framework to understand how IPV operates as a form of 'social entrapment' and provides a mechanism to explore patterns across the complex and diverse experiences of victims of non-fatal and fatal strangulation. It provides a framework to analyse how the perpetrator's use of coercive control, the response of services, and structural inequality impacted on the victim. Further, using a social entrapment lens also provides a way to understand some women's criminal offending, which can frequently take place as a response to their own experiences of violent victimisation.[20]

CASE REVIEW

This report presents reviews of deaths finalised by the Coroners Court of Queensland where strangulation was either present in the relationship before death, the cause of death, or both. Files were reviewed involving adult intimate partner homicides involving both male and female deceased, where deaths occurred between 2011 and 2020, before and after the introduction of the non-fatal strangulation offence in 2016. Strangulation was noted within these files by the Domestic and Family Violence Death Review Unit (DFVDRU)[21] and were selected by them as meeting our criteria. These cases were selected to explore the presentation of fatal and non-fatal strangulation in a relationship where one partner has died due to domestic violence. One further file was not reviewed due to a conflict of interest with one of the researchers.

STATISTICAL OVERVIEW

We reviewed 20 files that were closed coronial investigations and involved deaths between 2011 and 2020. In all files, fatal strangulation and/or non-fatal strangulation was involved in a domestic violence related death and/or in the history of the relationship. The files were comprised primarily (16, 80%) of femicides perpetrated by male partners who were the primary perpetrator in the relationship. The four deaths of male victims were perpetrated by a female partner. In each of the four cases, the deceased man and the female perpetrator of the killing were in a relationship in which the female perpetrator was the primary victim of violence in the relationship.

Across all files, the cause of death was determined to be strangulation, asphyxiation, or choking of the deceased in five (25%) cases or a feature of the violence leading up to death in ten cases (50%). For the three cases where the cause of death was ruled 'not determined', strangulation or asphyxiation appeared to be a feature of the violence leading up to death. None of the four male deaths were a result of strangulation. However, all four men had a history of perpetrating domestic violence, and specifically strangulation, against the female partners who perpetrated their death. One of the deceased men strangled his female partner immediately before his death.

For every case where a history of strangulation was noted within the relationship (14, 70%), strangulation was always reported to be perpetrated by the man against the woman in the relationship. Notably, none of the reviewed cases involved same-sex relationships.

Type of domestic violence	% (N)
Femicide	80% (16)
History of other IPV	90% (18)
History of non-fatal strangulation	70% (14)
Strangulation/choking/asphyxiation involved in violence before or cause of death	60% (12)
Strangulation/choking determined cause of death	25% (5)
Primary victim had a current DVO at time of death	55% (11)
Technology facilitated abuse	40% (8)
History of DV in other relationships	55% (11)

Most (18, 90%) cases had a reported history of physical domestic violence other than non-fatal strangulation within the relationship. However, a similarly large proportion (14, 70%) included reports of non-fatal strangulation immediately before death. Among cases with known histories of violence (see Figure 1 below), family and friends were most often knowledgeable regarding the forms of violence. However, they were proportionately more likely (89%) to be aware of previous physical violence than of non-fatal strangulation (79%). Services – including police, health and domestic violence support workers – also had slightly higher rates (79%) of awareness of previous physical violence than non-fatal strangulation (71%). Most starkly, among family, friends, and services, only 29% reported seeing visible injuries resulting from non-fatal strangulation compared to 67% who reported other visible injuries from domestic violence.

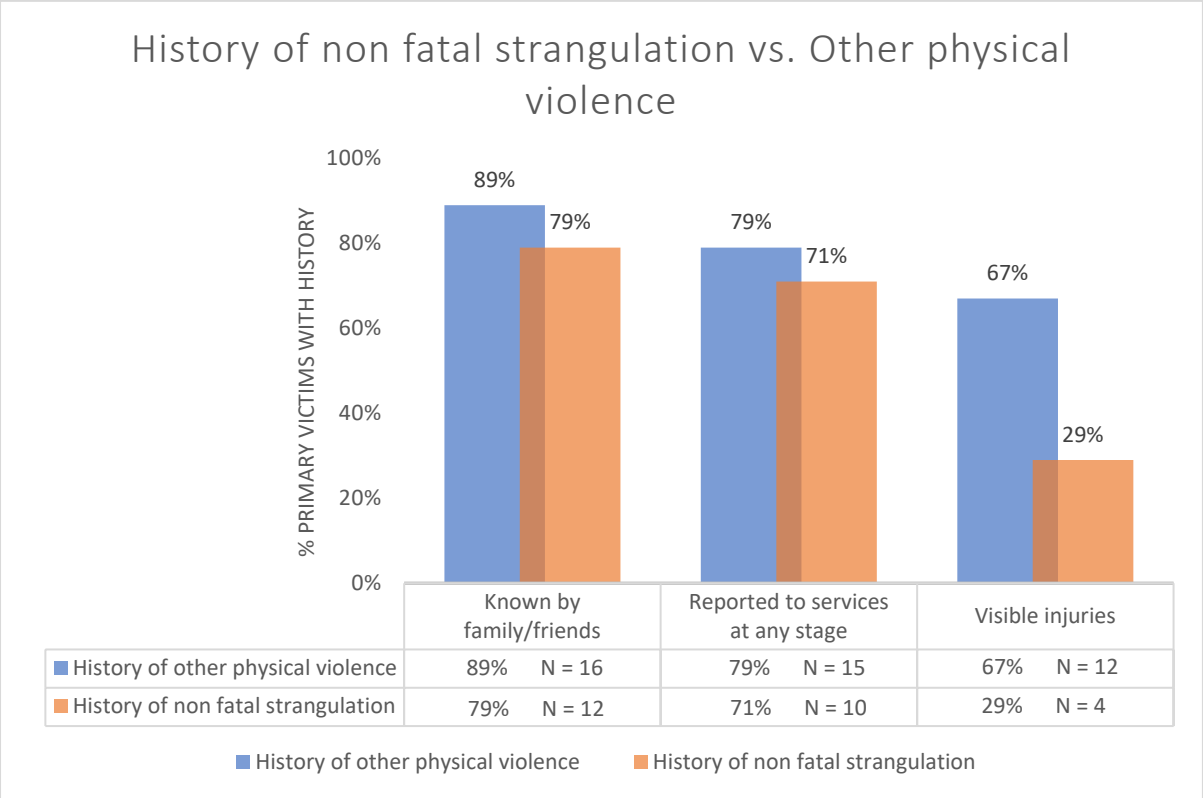

Figure 1. History of non-fatal strangulation (N=14) compared to other physical intimate partner violence (N =18) for primary victims.

NB: primary victims in most cases experienced both NFS and other forms of IPV.

CASE EXAMPLES

The five case examples considered below provide context to each review section. These cases were selected as broadly representative of the total sample (20 cases) and the various ways in which non-fatal and fatal strangulation were used in relationships by primary perpetrators. Further, they also highlight the diversity of responses to non-fatal strangulation.

*Please note that all names have been changed and some details removed to protect the identity of those who have died.

LISA AND DARREN

In 2011, Lisa, a woman in her 50s, was killed by strangulation by her defacto partner and carer of five years, Darren. Lisa had a neurodegenerative disease and was dependent on her partner for her care.

Their relationship started to deteriorate around a year before her death. Lisa confided in friends that Darren was verbally abusive and aggressive towards her. She was also at high risk of being controlled because of her dependence on him for her care and transport. Significantly, late in 2010, Darren threatened to kill Lisa if she left him. Lisa was too afraid to go the police following this incident. While she made no reports of violence to police, Darren had previously been named as a respondent on a domestic violence order with his ex-wife (not currently in place at the time of Lisa's death) and a previous conviction of rape and indecent dealing in circumstances where the victim was an intellectually impaired person. It is unknown whether Lisa was aware of his past convictions or the protection order.

For the early part of 2011, Lisa was taking steps to end the relationship, including changing her will. During this time, Darren's large dog was becoming more aggressive and had bitten Lisa and several other people. Darren was very close to his dog, and this issue had become a source of contention. Approximately two days before her death, Lisa issued an ultimatum to get rid of the dog and also ended the relationship with him.

KARA AND STEVEN

Kara, an Aboriginal woman aged in her 30s, died in 2013. She was killed by her long-term partner, Steven. They had been together for 12 years. Steven killed Kara in an extended act of domestic violence resulting in extensive trauma to her chest.

Despite Steven being on parole (requiring fixed residential accommodation) for a previous offence against Kara, Kara and Steven were transient with no fixed address resulting in their living between various family members' homes as well as, at times, sleeping on the streets and in parks. Steven was the primary perpetrator in their relationship with violence exacerbated by harmful alcohol use on the part of both Kara and Steven. Kara experienced significant physical violence, and signs of coercive control were evident over the course of the relationship, including Steven's use of threats. Interventions by police and ambulance services were common during the 12 years, including incidents involving Steven's use of various weapons (e.g., knives, scissors) to stab Kara, attempts to gouge her eyes out, being punched and kicked, verbal abuse, threats to kill, and non-fatal strangulation. These interventions often involved contraventions of domestic violence protection orders, and

sometimes also resulted in successful prosecutions for charges of assault occasioning bodily harm arising from Steven's ongoing violence. At the time of Kara's death, Steven was on parole after being sentenced to grievous bodily harm committed against Kara. It is unclear what was done to keep Kara safe when Steven was released from prison.

Little support appeared to be provided by formal support services outside of the police and ambulance services. However, police did refer Kara to Supportlink (national referral management service for police and emergency services to assist in intervention) on one occasion in 2012. A non-government agency providing domestic and sexual violence counselling and intervention then tried to help her relocate to a refuge, based on the Supportlink referral, but she did not reconnect with the service. Contact with police and ambulance happened often and interventions resulted from a combination of the couple's transient status, observed domestic violence incidents, and drinking in public spaces. Very few domestic violence service interventions appeared to be offered despite the couple's numerous contacts with ambulance and police and successfully prosecuted DVO contraventions. Further, no referrals to culturally appropriate services for Aboriginal and Torres Strait Islanders were made for Kara.

ANGELICA AND CHRIS

Angelica, a Southeast Asian woman in her mid-40s, died in 2015 of a severe head injury after jumping from a moving vehicle following an extended period of domestic violence at the hands of her partner, Chris.

Angelica was a mother of three children from her previous partner/husband from whom she was separated. The marriage was known by family and friends to be one marked by domestic violence toward her, although this was never formally reported. When she separated from her husband, she left behind her life and her children, though they communicated by phone. She falsely informed her friends and family that she was moving to Perth for work, when in fact she moved to Central Queensland and gained work as a cleaner. This secrecy was possibly deemed necessary to keep herself safe from her ex-husband.

Angelica began living with Chris, the primary perpetrator in the relationship. She did not want to tell her family that she was in a relationship with Chris as she perceived they would not approve of her living with a man she was not married to. This reluctance was the trigger for the violence that was the first and only report of violence she made to authorities. However, at that time her report to police revealed the violence she endured throughout their relationship. Chris was controlling toward Angelica; he was sexually jealous; had threatened to kill her; non-fatally strangled her multiple times; and used technology-facilitated abuse to isolate her by taking away her phone, texting the numbers in her phone to check if she was cheating on him, manipulating her by texting her family about him, and threatening to call her mother.

When she decided to make a report to police, she was in fear for her life following Chris's abuse involving non-fatal strangulation the evening before, and an attempt to separate from him that morning. She asked a motel owner where she was staying for help calling the police. When police came, they failed to refer Angelica on to any domestic violence service and did not assist her to collect her belongings. The police did not keep Chris from contacting her over the phone while they were present, or take the motel owner's statement, despite the fact that she had initially called the police and had witnessed an argument regarding their separation. Further, police did not follow-up with Angelica after they

had checked Chris's file and found historical domestic violence orders and statements from previous partners where he had engaged in similar violence.

Instead, Angelica was offered a safe place to stay by the motel owners and her friend drove from Brisbane to take her to collect her belongings. However, Chris was home when she went to collect her belongings and he engaged in protracted violence including accusing her of infidelity, removing her phone, physically assaulting her, and non-fatally strangling her over several hours before they got in his car from which she ultimately leapt to her death in an attempt to escape.

Prior to her death, Angelica made multiple attempts to keep herself safe from Chris. She had: secretly rented an apartment for herself and her sons from her previous relationship to live in Brisbane; called the police and reported the violence she experienced for the first time; contacted her friends to assist and support her in regaining her possessions from his home; and created a coded system so her friend would know if and when she was in danger.

MICHELLE AND JAMES

Michelle was in her early 20s when she was strangled to death by her former partner, James in 2016. As part of this same incident, James took his own life. Michelle's murder was planned by James as retaliation for her reporting him to the police a year earlier. Her death followed an extended act of domestic violence where she was strangled multiple times with her head was shoved into the floor.

Michelle and James's relationship was intermittent over at least four years and was marked by coercive control. While Michelle reported some incidents of violence and control to police, she also did not report many others. James was the primary violent offender in the relationship and his coercive control and violence included threats of suicide if Michelle left him, threats of harm, intimidation, sexual jealousy, technology-facilitated abuse such as going through her phone messages, and physical violence, including non-fatal strangulation. James had numerous criminal associates and engaged in criminal activity. He had access to weapons, and misused prescription and illicit drugs. These factors are associated with heightened risk of serious harm and death.[*] Michelle reported to police and domestic violence services that these factors impacted her willingness to approach police and other services for help.

Michelle went to the police in 2015 for a protection order against James because of an instance of violence where he violently attacked her by punching her repeatedly and non-fatally strangling her. In her report she detailed many incidents of abuse including that he had threatened to kill her if she cheated on him, and if he ever left her that he would mutilate her. After making this report Michelle was provided with domestic violence support services, both from the police and other external services. Michelle was provided with safe housing, however, following contact and coercive tactics perpetrated by James, such as those noted above, the relationship recommenced.

James was sentenced to prison approximately a year before their deaths for contravening the no contact condition of a domestic violence order with Michelle and for separate weapons

[*] Access to weapons, use of illegal drugs, gang affiliation, threats of harm to partner and self, suicide threats all exacerbate the risk of future harm and death.[17,29,30]

offences. Police were monitoring Michelle's safety and were in conversations with her. Michelle expressed fear for her life when James was released on bail. Michelle and James reconnected, and Michelle was immediately informed by police (3 days before death) of his reported intent to infect her with a bloodborne viral disease. In follow-up discussions, two days before her death she engaged in conversations with police regarding safety strategies in relation to strangulation.

CAMERON AND SARAH

Cameron was in his late 30s in 2017 when he was killed by Sarah, his female defacto partner of 2.5 years. Cameron was stabbed in the chest during a domestic violence incident where he was physically and verbally abusing Sarah while intoxicated. He was killed after dropping the knife he was holding to intimidate Sarah. Cameron was unemployed and engaged in harmful use of drugs and alcohol.

Cameron was the primary perpetrator of domestic violence within his relationship with Sarah. He had a history of domestic violence against Sarah and his ex-wife. His violence toward Sarah was marked by controlling behaviours, physical, and verbal abuse. It was reported to police and family members that he was possessive, had previously assaulted her with a deadly weapon, threatened her with violence, and strangled her on occasions. Sarah's family members told police in statements after Cameron's death that he used to 'grab her round the neck and strangle her'. Sarah attempted to end the relationship approximately 5 months before he died but they reconciled.

A domestic violence order was placed on him for violence toward Sarah approximately 8 months before his death. He was charged in contravention of this protection order one month before his death. He told police on this occasion that he 'did not believe in domestic violence orders'. Notably, Sarah applied to remove this order in the week before his death, with the court only varying (not ending) the conditions of the order. It did not appear that services other than police and ambulance were engaged and there were no available records of police referrals to domestic violence services.

WHAT WERE THE COERCIVE AND CONTROLLING TACTICS OF THE PRIMARY PERPETRATOR?

Coercive control refers to a purposeful pattern of behaviour that takes place over time in order for one individual to exert power, control or coercion over another.[22] The primary offender uses violence or threats of violence to establish the costs of non-compliance and create fear in the victim.[23] Violence will often be low-level chronic violence that has a cumulative intensity for the victim – along with other coercive and controlling behaviours.

For all the cases reviewed, coercive tactics were frequently employed by primary perpetrators. Coercive tactics in each situation appeared to influence attempts by victims to leave and report violence to those individuals and agencies who may be able to help (e.g., family and friends, police, ambulance and support services). Each primary perpetrator (excluding one suffering from a major depressive episode at the time he killed his partner) engaged in varied coercive tactics, both in relation to the types of control and the severity with which it was employed, depending on the circumstances of the primary victim. Despite the diversity of controlling behaviours, there were commonalities among all cases, including:

- threats and acts of violence (and sexual violence) toward the primary victim (e.g., Lisa, Kara, Michelle & James);
- isolation tactics – monitoring a victim's movements, removing access to their phone, and portraying them as the 'crazy' or 'violent' one when around others (e.g., Kara, Angelica, Michelle & James);
- intimidatory tactics – threats toward the victim's social standing, children, other family members, or animals (e.g., Angelica, Michelle & James, Cameron);
- financial control (e.g., Lisa, Angelica); and
- perpetrator threats or actions to self-harm or suicide if they separated (e.g., Michelle & James).

Non-fatal strangulation was used as a tactic to control victims' behaviours by:

- showing them how easily their life could be taken (e.g., Michelle & James);
- as a form of degrading and shaming (e.g., Angelica);
- as a sexual act; and
- to silence (e.g., Michelle & James).

Of the 14 (70%) victims who were strangled before death, six (43%) reported the incident to the police immediately after the event occurred in at least one instance. Three (21%) reported it at some stage, and three (21%) never reported incidents of non-fatal strangulation to police, with family and friends frequently the keepers of this knowledge. In most cases family and friends were confronted with the knowledge of violence and strangulation as coercive. One victim's friend said:

> "… I was at the train station and [Tahlia[§]] was there with her dog. [she] told me that [he] had tried to cut the dogs ears off because she was leaving him. I could see that she had bruises on [her] neck and she told me that he had strangled her."

Other times, when police were involved in an intervention, victims were reluctant to move forward with domestic violence orders and other

[§]Name changed to protect their identity

charges, or actively varied or removed protection orders as a result of coercive tactics by perpetrators, such as those used by James toward Michelle.

Other physical violence and threats of violence were a common feature of most of the cases reviewed, including when the death was caused by the primary victim in the relationship. Threats of violence toward the primary victim and self-harm were most often employed by the primary perpetrator. These threats were commonly made with particular reference to scenarios in which the primary victim ended the relationship or cheated on the primary perpetrator ending in certain negative outcomes for primary victims. Intimidation using an actual or threat of harm towards animals or children were also used against the primary victim to attempt to stop them from leaving the relationship or seeking help from police, family, or friends.

Further, tactics were used by primary perpetrators to intimidate and 'blackmail' victims to degrade or shame them. This control worked to keep victims in the relationship and was used to stop them from moving forward with police reports and even stopped them from seeking support from friends or family. This 'blackmail' tactic was observed in relationships such as Angelica's where threats to reveal the relationship or certain facets about the relationship (e.g., explicit photographs) prevented primary victims from revealing their relationship and the violence they experienced to police, family, and friends.

For example, Lisa's partner threatened to kill her if she left the relationship in the months leading up to her death causing her greater fear of contacting police. This fear was compounded by the fact that her partner was also her carer and she relied on him to be able to manage the difficulties associated with her disability. Michelle faced similar threats to her safety with her partner, James, who threatened to mutilate her in multiple ways if she cheated on him, and conversely, threatened suicide if she were to leave him. These were reported to police and other services where she disclosed:

"He would let me know that if I was to ever leave him or cheat on him that he would kill me… [He] also told me that if I ever left him, he would cut off [my tattoos]"

Michelle faced numerous other tactics designed to psychologically control her. In particular, James's relationships with criminal associates was reported as a significant barrier to her accessing appropriate services and feeling safe doing so. A domestic violence service assisting Michelle noted that she 'felt she wasn't safe and that he would recruit his friends to harm her'. James informed Michelle that he not only had connections to wide-ranging criminal networks, but also had connections within the police to give her the impression that he was protected by both criminal associates and the police, and that if she left – she would be found.

For another victim, Laura[§], the control she experienced in her relationship stemmed from secrecy regarding her sexual preferences and behaviours in BDSM (sexual practices involving bondage, discipline, sadism and masochism), and technology-facilitated abuse. This secrecy made her fearful of contacting authorities and telling friends and family about her relationship and abuse, which were further compounded by blackmail and harassment tactics of the primary perpetrator who posted images of her online.

When police attended an incident with Laura being held against her will and non-fatally strangled using tape across her throat, her primary perpetrator used information about her sexual preferences to insinuate that this was her 'kink' and that they were just playing a game. Despite her statement that he did it to stop her yelling for help and saying she couldn't breathe, in this instance police failed to realise that she had experienced non-fatal strangulation. This was likely a result of the use of tape, which the police did not associate with strangulation, and because of the disclosure they were in a BDSM relationship, even while she told police she did

not consent to this particular incident. Laura subsequently decided not to press charges.

WERE THERE ANY INTERSECTING STRUCTURAL INEQUITIES IN THE PRIMARY VICTIM'S LIFE?

Structural and social inequality experienced by victims refers to whether factors such as cultural norms around gender, experiences of precarity or disability, or institutionalised racism, supported or undermined the perpetrator's capacity to use coercive and controlling tactics and affected the safety responses of those who might be in a position to help victims.

In all 20 cases reviewed in this study, primary victims of violence experienced intersecting forms of social inequality or disadvantage that would have affected the ways in which coercive and controlling violence contributed to their risk of experiencing physical violence and also would have had implications for their chances of reporting the violence.

For example:

- Drug and alcohol dependence, access to housing, and institutional and systemic racism were intersecting issues that Kara faced.
- Lack of secure work, financial insecurity, cultural positioning, and migrant status were issues faced by Angelica.

Structural inequalities presented significant barriers for primary victims in the cases reviewed. In particular, fear of punishment or incarceration was a motivating factor for victims not to seek help from services either because they might be punished (e.g., if they were drug dependent or for fear of their children being removed) or because punishment or incarceration of their partner may impact their financial or social/children's support.

For example, Sarah, Cameron's partner, unsuccessfully attempted to remove her domestic violence order two days before his death because he had been breached for both being at the residence and assaulting her. He stated to police at the time that he did not believe in the order and that he is always at the residence because he lived there, indicating he was likely to contravene the order again in future. In her application for removal of the order she stated:

"He is a good man, great father, hard worker just when under the influence of alcohol he changes a lot. I don't believe the order should have been made."

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Structural and social inequalities were heightened for Aboriginal women who may not have sought police help because they know incarceration is dangerous for Aboriginal men,[24] or because they may reasonably have feared arrest and incarceration themselves, potentially leaving their children vulnerable and in danger.[25] Aboriginal victims and perpetrators, involved in five of the cases, experienced higher levels of disadvantage marked most often by a lack of secure housing and work. Notably, relationships that involved an Aboriginal partner were most likely to have service involvement (such as contact with health services and police) and intervention, but seemingly least likely to have involvement with domestic violence services. Further, it is vital to recognise that for Aboriginal men and women seen in these cases, the decisions to report and perpetrate violence are likely to stem from factors arising from colonisation, intergenerational trauma, dispossession of land, forced removal of children, interrupted cultural practices, disproportionate rates of criminalisation and incarceration, economic exclusion and poverty, and systemic and indirect racism.[26]

Kara endured a long history of violence with substantial contact with police, ambulance, and health services because of the violence she endured, her alcohol dependence, and her transient living situation. However, her access to services was compromised as she was often reluctant to engage with them when opportunities arose. Indeed, she expressed apprehension when engaging with these services. On one occasion ambulance officers recorded that police had called them and that she had stated that her partner "tried to choke her" along with other physical violence and injuries noted by paramedics. At this intervention with ambulance officers, Kara refused analgesia when it was offered and initially refused treatment by health officers until she was reassured that she would be seen by a doctor at the nearby hospital. This reaction to service response and refusal of assistance is understandable given the institutionalised racism she is likely to have experienced as an Aboriginal woman, and concerns of being punished for her alcohol dependence and transient living situation.

CULTURALLY DIVERSE AND MIGRANT PERSONS

Primary victims' diverse cultural identity and family structures also affected their access to services. The primary victim may have cultural reasons for not reporting the violence to others. This barrier may encourage the use of isolation tactics by primary perpetrators. For example, primary victims may be more easily coerced to move to more remote areas increasing their isolation. These victims may also be reluctant to disclose their relationship to family and friends for cultural reasons. The shame surrounding the relationship and the violence (including experiences of strangulation) they endured strengthened the use of isolation tactics.

For Angelica, concerns about her relationship were so great that she told her family and friends she was moving to Perth when in fact she moved to Central Queensland. Angelica overcame significant cultural barriers to report to police in the days before she was fatally injured. Indeed, it was well known among her friends and family that her previous marriage was characterised by domestic violence, but no formal reports of violence were ever made in relation to the previous relationship. She stated to police:

> "We have been in a relationship for about 8 months. Last night he grabbed me and choked me using one hand. We had a fight; he was telling me I was a liar and that he didn't trust me. It's been like this since we got together, and I can't introduce him to any of my friends because of how he is."

Three files involved primary victims who were from diverse backgrounds. For primary victims who migrated to Australia, their access to services, including reporting, was likely to also be compromised by concerns associated with the security of their migration status and, for some, their lack of access to well-paid and secure work. Like many primary victims, the circumstances of migrant and refugee women who are primary victims of violence are often tied to financial support provided by the primary perpetrator, as experienced by Angelica.

WHAT WERE THE LIMITS TO THE SAFETY RESPONSE?

The services that were primarily involved with victims were police and ambulance. However, other opportunities for violence and opportunities for disclosure of violence were also present from domestic violence services, and other healthcare avenues, such as General Practitioners and disability care organisations in the case of Lisa.

Responses to violence from various services were wide-ranging and differed for each case. The experience of domestic violence was individualised and diverse. For some, the experience of abuse was known to services, for example, Kara, Cameron, and Michelle. For others, such as Lisa, and Angelica, the violence they experienced went largely or completely unreported before their death. Therefore, opportunities for service intervention differed depending on the circumstances of each person. However, the opportunity to disclose and report violence was often heavily dependent on the controlling nature of the relationship and the various social disadvantages of each person.

Lisa never reported the violence and control she experienced. In her case, Darren, the primary perpetrator, had made threats to kill her. This decision not to report was likely to be influenced by her abuser as both her partner and disability carer. Conversely, for Kara, despite her extensive contact with police and other services, including disclosures about violence, and her partner being on parole for assault occasioning bodily harm resulting from his violence toward her, failed to protect her from the ongoing violence. Importantly, it may have made a difference to some of the women in the study if they had been referred by police and ambulance officers to culturally appropriate services.

STRANGULATION RESPONSES

Responses to strangulation were particularly wide-ranging. In cases of strangulation involving deaths prior to 2015, police or health services often buried notes about strangulation in the discussion of physical violence. In some older cases, as mentioned previously for Laura, who was found by police with tape around her neck, strangulation was not recognised at all by police or health services. The high risk associated with non-fatal strangulation and the potential negative health consequences of an incident of non-fatal strangulation were left unrecognised and therefore not investigated and potentially untreated. This was clear in the case of Kara and several others where health workers or police were informed of strangulation and did little to follow-up despite observing visible bruising or tenderness. There were improvements to responses to strangulation that were particularly noticeable following the release of the *Not Now, Not Ever Report* in 2015. Police more commonly recognised signs of strangulation, responding appropriately with recommendations to seek healthcare, warning primary victims about their enhanced risk, and enacting protection orders against perpetrators of non-fatal strangulation, all of which were clearly evident for Michelle, who reported non-fatal strangulation in 2015.

However, system failures remained across many cases that were reviewed. These stemmed from policing responses where there was:

1. Supportlink failure to refer to culturally appropriate domestic violence services when strangulation was reported to them (e.g., Kara, Angelica).
2. Police failure to follow up on the safety of the primary victim in high-risk circumstances (e.g. Angelica).
3. Not treating violence, particularly patterns of violence, with sufficient seriousness, and trusting perpetrators' reassurance when they say they will 'stay away' (e.g., Angelica), and alternatively, not believing perpetrators when they say they will contravene domestic violence orders (e.g., Cameron).
4. A failure to warn or further protect victims when they become aware of a primary perpetrator's history of violence and control with other victims (e.g., Angelica).
5. A failure to appropriately document domestic violence responses or incidents.

Each of these problems were acknowledged by the DFVDRU, and several problems with policing responses were often precipitated by the lack of recognition for patterns of domestic violence, whereby police often responded to each

situation in isolation rather than recognising patterns of violence on the part of the perpetrator. This was clear for many women who had police contact, including for Cameron's partner, Sarah, and for Angelica, who despite police knowing about her partner's previous strangulation and violence toward previous partners, did not provide her with an escort to retrieve her belongings, nor was she given any referral to domestic violence services.

Problems with Policing systems were also prevalent. These were identified as problems with documentation of domestic violence incidents, making future recognition of these incidents and patterns difficult, particularly for strangulation, which is a high-risk marker for future violence. Other issues were also found including failures to appropriately investigate reports of domestic violence where strangulation was evident for a number of women, irrespective of the timing of the case. Many of these primary victims felt unprotected by the systems currently in place, where the onus fell back on to themselves to manage their own safety. For some this was by proactively contacting a domestic violence service without referral and making their own private applications or amendments for domestic violence orders. For Angelica, this involved using her friends to help her retrieve her things and creating safety codes in case something bad happened.

SYSTEM UNDERSTANDING AND RESPONSE TO STRANGULATION FOLLOWING DEATH

Coroners demonstrated a good understanding of strangulation as a form of high-risk violence and control. This understanding was augmented through the expertise of the DFVDRU. However, for a minority of cases where the investigation and findings of the DFVDRU were not consulted, there was a lack of detail in coronial findings about the violence endured by primary victims. While this may be appropriate for other types of deaths investigated by Coroners, for findings about victims of domestic violence the detail and history of a perpetrator's violence, the system responses, and individual structural inequalities that increase risk and obstruct access to safety are needed to clearly identify the circumstances that lead to a person's death. This strategy can improve understanding of the context and circumstances of these deaths, as well as making appropriate recommendations for matters that proceed to inquest. Accurate reflection of the DFV context in coronial findings will also help families of victims more clearly understand the circumstances that lead to their death and can further inform policy reforms and research in this area.

This was true for cases such as Kara's where, despite a review by the DFVDRU, the narrative of circumstances of death provided in the coroner's findings centred only on the violence related to her death. No consideration was made of the significant history of violence with her partner, her social circumstances (homeless and Aboriginal), and her contact with ambulance, hospital, and police services on multiple occasions that failed to address this violence or refer to appropriate services, cultural or otherwise.

Coronial findings often made general reference to the *Not Now, Not Ever Report* and the non-fatal strangulation offence without making specific recommendations for improved responses to non-fatal strangulation. There was a lack of proper engagement with the non-fatal strangulation incidents and associated system failures in some cases. For many of these cases the legislation had not yet been enacted (but there was awareness of its future enactment) or had only been in use for a limited time. It is not clear what difference the strangulation offence has made in improving the safety of victims of domestic violence. The utility of the criminalisation response, including charging non-fatal strangulation, may depend on a proper analysis of the elements of social entrapment being made at each stage of the criminal legal process.

Notably, despite quite significant physical violence and visible injuries reported to police or health services by most primary victims, few primary perpetrators were ever charged with anything more than contraventions of domestic violence orders. Of the five people who were prosecuted for domestic violence related offending prior to the death, three of them were Aboriginal people each charged with assault occasioning bodily harm against the primary victim in their relationships. The other two primary perpetrators were prosecuted for contraventions of domestic violence orders.

CONCLUSION:

The recognition of the risks and dangers associated with non-fatal strangulation have clearly improved since 2015 when the issue was highlighted by the *Not Now, Not Ever Report.* Since 2015 coronial findings, police and health professionals' reports indicate significant improvements in their understanding of non-fatal strangulation. Greater awareness of the behaviour and its relationship to the broader context of IPV and improved training is likely to have contributed to improved understanding.

Coronial reporting on domestic violence deaths should use a social entrapment lens to examine the context of the death, this approach has proved useful in the New Zealand context.[16] Doing so will ensure that Coroners provide historical context for the violence endured by primary victims and more clearly identify the circumstances leading to a person's death. In many cases, using this lens will help to more accurately reflect how the homicide event itself is often a consequence of a cumulation of episodes of domestic violence over time. Assistance from reports collated from the DFVDRU provide broad guidance on many of these issues.

While police have welcomed the new legislation with regard to choking and strangulation, none of the cases we examined included references to any charges of non-fatal strangulation made. This is not surprising given the age of the cases we reviewed in this report. It may be useful for police and other first responders to be made aware of the social entrapment framework. Looking at cases through this lens may assist them to better identify the scope of domestic violence and to see coercive control within the relationship, to better understand the obstacles faced in relation to the survivor's help-seeking and how they might improve the safety response.[27] Part of this response will involve system responses to the problems outlined in this report and, importantly, this includes service referrals from police (or Supportlink) to reflect culturally appropriate support for Aboriginal and Torres Strait Islander Peoples and migrant and refugee persons.

Animal abuse or threats toward animals and technology-facilitated abuse were common in the cases we reviewed. Consideration should be given to including animal abuse or threats to animals in risk assessment tools. Cruelty and harm directed to animals can indicate high risk and is often used as a control tactic by perpetrators.[28] The necessity of leaving pets behind is recognised as a barrier to victim-survivors leaving their violent partners. While technology-facilitated abuse is common, consideration should be given to training (first responders, coroners etc), and this will need to be updated regularly, about the variety of ways that technology can be harnessed to perpetuate controlling behaviour. Although risk factors including stalking, physical threats, suicide threats and coercive control are all recognised as risk factors, greater understanding about how technology can facilitate these behaviours is needed.

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