From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: NFS review - response
Date: Tuesday, 13 May 2025 9:04:02 AM
Attachments: [redacted]

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Hello,

We are emailing from Yumba-meta ltd, who specialise in domestic and family violence support in the Townsville community.

I have asked our staff to comment on the 'Non-fatal strangulation review', and received two responses we wanted to send through.

[redacted]

100% you should be able to defend yourself! This is why there are cross orders in most DFV cases. Victims are now fighting back.
Strangulation is assault without a deadly weapon.
No bail for perpetrators.
I believe the MC judge should not weigh in on this matter as an automatic full sentence should be applied. Even for first offences.

My understanding of DFV Strangulation :
Non-Fatal Strangulation (NFS) is when a victim is having pressure applied over the neck by any means.
This pressure might be applied by one or two hands, a forearm (chokehold), a knee, a foot, or by having something put around the neck and tightened such as a belt, cord, scarf, necklace or strap.
Non-fatal strangulation during sexual acts needs consent and can also be fatal. No means No – never give consent.
NFS is one of the most lethal types of Domestic and Family Violence and is a form of power and control.
Victims who have been strangled or 'choked' by an intimate partner (husband, boyfriend, girlfriend, defacto or ex) are at greater risk of severe violence or even being killed by that partner.

Prevention :
To combat, could introduce mandatory classes in secondary school, 'how to prevent' 'red flags' 'basic defence course' 'what is domestic violence' ' triggers for DV including drugs and alcohol etc' and sexual violence.
Education is the key here, for both sexes. A lot of children live with DFV in the home, if education can provide a name for the violence, then children may speak up and get

help for their families and themselves.
Unfortunately, I don't think we can improve on Vs experiences any better than the sector already is.

[redacted]

1. What do you think of the proposed three-offence structure?
The proposed model appears to be well structured and provides an appropriate distinction between different levels of severity in strangulation offences. If properly implemented, it has the potential to improve legal responses to this form of violence and reflect the serious and often life-threatening nature of strangulation.
However, effective enforcement is critical. Many victim-survivors, particularly Indigenous women, face significant barriers in accessing justice due to:

- Failure of proper investigations or documentation of cases
- Prosecutors downgrading or discontinuing charges due to perceived evidentiary challenges
- Judicial decisions granting bail to repeat offenders, increasing the risk of further harm

For the model to be effective in practice, there must also be:

- Mandatory training for law enforcement and on identifying and responding to strangulation
- Clear prosecution guidelines to prevent the minimization of offences
- Stronger bail restrictions, particularly for repeat offenders or cases with a history of domestic violence

Without these structural and procedural improvements, the proposed model risks being underutilized, ultimately failing to provide the intended protections for victim survivors.

2. What would you consider as strangulation – pressure to neck, blocking nose or mouth, pressure on chest etc.?
As a domestic violence case manager, I consider strangulation to primarily involve pressure to the neck, which restricts airflow or blood flow. I also recognise that acts such as blocking the nose or mouth, or applying pressure to the chest may technically fall under suffocation.
While there are some clinical distinctions between strangulation and suffocation, in the context of domestic violence they are used with the same intention, to control, intimidate, and harm. The effects are often similar, including unconsciousness, brain injury, memory loss, and significant emotional trauma.
For these reasons, I believe that all methods of breath restriction, whether through neck compression, airway obstruction, or chest pressure, should be equally recognised under the offence structure and treated with the same level of seriousness under the law.
Strangulation is a form of control, not just physical violence.

3. Should you be able to consent to non-fatal strangulation?

Consent in the context of non-fatal strangulation, particularly during sexual activity, is extremely complex. In my experience working with victim-survivors, it is often unclear what qualifies as “reasonable” consent, and there are no clear legal standards around what boundaries would need to be set for that consent to be considered valid.

While some people do engage in non-lethal choking during consensual sex, it raises significant concerns about safety and risk. Strangulation can cause serious or delayed health consequences, including unconsciousness, brain damage, and even death, even when it appears "controlled." Many people may not fully understand these risks when they agree to this kind of act.

Additionally, in the context of domestic and family violence, the line between consent and coercion can be blurred. Victim-survivors may “consent” due to pressure, fear, or as a means of avoiding further harm.

Because of these complexities, I believe that consent should not be a defence to non-fatal strangulation in domestic or intimate partner settings. If it is allowed as a legal defence in limited contexts (such as regulated sports), there would need to be strict legal definitions and safeguards to prevent misuse and protect those who are vulnerable to coercion.

4. Is there any time non-fatal strangulation could be lawful?

I believe non-fatal strangulation should only be considered lawful in very limited and exceptional circumstances, due to the high risk of it being misused or manipulated by people using violence.

It must be clearly established that the act was necessary to protect one's own life or to prevent greater harm, and that the level of force used was proportionate to the threat faced.

In my experience, perpetrators often attempt to justify violent behaviour by falsely claiming self-defence. Without strict legal thresholds, there is a real danger that this offence could be minimised or excused, particularly in domestic violence settings where coercive control is common.

For these reasons, I strongly believe lawful use should be limited to genuine cases of self-defence or medical intervention.

5. Defences of non-fatal strangulation… could it be in defence of violence, or domestic discipline?

No. The consultation paper rightly states that defences like provocation or domestic discipline should never be allowed. Allowing them would normalize coercive control and abuse.

For Indigenous survivors, there is a lack of trust that the legal system will take their experiences seriously, especially when the perpetrator is released on bail or given a minimal sentence. Harsher penalties and stricter bail conditions for repeat offenders are needed to prevent further harm.

6. How can we improve victim-survivor experiences and combat evidence issues in

court?

- Better support and accountability from legal professionals: Many victim-survivors report being “palmed off” or receiving minimal assistance from legal representatives. This must be addressed through training, supervision, and standards for culturally competent practice.
- Increased access to free or low-cost legal services: In Townsville and similar regional areas, there is a severe shortage of accessible legal support, particularly for Indigenous and low-income clients. Victim survivors often cannot access timely advice or representation, which directly affects their ability to seek protection and justice.
- Harsher penalties and stricter bail conditions for repeat offenders: Perpetrators often reoffend while on bail, placing victim-survivors at even greater risk. Strangulation should be treated as a clear red flag for escalating violence, and bail should not be granted lightly.
- Improved forensic training and protocols: Police and medical personnel should receive training to recognise and document non-visible signs of strangulation, and to follow evidence collection procedures that support prosecution.
- Trauma-informed legal processes: Reducing traumatisation during court proceedings is vital. This includes limiting repeated retelling of events, improving the use of recorded statements, and enabling remote testimony where appropriate.

Thank you,

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