




























Summary of our Annual Report 2023–24

In 2023–24 there were 16 DFV-related events in Queensland that resulted in the deaths of 19 people.

Intimate partner homicides	Family relationship homicides	Collateral homicides
7 deceased persons 7 (100%) primary victim of DFV	9 deceased persons 6 (67%) primary victim of DFV	3 deceased persons 0 primary victim of DFV
 7 (100%) women  3 (43%) current DVO (aggrieved)	 5 (55%) women  4 (44%) men  0 current DVO (aggrieved)	 1 (33%) woman  2 (67%) men  1 (33%) current DVO (aggrieved)
 1 woman (14.3%)  6 (85%) previous history of DFV	 1 man (11%)  4 (44%) previous history of DFV	 0 (0%)  1 (33%) previous history of DFV
7 offenders 7 (100%) person using DFV	8 offenders 7 (87%) person using DFV	2 offenders 2 (100%) person using DFV
 7 (100%) men  3 (43%) current DVO (respondent)	 2 (25%) women  6 (75%) men  0 current DVO (respondent)	 2 (100%) men  1 (50%) current DVO (respondent)
 0 (0%)  7 (100%) previous history of DFV	 1 man (12%)  7 (88%) previous history of DFV	 0 (0%)  2 (100%) previous history of DFV

DFV – Domestic and Family Violence. Primary victim – person subjected to DFV. IPSV – Intimate partner sexual violence.

About this resource

The Board is sharing a summary of the 2023–24 annual report. You'll find information on:

- The purpose of the Board.
- What we know about Domestic and Family Violence (DFV) related homicides this year.
- Progress in implementation of our past recommendations.
- Recommendations we made to Government this year.

Read our full report [here](#).

About the Board

The Board reviews DFV-related deaths in Queensland to:

- Understand DFV-related deaths to see patterns, risk factors, and trends.
- Learn how to reduce the chances of DFV-related deaths.
- Share what we learn with Queenslanders to raise awareness of the impact and context of DFV-related deaths.
- Tell Government what we've learnt about how to prevent DFV-related deaths.

The Board has up to 12 members (including the Chair) with expertise across the DFV sector from both government and non-government agencies.

Read about us [here](#).

Summary of our Annual Report 2023–24

Monitoring progress – recommendation implementation

Since 2016–17 we made 75 recommendations to the Government. All but one was accepted. Our recommendations were focussed on:



Workforce development (n=17).

Systems and processes (n=12).



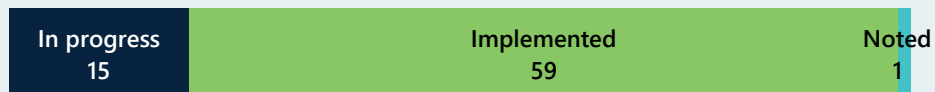
Service accessibility and availability (n=11).

Culturally informed responses (n=8).



Practice frameworks and guidelines (n=7).

Status of recommendations, as of June 2024:



Our recommendations are made knowing that it takes many incremental steps towards full system change.

** In 2022–23 the Board made no recommendations.*

DFV – Domestic and Family Violence. Primary victim – person subjected to DFV. IPSV – Intimate partner sexual violence.

Our recommendations for 2023–24

This year we focused on reviewing DFV-related deaths where Intimate partner sexual violence (IPSV) was present. Our recommendations are based on the findings of this review. You can read our [separate report](#) for more details.

- 1) We learnt that current DFV risk assessments do not ask open-ended, behaviour-based questions about IPSV, which may lead to a gap in response or intervention by services. So, we recommended a review of current risk assessments to include more alerts for IPSV. We also recommended specialised training in IPSV for health staff and other frontline workers.
- 2) We found the community needs to know more about IPSV. There are many common myths that prevent people getting the right support. So, we recommended that awareness campaigns involving respected locals be created with community groups.
- 3) We noticed when people subjected to IPSV seek help at a health service, it can be hard for services to identify IPSV and share information to ensure safety. It is notably harder for services in rural and remote areas. So, we recommended that services consider dependable ways to record and share information to protect people.
- 4) We found there are not enough men's behaviour change programs that address IPSV, or sexual respect, and current programs are too short to give meaningful help to PUVs. So, we recommended current programs be reviewed and strengthened, while new programs are considered.
- 5) We detected a gap in research, so we recommended trying to understand more about people using DFV who kill themselves, and if their threat of suicide is used to control the PV.

If you, or someone you know, is in immediate danger phone the police on Triple Zero (000).