

# Domestic and Family Violence Death Review and Advisory Board: 2023-24 Annual Report

## Queensland Government response

Finding and Recommendation	Lead agency/ agencies	Government response
<p><b>1. Relevant risk assessment that includes more nuanced measure of intimate partner sexual violence</b></p> <p>Practitioners in the domestic and family violence (DFV) sector, including health professionals such as General Practitioners, community nurses and those working in emergency departments have an opportunity to identify and address high-risk DFV and IPSV. Equally, practitioners from the sexual violence sector also have an opportunity to identify and address high-risk DFV and IPSV. As such, there is an identified need for specific training in DFV and IPSV for health practitioners and those working in the sexual violence sector.</p> <p>The Board recognises that current risk assessment tools and frameworks used in Queensland may not be nuanced enough to identify the risk of IPSV. There is a need to review current risk assessments to identify the adequacy and appropriateness of questions related to IPSV. Additional support is also needed to guide practitioners to ask these questions in a manner that ensures that the primary victim (PV) or person using violence (PUV) can identify any IPSV present in the relationship. A review of supporting guidelines for practitioners is therefore required.</p> <p>The Board suggests resources that could be used to guide the review and the development of practitioner guidelines include:</p> <ul style="list-style-type: none"> <li>• Archambault, J., Lonsway, K.A. (2020). Interviewing the Victim: Techniques based on the realistic dynamics of sexual assault. End Violence Against Women International.</li> <li>• IACP's Sexual assault incident reports investigative strategies; and</li> <li>• IACP's Successful trauma informed victim interviewing guide</li> </ul>	<p>The Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS)</p> <p>Queensland Health (QH)</p>	<p><b>Accept</b></p> <p>The Queensland Government supports implementation of evidence informed, responsive risk assessments of DFV and IPSV by practitioners in the DFV sector, including health practitioners.</p> <p>Queensland Health is updating and improving DFV tools and resources to improve the understanding and capacity of health professionals, particularly frontline health clinicians, to respond to victim-survivors and those at risk of DFV and IPSV in public health settings. This includes development of updated training and resources related to PUV, non-fatal strangulation and other forms of intimate partner violence.</p> <p>Queensland Health is also developing a new DFV Capability Framework to support a more proactive, considered, and consistent response to DFV across Hospital and Health Services, based on consideration of what is needed to support disclosures or suspicions across different operating contexts. The Framework will provide clear guidance about the DFV knowledge and training requirements for all staff to build capability in responding to DFV.</p> <p>Additionally, all Hospital and Health Services have now been resourced to establish a core team to coordinate and oversee local models of care for people disclosing sexual assault, with a focus on the provision of timely, high quality forensic medical examinations. Forensic Medicine Queensland has also been resourced to expand the statewide Forensic Examiner Training Program for doctors and nurses, as well as providing 24/7 phone support for any clinician required to perform a forensic medical examination. The Office of the Chief Medical Officer provides statewide oversight of this work, informed by the multi-agency Sexual Assault Reform Oversight Committee.</p> <p>The Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) has commenced procurement to find a supplier to evaluate and validate the Queensland Common Risk and Safety Framework (CRASF) and victim-survivor, persons using violence (PUV)</p>



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<p>The Board acknowledges the Queensland Government's <i>Broadening the Focus</i> strategy to strengthen responses to people who use DFV, which articulates the importance of equipping services to identify, respond and refer a PUV. The Board agrees with this priority and would emphasise the importance of specifically including IPSV, sexual violence and sexual respect into training, assessments and interventions for PUVs.</p>		<p>and young persons' risk assessment tools. This review will consider whether the current CRASF and associated tools appropriately identify and respond to IPSV risks. CRASF training and practice guidance will be reviewed to enhance content on IPSV and/or develop new resources as appropriate.</p>
<p><b>2. Place-based and culturally relevant community education on IPSV</b></p> <p>Within communities there are commonly held misconceptions about IPSV, and there is a clear need for community awareness and education campaigns to improve understanding and knowledge of IPSV. These community awareness and education campaigns should be underpinned by a public health model and be co-designed with local community groups and organisations to ensure they are relevant and resonate with local communities.</p> <p>The Board welcomes the recent release of the <i>Broadening the Focus</i> strategy to strengthen responses to people who use DFV. One of the four priority areas in this strategy aims to increase community awareness of DFV.</p> <p>The case review undertaken shows a clear need to include IPSV in this awareness program. The Board is aware of other successful community awareness campaigns that involve local, well respected community members participation. It is also important that the language that is used in the campaigns is adapted and relevant for context within each local community.</p>	<p>DFSDSCS</p>	<p><b>Accept</b></p> <p>The Queensland Government, through the DFSDSCS, will identify and pursue opportunities to continue to further embed broad community awareness and understanding of domestic, family and sexual violence (DFSV) through the delivery of evidence-based communications initiatives underpinned by government strategies.</p> <p>This includes building community understanding of intimate partner violence and the spectrum of violence, and challenging community misconceptions around the contexts in which DFSV occurs and that allow DFSV to continue.</p> <p>Communications will cater to Queensland's diversity and prioritise opportunities to deliver tailored responses for diverse communities and vulnerable cohorts.</p>

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<p><b>3. Accessible and linked datasets to identify IPSV</b></p> <p>The finding that information sharing and data integration across systems in contact with PVs and PUVs is crucial for preventing DFV-related homicide and suicide has been a persistent finding across various reviews. The Board acknowledges that health practitioners hold a crucial piece of the puzzle as they have opportunities to detect and respond to high-risk cases of DFV and IPSV.</p> <p>The Board also acknowledges and encourages the progress Queensland Health has made in replacing paper-based medical records with Integrated Electronic Medical Record (ieMR). There are 16 sites with ieMR, with a further 14 future sites noted on the department website.</p> <p>Across Queensland, health services are at various stages of technological improvement in record keeping, particularly in relation to the ieMR. The provision of timely and accurate records is possible through the ieMR system which is available in larger health services. Regional, rural, and remote services typically have paper-based health records which are required to stay on the main campus with the patient. This technological gap between services may result in challenges to the provision of timely and accurate records. Further, it can create inconsistencies in data collection.</p> <p>Information about injuries in Queensland can be recorded by the type of physical injury with which a patient presents to the emergency department or upon admission. Current injury data records the classification of diseases, injury and related health problems by the type of injury for a patient admission to hospital in accordance with ICD-10-AM codes – X85-Y09 [Assault]. The ICD records illness and injury but not the context in which it occurred.</p>	QH	<p><b>Accept</b></p> <p>The Queensland Government acknowledges the timely sharing of information and consistent DFV and IPSV data collection is crucial.</p> <p>Queensland Health will consider the options available to flag and capture DFV or IPSV presentations and aim to ensure consistency of data collection regardless of the format of the health patient record i.e digital or paper-based.</p> <p>Methods to embed triggers to support the health service beyond the hospital setting, for patients presenting in the context of DFV or IPSV, will also be considered.</p>

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<p>Domestic abuse is not an ICD diagnosis (although physical and sexual abuse are).</p> <p>There is a need to ensure that data about the context of injury is consistently recorded to allow the system to better understand the prevalence and impact of DFV and IPSV. Further, as paper-based systems are replaced, embedding triggers to consistently flag referrals and in-depth risk assessments for patients presenting with injury in context of DFV or IPSV is needed.</p> <p>There is also a need to embed these triggers to support the health service beyond the hospital setting, as General Practitioners and community nurses have opportunities to detect the presence of DFV and IPSV.</p>		
<p><b>4. Review of current models for intensive and escalated responses to high-risk cases of DFV</b></p> <p>The Board identified a need for programs focusing on stopping sexual violence by men. Such programs could also present opportunities for enhanced risk assessment and the provision of education on sexual respect. Programs currently funded dealing with sexual violence should be bolstered, with extended sessions that focus on sexual respect, sexual violence and sexual abuse. Programs should also provide extensive and ongoing support to effectively address and mitigate sexual violence in these interventions.</p> <p>It is evident there is a need to engage with high-risk PUVs through intensive, proactive, and multiagency responses. The Board acknowledges the trial of the High-Risk Response Team model, and the work done to date. It is important to note that the practice model is a significant component when engaging high-risk PUVs. The Board is aware there may be other emergent models in this area of work. The Board recommends the expansion and evaluation of engagement of high-risk PUVs through High-Risk</p>	DFSDSCS	<p><b>Accept in Principle</b></p> <p>The Queensland Government has committed to improving responses to high-PUVs through the development of a PUV risk assessment tool. The evaluation and validation of the CRASF and associated tools, as noted in the response to Recommendation 1, will provide guidance on how it may be best used in a HRT environment and by services in contact with a PuV. Any learnings from the evaluation will be used to strengthen the HRT model as well as guide future development of state-wide protocols, operations, and practice guidance.</p> <p>In developing a refreshed DFV Strategy, the DFSDSCS will identify opportunities to enhance integrated service responses, including responses to high-risk PUVs, and explore opportunities to deliver stronger, innovative and effective responses to PUV.</p> <p>DFSDSCS will identify strategies to strengthen the capability of government and community organisations to respond to the needs of people affected by DFV, including sexual violence that occurs within a DFV context.</p>

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<p>Response Teams (HRTs) or other emergent models. However, it is essential to note that some PVs may express hesitancy engaging with multiagency teams, fearing impacts on housing, support payments, and custody arrangements.</p> <p>The cases reviewed by the Board demonstrated the significance of non-policing service contacts as an opportunity to identify and respond to IPSV, and DFV more broadly. Structured guidance and escalation avenues for private practitioners who engage with PUVs is a particular need, as cases demonstrated a high degree of practitioner discretion (for example, when a PUV was recommended to undertake marriage counselling with the PV).</p>		
<p><b>5. Greater research on suicide in the context of domestic and family violence</b></p> <p>The findings from the IPSV case review undertaken by the Board highlighted areas for further research. These include:</p> <ul style="list-style-type: none"> <li>• In this case review there were several similarities between homicide and suicide cases, however there were a few differences highlighted too. In the cases reviewed all PUV who ended their life, did so post-separation, while half the homicide cases occurred postseparation. Understanding this difference, and if ideation relates to emotional distress or is related to the interplay between suicidality and the use of death as a tool of control, would allow practitioners to provide appropriate intervention and support to a PUV with suicidal ideation.</li> <li>• While there is international research relating to sexual violence in a DFV context for both women and children, there is a gap in knowledge about the Australian context.</li> </ul>	DFSDSCS	<p><b>Accept in Principle</b></p> <p>The Queensland Government will continue to support Australia's National Research Organisation for Women's Safety to build on the existing research and evidence base, in line with the Australian National Research Agenda. This includes advocating for research that aims assist in the identification of the use of DFV and responding to threats to suicide and/or suicide ideation expressed by PUV.</p>