



Domestic and Family Violence
Death Review and Advisory Board
2018–19 Annual Report



Queensland
Government

We honour the voices of those who have lost their lives to domestic and family violence, and extend our sympathies to the loved ones who are left behind, their lives forever changed by their loss.

Our efforts remain with ensuring that domestic and family violence deaths do not go unnoticed, unexamined or forgotten.

A report of the Domestic and Family Violence Death Review and Advisory Board pursuant to section 91ZB of the *Coroners Act 2003*.

Published in Brisbane, Queensland by the Domestic and Family Violence Death Review and Advisory Board.

All enquiries regarding this document should be directed in the first instance to the Secretariat, GPO Box 1649, Brisbane, QLD, 4001, or by email: Coroner.DFVDRU@justice.qld.gov.au

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About this report

The Domestic and Family Violence Death Review and Advisory Board (the Board) is established by the *Coroners Act 2003* (the Act) to undertake systemic reviews of domestic and family violence deaths in Queensland. The Board is required to identify common systemic failures, gaps or issues and make recommendations to improve systems, practices and procedures that aim to prevent future domestic and family violence deaths.

This report has been prepared by the Board in accordance with section 91ZB of the Act, which outlines that the Board must, within three months of the end of the financial year, provide a report in relation to the performance of the Board's functions during that financial year, to the Attorney-General and Minister for Justice, and Leader of the House (the Attorney-General).

As outlined in the legislation, the Annual Report must include information about the progress made during the financial year to implement recommendations made by the Board during that year, or previous financial years. The Attorney-General must also table a copy of this report in the Queensland Parliament within one month of receiving it.

The views expressed in this report are founded on the consensus decision-making model of the Board, and therefore do not necessarily reflect the private or professional views of individual members of the Board or their individual organisations, including Queensland Government departments.

It is acknowledged that many of the deaths considered during this reporting period occurred during the early implementation of significant reforms associated with the *Special Taskforce on Domestic and Family Violence in Queensland* (2015) and the *Child Protection Commission of Inquiry* (2013). The Board acknowledges the vast scope of these reforms and recognises the dedication and hard work of those who are seeking to put an end to domestic and family violence in Queensland.

Seek help

If you, or someone you know, need help, then the following services are available to assist.

- » DV Connect is a 24 hour Crisis Support line for anyone affected by domestic or family violence, and can be contacted on 1800 811 811 or www.dvconnect.org
- » Mensline Australia is a 24 hour counselling service for men, and can be contacted on 1300 78 99 78 or www.menslineaus.org.au
- » Lifeline is a 24 hour telephone counselling and referral service, and can be contacted on 13 11 14 or www.lifeline.org.au
- » Kids Helpline is a 24 hour free counselling service for young people aged between 5 and 25, and can be contacted on 1800 55 1800 or www.kidshelponline.com.au
- » Suicide Call Back Service can be contacted on 1300 659 467 or www.suicidecallbackservice.org.au
- » Beyondblue can be contacted on 1300 22 4636 or www.beyondblue.org.au

The *Domestic and Family Violence Media Guide* provides information for journalists about responsible reporting of domestic and family violence:
www.csyw.qld.gov.au/resources/campaign/end-violence/domestic-family-violence-media-guide.pdf

Guidelines for safe reporting in relation to suicide and mental illness for journalists are available here:
www.mindframe-media.info/for-media/media-resources

Chair's message

The Board's third annual report outlines the findings from the Board's systemic review of domestic and family violence deaths in the 2018-19 financial year.

In 2018-19, the Board reviewed 23 cases featuring 24 deaths. The deceased in these cases came from a range of ages, locations, cultures and had distinct vulnerabilities. This highlights that domestic and family violence is an issue that cuts across the community and affects us all.

Board members were originally appointed for three years. As this third annual report marks the expiration of the initial terms of membership, I take this opportunity to thank members for their enduring contribution to the death review process. This is only possible when services and stakeholders are committed to reflection and continuous improvement to reduce the likelihood of these deaths happening again. The personal drive and dedication of Board members has remained unwavering in the face of the considerable volume of confronting and sensitive material members are exposed to.

I also extend my appreciation to the officers of the Domestic and Family Violence Death Review Unit within the Coroners Court of Queensland, who have diligently analysed the deaths reviewed by the Board and produced the comprehensive research that underpins the Board's reports. In particular, I acknowledge Susan Beattie, Travis Heller and Bridget Thomas who have recently left the Unit to pursue other career opportunities.

A great deal has happened in the first three years of the Board's operation, with the Board's greater appreciation of the nuances of domestic and family violence, and how this may manifest differently for those with disadvantage and vulnerability. In 2018-19, the Board again received expert advice from a range of sector professionals to enhance our understanding of some of the intricate issues identified in the case reviews. In particular, I would like to acknowledge Ms Emma Buxton-Namisnyk and Ms Samantha Wild, who provided invaluable assistance to the Board in our consideration of a cohort of Aboriginal and Torres Strait Islander youth suicides in the context of entrenched domestic and family violence and intergenerational trauma.

What has remained clear across the Board's first three years of operation is that the gendered nature of violence is striking. Women continue to be victims and men continue to be perpetrators of domestic and family violence. The violence in the cases reviewed by the Board is pervasive, insidious and fatal.

Looking ahead, the Board will continue to keep a watchful eye on the reforms across multiple systems, including domestic and family violence and child protection, that aim to reduce the impact and prevalence of violence against women and their children. Primary prevention is crucial, which has been identified in the *Fourth Action Plan 2019-2022* of the *National Plan to Reduce Violence Against Women and their Children 2010-2022*. Stopping violence before it can start is the best way to eliminate domestic and family violence, through whole of population initiatives that address the underlying drivers of violence.

It is pleasing to see that earlier recommendations of the Board are being implemented by Queensland Government agencies, which will result in better access to services and improved responses to victims and perpetrators of domestic and family violence. These implementation activities will continue to be monitored by the Board. However, as recognised in the Queensland Government's *Third Action Plan of the Domestic and Family Violence Prevention Strategy* stopping domestic and family violence requires the commitment of not only government but the whole community, including businesses and individuals.

In 2019-20, the Board will continue to sharpen its focus by revisiting particular types of domestic and family violence deaths. This will be accomplished by:

- » Examining cases where female victims of domestic and family violence take the life of their abusers
- » Considering the unique characteristics and lethality risk indicators in domestic and family violence suicides, which may provide innovative avenues for intervention.

It is the intention of the Board that the findings, as published in this report, be shared widely, so that these tragic deaths are not in vain, and that valuable insights may be gathered to improve upon the understanding of domestic and family violence across the community.

Board Members

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Chairperson
State Coroner of Queensland.

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Secretariat

Domestic and Family Violence Death Review Unit,
Coroners Court of Queensland.

Acknowledgements

The Queensland domestic and family violence death review process is informed by the collective knowledge and experience of systemic and individual review processes operating across jurisdictions and sectors in a bid to reduce the prevalence of these types of deaths.

The Board acknowledges the significant effort of those individuals, services and government departments to reduce domestic and family violence across Queensland.

During 2018-19, the Board has been fortunate to hear from a range of experts, government agencies and community members regarding key issues identified throughout the review process.

In particular the Board would like to acknowledge the contribution of:

- » Ms Kirstin Hall, Director Child and Family Practice, Department of Child Safety, Youth and Women
- » Dr Samara McPhedran, Violence Research and Prevention Program and Griffith Criminology Institute, Griffith University
- » Detective Inspector Marc Hogan, Gold Coast Domestic and Family Violence Taskforce, Queensland Police Service
- » Inspector Adam Guild and Ms Siobhan Penrose, Weapons Licensing Branch, Queensland Police Service
- » Ms Jill Petrie, Director, Legal Services Coordination Unit, Department of Justice and Attorney-General
- » Ms Samantha Wild, Senior Consultant, Awakening Cultural Ways
- » Ms Emma Buxton-Namisnyk, Domestic and Family Violence Consultant
- » Ms Mary Burgess, Queensland Public Advocate
- » Mr Mark Wall, Acting Deputy Director-General, Housing, Homelessness and Sport, Department of Housing and Public Works
- » Ms Chantal Raine, General Manager, Service Delivery, Department of Housing and Public Works
- » Dr Matthew Ball, Associate Professor, School of Justice, Queensland University of Technology
- » Ms Leona Berrie, Manager, WWILD Sexual Violence Prevention Association
- » Ms Karni Liddell, Domestic and Family Violence Implementation Council
- » Ms Cybele Koning, Chief Executive Officer, Caxton Legal Service.

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Executive Summary

Domestic and family violence is an issue that affects all in our society. While domestic and family violence deaths are relatively rare, they are among the most preventable deaths as the insidious pattern of behaviours that often precedes a fatal event may present opportunities for intervention.

This report outlines the Board's findings from the review of the deaths of 24 women, children and men who died by homicide or apparent suicide in the context of domestic and family violence.

The violence apparent in these stories is tragic, and their deaths represent a devastating loss for their children, other family members, and friends left behind. Within these cases there were moving examples of substantial strength and resilience shown by the victims of violence and their families at different times throughout their lives in the face of significant and sustained adversity. These personal stories are summarised in Chapter 1, and identify involvement of informal and formal supports.

Chapter 2 provides an overview of statistical findings which help inform the Board's key learnings about domestic and family violence deaths in Queensland. Key points in this chapter include:

- » Between 1 July 2006 and 30 June 2019, there have been a total of 320 domestic and family homicides in Queensland. This consists of 164 intimate partner homicides, 136 family homicides and 20 collateral homicides.
- » In two of the past four years, fewer than 10 intimate partner homicides have been recorded in Queensland, a figure that had not been observed previously.
- » Females remain significantly over-represented as intimate partner deceased, with males the offender in 80% of intimate partner homicides.
- » The highest domestic and family homicide rates were observed in the northern areas of Queensland, notably in the Mount Isa and Far North Queensland police districts.
- » Where a history of domestic and family violence had been established, females were identified as the victims of violence in the overwhelming majority of cases of intimate partner homicide, regardless of whether the deceased was the male or female partner.
- » Actual or pending separation is identified in almost one-half of intimate partner homicides where there is a history of violence.
- » Filicides, the killing of a child by a parent or caregiver, represented over 20% of all domestic and family homicides, with children in the first year of life at the greatest risk.
- » There were elevated numbers of domestic and family homicides in geographically isolated areas of Queensland.
- » Apparent suicides contribute the largest number of domestic and family violence deaths each year in Queensland, with 53 recorded in 2018-19.

The impact of domestic and family violence on children and young people

The Board reviewed four filicide cases where the deceased child was under two years of age at the time of the death. These cases were characterised by pervasive intimate partner violence experienced by the deceased child's mother (the primary victim) and perpetrated by her current or former male partner (the primary perpetrator).

These families experienced significant disadvantage, including parental substance use, mental illness, and intergenerational experience of domestic and family violence. The primary victims of domestic and family violence were all young women and all had experiences of domestic and family violence or sexual abuse in childhood.

The deceased children and their families had a high level of contact with Child Safety Services, police, and health services in relation to child abuse and neglect. Despite the visibility of these children to services, the service responses failed to adequately account for the impact of domestic and family violence on children.

In cases where Child Safety Services were involved, there was an inadequate focus on the risk to children in the context of domestic and family violence, a failure to assess potential risk from the paternal figure in the home, and there were several examples of mothers being held accountable for failing to keep their children safe from the perpetrator of violence.

The Board recognises the significant financial investment the Queensland Government has made to embed domestic and family violence informed practice into the child protection system and to strengthen responses to victims and their children. However, it was clear that more must be done across the service system as the Board's case reviews identified numerous instances where Child Safety Services did not adequately detect and respond to indicators and direct disclosures of domestic and family violence.

The Board found that there was limited evidence of the use of primary prevention practices such as early intervention programs or support services for young mothers or those experiencing domestic and family violence. There is a need to improve the understanding of the service system on the impact of domestic and family violence on children, and greater accessibility of primary prevention services to young families and those experiencing domestic and family violence.

Refining our focus: Aboriginal and Torres Strait Islander youth suicide

The Board reviewed four apparent suicides of Aboriginal adolescents with a history of direct experience or exposure to significant family violence throughout their childhood. There was evidence of significant intergenerational and cyclical trauma, as well as entrenched disadvantage for the young people and their families.

There was a high level of service system contact within the cases. Similar to the filicide cases, the service response was symptomatic and there was a distinct lack of early intervention or support programs to address underlying trauma in the young person's life or to provide any services in a culturally safe way.

This was evident across the service system response, including from mental health services responding to self-harm or suicidal ideation by the young person. In two cases, the deceased child was consistently misidentified as non-Indigenous, and even where the deceased was identified as Aboriginal, no attempts were made by the service to provide a culturally safe response to the presenting issues or to refer the deceased to a culturally appropriate service.

The cases demonstrated the need for an enhanced understanding of the cumulative impact of exposure to domestic and family violence and trauma on young people. They also demonstrated the need for services to provide culturally safe interventions for Aboriginal and Torres Strait Islander people, and to provide interventions that strengthen connection to culture.

The Board recognises the significant suicide prevention agenda and particularly welcomes commitments and actions under the newly released *Every Life: The Queensland Suicide Prevention Plan 2019 – 2029* which focus on the needs of Aboriginal and Torres Strait Islanders as well as children known to the child protection system. However, more needs to be done across the service system to provide culturally safe service system responses.

Older people experiencing domestic and family violence

Violence against older people can manifest in different ways, dependent on the relationship of the perpetrator and their motivation. This can include behaviour consistent with elder abuse, such as neglect, physical, or sexual abuse by a family member, friend, neighbour, or professional. This may also include intimate partner violence that persists into later life and is motivated by a desire to exert power and control over the victim within the relationship.

Many victims in this population experienced sustained violence over a long period of time and were largely invisible to services in relation to the violence. The Board found that service engagement was hindered by stressors associated with age, such as financial hardship, a lack of an independent sustainable income, and physical or cognitive impairments. Most detrimental in the cases reviewed was the victim's lack of financial autonomy and access to appropriate alternative housing.

While substantial reform is underway at the state and national level to address violence against older people, the Board considers it pertinent that any strategies aimed at reducing the prevalence of violence against older Australians generally should also be inclusive of those experiencing later life intimate partner or family violence.

People with disability

The Board reviewed two cases where the primary vulnerability of the deceased was a physical and/or psychosocial disability and examined several other cases where a person's disability was a secondary vulnerability.

Despite the small sample size, a pattern was evident across the cases where people with disability were engaged with services for many years. However, the vulnerabilities of the victims with disability significantly impacted on their ability to advocate for themselves to services, and there were limited examples of services tailoring service delivery to the unique needs and vulnerabilities of the victim.

Change is required in the way that services are provided to people with disability experiencing or at risk of violence to improve the accessibility and availability of services. The responsibility for delivering this change will always be on services, not victims.

People of diverse sexual orientation, gender identity or intersex variations (LGBTIQ+)

The Board examined the impact of domestic and family violence on the LGBTIQ+ community by examining two cases involving a deceased in a non-heterosexual, non-cisgender relationship.¹

Although there were some difficulties identifying trends within a small sample, a distinct lack of service system contact was apparent and an absence of formal reporting of domestic and family violence.

Increasing awareness of domestic and family violence within the LGBTIQ+ community is a priority of the Queensland Government. The Board welcomes this priority as well as the implementation of training to general specialist support services to increase capability when supporting victims or perpetrators who are LGBTIQ+.

People who are socially and/or geographically isolated

The Board reviewed six cases where social and/or geographical isolation was identified as a primary factor that impacted on the service response.

A common theme was a lower level of formal service system contact, but a higher level of awareness of abusive behaviours among informal support networks. Where formal services were involved, this was usually at a point of crisis and the response was variable.

The Board noted a lack of specialist services to address underlying issues within geographically isolated communities exacerbated the risk of lethal violence or suicidality in the cases.

¹ Cisgender refers to a person whose sense of personal identity and gender corresponds with their birth sex.

Integrated service responses

Across the cases reviewed there was a fragmented approach to service provision, with multiple services working with a person or their family in isolation. There were some examples within the cases of agencies and services sharing relevant information to inform a thorough assessment of risk, but these examples were few and far between.

The Board observed that while legislative and policy instruments exist to share information where it is necessary to protect individuals from harm, this was inconsistently applied. Continued efforts are required to support frontline workers to improve their understanding of information sharing guidelines, as well as the roles and responsibilities of individuals and agencies.

Financial autonomy and housing accessibility

Several of the cases reviewed in this reporting period included examples of the impact of financial autonomy and housing accessibility on a victim's ability to leave the abusive environment. This was particularly apparent where victims experienced other vulnerabilities related to age or disability.

Many victims were unable to leave the abusive environment due to their inability to separate their finances from the perpetrator, or were forced to cohabit with the perpetrator post-separation due to a lack of suitable alternative accommodation.

The Board was pleased to hear about the significant body of work in the Queensland housing sector to move towards a person-centred model of service delivery that considers individual client needs. However, the Board remains concerned that demand for housing services outweighs supply, and that further investment is required to ensure adequate accessibility for vulnerable people, in particular victims of domestic and family violence.

Responding to disadvantage, trauma and heightened vulnerability

Across the cases there were examples of victims, perpetrators and families exposed to entrenched disadvantage, intergenerational trauma and heightened vulnerability across successive generations. Despite this, there was often only a superficial acknowledgement of this by services, who failed to tailor their response to meet the needs of vulnerable people and families.

Services must tailor their responses to their clients in a way that acknowledges their vulnerabilities and facilitates meaningful engagement. The onus is not on victims to adapt their vulnerabilities to meet the needs or convenience of services, and there is a need across the service sector to incorporate trauma-informed models of care when working with both victims and perpetrators of domestic and family violence.

Recommendations

The commitment by both the Queensland and Commonwealth Governments to reducing domestic and family violence is clear and reflects a growing awareness of the prevalence and impact of this crime in our communities.

Successive governments have articulated and implemented significant policy, legislative and program reform, including most recently the *Fourth Action Plan 2019 – 2022 of the National Plan to Reduce Violence against Women and their Children 2010 – 2022* and, in Queensland, the *Domestic and Family Violence Prevention Strategy 2016 – 2026* has been supported by two targeted action plans with the latest due for commencement this year.

In accordance with section 91D(e) of the Act, the Board is empowered to make recommendations to the Attorney-General about improvements to legislation, policies, practices, services, training, resources and communication for implementation by government entities and non-government entities to prevent or reduce the likelihood of domestic and family violence deaths in Queensland.

It is not a function of the Board to carry out investigations into individual deaths, and as such, the Board considers systemic issues across cohorts of domestic and family violence deaths in Queensland. Identifying these issues amidst such significant reform, not only within the domestic and family sector but other aligned fields such as child protection, has presented a challenge for the Board, as it recognises the time and iterative nature of implementing such significant reform.

While improvements have been noted, the Board's review of systemic issues allows insight into issues which prevail despite reform efforts to date and can support implementation by shining a light on underlying issues, barriers and challenges.

In this context, and in accordance with section 91D(e) of the Act, the Board makes the following recommendations to the Attorney-General:

The impact of domestic and family violence on children and young people

1. That the Queensland Government increase the availability, accessibility and integration of services that support young mothers and their families experiencing, or at risk of experiencing, domestic and family violence. Funded services should incorporate key elements, including, but not limited to:
 - » delivery of early intervention and supportive responses
 - » a focus on continuity of midwifery care
 - » provision of trauma-informed responses to intergenerational violence
 - » delivery of services in an integrated fashion utilising multi-disciplinary approaches.

These services should give appropriate consideration to the intersections of vulnerabilities and complexities experienced by all mothers; and be accessible to Aboriginal and Torres Strait Islander families and those with disabilities.

2. That the Queensland Government increase the availability, accessibility and integration of primary prevention service responses and awareness campaigns to families, children and young people with the purpose of breaking the cycle of intergenerational trauma and violence.

3. That the Department of Child Safety, Youth and Women amend the Domestic and Family Violence Common Risk and Safety Framework to incorporate evidence-based questions that specifically assess for risks to children who are exposed to domestic and family violence.
4. That the Queensland Government propose to the Council of Australian Governments that the Commonwealth of Australia implement an independent and appropriately resourced death review mechanism within the Family Court of Australia and the Federal Circuit Court of Australia. This death review mechanism would facilitate learnings from the deaths of children, young people and parents known to the family court system at the time of their death or within appropriate proximity to their death with a view to prevent or reduce similar deaths in future.

The proposed death review mechanism should be informed by research and the existing state-based death review mechanisms of domestic and family violence related deaths and deaths of children known to the child protection system, including the systems that operate in Queensland. The proposed death review mechanism should be independent, transparent, utilise relevant experts and have sufficient scope and powers to:

- » access information and address issues of individual accountability
- » identify common systemic gaps or issues across the system
- » make recommendations to improve systems, practices and procedures as they relate to identifying and managing domestic and family violence related risk.

Research priority: That research be commissioned to interrogate data stored in the Queensland Domestic and Family Homicide Database and Queensland Domestic and Family Violence Suicide Database to explore the association between Family Law Court orders and prevalence of domestic violence protection orders.

5. That the Queensland Police Service amend its current policies and practices to ensure that any person reported missing who has a history of being a victim of domestic and family violence is flagged as 'high risk' which triggers a commensurate response.

Refining our focus: Aboriginal and Torres Strait Islander youth suicide

6. That the Queensland Government (Department of Child Safety, Youth and Women, Department of Aboriginal and Torres Strait Islander Partnerships) develop a specialist model to identify and respond specifically to intergenerational trauma and cumulative harm within families, including Aboriginal and Torres Strait Islander families. Elements of the model should include:
 - » a focus on effective early intervention to children and young people
 - » trauma-informed engagement with families who have histories of low levels of engagement with services, or system fatigue
 - » a culturally sensitive approach to engagement with families, children and young-people.

7. That the Queensland Government (Department of Child Safety, Youth and Women, Department of Health, and Queensland Police Service) review existing domestic and family violence risk assessment tools to ensure they are inclusive of cultural considerations.
8. That Queensland Health increase the availability and accessibility of culturally safe mental health, alcohol and other drug services for Aboriginal and Torres Strait Islander young people experiencing chronic and acute suicidal ideation and behaviours, with particular consideration to experiences of intergenerational trauma.

Older people experiencing domestic and family violence

9. That the Queensland Government ensure that service responses, training and awareness campaigns in relation to older people experiencing violence include explicit reference to intimate partner violence as experienced by older people and that this is acknowledged as distinct from elder abuse.

The Queensland Government should also explore opportunities to strengthen and clarify the referral pathways between elder abuse and domestic and family violence support services and promote the accessibility of specialist support services for older people experiencing intimate partner violence in any future elder abuse awareness campaigns.

People with disability

The Board is awaiting the outcome of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* and therefore any recommendations in relation to people with disability would be premature.

People of diverse sexual orientation, gender identity or intersex variations (LGBTIQ+)

10. That the Queensland Government commission research in relation to service accessibility and engagement with lesbian, gay, bisexual, transgender, intersex, queer or other related identities, including to the justice system, in relation to domestic and family violence. This research should inform the development of strategies to increase service engagement and utilisation.
11. That Queensland Government agencies review their domestic and family violence training and associated resources to ensure materials are appropriate and inclusive for LGBTIQ+ communities.
12. That government funded and other organisations that currently provide support services for victims and their children, and perpetrators of domestic and family violence, review how their services are promoted and branded to ensure they are inclusive and accessible for LGBTIQ+ people where appropriate.

People who are socially and/or geographically isolated

13. That the Queensland Government (Department of Communities, Disability Services and Seniors and Department of Child Safety, Youth and Women) support the development of community-led strategies to help drive local community action, including in rural, regional and remote areas, to reduce the incidence and impact of domestic and family violence.
14. That the Queensland Government (Department of Housing and Public Works and Department of Child Safety, Youth and Women) continue to harness support from sporting clubs in all local communities to raise awareness and create safe environments for victims and children; and partner with male leaders in sporting settings to challenge behaviours and change attitudes that excuse, minimise or condone violence against women. This should be prioritised in regional, rural and remote areas where there may be limited community resources available for victims and perpetrators of domestic and family violence.

Integrated service responses

The Board is awaiting the implementation of the evaluation findings from the integrated service response and high risk team trials and therefore any recommendations in relation to integrated service responses would be premature.

Financial autonomy and housing accessibility

15. That the Queensland Government review the operation of the *Domestic and Family Violence Protection Act 2012* to strengthen the ability of the court to impose conditions within a protection order with respect to financial arrangements. Any review should consider:
 - » relevant provisions from other jurisdictions, in particular the legislation in Victoria
 - » the need to address the economic barriers that victims face in leaving an abusive relationship, as well as the continuing impact of prior economic abuse
 - » the need to implement cultural change within the judiciary and the legal services system to promote the use of existing provisions that intersect with the family law system.
16. That the Attorney-General propose a review of funding for family law legal aid and financial counselling services for victims of domestic and family violence. This should include consideration of the need for specialist legal aid and legal assistance services that focus on financial and property settlements where domestic and family violence is present.

Monitoring of recommendations

Under section 91D(1)(f) of the Act, the Board is required to monitor and report on the implementation of recommendations made to the Attorney-General during that financial year, or previous financial years.

In the Board's first two years of operation, a total of 34 recommendations were made to the Attorney-General.

In May 2019, the Queensland Government formally responded to the recommendations made in the Board's 2017-18 Annual Report (Appendix E).

The Queensland Government response noted that of the 13 recommendations, eight were accepted and five were accepted in principle. The lead agencies committed to advance existing and new initiatives in relation to:

- » supports for children exposed to domestic and family violence
- » services for people from culturally and linguistically diverse backgrounds
- » medical and legal responses to non-lethal strangulation
- » strengthening engagement with perpetrators of domestic and family violence to increase the likelihood of these programs resulting in sustained behaviour change.

The Board is pleased to see the Queensland Government commit to:

- » an audit of current service responses to children and young people impacted by domestic and family violence, which will inform policy and program development
- » enhancing the capacity of the domestic and family violence workforce through training and evidence based practice standards to better respond to people from culturally and linguistically diverse backgrounds
- » the establishment of a multi-agency working group to consider the appropriateness of current processes of gathering forensic evidence to secure convictions for non-lethal strangulation in a domestic and family violence setting, and to monitor innovations in other jurisdictions
- » an evaluation of the Domestic and Family Violence Toolkit of Resources for health clinicians to improve first responders' knowledge of risks, signs, symptoms and indicators related to non-lethal strangulation
- » an evaluation of domestic and family violence training material delivered by the Queensland Police Service to new and existing officers
- » exploration of the use of alternative interventions for perpetrators of domestic and family violence, including an analysis of potential for online programs.

At the time of publication, it is premature to report on the progress of implementation of recommendations from the 2017-18 Annual Report.

However, sufficient time has transpired since the Board made its inaugural series of recommendations in the 2016-17 Annual Report to provide comment. Of the 21 recommendations, the Queensland Government response noted that 11 were accepted, seven were accepted in principle, two were accepted in part and one noted.

Lead agencies have provided implementation updates to recommendations arising from the 2016-17 Annual Report, outlining the steps that have been undertaken to date. As at 22 July 2019, implementation updates have been supplied for 20 of the 21 recommendations² (Appendix F).

While most actions remain ongoing, there have been significant activities undertaken, with the Board especially wishing to acknowledge:

- » the development of the *Framework for Action: Reshaping our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence* which was launched by the Queensland Government in May 2019. This Framework outlines the Queensland Government's commitment to a new way of working with Aboriginal and Torres Strait Islander people, families and communities in the spirit of reconciliation to address the causes, prevalence and impacts of domestic and family violence (recommendation 20)
- » commencement of a trial of two domestic violence coordinators within the Police Communications Centre to facilitate provision of current, relevant and accurate information relating to prior histories of domestic and family violence for perpetrators and victims to responding officers attending episodes of violence (recommendation 11)
- » the development of an antenatal screening guideline for domestic and family violence which has been published and promoted by Queensland Health (recommendation 5)
- » further development of domestic and family violence training for police officers (recommendation 10) and health workers (recommendation 2)
- » trialling the placement of Child Safety Officers in police headquarters in four locations across Queensland (Gold Coast, Toowoomba, Townsville, Cairns) to assist in information sharing requests between agencies (recommendation 17).

The Board has previously expressed a particular interest in the outcome of a review of the *Child Protection (Offender Reporting and Offender Prohibition) Act 2004* to consider broadening the scope of offences subject to monitoring provisions. The update provided to the Board dated 26 April 2019 notes that this work is ongoing with no finalisation date reported.

Recommendation 15 of the 2016-17 Annual Report called for the Queensland Police Service to consider adding a child harm warning flag in QPRIME to inform frontline officers of any potential risk to children when attending any calls of services. This recommendation was accepted and a response dated 26 April 2019 notes activities to build organisational capability and responsiveness to child harm are ongoing.³ The Board will continue to monitor the implementation and application of a QPRIME warning flag and notes the need to ensure sufficient training and support is provided to police officers to ensure this does not exclude ongoing assessments of dynamic risk.

2 Recommendation 21: That the Queensland Government extend upon culturally informed, family responsive alcohol and other drug treatment options, to ensure they include options for residential treatment or outpatient support and provide ongoing care as part of the treatment program. The response from the Queensland Government was: The Government notes this recommendation given that predominantly drug and alcohol treatment services are funded by the Commonwealth Government through primary health care and targeted Aboriginal and Torres Strait Islander Health funding initiatives.

3 Including: revising communication and training strategies; developing and/or enhancing training and awareness resources; including child harm content in First Response Handbook and recruit training.

Overview

This chapter provides an overview of key activities undertaken by the Board throughout the 2018–19 financial year. The discussions and findings of the case review meetings held by the Board throughout this reporting period are explored in further detail in subsequent chapters.

Death review processes are a key component of a robust service system response to domestic and family violence. They seek to improve systems, services and practices in the hope of preventing future deaths occurring.

Accordingly, the Board is established under section 91A of the *Coroners Act 2003* to:

- » identify preventative measures to reduce the likelihood of domestic and family violence deaths in Queensland
- » increase recognition of the impact of, and circumstances surrounding, domestic and family violence and gain a greater understanding of the context in which these types of deaths occur
- » make recommendations to the Attorney-General for implementation by government and non-government entities to prevent or reduce the likelihood of domestic and family violence deaths.

During this reporting period, the Board submitted its second Annual Report to the Attorney-General for the 2017-18 financial year, which made 13 recommendations to enhance service accessibility, availability and appropriateness. The Queensland Government response to these recommendations is outlined in Appendix E.

The lead government departments have also provided an update of the implementation of recommendations made in the 2016-17 Annual Report (Appendix F).

To promote key findings of this report, throughout the year Board Members and the Board Secretariat presented at a range of conferences and other forums, including:

- » Princess Alexandra Hospital Health Symposium (August 2018)
- » Women's Legal Service – DV Practitioners Forum (November 2018)
- » Griffith University MATE Bystander Conference (November 2018)
- » Integrated Service Response Managers and High Risk Team Coordinators Forum (December 2018; May 2019)
- » STOP DV Conference (December 2018)
- » ANROWS Using the National Risk Assessment Principles (March 2019)
- » Policelink Domestic and Family Violence Awareness Day (May 2019)
- » Queensland Police Service High Risk Teams (May 2019)
- » Grand Rounds Darling Downs Health (May 2019)

Deputy Chair of the Board, Associate Professor Kathleen Baird, also appeared on ABC TV's 7:30 Report discussing the findings of the 2017-18 Annual Report regarding the prevalence of domestic and family violence suicides.

In 2018-19, the Board held seven meetings, including four full-day case review meetings.

In this reporting period, the Board reviewed 23 cases involving 24 deaths. Cases were selected based on the type of death, the individual characteristics of the victim and/or perpetrator, the extent of identifiable service system contact, and the availability of relevant information.

In this reporting period, the Board reviewed cases where the victims and/or perpetrators experienced heightened vulnerability and where a standard service response was unable to meet their unique needs and circumstances. This included review of cases where the deceased were:

- » geographically and/or socially isolated
- » older people
- » people with disability
- » lesbian, gay, bisexual, transgender or intersex people.

The Board also reconsidered particular groups that had been subject to review by the Board in their first year of operation.

After reviewing a cohort of filicide cases in 2016-17, the Board considered a group of more recent child deaths that occurred in the context of domestic and family violence. Sadly, some of the issues previously identified continued to be observed in this group of cases.

The final case review meeting of 2018-19 focused on a group of Aboriginal and Torres Strait Islander young people who took their own life in the context of enduring exposure to domestic and family violence and cumulative harm associated with intergenerational trauma.

Despite the diversity of cohorts considered in this reporting period, an underlying finding of the Board was that women, and their children, continue to be primarily targeted as victims of domestic and family violence.

Data from the Queensland Domestic and Family Homicide Database tells us that regardless of the gender of the deceased in heteronormative intimate partner homicides, males are the ones perpetrating violence and females are the victims of violence.

The Board also noted that despite compelling evidence indicating that LGBTIQ+ people and people with disability are at increased risk of experiencing domestic and family violence, this rarely resulted in fatal outcomes.⁴

The relatively low numbers of deaths meant the Board had difficulty drawing conclusions about systemic issues for these groups and they were reliant on expert advice and findings in the scientific literature.

Again in 2018-19, the Board identified fragmented and isolated service responses to victims and perpetrators of domestic and family violence.

The Board identified that victims continued to face sometimes insurmountable barriers to leaving violent relationships due to financial dependence and a lack of suitable housing options. Consequently, there were several instances where couples continued to reside together post-separation which realised an escalation in lethal risk.

Board Members are remunerated in accordance with the *Remuneration procedures for part-time chairs, and members of government bodies*. Public sector employees who are Board Members are not paid fees.

In accordance with Queensland Government reporting requirements, actual fees for all Members is featured in Appendix A.

⁴ The Board acknowledges that there may also be underlying barriers to identifying disability or LGBTIQ+ status to services, given these disclosures may lead to actual or perceived discrimination by generalist services.



Section 1

The Board honours the stories and journeys of those who lost their lives in the context of domestic and family violence (Chapter 1). These stories, though steeped in tragedy, are crucial in our understanding of how we can continue our collective efforts to reduce domestic and family violence deaths in Queensland.

In accordance with section 91D(b) of the Act, the Board is required to analyse data and apply research to identify patterns, trends and risk factors relating to domestic and family violence deaths in Queensland. Data from the Queensland Domestic and Family Violence Homicide and Suicide datasets are analysed, before commonalities, and key issues are identified (Chapter 2).

Chapter 1: Understanding the journey

The Board is established under the Act to increase recognition of the impact and circumstances surrounding domestic and family violence and to enhance understanding of the context in which these types of deaths occur.⁵

In doing this, the Board shares the stories and journeys of those who have tragically lost their lives to, or who have been otherwise affected by, domestic and family violence.

This chapter provides a brief summary of each of the cases reviewed by the Board within the 2018-19 reporting period to enhance understanding of the complex dynamics of domestic and family violence, and highlight the personal, familial and community impact of these types of deaths.

In 2018-19, the Board considered specific themes and cohorts, namely:

- » Filicides in the context of domestic and family violence.
- » Aboriginal and Torres Strait Islander youth suicide in the context of domestic and family violence.
- » Older people experiencing domestic and family violence.
- » People with disability experiencing domestic and family violence.
- » LGBTIQ+ people experiencing domestic and family violence.
- » People experiencing social and/or geographical isolation.

These stories, while distressing, are powerful reminders of the challenges and journeys that these deceased people experienced. Despite the tragic outcomes, there are indications of hope and resilience in each case.

There are lessons for us, as a community, to learn from these stories, and the Board honours the memory of the deceased through these accounts.

All deaths occurred between 2014 and 2018, with the Board noting that these deaths occurred amidst multiple extensive and overlapping reform agendas. The Board recognises that time is required for implementation and evaluation of such significant amendments.

Cases have been de-identified to protect the identities of the deceased and their loved ones. Under section 91ZD of the Act, the Board is prohibited from publishing identifying details for cases, and as such, the circumstances of the death and the nature of the relationship between the homicide offender and deceased have been removed in some cases.

Filicides

Dylan

Dylan, an infant male, died after sustaining serious traumatic injuries inflicted by his father, Terrence, in the context of domestic and family violence in the home.

Terrence was controlling, manipulative and verbally abusive toward Dylan's mother, Maryann. Maryann reported to family and friends that she had concerns regarding Terrence's temper towards her and the children but was unable to leave the relationship due to financial barriers.

Services were involved with the family in relation to suspicions of possible child abuse and neglect perpetrated by Terrence and Maryann toward Dylan and his siblings, which prompted a number of investigations prior to the death. These were finalised after it was concluded that Dylan was not in need of protection on the basis that the injuries he sustained were likely a result of normal toddler activities and did not appear to be suspicious in nature.

Informal supports suspected Dylan was the victim of severe and ongoing physical violence, however these concerns were not conveyed to police or statutory services.

Jackson

Jackson, an infant male, died after sustaining serious traumatic injuries inflicted by Mark, the new partner of Jackson's mother, Jessie.

There was little known about Jessie's relationship with Mark, with no episodes of domestic and family violence recorded with police. However, a clear pattern of intimate partner violence emerged after Jackson's death, and it was identified that Mark socially isolated Jessie and was physically violent towards her.

There was extensive service system contact in relation to child abuse and neglect of Jackson and his siblings. Jackson's elder siblings had been assessed as unsafe to remain in Jessie's care, however, Jackson, an infant, was assessed as suitable to remain in the home. Further serious concerns about Jackson's welfare were raised with Child Safety Services just weeks before his death that remained un-finalised at the time of the fatal assault.

Tristan

Tristan, an infant male, died as a direct result of repetitive episodes of physical abuse by his mother's intimate partner, Jonathon.

Tristan was exposed to domestic and family violence perpetrated by Jonathon towards his mother, Bridie. Tristan was also a direct victim of physical abuse perpetrated against him by Jonathon and was often used by Jonathon to exert control over Bridie. Jonathon would utilise a range of coercive controlling behaviours towards Bridie, including threatening the children, harming pets, threatening Bridie with a machete and dousing her with petrol. The violence coincided with Jonathon's use of illicit substances, including 'ice'.

⁵ Section 91 A of the *Coroners Act 2003*.

There was a high level of service contact in relation to child abuse, maltreatment and parental neglect which was triggered as a response to serious injuries sustained by Tristan several months prior to his death. Just days before Tristan died, Bridie disclosed her fear of Jonathon to Child Safety Services who attempted to facilitate engagement with a specialist domestic violence service.

During this time, there were continued concerns raised about Tristan's welfare which remained unaddressed by Child Safety Services, and several days later, Tristan was located deceased.

Kyle

Kyle, an Aboriginal infant male, died as a result of injuries sustained while in the sole care of his biological father, Malcolm. Kyle's mother, Brooke, was the victim of domestic and family violence across multiple familial and intimate partner relationships, including her relationship with Malcolm.

Prior to Kyle's birth, police made an application for a domestic violence protection order, which Malcolm breached the conditions of, resulting in him being sentenced to a probation order. An additional condition on this order was the requirement to complete a men's perpetrator program, but his engagement was poor. Subsequent to Kyle's birth, Brooke continued to report ongoing domestic and family violence which prompted contact with Child Safety Services and police.

In the days prior to Kyle's death, Brooke was reported missing to police by Malcolm after she had left the abusive relationship, leaving Malcolm solely responsible for Kyle's care.

Mackenzie

Mackenzie, an infant female, died as a result of injuries sustained in the family home. Mackenzie experienced serious child abuse and neglect during her life and was exposed to domestic and family violence by her father Christopher towards her mother Mandy.

Prior to her death, Mackenzie was admitted to hospital due to severe neglect. Child Safety Services had ongoing involvement with the family for a lengthy period and ceased engagement with the family shortly before Mackenzie's death.

Christopher engaged in coercive controlling behaviours towards Mandy, and neighbours reported frequent verbal abuse of Mandy and the children. While some of these concerns were reported to Child Safety Services, they do not appear to have been taken into consideration by services when assessing the safety of Mackenzie. The presence of domestic and family violence was not identified as a risk factor until after Mackenzie's death.

Aboriginal and Torres Strait Islander Youth Suicides

Jimmy

Jimmy, an Aboriginal adolescent male, died in an apparent suicide in the context of exposure to, and experience of, domestic and family violence within his home. Jimmy lived most of his life with his mother, Anna, and stepfather, John.

John was abusive towards both Jimmy and Anna and the family had a significant history of contact with Child Safety Services due to concerns in relation to domestic and family violence and inappropriately harsh physical discipline.

Jimmy had a history of demonstrating gender non-conformity and there is information to suggest that he was exploring his sexuality and gender identity in the period leading up to his death. John and Anna were not supportive of this and had bullied Jimmy in relation to his sexuality and gender identity.

Jimmy had disclosed suicidal ideation to family and friends prior to his death but Jimmy was not engaged with mental health treatment prior to his apparent suicide.

Daniel

Daniel, an Aboriginal adolescent male, died in an apparent suicide in the context of a cumulative exposure to parental domestic and family violence and other complexities that arose from this exposure.

Daniel was exposed to an extensive history of domestic and family violence perpetrated against his mother, Belinda by multiple former intimate partners. Daniel's family had an extensive history of involvement with Child Safety Services, involving allegations of abuse, neglect and exposure to family violence which resulted in Daniel being subject to child protection orders.

Daniel commenced a family placement with his stepfather a few months prior to his death, where Daniel began to offend and experience behavioural issues. Daniel directly related these issues to his time living with his stepfather, where he was exposed to domestic and family violence.

Daniel later fled from his stepfather's home to homelessness and Child Safety Services were notified but did not intervene based on the mistaken belief that Daniel's decision to flee was evidence of his capacity to adequately protect himself from abuse and neglect.

Daniel died in an apparent suicide shortly thereafter.

Jett

Jett, an Aboriginal adolescent male, died in an apparent suicide in the context of a cumulative exposure to parental domestic and family violence and other complexities that arose from this exposure.

Records suggest that Jett's home life was characterised by parental mental illness and harmful substance use, as well as physical domestic and family violence, with evidence of intergenerational trauma. However, while the family had a significant history of contact with Child Safety Services due to experiences of abuse, neglect and homelessness, there was a notable lack of relevant referrals and interventions around these issues in the years before he took his life.

Jett had a history of suicidal ideation and mental illness that coincided with his use of drugs and alcohol which were also largely unaddressed in casework provided to Jett and his family. Jett was often incorrectly identified as non-Indigenous throughout his engagement with multiple services which inhibited an appropriate cultural response.

Heidi

Heidi, an Aboriginal adolescent girl, died in an apparent suicide in the context of exposure to domestic and family violence. Heidi was Aboriginal from her mother's side and her father was non-Indigenous. Heidi was rarely asked about her cultural background and was often misidentified as non-Indigenous by multiple services throughout her life.

During her life Heidi's parents were engaged in a protracted custody fight for her care. As a consequence of this, as well as extensive exposure to domestic and family violence by her mother's partner, Heidi was transient from a very young age and lived between the homes of her mother, maternal grandmother, and her father.

Heidi had learning difficulties and had experienced victimisation in multiple contexts during her short life (including sexual abuse, physical abuse, and bullying). Heidi had a history of using self-harming behaviours as a means to cope with these stressors, as well as repeated threats to suicide if she was removed from her mother and returned to her father's care. Heidi died shortly after the family court proceedings were finalised.

Priority Populations

Sue

Sue, a female in her 70s, was killed by her biological daughter Lexie who was experiencing an episode of psychosis while non-compliant with her mental health treatment regime.

Sue and Lexie had an enmeshed relationship that was characterised by Lexie's use of violence against Sue. Violence was also present within Sue and Lexie's extended family network, and Lexie was identified as both the victim and perpetrator of sibling-to-sibling violence.

Lexie was diagnosed with schizophrenia and was prone to symptoms consistent with paranoid and delusional thought content involving preoccupation with perceived threats against her. Lexie was engaged with treatment for decades and the records reflect a pattern of triennial relapses, followed by varying periods of inpatient treatment and remission.

Lexie would misidentify family members, including Sue, as impostors she suspected were attempting to harm her during episodes of relapse. Sue's family held concerns for her safety due to the noticeable deterioration in living arrangements and Lexie's escalating volatility in the year preceding the homicide.

Lexie was engaged with health services but the service response failed to recognise the escalating pattern of abuse and the risk that Lexie posed to others in her family. Treatment planning also focused overwhelmingly on the presenting issues of Lexie's mental illness without sufficient consideration given to the broader issues of family violence which placed Sue at heightened risk of harm during Lexie's episodes of psychosis.

Pam

Pam, a female in her 70s, was killed by her biological daughter, Stacey. Pam experienced violence in many of her familial relationships, including from her ex-husband and her adult children.

Stacey struggled with diagnosed mental illness and harmful substance use, which exacerbated the already strained relationships within the family and frequently manifested as violent behaviour towards her mother. Stacey also experienced violence within her intimate partner relationships, and Stacey's abusive partner also perpetrated violence against Pam.

Pam sought support for Stacey from mental health services prior to her death, but Stacey was assessed as not having any illness requiring involuntary treatment. Pam also contacted police on multiple occasions to seek support in relation to intimidation, property damage and threats from her children but police did not respond to these reports as domestic and family violence.

In the months preceding her death, Pam had expressed concerns for her safety from her children to informal supports. Pam's family were concerned about the way that Pam was treated by her children. Pam would minimise the abuse and held fears that she would lose access to her grandchildren if she were to report the extent of the abuse to police.

Pam reported her concerns to police, however police did not respond to these concerns as they considered that Pam may have been suffering from dementia. Pam died shortly thereafter.

Douglas

Douglas, a male in his 60s, died in an apparent suicide in the context of a relationship breakdown with his intimate partner Kiara.

Both Douglas and Kiara were on a pension at the time of the death. There was no known history of recorded domestic and family violence in the relationship until six months prior to the death, when Kiara began to notice Douglas taking greater control over their joint finances. Kiara reported to police that Douglas became extremely controlling and prevented Kiara from accessing social supports. Kiara was dependent on Douglas for all of her food, transport, and health needs as Douglas took control of dispensing Kiara's medication.

Kiara first reported her experiences of domestic and family violence to police on the day of the death after surviving a suspected homicide-suicide attempt by Douglas. Police filed an application for a domestic violence protection order citing Kiara's vulnerabilities due to her age and limited means to find alternative accommodation and her expressed fearfulness of Douglas. Douglas died by apparent suicide shortly afterwards.

Lucas

Lucas, a male in his 70s, died in an apparent suicide in the context of a relationship breakdown with his estranged wife, Alicia.

Lucas and Alicia had been married for decades and the relationship was characterised by Lucas' use of emotional and psychological abuse. Lucas engaged in behaviours to isolate and control Alicia, including sabotaging any of Alicia's attempts to gain employment as a means to financially isolate her, as well as preventing Alicia from making friends or increasing her social support network.

Lucas' behaviour reportedly began to escalate in frequency and severity when Alicia attempted to initiate separation and sell their joint property. Alicia was highly proactive in seeking support from the criminal justice, health, and specialist support systems. However, engagement with services did little to impact upon the ongoing perpetration of violence, and services did little to tailor their response to Alicia's circumstance and presenting risks.

A common theme throughout Alicia's contact with the service sector was an absence of advocacy on the part of support services to assist Alicia to address her inability to leave the relationship due to financial concerns; services placing the onus on Alicia to keep herself safe and to navigate the service system on her own; and the absence of structured, coordinated support despite multiple contacts by multiple services over many years.

Colin

Colin, a male in his 50s, died in an apparent suicide in the context of significant mental illness, problematic substance use and a period of escalating domestic and family violence against his wife, Toni.

Colin had a history of trauma as a result of his prior military service, and after Colin left the military he experienced both physical and psychosocial disabilities. Colin further reported experiencing black-outs and an inability to recall his violent actions against others.

Colin used violence in all of his familial relationships, and his family had a high level of fear as a result of Colin's military background, access to weapons, and knowledge of how to use them. Violence was largely unreported to services as the family were afraid to disclose the violence or seek help from the police.

In the years preceding his death, Colin perpetrated violence of escalating severity including acts of physical and non-physical violence towards Toni and the children, excessive consumption of alcohol and other drugs, threats to kill using weapons and persistent suicidal ideation and behaviour; which triggered frequent contact with police and health services.

Vanessa

Vanessa, a woman in her 40s, died in an apparent suicide in the context of ongoing domestic and family violence victimisation by her estranged partner, Christopher.

Vanessa experienced comorbid physical and psychosocial disabilities that had a severe impact on her daily functioning. This was compounded by the presence of concurrent stressors including financial hardship and housing instability which exacerbated her vulnerability.

Vanessa also reported barriers to leaving the relationship and sourcing alternate accommodation due to the complexities of her living arrangement where she had shared assets with Christopher and was limited in her physical functioning due to chronic and ongoing health conditions. Vanessa was fearful of an escalation of violence if she were to leave the relationship.

Vanessa was heavily engaged with general and specialist support services who were aware of her experience of domestic and family violence. There was an absence of appropriate risk assessment and management of Vanessa when she was at a high risk of suicide and poor information sharing practices between health staff.

Marcel

Marcel, a male in his 30s, died in an apparent homicide in the context of domestic and family violence in the relationship with his same-sex intimate partner, William.

Marcel and William separated roughly 12 months prior to the death but continued to cohabit in a reportedly platonic relationship. However, Marcel was solely responsible for financial affairs post-separation due to William's unemployment, and William remained dependent on Marcel as his sole support. The relationship dynamic was characterised by domestic and family violence, which was exacerbated by William's increasing problematic substance use and deteriorating mental health.

Disclosures in relation to prior acts of domestic and family violence were made to informal support networks such as family, friends and work colleagues, however the lack of formal reporting and limited awareness of the violence in the relationship precluded opportunities for services to intervene.

Angelina and Nicholas

Angelina, a transwoman in her 20s, was killed by her male intimate partner, Nicholas, who later completed suicide.

There was no known service system contact in relation to domestic and family violence in this relationship. However, disclosures of domestic and family violence were made to informal supports, including verbal abuse, threats to socially isolate, and threats to 'out' the other partner to family and friends.

Social and/or Geographical Isolation

Daphne

Daphne, a female in her 40s, was killed by her husband, Graham, approximately one month prior to being reported missing to police in early 2015 by her extended family. At the time of her death, Daphne resided in a regional town in Queensland.

The couple were in a marital relationship for approximately two decades and shared two children together at the time of her death. There was no identifiable history of domestic and family violence reported to formal agencies over the course of the relationship.

Informal supports noted observations (rather than direct disclosures) of acts of non-physical forms of violence which were indicative of domestic and family violence. This included observations of Graham exhibiting a degree of controlling, belittling and isolating behaviour towards Daphne throughout the course of their marriage. Available records indicate that Daphne did not confide in others about her experiences of victimisation.

April

April, a female in her 30s was killed by her intimate partner, Zeb, in a regional Queensland town.

Zeb was experiencing symptoms of severe mental illness (undiagnosed) and concurrent harmful substance use at the time of the homicide. In the six months preceding the death, Zeb began exhibiting extreme sexual jealousy and paranoid behaviours linked to his suspicions of April's sexual infidelity.

Despite repeated attempts by April to reassure him that she was, and continued to be, faithful to him during the course of their relationship, Zeb monitored her phone and attempted to uncover her apparent infidelity by reviewing pornographic websites.

Informal supports, including family and work colleagues, were aware of Zeb's decline in mental state and escalating abusive behaviour towards April in the lead up to her death. In the months prior to April's death, friends believed that Zeb was trying to socially isolate her from her supports. Informal supports attempted to intervene on several occasions, for instance, by removing Zeb's firearms from his property and imploring Zeb to seek help about his mental health and aggression.

Formal reporting in this case was also limited, with only one episode of domestic and family violence being reported to police prior to the death which occurred within weeks of the death when Zeb threatened to kill an animal to intimidate April. Police furnished a referral to specialist domestic violence support services, who had limited contact with both April and Zeb, who both minimised the severity of the violence and declined further assistance.

Leonie

Leonie, a female in her 30s residing in a regional Queensland town, was killed by her former intimate partner, Greg.

Greg was emotionally abusive toward Leonie during their relationship, which was compounded by the fact that Greg and Leonie worked together. One colleague reported that she was so concerned about Greg's behaviours towards Leonie that she reported this to her supervisors and requested they place Leonie on an alternate roster to Greg. This request was not approved by the company and it does not appear that this was followed up with Leonie.

Greg's obsessive behaviours towards Leonie escalated following the dissolution of the relationship and included breaking into her home; harassing her via phone and social media; planning to buy her a diamond ring; and purchasing a plane ticket and surprising her at the airport after he found out she had travel plans abroad.

Greg sought mental health support from a private psychologist in relation to 'relationship issues' subsequent to the separation. Upon disclosed ongoing rumination and obsessive behaviours directed towards Leonie, the treating psychologist challenged his irrational thoughts and implored him to embrace a future-focused outlook.

Shortly before the murder Greg became aware that Leonie had commenced a new intimate partner relationship. In this context, Greg disclosed suicidal and homicidal ideation to informal supports including direct threats to kill Leonie and her new partner on the day of the homicide. The severity of these disclosures were not recognised and no action was taken to report the suicidal or homicidal ideation to formal agencies for intervention prior to the death.

Dustin

Dustin, a male in his 30s, died in an apparent suicide after learning his wife, Katherine, was intending to separate and had taken steps to obtain a domestic violence protection order.

Dustin and Katherine were married and lived on a rural property with their two children. Dustin subjected Katherine to significant sexual, verbal and financial abuse, and mandated strict adherence to archaic gender roles in the relationship. This manifested as Dustin forcing Katherine to have sexual intercourse with him daily, not permitting her to seek employment, and expecting her to be entirely dependent on Dustin for all financial needs. This was compounded by high levels of social and geographic isolation and constant surveillance of her whereabouts by Dustin, which restricted her abilities to seek help and access services.

Some informal supports were aware of Dustin's controlling behaviour towards Katherine and proactively attempted to help her leave the abusive relationship (and support him with his mental health), others believed Dustin was simply performing his role as the primary income provider in the family and did not recognise his behaviours as being consistent with domestic and family violence.

In the days leading up to the apparent suicide, Dustin discovered that Katherine had gained employment. Dustin attended Katherine's place of work and forced her to leave, before physically assaulting her. Katherine reported this episode of domestic and family violence to police who initiated domestic violence proceedings against Dustin.

Katherine made efforts to discretely leave town with her children while Dustin was working interstate. After numerous attempts to contact Katherine (and her friends and family), Dustin died in an apparent suicide that same day.

Adam

Adam, an Aboriginal male in his 30s, died in an apparent suicide following an episode of domestic and family violence with his intimate partner, Paula.

Adam and Paula commenced an intimate partner relationship shortly prior to Adam's apparent suicide and resided together with Paula's two children. Prior to this relationship, Adam was in a relationship with another woman, which was characterised by Adam's ongoing use of domestic violence including threats to suicide. These episodes of violence resulted in police intervention, criminal charges, and domestic violence protection orders.

Adam was previously supervised by Queensland Corrective Services on a parole order but as a result of his failure to comply with the order a warrant was issued to return Adam to custody. Adam actively evaded police apprehension on the warrant for over a year.

Unlike Adam's prior relationship, there was no recorded history of domestic and family violence between Adam and Paula. However, Paula reported subsequent to the death that the couple had been fighting for several days prior to the apparent suicide and Adam recently damaged her property. On the night of Adam's apparent suicide, Paula called the police in fear of her life after an episode of violence where she overheard Adam making unspecified threats to kill.

Chad

Chad, a male in his 30s, died in an apparent suicide in the context of a relationship breakdown with his estranged partner, Lisa.

Chad was a member of an outlaw motorcycle gang (OMCG) and was known to use his criminal affiliations to intimidate and threaten to kill his intimate partners. In his intimate partner relationship with Lisa, Chad perpetrated physical violence (among other acts of coercive controlling violence) towards Lisa, causing serious injuries.

Lisa's injuries were so noticeable that Lisa's colleagues questioned her on the causation of the injuries. However, on this occasion, Lisa minimised the severity of the abuse and did not disclose that Chad had inflicted the injuries. While Lisa's employer was aware of Chad's prior violence against a former intimate partner, no further action was taken by the company to explore the circumstances surrounding the injuries with Lisa.

Lisa first reported the history of domestic violence to police on the day prior to the death after Chad evicted her from their shared residence and she could not retrieve her belongings. Chad ultimately completed suicide the following day after Lisa sought support from police.

Chapter 2: Statistical overview

Key findings

- » Since 1 July 2006, there have been a total of 300 women, men and children killed by a family member or someone they were, or had been, in an intimate partner relationship with. An additional 20 collateral homicides have also occurred in this period.
- » The gendered nature of domestic and family violence remains evident in intimate partner homicides and suicides, where, almost exclusively, males are identified to be the perpetrators of abuse and females the victims of abuse prior to the fatal events, regardless of which party died.
- » Aboriginal and Torres Strait Islander people are over-represented as deceased in domestic and family homicides, making up one-fifth of all such deaths despite only about 4% of the population identifying as Aboriginal and Torres Strait Islander.
- » While domestic and family homicides occurred across Queensland, higher rates were observed in the northern areas of Queensland.
- » Over one-fifth of all domestic and family homicides in Queensland involved a child being killed by their parent or caregiver, with greatest risk evidenced in the first year of life.
- » Apparent suicides contribute the largest number of domestic and family violence deaths in Queensland each year, with 53 cases identified in 2018-19 where there were clear links between domestic and family violence and the death.
- » People residing in areas considered to be somewhat geographically isolated in terms of access to services were at elevated risk of domestic and family violence homicide. Despite their isolation, higher proportions of victims and perpetrators in isolated areas had contact with services in relation to domestic and family violence.
- » The lethality risk profiles varied for those homicides in geographically isolated locations, with higher reported levels of prior threats and assaults with a weapon, sexual jealousy, and harmful substance use by perpetrators.
- » Older persons aged 65 years or over represented a small but meaningful proportion of domestic and family violence homicides and suicides.

In accordance with section 91D of the *Coroners Act 2003*, the Board is required to analyse data and apply research to identify patterns, trends and risk factors relating to domestic and family violence deaths in Queensland.

This chapter provides a statistical overview of homicides and suicides that have occurred in an intimate partner or family relationship.

Homicide data is drawn from the Queensland Domestic and Family Homicide Database. This database features information obtained as part of coronial investigations and reviews completed by the Board. This database contains information on all domestic and family homicides in Queensland from 2006, and, unlike other reporting systems, is able to report on the contextual experiences of domestic and family violence.

This chapter provides updated time-series of homicides over time, and explores in greater detail some of the particular cohorts the Board has focused on in this reporting period. For instance, for the first time, a comprehensive regional analysis has been undertaken to support the Board's investigation of cases featuring social and geographical isolation.

This chapter will also explore the trends and issues associated with filicide in Queensland.

The Queensland Domestic and Family Suicide Database contains information on all apparent suicides in Queensland from 1 July 2015, where there is a clear nexus between the death and experiences of domestic and family violence. Apparent suicides represent by far the largest volume of domestic and family violence deaths in Queensland, and exploration of these cases allows greater understanding of the nuances and risks associated with this form of death.

Both these databases contain open and finalised coronial cases, and as a result, they are subject to change. Historical data is continually revised as new information comes to light.

Homicides in a domestic and family relationship

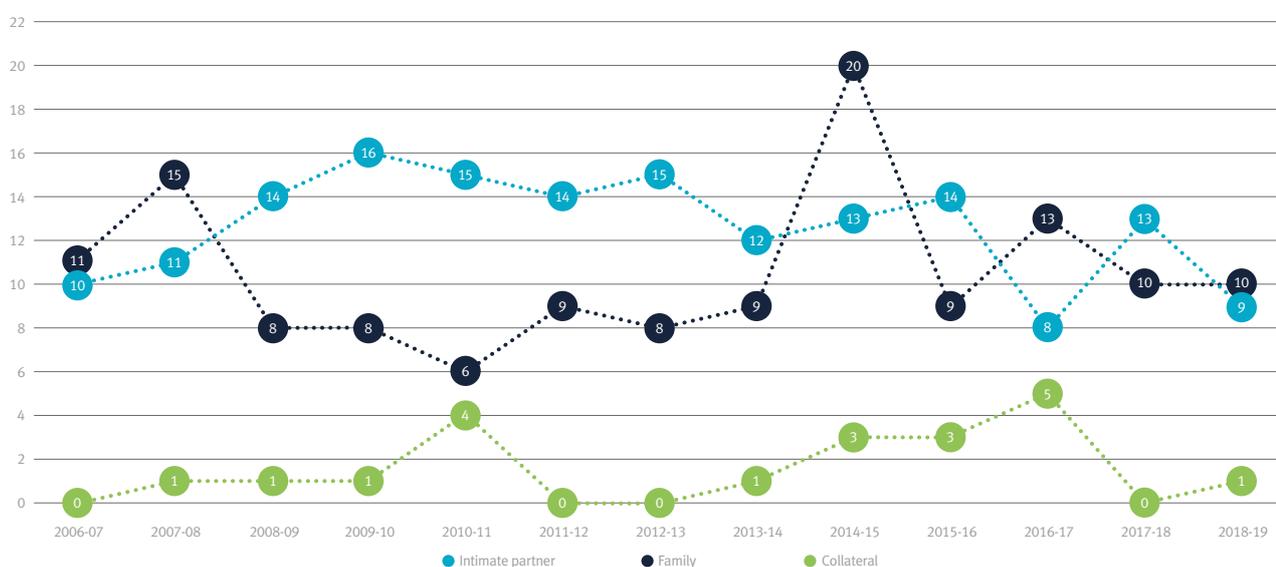
Between 1 July 2006 and 30 June 2019, a total of 300 women, men and children were killed by a family member or by someone they were, or had been, in an intimate partner relationship with.

A further 20 collateral homicides have also occurred in this period.⁶

As shown in Figure 1, there have been 164 intimate partner homicides and 136 family homicides in this period. This represents an average of 12.6 intimate partner homicides annually, ranging from 8 in 2016-17 to 16 in 2009-10 (with a standard deviation of 2.5). An average of 10.5 family homicides occur in Queensland each year, ranging from 6 in 2010-11 to 20 in 2014-15 (with a standard deviation of 3.7).

Due to the statistically low numbers and the considerable variation in the numbers of domestic and family homicides in Queensland each year, no clear trend is observable. The Board is, however, encouraged that in two of the past four years, there have been fewer than 10 intimate partner homicides; a figure that hasn't previously been observed across this time series.

Figure 1: Domestic and family homicides, Queensland, 2006-07 to 2018-19



A total of 290 distinct homicide events have occurred in this 13 year period, involving 320 homicide deceased and 290 homicide offenders.

Of the 290 distinct homicide events, 20 involved multiple homicide deceased and 270 involved one homicide deceased. Of the 270 homicide events involving one homicide deceased, the homicide offender was male in the vast majority of cases (Table 1).

Table 1: Gender of homicide offenders in single homicide event cases, 2006-07 to 2018-19

	Male	Female	Male & female	Total cases
Intimate partner homicide	127 (79.9%)	31 (19.5%)	1 (0.6%)	159
Family homicide	69 (72.6%)	20 (21.1%)	6 (6.3%)	95
Collateral homicide ⁷	16 (100.0%)	0	0	16
	212 (78.5%)	51 (18.9%)	7 (2.6%)	270

For the 19 multiple homicide events involving 49 deceased, males were the homicide offender in 14 cases (31 deaths) and females were the homicide offender in four cases (16 deaths). In one case, male and female parents were responsible for two deaths.

Females were significantly over-represented as intimate partner deceased, with over three-quarters (76.8%) of all intimate partner homicides featuring a female deceased (Figure 2). The deceased in collateral homicides were almost exclusively male (95.0%).

In contrast, males were slightly more likely than females to be the deceased in family homicide cases (54.4% compared with 45.6%).

⁶ Collateral homicides include the death of a person who may have been killed intervening in a domestic violence episode or a new partner who is killed by their current partner's former abusive spouse.

⁷ In one collateral homicide case, there were five homicide offenders (all male).

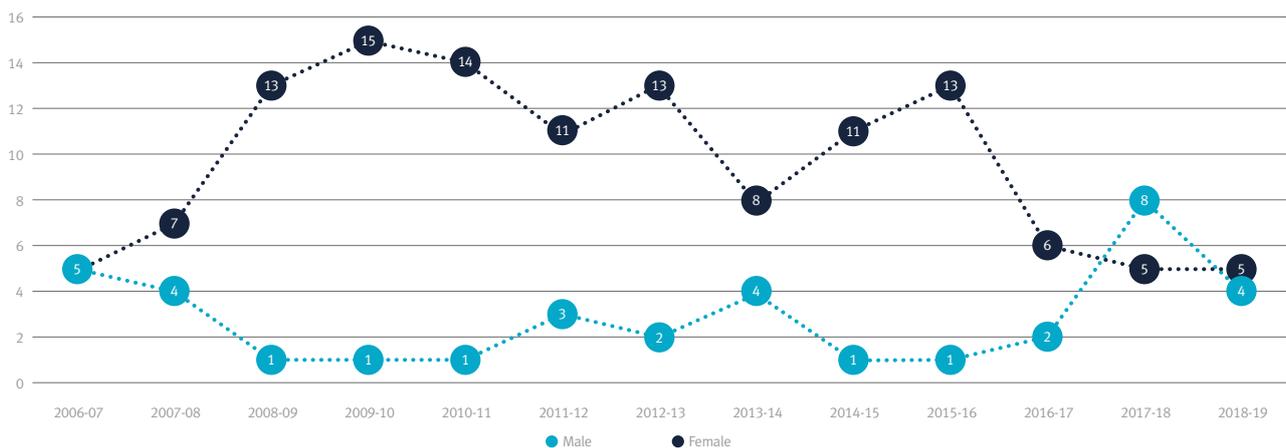
Figure 2: Domestic and family homicides by relationship type and gender, 2006-07 to 2018-19



* One intimate partner homicide case featured a transwoman as the deceased

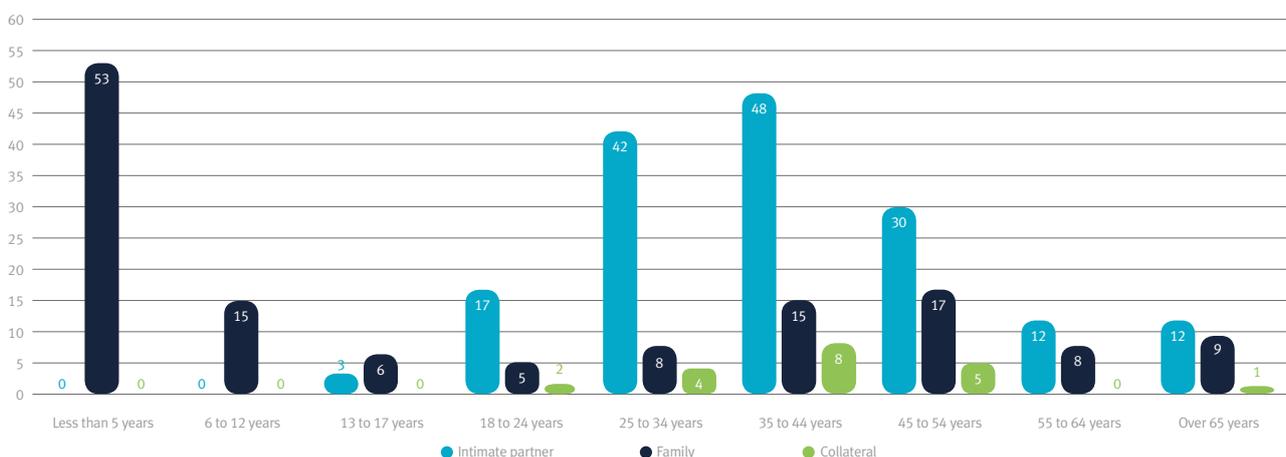
Figure 3 showcases the time-series gender breakdown of intimate partner homicides. The number of female deceased has reduced year-on-year for the past three years after sustained periods of high numbers. In 2017-18, there were more recorded intimate partner homicides involving male deceased than female deceased for the first time; this was not repeated in 2018-19. As explained below in the section *Domestic and family violence homicides*, where the deceased in intimate partner homicides is male and there is an established history of domestic and family violence, the male is known to be the perpetrator of violence in all cases.

Figure 3: Intimate partner homicides by gender of deceased, 2006-07 to 2018-19



The youngest homicide deceased in this reporting period was aged less than one day, and the oldest was 92 years of age. The average age of homicide deceased was 33.0 years. As shown in Figure 4, for intimate partner homicides, the deceased was most likely to be 35 to 44 years or 25 to 34 years. For family homicides, children aged less than five years represented the highest number of deaths. The issue of filicide is explored in greater detail throughout this chapter.

Figure 4: Domestic and family homicides by relationship type and age group, 2006-07 to 2018-19



Aboriginal and Torres Strait Islander people were significantly over-represented as deceased in domestic and family homicide cases between 2006-07 and 2018-19. In one-fifth (20.0%) of all domestic and family homicides the deceased identified as Aboriginal and Torres Strait Islander, which is significantly higher than the proportion (4.0%) of the Queensland population that identifies as Aboriginal and Torres Strait Islander.

Aboriginal and Torres Strait Islander people were the deceased in 19.5% of intimate partner homicides (32 of 164); 21.3% of family homicides (29 of 136); and, 15.0% of collateral homicides (3 of 20).

Between 2006-07 and 2018-19 there have been 41 domestic and family homicides where the deceased identified as culturally and linguistically diverse, representing 13.1% of all domestic and family homicides in Queensland in that time.⁸

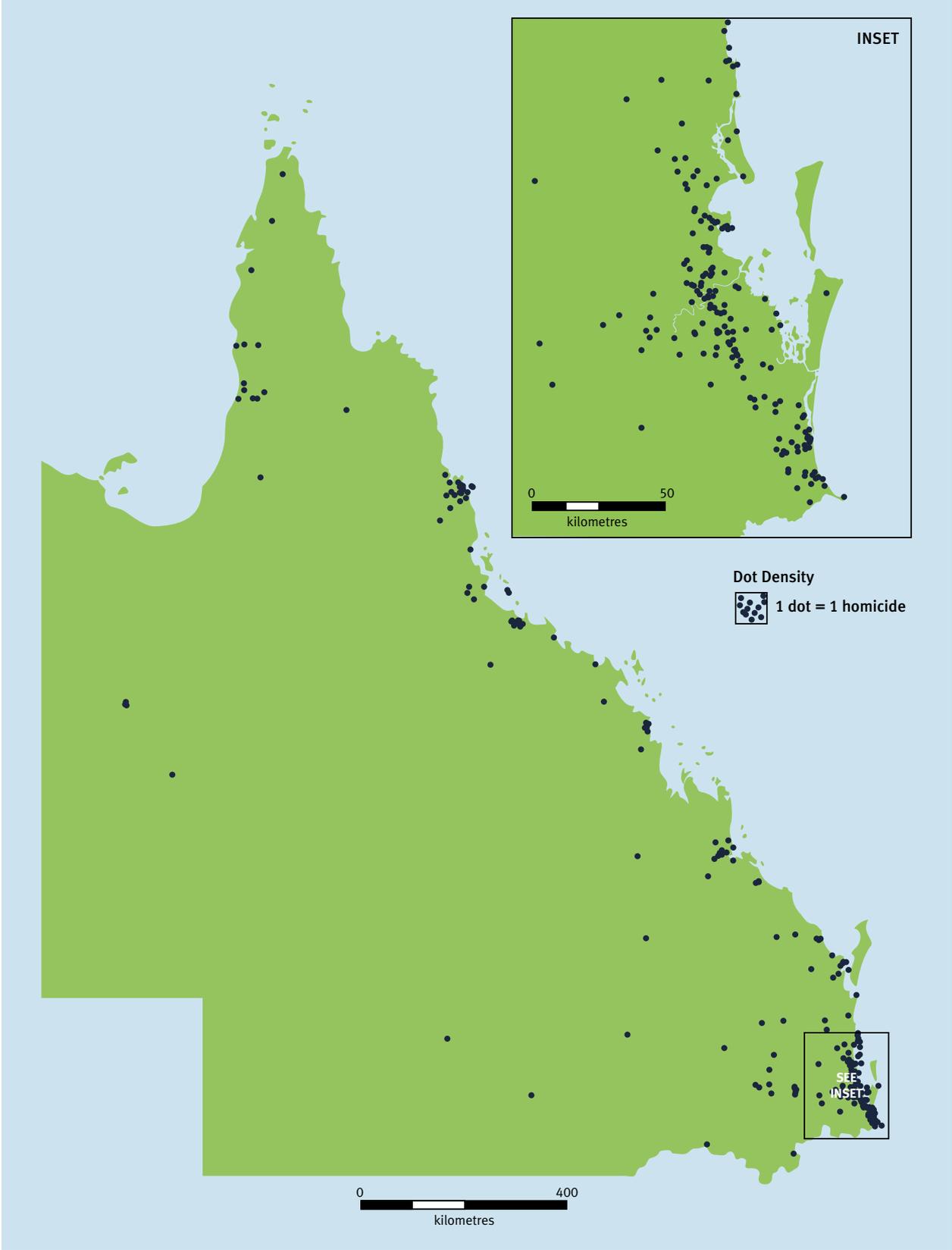
Figure 5: Domestic and family homicides by ethnicity group, 2006-07 to 2018-19



Domestic and family homicides occurred in all regions across Queensland, with the incidence of domestic and family homicides from 1 January 2006 to 30 June 2019 featured in Map 1.

⁸ Approximately one-fifth (21.6%) of the Queensland population was born overseas and one in nine (11.1%) were born in a non-main English speaking country. State of Queensland. (2018). Diversity Figures June 2018. Brisbane: Department of Local Government, Racing and Multicultural Affairs.

Map 1: Domestic and family homicides, Queensland, 1 January 2006 to 2018-19



Source: Map prepared by the Queensland Government Dtatistician's Office, August 2019

When mapping against the current Queensland Police Service districts,⁹ it is apparent that the highest number of homicides occurred in what is now known to be the Northern region, where over one-quarter (25.9%) of domestic and family homicides occurred between 2006-07 and 2018-19. This is despite only approximately 11.3% of the Queensland population living in this region.¹⁰ This is indicative of an elevated rate of domestic and family homicides in the Northern region, particularly in Far North Queensland where 14.7% of the homicides occurred, compared with 5.8% of the state's population.

Table 2: Domestic and family homicides, by Queensland police district, 2006-07 to 2018-19

	Intimate partner	Family	Collateral	Total
Brisbane Region	29	25	7	61
North Brisbane	13	14	2	29
South Brisbane	16	11	5	32
South Eastern Region	32	26	3	61
Logan	6	9	0	15
Gold Coast	26	17	3	46
Southern Region	30	23	5	58
Ipswich	10	5	0	15
Darling Downs	9	5	2	16
South West	3	7	0	10
Moreton	8	6	3	17
Central Region	32	21	4	57
Sunshine Coast	4	5	1	10
Wide Bay Burnett	9	7	2	18
Capricornia	12	8	0	20
Mackay	7	1	1	9
Northern Region	41	41	1	83
Townsville	12	16	1	29
Mount Isa	2	5	0	7
Far North Queensland	27	20	0	47
Queensland	164	136	20	320

The domestic and family homicide rate for the period 2006-07 to 2018-19 was 0.5 homicides per 100,000 persons (Table 3). The highest homicide rates were observed in Mount Isa and Far North Queensland, where rates were more than two times higher than the Queensland rate.

⁹ Queensland Police Service amended their district and region boundaries in 2012-13 to the current configuration.

¹⁰ Data extracted from Queensland Police Service POLSIS Profiles: Regional Profiles with data prepared by the Queensland Government Statistician's Office.

Table 3: Domestic and family homicide, incident rate (per 100,000), Queensland police districts, 2006-07 to 2018-19

	Total	Estimated population ¹¹	Crude homicide rate ¹² (per 100,000)	Rate ratio (compared with Qld rate)
Brisbane Region	61	1,530,979	0.3	0.6
North Brisbane	29	739,563	0.5	0.9
South Brisbane	32	791,415	0.3	0.6
South Eastern Region	61	919,663	0.6	1.0
Logan	15	343,326	0.4	0.7
Gold Coast	46	576,337	0.7	1.2
Southern Region	58	835,481	0.6	1.0
Ipswich	15	245,639	0.5	1.0
Darling Downs	16	243,305	0.5	1.0
South West	10	110,823	0.7	1.3
Moreton	17	242,456	0.6	1.1
Central Region	57	1,014,827	0.5	0.8
Sunshine Coast	10	357,434	0.2	0.4
Wide Bay Burnett	18	258,317	0.6	1.0
Capricornia	20	225,176	0.7	1.3
Mackay	9	173,900	0.4	0.8
Northern Region	83	547,928	1.2	2.3
Townsville	29	237,312	1.0	1.8
Mount Isa	7	29,081	1.8	3.3
Far North Queensland	47	281,535	1.3	2.4
Queensland	320	4,848,878	0.5	1.0

¹¹ As at 30 June 2016 for all locations except Ipswich was estimated as at 30 June 2017. Data prepared by Queensland Government Statistician's Office and presented in Queensland Police Service Regional Profiles. <https://www.police.qld.gov.au/organisational-structure/regional-operations>.

¹² Homicide rates were calculated by extracting population data for each location at three points (30 June 2006, 30 June 2011, 30 June 2016 for all locations except Ipswich which featured data from 30 June 2007, 30 June 2011, 30 June 2017), and estimating the populations for other years in the time-series by taking an average of the end-point years. That is, for 2013-14, an average of the estimate for 2011 and 2016 was calculated. The total number of domestic and family homicides over the 13 year period was then divided by the total 13 year population estimate, and multiplied by 100,000 to yield death rates.

Domestic and family violence homicides

A history of domestic and family violence was able to be established in 58.6% of all domestic and family homicide cases between 2006-07 and 2018-19. This is a preliminary figure, as an underlying history of violence may become more apparent as investigations proceed and coronial information (e.g. service system records, witness statements, police briefs of evidence) become available. It is also likely that this figure is an under-representation due to the well-established understanding that victims of domestic and family violence under-report their experiences to formal services.

A history of domestic and family violence was more likely to be identified among cases of intimate partner homicide (65.2%) and collateral homicide (80.0%) than cases of family homicide (47.4%).

For intimate partner homicides with a history of domestic and family violence, where the deceased was female, she was identified as the victim of violence in almost all cases. Female deceased were reported as victims in 96.4% of cases, as both a victim and perpetrator of violence in two cases (2.4%), and as the primary perpetrator in one case (1.2%).

In all cases of intimate partner homicide where a male died and there is a history of violence, the male deceased is known to have used violence. The male deceased was identified as the perpetrator in 65.2% of cases, and was known to both use and experience violence in the remaining 34.8% of cases.

Separation is a noted period of increased risk for domestic and family violence homicides. Actual or pending separation was a feature in approximately one-half of intimate partner and collateral homicides, however was less prevalent in family homicides (Table 4).

Table 4: Presence of separation in homicides with a history of domestic and family violence, 2006-07 to 2018-19

	Intimate partner		Family		Collateral	
	Number	Percent	Number	Percent	Number	Percent
Actual	29	27.1%	11	16.9%	9	56.3%
Intent	21	19.6%	5	7.7%	0	0.0%
No separation or unknown	57	53.3%	49	75.4%	7	43.8%
Total	107		65		16	

The types of violence used in relationships was recorded in 153 of the 188 cases that featured domestic and family violence.

Physical violence only was recorded in 39 cases (25.5%), while non-physical violence only was reported in 27 cases (17.6%). In more than one-half of cases (87; 56.9%), both physical and non-physical forms of violence were utilised.

Noting the under-reporting of non-physical forms of violence, the most common forms of identified violence were:

- » Physical (82.4%)
- » Psychological/emotional (51.0%)
- » Verbal (35.3%)
- » Sexual (5.9%)
- » Property damage (5.9%)
- » Financial (2.6%)
- » Abuse/neglect of children (2.0%)
- » Pet abuse (2.0%)

An escalation of domestic and family violence was reported in 29.3% of cases. Other notable characteristics of the violence in the relationship included:

- » Children exposed to domestic and family violence (42.0%)
- » Controlling behaviours (39.4%)
- » Obsessive / jealous behaviours (37.8%)
- » Stalking (12.8%)

A domestic violence protection order was in place at the time of the homicide in one-third (33.5%) of domestic and family violence homicides.

As outlined in Table 5, where the deceased was female and a protection order was in place, in the vast majority of cases she was listed as the aggrieved on the order. For male deceased, in one-half (50.0%) of cases, he was listed as a respondent (or in cross orders).

Table 5: Status of deceased on protection orders, 2006-07 to 2018-19

	Female		Male		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Aggrieved	33	84.6%	4	16.7%	37	58.7%
Respondent	1	2.6%	8	33.3%	9	14.3%
Named person	2	5.1%	5	20.8%	7	11.1%
Child of aggrieved	2	5.1%	3	12.5%	5	7.9%
Cross orders	1	2.6%	4	16.7%	5	7.9%

The presence of mental health issues, harmful substance use and suicidal ideation and attempts were more prevalent among homicide offenders than deceased (Table 6). It is important to note that the majority of people with mental illness do not engage in violence perpetration in general,¹³ and about 8% of homicide offenders in Australia have a known mental illness.¹⁴

Table 6: Presence of harmful substance use, mental health and suicidality, domestic and family violence homicides, Queensland, 2006-07 to 2017-19

	Deceased	Homicide offender
Mental health issues	23 (12.2%)	64 (35.3%)
Harmful substance use	54 (28.7%)	87 (47.8%)
Suicide ideation	9 (4.8%)	33 (18.1%)
Suicide attempts	2 (1.1%)	24 (13.2%)

Filicides

Between 2006-07 and 2018-19, there were 74 homicides in a family relationship involving children aged 17 years and younger. This represented 23.1% of all domestic and family homicides. Seven of these deaths involved a child being killed by a family member external to the parent-child dynamic, for example, grandfather or sibling.

The remaining 67 cases were identified as filicides. As shown in Figure 6, there was considerable fluctuation in the number of recorded filicides each year during the 13 year reporting period, ranging from zero in 2017-18 to 13 in 2014-15. In 2018-19, there were seven filicide cases recorded.

Figure 6: Filicides in Queensland, 2006-07 to 2018-19



¹³ For more information, see: Mental Health Sentinel Events Review Committee. (2016). *When Mental Health Care Meets Risk: A Queensland sentinel events review into homicide and public sector mental health service*. Brisbane: Queensland Health. Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0026/443735/sentinel-events-2016.pdf.

¹⁴ As reported in Sentinel Events Review Report.

In total, there were 53 events that featured at least one child being killed by a biological parent or step-parent. This included 42 single filicide events, seven multiple filicide events, and three cases where there were multiple homicide fatalities with at least one being a child.

The seven multiple filicide events featured a total of 21 deceased children and eight offenders.

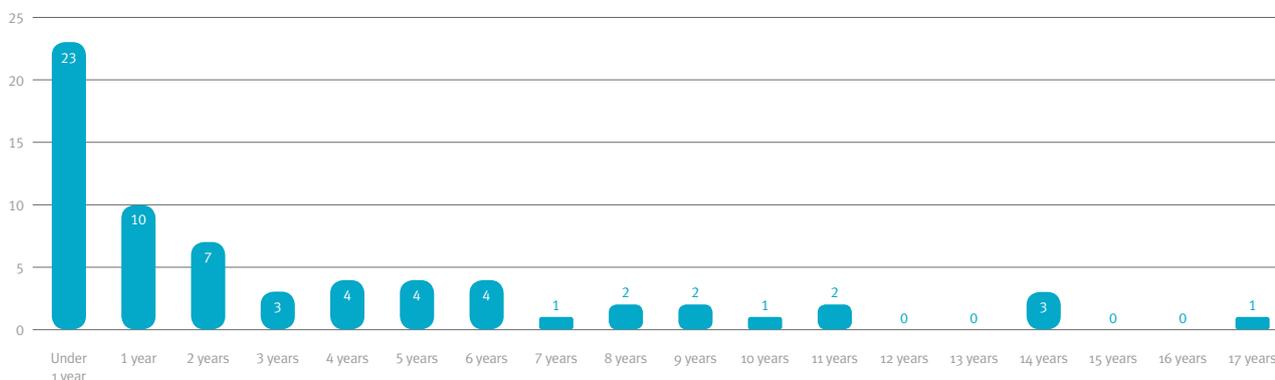
Female children were slightly more likely to be filicide deceased than male children (55.2% and 44.8% respectively).

In terms of homicide offenders, 32 males were responsible for 35 filicide deaths and 14 females were responsible for 24 filicide deaths. There were seven cases where a male and female were both identified as offenders, resulting in eight filicide deaths.

Children in the first year of life were at greatest risk of filicide, with more than one-third (34.3%) of all filicides occurring in this high risk period (Figure 7).

Of the filicide cases, there were three reported instances of neonaticide (i.e. homicide within the first 24 hours), with an additional 14 deaths occurring in the first six months.

Figure 7: Age of filicide deceased, Queensland 2006-07 to 2018-19



Almost one-half (46.7%) of filicide offenders were aged 25 to 34 years at the time of the homicide event. Ten filicide offenders (16.7%) were aged 18 to 24 years. The remaining offenders were aged 35 to 44 years (25.0%) or 45 to 54 years (11.7%).

Over one-quarter (28.4%) of the filicide deceased were identified as Aboriginal and Torres Strait Islander, with an additional 11.9% reporting to be from culturally and linguistically diverse backgrounds.

A history of domestic and family violence was established in 33 of the 53 cases (62.3%). Instead of looking at the individual experiences of the deceased child, this section will focus on the household environment due to the high numbers of multiple fatalities where the deceased children were exposed to the same trauma and violence.

Of the 33 households where violence between the parents and/or caregivers was established, the specific types of violence were recorded for 25 cases. Of these cases, physical violence was most prevalent (84.0%), followed by psychological/emotional abuse (40.0%) and verbal abuse (32.0%). Other reported forms of violence included: property damage (8.0%); pet abuse (8.0%); neglect/abuse of children (8.0%); suicide threats (4.0%), and sexual violence (4.0%).

It was reported that the violence was escalating in 21.2% of households, and that controlling (30.3%) and obsessive/jealous behaviours (15.2%) were relatively common.

A domestic violence protection order was established in seven cases (21.2%).

A history of mental health issues (39.4%), harmful substance use (36.4%) and suicidality (24.2%) were prevalent among filicide offenders. This was exacerbated in those cases where the child died in the first year of life and there was a history of domestic and family violence, where one-half of offenders had known histories of harmful substance use.

Apparent domestic and family violence suicides

According to section 91B of the *Domestic and Family Violence Protection Act 2012*, a suicide or apparent suicide of a person who was, or had been, in a relevant relationship with another person that involved domestic and family violence is considered a domestic and family violence death.

The Queensland Domestic and Family Violence Suicide Database maintains a register of all apparent suicide cases where a clear link has been established between the deceased's history of domestic and family violence and their self-inflicted death.

This database represents preliminary data that is subject to revision, as more information becomes available as part of the coronial investigation. A decision to classify a death as a suicide resides with the investigating coroner upon consideration of all available information. Accordingly, terminology of 'apparent suicide' is used throughout this report and this encompasses those cases where a coronial determination has been made as well as those that are being investigated as possibly being suicide.

Refinements to the case identification and data collection processes continued in 2018-19 which has resulted in revised numbers of cases reported.

From 1 July 2015 to 30 June 2019, there have been 172 apparent domestic and family violence suicides recorded in Queensland. Broken down by financial year, this includes:

- » 30 apparent suicides in 2015-16
- » 51 apparent suicides in 2016-17
- » 38 apparent suicides in 2017-18
- » 53 apparent suicides in 2018-19.

The vast majority of apparent suicides occurred in the context of intimate partner violence, with small numbers reported for family violence and where children were exposed to domestic and family violence in the household (Figure 8).

Figure 8: Apparent domestic and family violence suicides by relationship type, 2015-16 to 2018-19

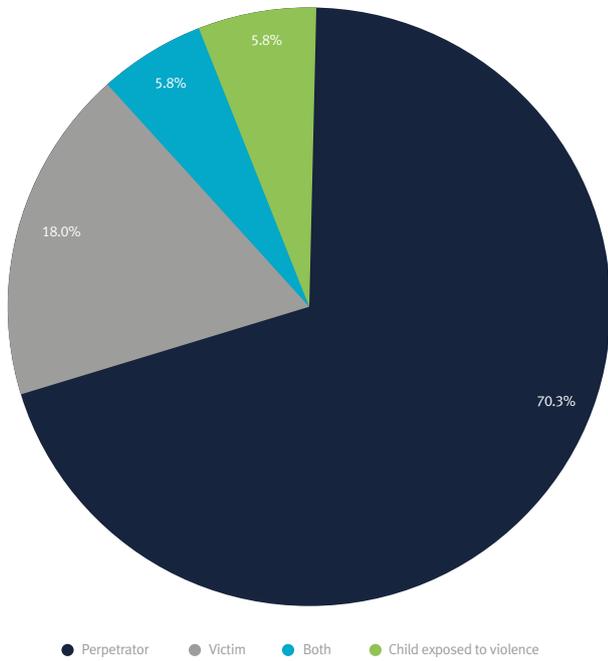


Males were substantially over-represented in apparent suicide cases, with a gender ratio of 3.4:1 identified. The ratio was highest among intimate partner violence apparent suicides (3.9:1), which is proportionate to the reported gender breakdown of suicides in the general population.¹⁵

Most apparent suicides featured the deceased as a perpetrator of domestic and family violence within the index relationship (Figure 9).

¹⁵ Approximately 75% of suicides in Australia in 2017 were male; Australian Bureau of Statistics. (2018). *Causes of Death, Australia, 2017 (cat. No. 3303.0)*. Canberra: ABS.

Figure 9: Domestic and family violence role in apparent suicides, 2015-16 to 2018-19



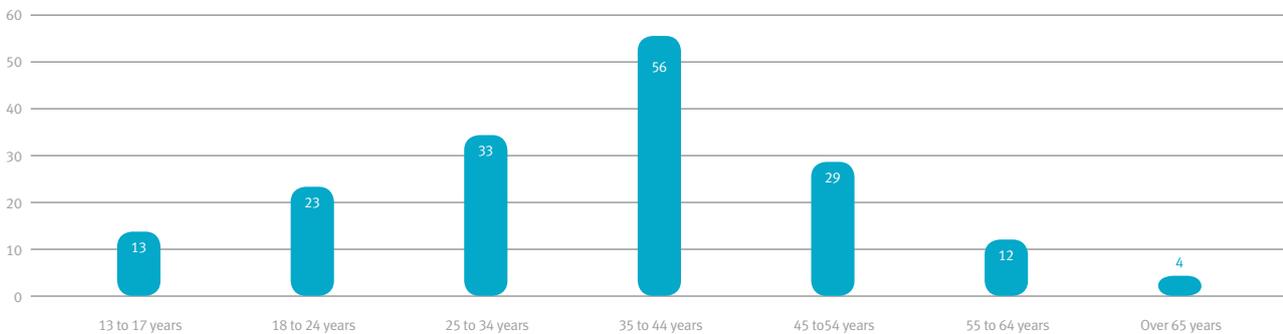
Approximately one-in-six apparent suicides featured a deceased who identified as Aboriginal and Torres Strait Islander (n=27; 15.9%). An additional 21 deceased (12.4%) were from culturally and linguistically diverse backgrounds.

As shown in Figure 10, there was a peak in apparent suicides in the 35 to 44 year age group, which is consistent with the general population trends for suicide. The average age of suicide deceased was 36.7 years, with an age range from 13 years to 71 years.

Females who died from apparent suicide were younger than males (32.6 years compared with 38.0 years). This was due to higher proportions of female suicides in the 13 to 17 year (6 of 13 deaths; 46.2%) and 18 to 24 year (seven of 23; 30.4%) age groups.

Of the 13 apparent suicides involving young people aged 13 to 17 years, eight cases featured a child taking their life in the context of exposure to domestic and family violence in the household. Three youth cases were in the context of intimate partner violence, and in two cases, the deceased was the direct victim of violence in the family setting.

Figure 10: Age distribution of apparent suicides, Queensland, 2015-16 to 2018-19

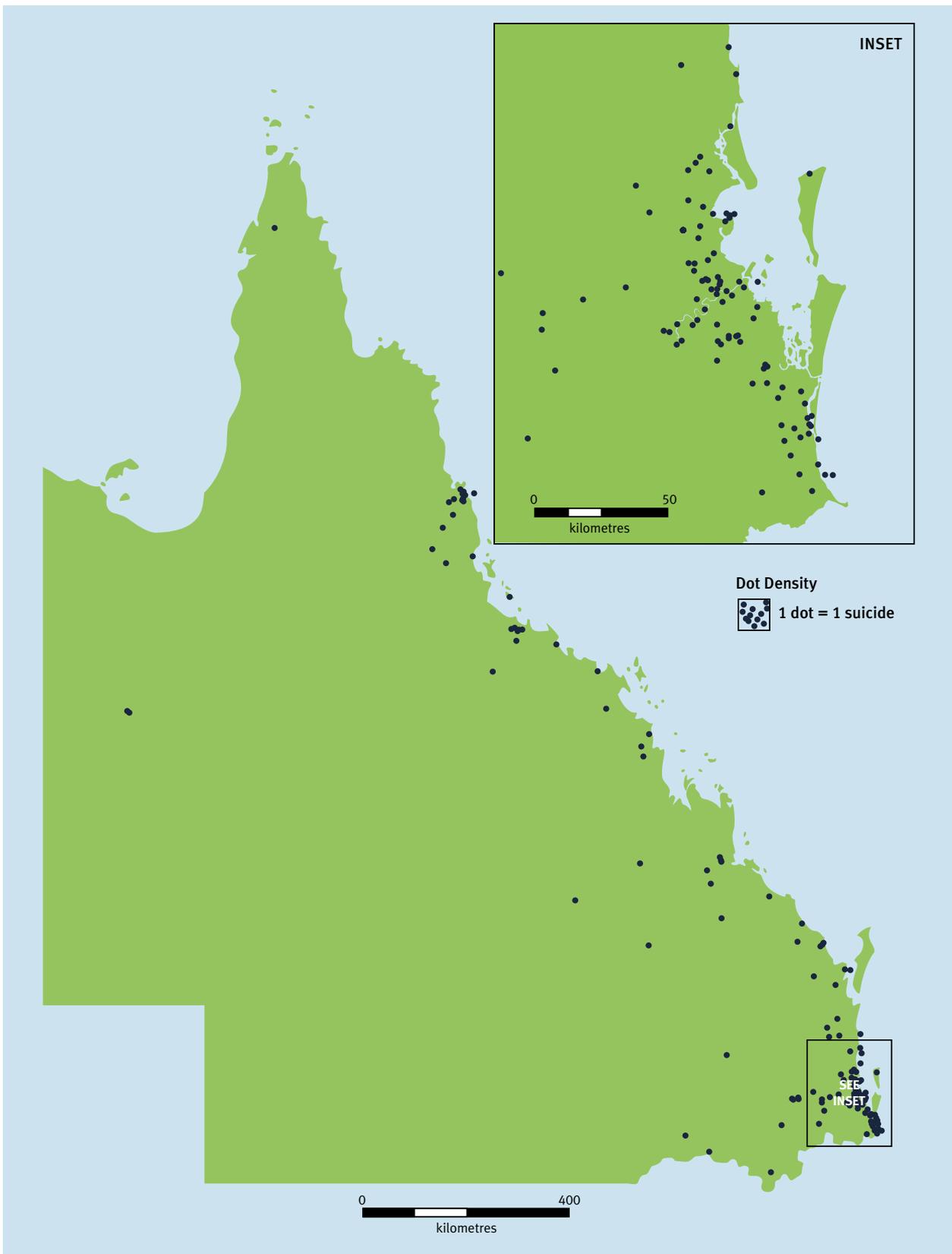


Apparent suicides occurred in all districts in Queensland, with similar numbers reported in each of the Queensland Police Service regions (Table 7). The highest number of suicides was recorded for Far North Queensland.

Table 7: Domestic and family violence suicides, by Queensland police district, 2015-16 to 2018-19

Brisbane Region	33
North Brisbane	15
South Brisbane	18
South Eastern Region	34
Logan	9
Gold Coast	25
Southern Region	35
Ipswich	8
Darling Downs	12
South West	5
Moreton	10
Central Region	34
Sunshine Coast	9
Wide Bay Burnett	9
Capricornia	10
Mackay	6
Northern Region	34
Townsville	12
Mount Isa	2
Far North Queensland	20
Queensland	170

Map 2: Domestic and family violence suicides, Queensland, 2015-16 to 2018-19



Source: Map prepared by the Queensland Government Statistician's Office, August 2019.

A history of mental health issues, either diagnosed or in the opinion of friends or family, was identified in two-thirds of apparent suicide cases (67.6%). Of those cases with a history of mental health issues (n=115), over one-half (53.9%) had been subject to emergency examination orders or authorities at some point.

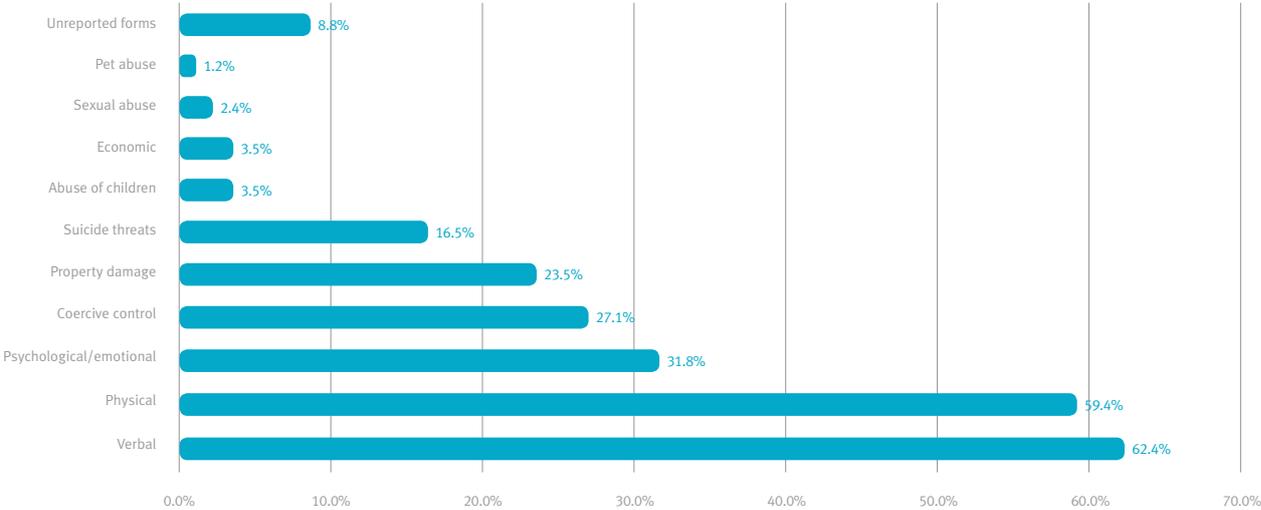
Harmful substance use was identified in 62.4% of cases, with substance use at the time of the apparent suicide evident in one-half of cases (50.6%).

A history of suicide ideation (77.6%) and suicide attempt (53.5%) was common in this cohort.

Actual (56.5%) or pending (14.7%) separation was a feature in the majority of apparent suicide cases between 2015-16 and 2018-19.

Details of the forms of violence experienced in the relationship of interest were known in 155 of the 170 cases (91.2%). As depicted in Figure 11, verbal abuse (62.4%) and physical violence (59.4%) were the most commonly reported forms of domestic and family violence.

Figure 11: Forms of domestic and family violence, apparent suicide cases, 2015-16 to 2018-19



The violence was known to be escalating at the time of the apparent suicide in almost one-half (47.6%) of cases.

Children were exposed to domestic and family violence in 45.3% of cases, and there were known child custody issues recorded in 27.6% of apparent suicides.

Domestic violence protection orders were in place in 112 of the 170 cases (65.9%). Where the deceased was male, they were most likely to be recorded as the respondent on the protection order (85.3%) (Table 8). In contrast, females were more likely to be listed as the aggrieved (70.6%).

Table 8: Status of deceased on protection orders, 2015-16 to 2018-19

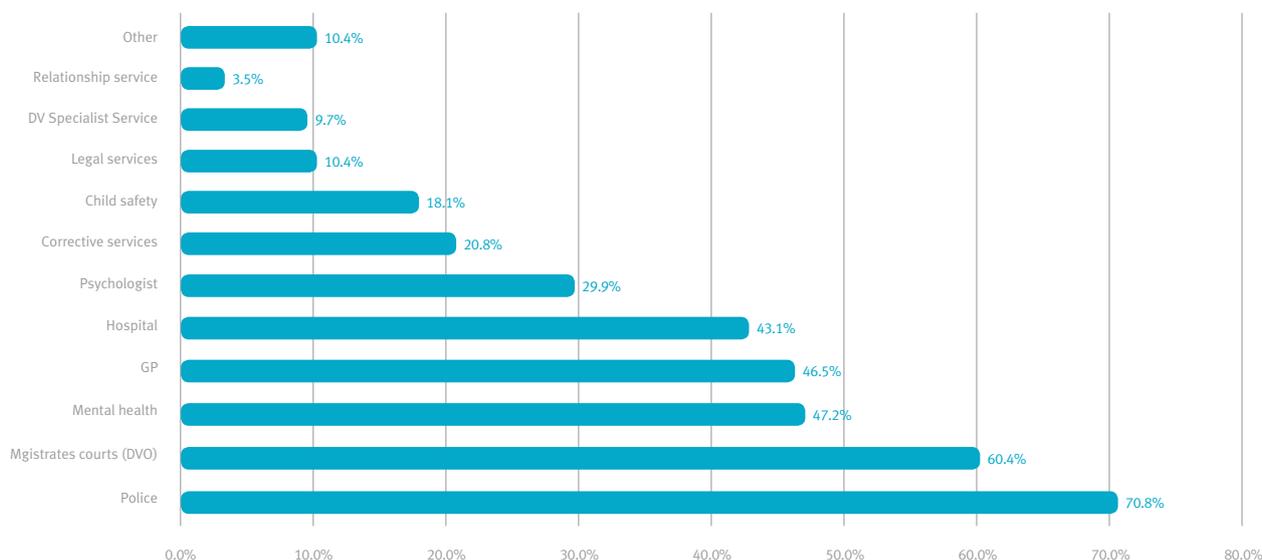
	Male	Female	Total
Aggrieved	2 (2.1%)	12 (70.6%)	14 (12.5%)
Respondent	81 (85.3%)	2 (11.8%)	83 (74.1%)
Cross-orders	9 (9.5%)	1 (5.9%)	10 (8.9%)
Named persons	3 (3.2%)	2 (11.8%)	5 (4.5%)

A breach of the protection order was recorded in 62.5% of cases where an order was established at the time of the death.

A preliminary review of service system records was able to be completed for 144 of the 170 cases (84.7%), which identified that relevant service contact was recorded in 122 cases (84.7%).

As shown in Figure 12, police had contact with suicide victims in 70.8% of cases. There were also high proportions of cases where the deceased had contact with Magistrates Courts, mental health services, hospitals, GPs, and psychologists.

Figure 12: Service system contact, apparent suicides, 2015-16 to 2018-19



In comparison with the service system contact recorded for domestic and family violence related homicides, cases that ended in a suicide death had greater contact with a range of services, suggestive that there could be greater opportunities to intervene to help prevent these deaths.

Geographical isolation

The Australian Bureau of Statistics represent remoteness through the Australian Standard Geographical Classifications, which enables comparison of social and health indicators across five broad regions that are based on remoteness or distance from services.¹⁶ The five remoteness areas are:

- » Major Cities of Australia – this is defined as those areas where geographic distance imposes minimal restriction upon accessibility to the widest range of goods, services and opportunities for social interaction. In Queensland, this relates to areas of Brisbane and the Gold Coast.
- » Inner Regional Australia – refers to areas where geographic distance imposes some restrictions, for example, Rockhampton, Bundaberg, and Gladstone.
- » Outer Regional Australia – refers to areas where geographic distance imposes moderate restrictions, and includes places like Roma and Cairns.
- » Remote Australia – refers to areas where geographic distance imposes a high restriction upon accessibility to goods, services and opportunities for interaction. This includes Charters Towers and Cooktown.
- » Very Remote Australia – refers to areas where geographic distance imposes the highest restriction upon accessibility, and relates to far western parts of Queensland.

To consider geographical isolation in the context of domestic and family violence, it is apparent that people residing in Very Remote and Remote areas of Queensland are at disadvantage with respect to access to services. People residing in Outer Regional areas, where geographic distance imposes moderate restrictions, may also find themselves isolated to some extent.

For this section, the Board is going to consider cases where the deceased usually resided in Outer Regional, Remote, or Very Remote areas to be geographically isolated. Of the cases within the Queensland Domestic and Family Homicide and Suicide databases, deaths categorised as Outer Regional occurred in locations such as Yarrabah, Palm Island, Texas, and Biloela.

The remoteness categories for domestic and family violence homicides are outlined in Table 9.

¹⁶ Australian Bureau of Statistics. (2011). Australian Standard Geographical Classification (ASGC), July 2011, (Cat. No. 1216.0). Canberra: ABS.

Table 9: Geographical remoteness, domestic and family violence, Queensland, 2006-07 to 2018-19

Remoteness category	Intimate partner	Family	Collateral	Total
Major Cities of Australia	47 (43.9%)	31 (47.7%)	11 (68.8%)	89 (47.3%)
Inner Regional Australia	20 (18.7%)	16 (24.6%)	3 (18.8%)	39 (20.7%)
Outer Regional Australia	25 (23.4%)	13 (20.0%)	1 (6.3%)	39 (20.7%)
Remote Australia	4 (3.7%)	5 (7.7%)	1 (6.3%)	10 (5.3%)
Very Remote Australia	9 (8.4%)	0	0	9 (4.8%)

Accordingly, 58 of the 188 (30.9%) cases where there was a history of domestic and family violence occurred in areas considered to be somewhat geographically isolated. By comparison, in 2016, 16.9% of the Queensland population resided in Outer Regional, Remote or Very Remote parts of Queensland.¹⁷

Almost one-half (48.3%) of homicide deceased in geographically isolated areas identified as Aboriginal and Torres Strait Islander. By comparison, it is estimated Aboriginal and Torres Strait Islander people made up just 12.2% of the Queensland population in these parts in 2018.¹⁸

In geographically isolated locations, females were more likely to be the homicide deceased, and males more likely to be the homicide offender (Table 10).

Table 10: Gender of homicide deceased and offender, geographically isolated homicides, 2006-07 to 2018-19

	Male		Female	
	Number	Percent	Number	Percent
Deceased	17	(29.3%)	41	(70.7%)
Offender ^a	45	(77.6%)	12	(20.7%)

^aOne case involved a male and female as the homicide offenders

Of the 17 male deceased, six were recorded as the perpetrator of violence and three were recorded as using and experiencing violence. In five cases, the male deceased was a child exposed to domestic and family violence in the home, and in one homicide in a family relationship, the male deceased was a victim of domestic and family violence (Table 11). Of the 41 female deceased, the vast majority were victims of violence with five being children exposed to violence in the home.

Table 11: Domestic and family violence status, deceased, geographically isolated, 2006-07 to 2018-19

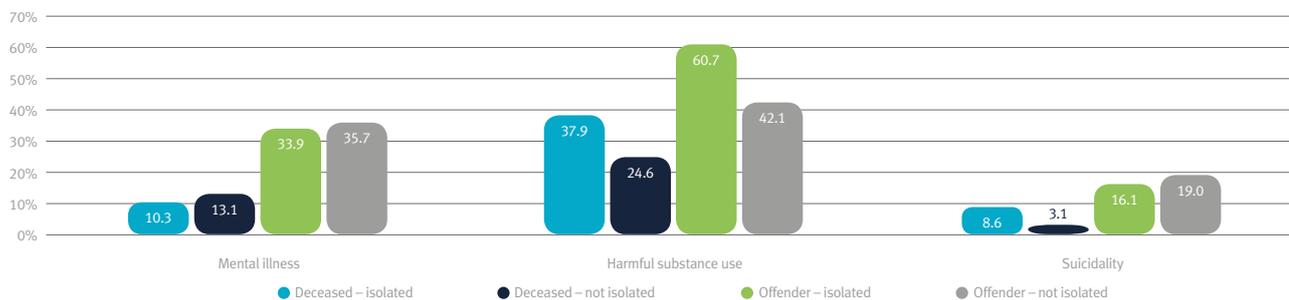
Role of deceased	Male	Female
Victim	1	33
Perpetrator	6	1
Both	3	1
Child exposed to violence	5	5
Collateral	2	1

As shown in Figure 13, the prevalence of harmful substance use in geographically isolated cases was greater for both the deceased and the homicide offender in comparison with geographically intact cases. The presence of mental health symptoms or diagnoses was more common among offenders than deceased in geographically isolated areas, a pattern repeated in non-isolated areas.

¹⁷ Australian Bureau of Statistics. (2016). Australian Statistical Geography Standard (ASGS) Volume 5: Remoteness Structure, July 2016. Cat. No. 1270.0.55.005. Canberra: ABS; ABS. (2016). Census of Population and Housing.

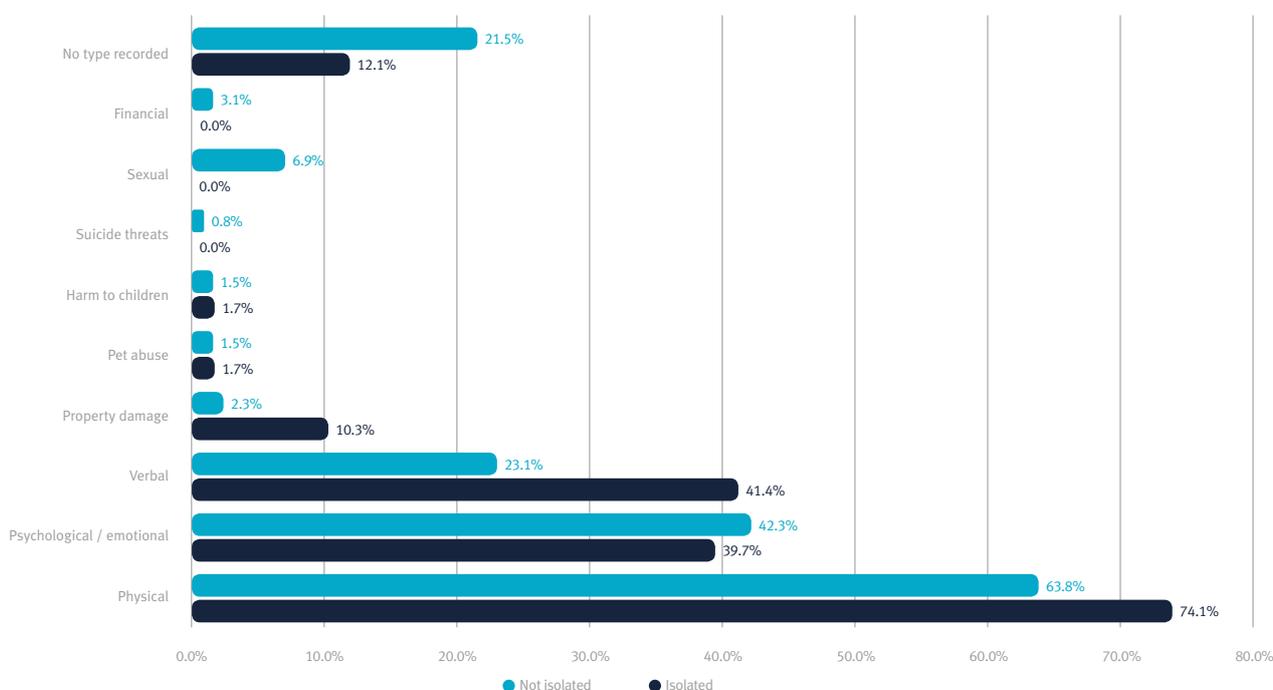
¹⁸ Australian Bureau of Statistics. (2018). Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. Cat. No. 3238.0.55.001. Canberra: ABS.

Figure 13: Presence of mental illness, harmful substance use and suicidality, isolated and other cases, 2006-07 to 2018-19



The forms of domestic and family violence experienced in geographically isolated cases largely reflects the pattern observed in non-isolated cases (Figure 14), however physical violence and verbal abuse were more commonly recorded in isolated cases.

Figure 14: Forms of domestic and family violence recorded, isolated and not isolated cases, 2006-07 to 2018-19



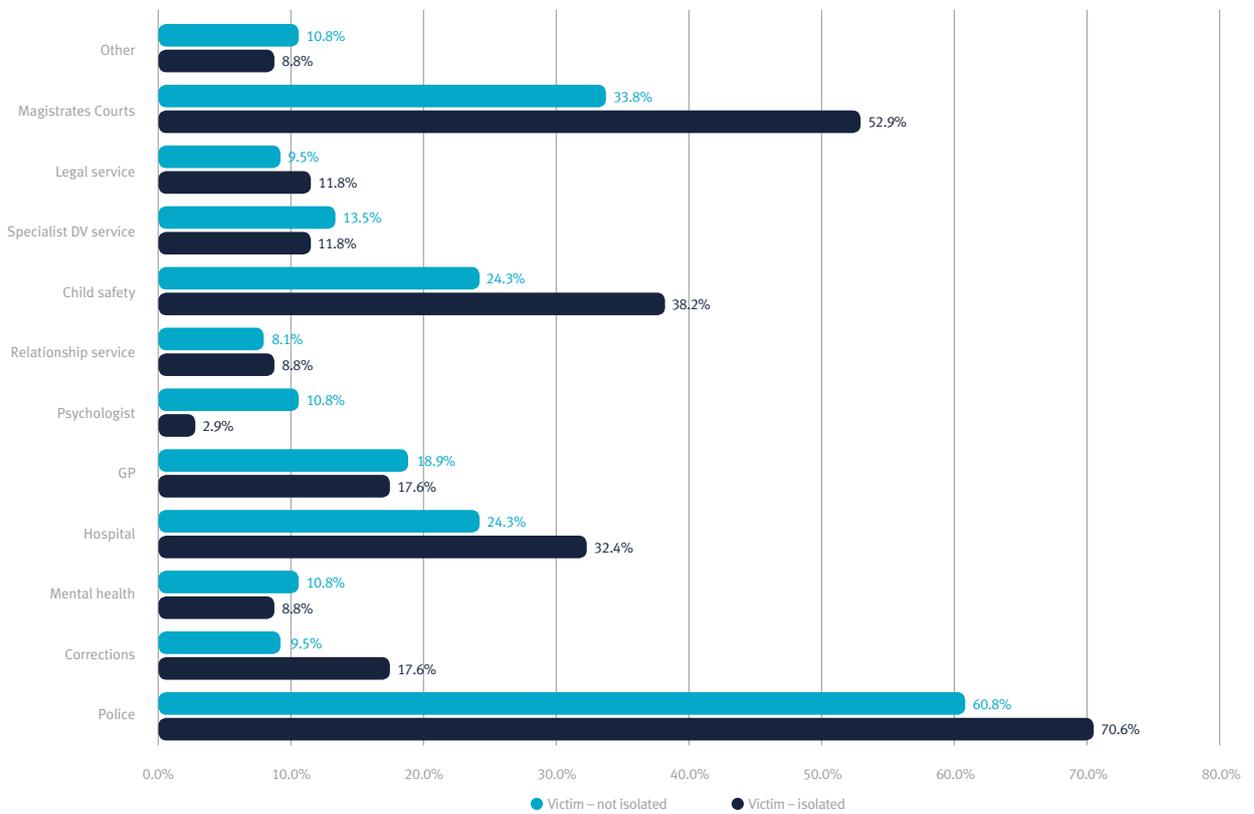
Compared with cases in non-isolated areas, there was a higher proportion of geographically isolated homicides where there was an escalation of violence in the period preceding the death (43.1% cf. 23.1%). Likewise, there were also higher proportions of controlling (50.0% cf. 34.6%) and obsessive/jealous (50.0% cf. 32.3%) behaviours.

A protection order was in place in 39.7% of geographically isolated cases, compared with 30.8% of cases in non-isolated areas.

Between 2010 and 2018, there were 44 domestic and family violence cases in geographically isolated locations, and 90 cases in non-isolated locations. Service system records were available for 34 isolated matters and 74 non-isolated matters. Somewhat counterintuitively, higher proportions of both victims (91.2% cf. 81.1%) and perpetrators (94.1% cf. 81.8%) had contact with services in relation to domestic and family violence in geographically isolated locations.

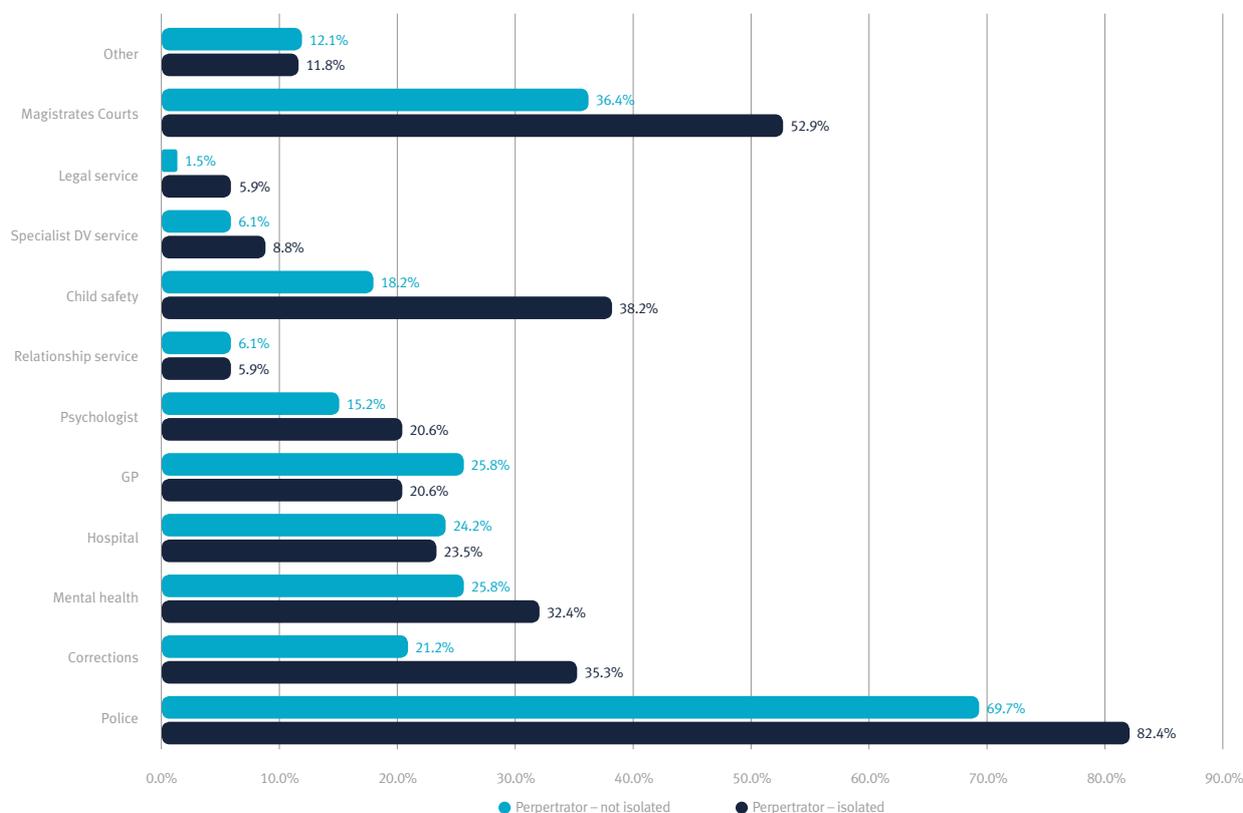
Victims in geographically isolated areas had higher levels of contact with police, Child Safety Services and Magistrates Courts (Figure 15).

Figure 15: Service system contact, victims, geographically isolated and not isolated, 2010 to 2018



Similarly, perpetrators in isolated cases had higher levels of contact with police, corrections, Child Safety Services and Magistrates Courts (Figure 16).

Figure 16: Service system contact, perpetrators, geographically isolated and not isolated, 2010 to 2018



The remoteness categories for domestic and family violence apparent suicides are outlined in Table 12.

Table 12: Geographical remoteness, apparent suicides, Queensland, 2015-16 to 2018-19

Remoteness category	Number	Percent
Major Cities of Australia	83	48.8%
Inner Regional Australia	38	22.4%
Outer Regional Australia	41	24.1%
Remote Australia	8	4.7%
Very Remote Australia	0	0.0%

As such, there were 49 apparent suicides considered to be geographically isolated, representing 28.8% of all apparent suicides in this period.

Six of the 13 (46.2%) apparent suicides of young people aged 13 to 17 years occurred in geographically isolated locations.

Aboriginal and Torres Strait Islander people were significantly over-represented in geographically isolated apparent suicides, with 40.8% of all suicides. Overall, 20 of the 27 (74.1%) apparent suicide featuring an Aboriginal and Torres Strait Islander deceased occurred in geographically isolated areas of Queensland.

Table 13 compares the prevalence of mental health, harmful substance use and suicidality between cases in geographically isolated areas and those in geographically connected locations. Harmful substance use and a history of suicidality were more prevalent in geographically isolated cases.

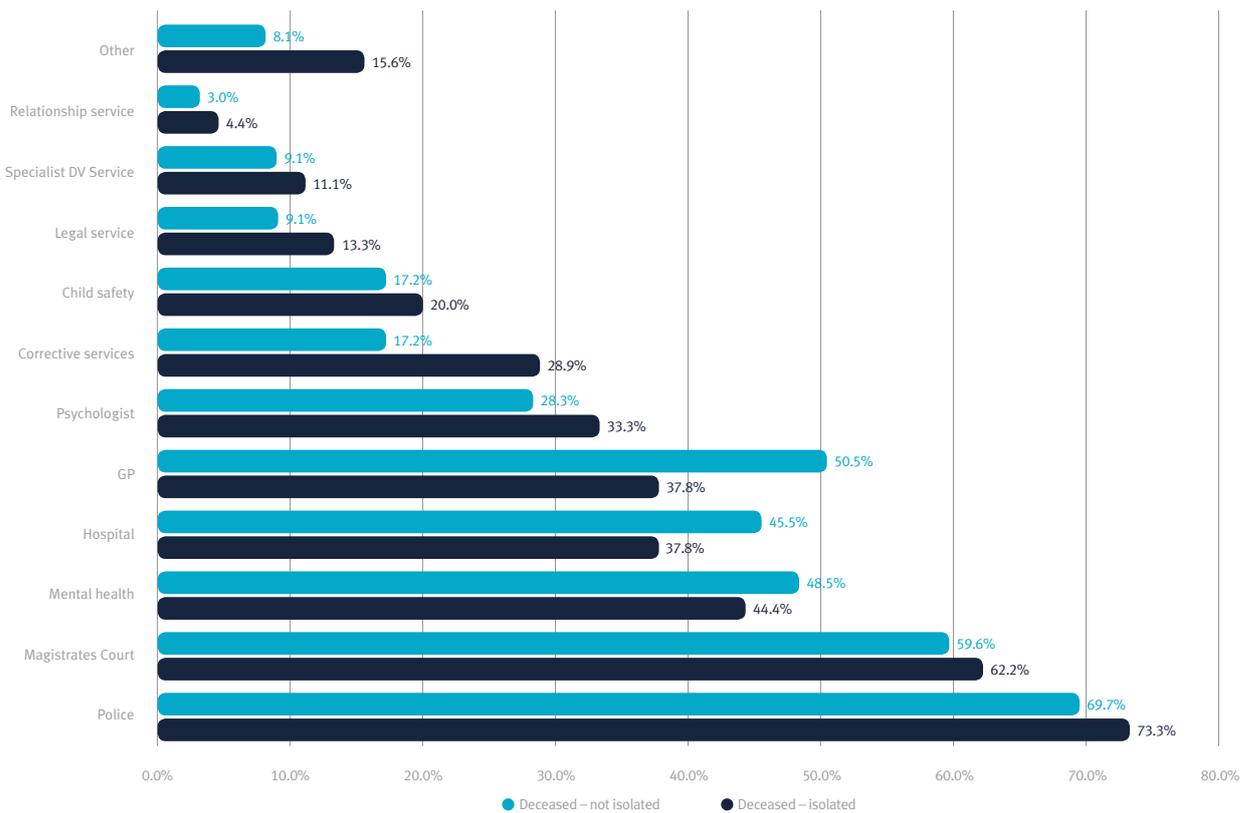
Table 13: Prevalence of mental health, substance use and suicidality, geographically isolated and connected apparent suicides, 2015-16 to 2018-19

	Isolated		Not isolated	
Mental health issues	34	69.4%	81	66.9%
History of EEO/EEA	17	34.7%	45	37.2%
Harmful substance use	35	71.4%	71	58.7%
Substance use at time of suicide	22	44.9%	64	52.9%
Suicide ideation	42	85.7%	90	74.4%
Suicide attempts	31	63.3%	60	49.6%

Despite the geographically isolated areas being defined by their restrictions to services, there were similar reported prevalence of contact with services in cases where the deceased resided in isolated parts of Queensland compared to counterparts in other areas of the state (Figure 17).

Fewer geographically isolated cases had contact with GPs and hospitals, however, those in isolated regions were more likely to have contact with corrective services.

Figure 17: Service system contact, geographically isolated and other apparent suicides, 2015-16 to 2018-19



Lethality risk factors – geographically isolated

An exploration of the intimate partner lethality risk indicators was conducted for 23 intimate partner homicides in geographically isolated areas and 52 intimate partner homicides in non-isolated areas that occurred in Queensland between 2010 and 2018 (Table 14).

There were some key differences identified in the risk profiles between isolated and not isolated cases. Notably, in geographically isolated locates there were higher proportions of:

- » history of violence outside of the family by perpetrator
- » prior threats and assaults with a weapon
- » perpetrator unemployed
- » victim and perpetrator living in common-law
- » excessive alcohol and/or drug use by perpetrator
- » failure to comply with authority
- » sexual jealousy.

Conversely, the factors more commonly associated with non-isolated intimate partner homicides included:

- » prior attempts to isolate the victim
- » child custody or access disputes
- » prior destruction or deprivation of victim's property
- » extreme minimisation and/or denial of spousal assault history
- » actual or pending separation
- » depression, either professionally diagnosed or in the opinion of friends/family.

Table 14: Lethality risk factors, geographically isolated and not isolated intimate partner homicides, 2010 to 2018

Lethality risk indicators	Geographically isolated		Not isolated	
	Number	Percent	Number	Percent
History of violence outside of the family by perpetrator	14	60.9%	17	32.7%
History of domestic violence (current relationship)	20	87.0%	40	76.9%
Prior threats to kill victim	9	39.1%	22	42.3%
Prior threats with a weapon	8	34.8%	10	19.2%
Prior assault with a weapon	10	43.5%	7	13.5%
Prior threats to commit suicide by perpetrator	5	21.7%	17	32.7%
Prior suicide attempts by perpetrator	4	17.4%	13	25.0%
Prior attempts to isolate the victim	7	30.4%	26	50.0%
Controlled most or all of victim's daily activities	9	39.1%	21	40.4%
Prior hostage-taking and/or forcible confinement	6	26.1%	12	23.1%
Prior forced sexual acts and/or assaults during sex	4	17.4%	6	11.5%
Child custody or access disputes	1	4.3%	10	19.2%
Prior destruction or deprivation of victim's property	3	13.0%	15	28.8%
Prior violence against family pets	3	13.0%	7	13.5%
Prior assault on victim while pregnant	4	17.4%	6	11.5%
Choked/strangled victim in past	5	21.7%	15	28.8%
Perpetrator was abused and/or witnessed DV as a child	2	8.7%	7	13.5%
Escalation of violence	8	34.8%	19	36.5%
Obsessive behaviour displayed by perpetrator	9	39.1%	21	40.4%
Perpetrator unemployed	15	65.2%	17	32.7%
Victim and perpetrator living common-law	15	65.2%	25	48.1%
Presence of step children in the home	5	21.7%	9	17.3%
Extreme minimisation and/or denial of spousal assault history	5	21.7%	17	32.7%
Actual or pending separation	9	39.1%	34	65.4%
Excessive alcohol and/or drug use by perpetrator	18	78.3%	22	42.3%
Depression – in the opinion of family/friend/acquaintance	2	8.7%	14	26.9%
Depression – professionally diagnosed	3	13.0%	14	26.9%
Other mental health or psychiatric problems – perpetrator	6	26.1%	15	28.8%
Access to or possession of any firearms	3	13.0%	9	17.3%
New partner in victim's life	5	21.7%	15	28.8%
Failure to comply with authority	14	60.9%	15	28.8%
Perpetrator exposed to/witnessed suicidal behaviour in family of origin	1	4.3%	2	3.8%
After risk assessment, perpetrator had access to victim	3	13.0%	5	9.6%
Youth of couple	0	0.0%	5	9.6%
Sexual jealousy	17	73.9%	23	44.2%
Misogynistic attitudes – perpetrator	3	13.0%	10	19.2%
Age disparity of couple	5	21.7%	6	11.5%
Victim's intuitive sense of fear of perpetrator	12	52.2%	27	51.9%
Perpetrator threatened and/or harmed children	5	21.7%	10	19.2%

Older people

Between 1 July 2006 and 30 June 2019, 22 of the 320 domestic and family homicides featured the deceased aged 65 years and older (6.9%).

Females were over-represented as the homicide deceased (17 of 22; 77.3%), and males were overwhelmingly more likely than females to be homicide offenders (19; 86.4%).

Three deceased were from culturally and linguistically diverse backgrounds, and there were no Aboriginal and Torres Strait Islander homicide deceased aged 65 years and over.

Twelve older people homicides occurred in an intimate partner relationship, and there were nine family homicides and one collateral homicide.

In 10 of the 12 intimate partner homicides, the deceased and offender had been in a relationship for longer than 10 years. Five of these cases involved the homicide offender also taking their own life.

Mental illness in the homicide offender was identified in 10 of the 12 cases, compared with just three of the deceased. Harmful substance use (five cases) and suicidality (three cases) were also over-represented among homicide offenders compared with deceased (one and zero respectively).

A history of domestic and family violence was identified in nine cases (40.9%), including five intimate partner homicides, three family homicides and one collateral homicide.

Physical violence was identified in all cases where there was a history of violence. Other prominent forms of identified violence included verbal abuse (five cases), psychological/emotional abuse (three cases), sexual abuse (two cases), and property damage (two cases).

The violence was known to be escalating in four cases, and was characterised by obsessive (three cases) and controlling behaviours (five cases).

A domestic violence protection order was only in place at the time of the death in one case.

Information about older victims and perpetrators access to services is limited to a handful of cases, which prohibits meaningful analysis.

Lethality risk indicators were collated for six older intimate partner homicide cases, with an average of 5.7 indicators identified. This is about half the average number observed in cases involving younger cohorts (12.0). While the small number of cases prevent meaningful comparative analysis, it appears that common lethality risk indicators (e.g. separation, sexual jealousy) are less prevalent in the older cohort.

From the Queensland Domestic and Family Violence Suicide Database, it was established that there were four apparent suicides between 2015-16 and 2018-19 that involved people aged 65 years or over. These were all male, and were known to be perpetrators of intimate partner violence prior to their deaths.

The violence in these relationships was characterised by coercive controlling behaviour (three cases), psychological/emotional abuse (two cases), verbal abuse (two cases), physical violence (one case), and suicide threats (one case). In two cases, the violence was known to be escalating in the period prior to the apparent suicide, and domestic violence protection orders were in place as a result.

Actual or pending separation was characteristic in each of these cases, in some cases after relationships extending over 45 years.

A history of suicide ideation was apparent in all four cases.

Service system contact was limited in the apparent suicide cases of the four older people.



Section 2

In accordance with section 91A(b) of the Act, the Board is established to increase recognition of the impact of, and circumstances surrounding, domestic and family violence deaths, and to gain a greater understanding of the context in which these types of deaths occur.

A total of 23 cases involving 24 deaths have been reviewed in detail by the Board during the 2018-19 reporting period.

The cases featured victims of domestic and family violence who had a variety of vulnerabilities that increased their risk.

Three cohorts considered by the Board in this reporting period have been identified as priority populations under the *National Plan to Reduce Violence Against Women and their Children 2010 – 2020*.

The Board considered specific vulnerabilities which exacerbated people's experience of domestic and family violence, including vulnerable children and young people (Chapter 3 and 4), older people (Chapter 5), people with disability (Chapter 6), LGBTIQ+ people (Chapter 7), and people experiencing social and/or geographical isolation (Chapter 8).

Chapter 3: Shining a light on our most vulnerable: the impact of domestic and family violence on children and young people

Key findings

- » The Board reviewed four filicides of children under the age of two years who were allegedly killed by a parent or parental figure in the context of domestic and family violence. In each case the primary victim was the deceased child's mother and the primary perpetrator was the victim's current or former male partner.
- » The families involved in these cases had experiences of disadvantage including significant histories of domestic and family violence, parental substance misuse, and parental mental illness. In particular, the mothers of the deceased children were noted to have significant histories of childhood trauma and domestic and family violence victimisation.
- » The deceased children and their families were known to a range of services, including police, Child Safety Services, and health services over the course of their lifetime.
- » Despite significant and ongoing reform across the domestic and family violence and child protection sectors, the service responses to domestic and family violence within these cases failed to adequately account for the impact of exposure to violence on children.
- » There were numerous instances of mothers being held accountable for failing to keep their children safe from the perpetrator's use of violence. Services also failed to investigate allegations of domestic and family violence as the perpetrator was considered to be more 'credible' than the victim.
- » There was limited evidence of the use of early intervention programs or support services for young mothers or those experiencing domestic and family violence.
- » The cases demonstrated the need to strengthen the knowledge base of services, particularly Child Safety Services, to understand the immediate and cumulative impact of domestic and family violence on children.

While all deaths from domestic and family violence are tragic, there is nothing more devastating to families and communities than the death of a child, particularly when this occurs in violent circumstances. The Board extends its sincere condolences to the families of the children in these cases and strives to ensure that lessons are learnt from these tragedies to prevent similar deaths in future.

The Board considered a cohort of five filicide cases where a child under the age of two years was allegedly killed by a parent or primary caregiver in the context of ongoing domestic and family violence in the home.¹⁹ Filicide is the killing of a child, perpetrated by a parent or caregiver. This may relate to adult children, but is generally considered in relation to children aged less than 18 years of age.²⁰

The deaths occurred between 2015 and 2017, after the commencement of the child protection and domestic and family violence reforms implemented in response to the *Child Protection Commission of Inquiry (2013)* and the *Special Taskforce on Domestic and Family Violence in Queensland (2015)*.

These deaths occurred in the context of prior police involvement for criminal child abuse and maltreatment before the deaths, and subsequent intervention from Child Safety Services. In four of the cases, there had been contact with the statutory child protection system in relation to concerns for the deceased's older siblings, with the parents/caregivers also having had a history of contact as subject children in four cases.

The Board identified the inherent vulnerabilities of children in this young age group as they often remain invisible to services due to a lack of engagement with other core sectors, including health and education. In those cases where the deceased child did attend childcare, the workers detected indicators of abuse and harm and made relevant referrals for the family, but there was a lack of an integrated or wrap around response to these notifications of harm by statutory services.

¹⁹ The qualifier 'allegedly' is used in recognition of the fact that in many cases criminal proceedings in relation to the homicide were outstanding.

²⁰ Infanticide is a term used to describe the homicide of a child under one year of age, whereas neonaticide refers to the homicide of a child within the first 24 hours of life.

Prevalence of filicide

Monash University recently completed the largest filicide research study in Australia, analysing all filicide cases in Australia between 2000 and 2012.²¹ This revealed 238 incidents of filicide, involving 284 deceased and 260 offenders. This represented 18% of all domestic and family homicides and 7% of all homicides in this period. This report revealed that Queensland consistently had the highest rate of filicides of the larger states in Australia.

Just over one-half of filicide offenders were male (52%), and males were also more likely to be the deceased in the filicide cases (56%). Male offenders were more likely to have a criminal history. The proportion of female offenders with a criminal history was lower than female homicide offenders generally.

Findings from the national study identified a history of domestic and family violence in only 30% of cases, however the report was unable to identify whether the homicide offender was the perpetrator or victim where violence was present.

In 2018-19, there were seven children who were allegedly killed by a parent or caregiver in Queensland across three filicide events. This represented 35.0% of all domestic and family homicides in this period. From this dataset, a history of domestic and family violence has been established in two of the three households (66.7%).

Data from the Queensland Domestic and Family Homicide Database revealed that one-half (49.3%) of filicide cases involved children aged younger than two years of age. This aligns with findings from available research that indicates children under five are at the greatest risk of filicide, particularly those under one year of age.²² Of note, a large scale filicide research from the United States identified the six months preceding the child's second birthday to be the greatest risk.²³

The literature indicates that children in this age group are at heightened risk because of their total dependence on their caregivers, a lack of physical strength to defend themselves, lack of emotional maturity to know what their parents are doing to them is wrong; and, lack of an ability to communicate their victimisation to other adults.²⁴

Parental stress has been linked to filicides of young children, including low household income, limited resources, psychosocial stress and a lack of family and community support.²⁵ As children age, their risk of victimisation decreases, partly as a result of their decreasing dependence on caregivers, their increased ability to resist or avoid physical assault, and as a result of their increasing involvement in the wider community outside the family home.²⁶ For example, attendance at school provides visibility to the other community members, but also provides an opportunity to reduce parental stress (and opportunity to harm).

Availability of resources and supports for young families

The Board considered that, for the reasons outlined within this chapter, it is critical that appropriate resources and supports are provided to support families, particularly for those with children at this age group. The Board considered several models in operation in Queensland.

The Board discussed the First 1000 Days model that is in operation in some jurisdictions in Australia and overseas. A First 1000 days model to support Aboriginal and Torres Strait Islander children has been established in Queensland that considers a broader, holistic and cultural perspective.²⁷

The First 1000 Days model focuses on the period between a woman discovering she is pregnant and the child's second birthday, a time which offers a unique opportunity to shape healthy outcomes for the child through supportive early intervention. A report from the Murdoch Children's Research Institute found that trauma (including domestic and family violence) and chronic stress caused by poverty and other prolonged negative experiences had a significant impact on the developing foetus.

In one filicide case considered by the Board, early support was provided in the neonatal period for one month after the child was born with developmental challenges. This provided an opportunity for wrap-around services and supports to be provided to the family, but their lack of engagement during this critical period inhibited ongoing supportive relationships with services, and did not raise any 'red flags' with services.

In four of the five filicide cases, and three of the four Aboriginal and Torres Strait Islander youth suicide cases, the mother of the deceased child was identified as having become pregnant with her first child as a teenager.

While certainly not the case in all circumstances, young mothers' families may be at increased risk of child maltreatment and other poor health and social outcomes.²⁸ Education and employment outcomes may be poorer for young mothers,²⁹ with limited opportunities to escape a cycle of poverty as most young mothers' primary source of income is welfare payments.³⁰ Young mothers are also more likely to experience problematic substance use and cognitive impairment, while having fewer social supports.³¹ Relevant to the cases under consideration by the Board, young mothers are also more likely to have a history of placement in out-of-home care and experiences of child abuse and neglect as a child.

21 Brown, T., Lyneham, S., Bryant, W., Bricknell, S., Tomison, A., Tyson, D., & Fernandez Aris, P. (2019). *Filicide in Australia, 2000-2012: A national study*. Canberra: Australian Institute of Criminology.

22 Ibid.

23 Mariano, T.Y., Chan, H.C., & Myers, W.C. (2014). Toward a more holistic understanding of filicide: a multidisciplinary analysis of 32 years of arrest data. *Forensic Science International*, 236, 48.

24 Crime and Misconduct Commission. (2013). Vulnerable victims: child homicide by parents. *Research and Issues*, 10. Accessed 4 June 2019, available at: <http://www.ccc.qld.gov.au/research-and-publications/browse-by-topic-1/vulnerable-victims>.

25 Mariano, T.Y., Chan, H.C., & Myers, W.C. (2014). Toward a more holistic understanding of filicide: a multidisciplinary analysis of 32 years of arrest data. *Forensic Science International*, 236, 48; Roach, J., & Bryant, R. (2015). Child homicide: generating victim and suspect risk profiles. *Journal of Criminal Psychology*, 5(3), 207; Boudreaux, M.C., Lord, W.D., & Jarvis, J.P. (2001). Behavioural perspectives on child homicide: the role of access, vulnerability and Routine Activities Theory. *Trauma, Violence and Abuse*, 2(1), 61.

26 Roach, J., & Bryant, R. (2015). Child homicide: generating victim and suspect risk profiles. *Journal of Criminal Psychology*, 5(3), 207; Boudreaux, M.C., Lord, W.D., & Jarvis, J.P. (2001). Behavioural perspectives on child homicide: the role of access, vulnerability and Routine Activities Theory. *Trauma, Violence and Abuse*, 2(1), 61.

27 First 1000 Days Australia. (2019). *About our story*. Riddells Creek: We Yarn PTY LTD. Accessed on 4 June 2019, available at: <http://www.first1000daysaustralia.org.au/>.

28 Hovdestad, W., Shields, M., Williams, G., & Tonmyr, L. (2015). Vulnerability within families headed by teen and young adult mothers investigated by child welfare services in Canada. *Health Promotion and Chronic Disease Prevention Canada*, 35, 143-150.

29 Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs & social consequences of teen pregnancy*. The Urban Institute.

30 Hovdestad, W., Shields, M., Williams, G., & Tonmyr, L. (2015). Vulnerability within families headed by teen and young adult mothers investigated by child welfare services in Canada. *Health Promotion and Chronic Disease Prevention Canada*, 35, 143-150.

31 Ibid.

In circumstances where young women fall pregnant, these pregnancies may be unplanned and this may contribute to increased stress within the relationship.³² In addition, pregnancy in the context of domestic and family violence is also known to be a time when victims are at an elevated risk of serious harm from the perpetrator of violence and, in pregnancies of young mothers in particular, controlling and proprietary behaviours by perpetrators of violence are reported to escalate in frequency and severity.³³ Younger mothers are more likely than older mothers to experience physical and sexual violence from an intimate partner during pregnancy.

The Board has previously made recommendations to address this issue in the 2016-17 Annual Report and, in response to recommendation three of that report, Queensland Health has reported it has engaged with child health and midwifery services to develop a strategy to improve models of care across the first 1000 days. Queensland Health has advised the Board that the First 1000 Days project is now entering the next phase and further work is being undertaken to implement continuity of care models to meet local community need for women, children and families. The Board is encouraged by this development and is hopeful that the model will sufficiently feature a trauma-informed and domestic violence informed response.

The Board discussed the virtues of a community-based and peer support type model of early intervention, as opposed to a framework operated by large government agencies. The Board considered that any such model should include elements of best practice in prevention and early intervention and should be informed by national and international research.

Although there is no specific research about how this type of approach could support victims of domestic and family violence, the Board considered there was potential opportunity to expand upon existing measures.

As an example, supported playgroups for parents and children might provide an opportunity to support victims of domestic and family violence. The Australian Institute of Family Studies found a number of benefits for parents who attended these playgroups, including multifaceted support which is delivered in a way that reflects a non-intrusive and understanding manner.³⁴

A significant benefit arose in that supported and intensive playgroups can be considered non-threatening 'soft entry' points that meet families' needs for social support while also linking them to more formal supports when needed. They have the capacity to act as conduits for government and non-government services to access and provide support to families.³⁵ This may take the form of providing information to parents; visits from other community organisations; and visits from health professionals.³⁶

The Board noted two promising interventions in operation in South East Queensland as interesting models that may have benefited the families in the cases reviewed.

Micah Projects, a non-government organisation based in Brisbane, has been running a *Young Mothers for Young Women* program for over 20 years in partnership with Mater Mothers Hospital. These programs, funded by the Department of Communities, Disability Services and Seniors and the Department of Child Safety, Youth and Women, provide integrated support for pregnant and parenting women under 25 years of age. These programs offer access to antenatal services and midwifery, peer-led education, family support and advocacy, and, referrals to health, housing, income, legal and relationship services. Micah Projects adopt a holistic, evidence-based approach which recognises that issues facing these young families are interconnected and require an integrated approach.

In Caboolture, a *Young Mothers for Young Women* program for mothers under 20 years of age has recently been established, which features a collaboration with the Women's Legal Service Domestic Violence Unit. As part of this program, a solicitor visits the young women on a weekly basis building trust and rapport and making it easier to engage around legal issues concerning domestic and family violence and other issues of concern such as custody and access.

The Board identified that all the families in the cases reviewed would have benefited from involvement in the First 1000 Days program, or a similar early intervention support approach. The Board commented on the inherent value of wrap-around support mechanisms for vulnerable families. This support becomes normalised, encourages engagement, and allows for ongoing support of at-risk families through a known caregiver working with the family during this high risk period. Any such model, however, needs to be embedded in trauma informed practice.

The impact of exposure to domestic and family violence on children and young people

Observations from the cases reviewed by the Board included that responses to domestic and family violence continue to underplay the immediate and cumulative impact on children. While courts will issue domestic violence protection orders listing children as named people requiring protection, there appear to be limited subsequent steps taken by the broader service system to ensure the safety of these vulnerable children.

A recent literature review by the Queensland Centre for Domestic and Family Violence Research identified the range of physical, psychological, behavioural, parental relationship, and secondary victimisation impacts on children.³⁷ The following section summarises some of the key findings from this review.

Children and young people exposed to domestic and family violence are at increased risk of child abuse and sexual abuse;³⁸ poverty;³⁹ externalising behaviours (e.g. aggression) and internalising behaviours (e.g. low self-esteem, anxiety);⁴⁰ trauma-like responses (e.g. heightened fear, sleep problems and difficulty concentrating);⁴¹ and, homelessness.⁴²

- 32 Florsheim, P., McArthur, L., Hudak, C., Heavin, S., & Burrow-Sanchez, J. (2011). The Young Parenthood Program: Preventing intimate partner violence between adolescent mothers and young fathers. *Journal of Couple & Relationship Therapy*, 10(2), 117-134.
- 33 Campo, M. (2015). *Domestic and family violence in pregnancy and early parenthood: overview and emerging interventions*. Canberra: Australian Institute of Family Studies. Accessed on 10 June 2019, available at: <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood>.
- 34 Commerford, J., & Robinson, E. (2016). *Supported playgroups for parents and children: The evidence for their benefits* (CFCA Paper No. 40). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.
- 35 Wilkop, K., & Clothier, C. (2013). *Deconstructing the barriers to engage families with complex needs in early intervention services*. Paper presented at the 12th National Rural Health Conference, Adelaide.
- 36 McDonald, M., Turner, C., & Gray, J. (2014). *Evidence into action: Playgroups for diverse communities*. Melbourne: Victorian Cooperative on Children's Services for Ethnic Groups.
- 37 Taylor, A. (2019). *Impact of Experience of Domestic and Family Violence on Children: What does the literature have to say?* CQ University.
- 38 Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse & Neglect*, 32(8), 797-810.
- 39 Ibid.
- 40 Kitzmann, K. M. N., Gaylord, K., Holt, A. R., & Kenny, A. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting Psychology*, 71(2), 339-352.
- 41 Stanley, N. (2011). *Children Experiencing Domestic Violence: a research review*. Darlington: Research in practice.
- 42 Campo, M. (2015). Children's exposure to domestic and family violence: Key issues and responses. *Journal of the Home Economics Institute of Australia*, 22(3), 33.

Exposure to domestic and family violence may have a differential response for children and young people at different ages. For example, it has been identified that pre-school aged children are at greatest risk of experiencing trauma-like responses and continued exposure to violence is associated with developmental delays.⁴³ Conversely, adolescents are more likely to exhibit mental health issues, delinquency, and aggression to peers and family members (typically mothers).

Contemporary research is becoming more nuanced in understanding the effects of different forms of violence on children and young people. Coercive controlling violence has been found to impact a child's self-worth, limit their resistance and lead to emotional and behavioural problems.⁴⁴

Children and young people exposed to domestic and family violence may possess or develop resilience and coping strategies that enable them to achieve self-regulation.⁴⁵ Children and young people may also take steps to intervene in violence between parents/caregivers which demonstrates their capability to cope.⁴⁶ While exposure to domestic and family violence clearly can have impacts on children, this may be mitigated by the strength of the mother-child attachment, family functioning and level of mothers' emotional support,⁴⁷ and the individual coping abilities of children exposed to the violence.⁴⁸

In Queensland in 2018-19, children were listed as named persons on 7893 domestic violence protection orders issued. That is, on almost one-third (31.6%) of all protection orders issued in Queensland, there were children also in need of protection as prescribed in the *Domestic and Family Violence Protection Act 2012*.⁴⁹

This issue was prevalent throughout the cases reviewed by the Board in 2018-19. In 15 of the 23 cases considered, there was evidence that children were exposed to domestic and family violence. This related to 44 distinct children. At the time of the deaths, domestic violence protection orders were established in six cases, three of which listed children as named persons.

Reform landscape in Queensland

Over the past half-decade, a significant reform agenda commenced in Queensland with a focus on protecting vulnerable children. In 2012 the Queensland Government established the *Queensland Child Protection Commission of Inquiry* (the Commission) to review the child protection system. The Commission was broadly tasked with identifying whether the child protection system was operating effectively to ensure the safety and wellbeing of children.⁵⁰

In doing so, the Commission developed a package of reforms for implementation across a decade designed to ensure the best possible outcomes for vulnerable children and families, reduce the over-representation of Aboriginal and Torres Strait Islander children and improve systemic oversight in a manner deemed to be 'affordable, deliverable, effective and efficient'.⁵¹

The Commission noted the overlap between domestic and family violence and child protection, identifying domestic and family violence as a risk factor for abuse and neglect. Recent data suggests that one in six Australian women have experienced violence from a current or former partner, with a high proportion having children in their care at the time who had witnessed the abuse.⁵² Data published by Child Safety Services indicates that domestic and family violence is present in almost one-half (47%) of households with a substantiated notification of harm to a child.⁵³ This highlights that domestic and family violence is more than just a risk factor for the families with whom Child Safety Services is involved – it is a lived reality.

In 2014, the *Special Taskforce on Domestic and Family Violence in Queensland* (the Special Taskforce) was established. The report of the Taskforce, *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*, recognised the significant long term impacts to children who are exposed to domestic and family violence. In particular, it noted the importance of creating a cultural shift within the community to break the cycle of 'inter-generational transmission of violence and victimisation' and made a range of recommendations to this effect.⁵⁴

43 Stanley, N. (2011). *Children Experiencing Domestic Violence: a research review*. Darlington: Research in practice.

44 Katz, E. (2016). Beyond the physical incident model: how children living with domestic violence are harmed by and resist regimes of coercive control. *Child Abuse Review*, 25(1), 46-59.

45 Callaghan, J.E.M., Fellin, L.C., Alexander, J.H., Mavrou, S., & Papatasiou, M. (2017). Children and domestic violence: emotional competencies in embodied and relational contexts. *Psychology of Violence*, 7(3), 333.

46 Overlien, Carolina. (2017). 'Do you want to do some arm wrestling?': children's strategies when experiencing domestic violence and the meaning of age. *Child & Family Social Work*, 22(2).

47 Fusco, R. (2017). Socioemotional problems in children exposed to intimate partner violence: mediating effects of family and social supports. *Journal of Interpersonal Violence*, 32, 2512-2532.

48 McDonald, S.E., Shin, S., Corona, R., Maternick, A., Graham-Bermann, S.A., Ascione, F.R., & Williams, J.H. (2016). Children exposed to intimate partner violence: identifying differential effects of family environment on children's trauma and psychopathology symptoms through regression mixture models. *Child Abuse and Neglect*, 58, 1-11.

49 S 53 of the *Domestic and Family Violence Protection Act 2012* outlines that the court may name a child of the aggrieved, or a child who usually lives with the aggrieved, in a domestic violence order if the court is satisfied that naming the child in the order is necessary or desirable to protect the child from associated domestic violence or being exposed to domestic violence committed by the respondent.

50 Previous child protection reforms in Queensland had stemmed from the Forde Inquiry into the abuse of children in Queensland institutions in 2001 and the 2004 Crime and Misconduct Commission report into the abuse of children in foster care.

51 Queensland Child Protection Commission of Inquiry. (2013). *Taking Responsibility: A Roadmap for Queensland Child Protection*. Brisbane: Queensland Child Protection Commission of Inquiry, p. 2.

52 The 2016 Personal Safety Survey identified that 50% of women experiencing violence from a current partner, and 68% who had experienced violence from an intimate partner in the past had children in their care at the time who had witnessed the abuse (Australian Institute of Health and Welfare. (2018). *Family, Domestic and Sexual Violence in Australia 2018*. Canberra: Australian Institute of Health and Welfare, p. 71).

53 Department of Child Safety, Youth and Women. (2019). *Our Performance: Family and Household Characteristics*. Brisbane: Queensland Government. Accessed on 16 April 2019, available at: <https://www.csyw.qld.gov.au/child-family/our-performance/family-household-characteristics>.

54 Special Taskforce on Domestic and Family Violence. (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*. Brisbane: Queensland Government, p. 146. Recommendations 15-30 of this report call for sustained community messaging about the unacceptable nature of behaviours that comprise domestic and family violence and where victims and perpetrators can seek help, as well as the introduction of school-based programs to better equip children to recognise and respond to such behaviours.

The Special Taskforce also echoed the findings of the Commission in reporting the co-occurrence of domestic and family violence and child protection matters, and the importance of ensuring that integrated responses to domestic and family violence maintained strong links with the child protection system. In particular, the Special Taskforce identified that without close integration between these two service systems, child protection responses focused solely on the safety and wellbeing of children run the risk of excluding the needs of primary carers who may be victims of domestic and family violence, and at worst hold the victim (usually the mother) accountable for failing to protect her children from the perpetrator.

However, on the basis that the reforms instigated by the Commission were in the early stages of implementation, and that there were indications that these reforms were responding to the interaction between domestic and family violence and child protection matters, the Special Taskforce did not make any recommendations specific to this issue.

At the conclusion of these two major inquiries, the Queensland Government launched the *Domestic and Family Violence Prevention Strategy 2016-2026* and *Supporting Families, Changing Futures* initiative, developed to report on the progress of implementing the reforms to the Queensland child protection system and ensure their alignment with the domestic and family violence reforms.⁵⁵ A key element of the *Supporting Families, Changing Futures* initiative was the introduction of a new practice framework for child protection. This included the introduction of a *Collaborative Assessment and Planning Framework* which involves working with children and families to undertake a comprehensive risk assessment that takes into consideration both the harm that has occurred, complicating factors within the family, and the identification of strengths and protective factors.

Under the umbrella of these reforms, the Queensland Government has implemented initiatives to address domestic and family violence and child protection issues, including:

- » specialist training for frontline staff, including those in child protection, health, police, family support and domestic and family violence specialist roles
- » a focus on developing more connected and integrated services in regional areas, including domestic and family violence services
- » Integrated Service Response trials for domestic and family violence in Logan-Beenleigh, Mount Isa and Cherbourg (see Chapter 9)
- » establishment of eight multi-agency high risk teams to provide co-ordinated responses to people at risk of serious harm from domestic and family violence
- » the placement of specialist domestic and family violence prevention workers in Family and Child Connect services to improve early intervention with families at risk of entering the statutory child protection system.⁵⁶

⁵⁵ Department of Communities, Child Safety and Disability Services. (2016). *Supporting Families, Changing Futures: Advancing Queensland's child protection and family support reforms*. Brisbane: Queensland Government, p. 8.

⁵⁶ Department of Communities, Child Safety and Disability Services. (2017). *Supporting Families, Changing Futures: 2017 Update*. Brisbane: Queensland Government; Department of Communities, Child Safety and Disability Services. (2018). *Supporting Families, Changing Futures: 2018 Update*. Brisbane: Queensland Government.

Following significant media attention and public outcry pertaining to perceived leniency in the sentencing of child homicide offenders, in October 2017 the Queensland Government requested that the Queensland Sentencing Advisory Council undertake a review of sentencing for child homicide offenders. The final report, released in October 2018, identified that a history of domestic and family violence and involvement with child protection services were closely associated with homicide of a child by a parent or step-parent.⁵⁷ It also concluded that manslaughter convictions, which carry lesser sentences, are more likely in child homicide cases. This is due to the limited availability of witnesses to the event, the difficulty in establishing motive and intent when family members are accused and the lesser level of force required to inflict a fatal injury on a child as opposed to an adult.

The reliance of children on their parents for their care means that children may die not only as a result of an intentional act, but also as a result of a failure to seek medical attention or to provide adequate supervision. The process of determining a sentence for cases of child homicide involves wide discretion and a requirement to take into account all relevant circumstances, including:

- » personal circumstances
- » the nature and extent of violence involved in the death
- » previous criminal history, antecedents, age and character of the offender
- » offender remorse or lack thereof
- » risk posed by the offender to the community.

Despite the complexities of sentencing, and the review finding that the law in Queensland was generally being applied consistent with sentencing principles and precedent, it concluded that the resulting sentences were inconsistent with community expectations. The review recommended the amendment of the *Penalties and Sentences Act 1992* to mandate that the courts treat ‘the defencelessness of the victim and their vulnerability as an aggravating factor’ when sentencing an offender for the homicide of a child under the age of 12 years.⁵⁸ Additional recommendations included improved communication by the Office of the Director of Public Prosecutions with victims’ families, as well as with the public to ensure the rationale for sentencing is made available in a timely manner.

The Queensland Government agreed to implement all of the Council’s eight recommendations, and on 7 May 2019 the *Criminal Code and Other Legislation Amendment Act 2019* came into effect.⁵⁹ The *Criminal Code and Other Legislation Amendment Act 2019* enabled the expansion of the definition of murder within the *Criminal Code 1899* to include ‘reckless indifference to human life’ as a separate basis for establishing the offence of murder. This change means that the prosecution may establish the offence of murder by proving that the accused person knew it was probable that death would result from their act or omission, regardless of the intent.

Additionally, when sentencing an adult offender convicted of manslaughter of a child under 12 years, the court must now treat a child’s defencelessness and vulnerability, having regard to a child’s age, as an aggravating factor.

The *Criminal Code and Other Legislation Amendment Act 2019* also increased the maximum penalty for the offence of failure to supply the necessaries from three years to seven years imprisonment, and included this offence as a serious violent offence in the *Penalties and Sentences Act 1992*. If a person is declared convicted of a serious violent offence it means the offender must serve either 15 years imprisonment or 80% of their head sentence (whichever is less) before they can apply for release on parole.

During the consultation period, several legal and civil liberties organisations expressed their concern regarding the expanded definition of murder, when considered in the context of the mandatory life sentences and mandatory minimum non-parole periods in Queensland.⁶⁰

The Bar Association of Queensland expressed concern in a submission to the parliamentary committee scrutinising the Bill that there may be unintended consequences of the broad definition, providing the example of parents who may be charged for leaving pool gates open or reversing over their own children in the driveway.

The Women’s Legal Service also raised concern that the Government had not given appropriate consideration to the impact of the expanded definition on all homicide events, and had focused too narrowly on offences that involved children. Women’s Legal Service expressed concern that the legislation would disproportionately impact victims of domestic and family violence, particularly Aboriginal and Torres Strait Islander victims, if they used violence defensively or pre-emptively towards an abusive partner and may face charges of murder, rather than manslaughter, and receive a mandatory life sentence.

Service system responses

Frontline officers, from all professions, have a challenging role in responding to domestic and family violence, particularly when dealing with conflicting versions of events provided from different parties. When children and young people are involved, the complexity can magnify.

In several of the cases reviewed by the Board the deceased children died as a consequence of cumulative injuries inflicted by the perpetrator (and homicide offender) over the course of several days that were left untreated. Sadly, information obtained by the Board indicated that, if appropriate medical treatment was sought in a timelier manner, the deceased children’s injuries may have been survivable.

In each case the deceased child’s caregivers had contact with services in relation to domestic and family violence in the days preceding the death. The Board identified issues across the service system in relation to the detection and responses to indicators of domestic and family violence.

⁵⁷ The report also identified a close correlation with other factors such as alcohol and substance use, mental illness and parental separation. Queensland Sentencing Advisory Council. (2018). *Sentencing for Criminal Offences Arising from the Death of a Child*. Brisbane: Queensland Government.

⁵⁸ Queensland Sentencing Advisory Council. (2018). p. xxxix.

⁵⁹ *The Criminal Code and Other Legislation Amendment Bill* was introduced on 12 February 2019 and was passed on 1 May 2019.

⁶⁰ For instance, the Bar Association of Queensland expressed concern in a submission to the parliamentary committee scrutinising the bill, that there may be unintended consequences of the broad definition, providing the example of parents who may be charged for leaving pool gates open or reversing over their own children in the driveway.

The Board acknowledges that in some instances, it appears that progress is being made in relation to services not holding mothers accountable for failing to protect their children when it is the father/paternal caregiver who is actually responsible for causing the harm (i.e. shifting from mother-blame to father accountability).

However, this is a broader societal problem that will require significant cultural change in the way that the community views male-perpetrated violence in intimate partner relationships and this was evident across the cases reviewed. This was exemplified within the sentencing remarks of a female victim convicted alongside her violent ex-partner for the manslaughter of her child. The sentencing judge articulated the belief that, despite her violent ex-partner inflicting the killing blow, the mother had 'greater responsibility' for the child's death as she was the biological mother and she should have done more to keep the child safe from the perpetrator.

A need for domestic and family violence informed practice when addressing child safety concerns

Due to current and historical concerns of child abuse and neglect in each of the filicide cases reviewed, the deceased child had a history of service system contact with Child Safety Services.

The Queensland Government has made a significant financial investment to support implementation of wide-sweeping reforms designed to strengthen the response to victims and their children, and to embed domestic and family violence informed practice into the child protection system.

The Board welcomes this reform and specifically commends:

- » The roll out of Family and Child Connect, a local, community based service that helps families to care for and protect their children at home, by connecting them with the right services at the right time.
- » Availability of Intensive Family Support Services, a consent-based program which responds to families experiencing vulnerability and who are at risk of statutory intervention for child safety concerns.
- » The introduction of Women's Health and Wellbeing Services to support victims and meet their needs for physical and mental health, housing, employment, education and economic security.
- » Implementation of the First 1000 Days initiative which aims to give Aboriginal and Torres Strait Islander children the best start to life by improving the health and wellbeing of parents and children.
- » The establishment of Family Wellbeing Services (FWS) to provide culturally safe places in which Aboriginal and Torres Strait Islander families can build supportive relationships and obtain appropriate assistance.

In addition to these initiatives, Child Safety Services have amended and updated the Structured Decision Making (SDM) tool in response to the domestic and family violence and child protection reforms. The SDM is a tool that is used by staff to identify harm and risk to children, assess and plan for safety, and identify strengths and needs of children and parents. The SDM is used by Child Safety Services as an intake screening tool and as the safety assessment that is used when investigating allegations of harm. The updated SDM better defines domestic and family violence and provides greater guidance to staff about domestic and family violence to inform the ongoing assessment throughout engagement with a family. The updated tool also provides greater guidance for child

safety officers in responding to a victim's ability to protect a child in the context of domestic and family violence from the perpetrator.

However, the Board's case reviews identified numerous instances where Child Safety Services did not adequately detect and respond to indicators and direct disclosures of domestic and family violence. In the filicide cases, and across the Aboriginal and Torres Strait Islander youth suicide cases, shortcomings in the identification, assessment and response to indicators of domestic and family violence were observed.

The Board acknowledges the challenges in implementing significant cultural change within a fast-paced, high risk frontline service with a high rate of staff turnover. Despite these factors, the Board is compelled to consider the effectiveness of services provided to the deceased and failures in systems.

Across the cases there were numerous issues identified in Child Safety Services' assessment and response to risk to children in the context of domestic and family violence. For instance, in one case reviewed by the Board, Child Safety Services received information from an interstate police officer that the perpetrator had threatened the victim that he would kill the child and himself if the victim did not return to Queensland to recommence their relationship. Despite the seriousness of this threat, Child Safety Services did not take action in response to the perpetrator's threat to kill the child as they felt there was insufficient contextual information that the perpetrator intended to actually carry out his threat.

Rather than seek additional contextual information, Child Safety Services dismissed the homicide-suicide threat as a child custody dispute. A routine enquiry to mental health services would have revealed that the perpetrator had been hospitalised after making threats to kill himself, the victim and their children just six months earlier in the context of an escalating pattern of abuse.

In the filicide cases reviewed by the Board, Child Safety Services rarely acknowledged the presence of the paternal figure. Where the perpetrator was identified, Child Safety Services considered them to be a protective factor in two cases. In one case, there were indicators that the new partner was utilising controlling and abusive behaviours, and was suspected of significant physical harm.

In another case, observations about an abusive partner's high level of control were considered to be positive factors, as Child Safety Services considered that the highly controlling perpetrator was the victim's 'strongest protective factor' due to her history of harmful substance use and a cognitive impairment. When the relationship dissolved and the victim disclosed to Child Safety Services that the perpetrator had used physical violence, Child Safety Services did not take any action in response to these concerns or offer her any referrals for support.

The Board noted that in several cases, statutory child protection system involvement resulted in older siblings being assessed as unsafe and being removed from the home, yet the younger infant (the deceased), who was completely dependent upon their caregiver was deemed safe to stay. In some cases, after older children had been subject to child protection orders, the mother gave birth to a new child, which did not trigger a statutory response even in cases where the family seemed to actively avoid antenatal care. This was viewed as particularly concerning in cases where domestic and family violence was known to be ongoing and represented a continued risk factor for mothers and children.

As discussed by the Board previously, it is well-established that a fear of child removal by statutory services is a factor that prohibits disclosure of domestic and family violence by victims, and may be exploited by perpetrators to maintain their control. However, in some of the cases reviewed where disclosures of violence were made and immediate threats to the children were articulated, the victim was met with a negative, or no, response which served to discourage future help-seeking.

When disclosures of domestic and family violence were made to Child Safety Services in one case, the officer reported being unequipped to manage the response. The officer consulted a colleague who was considered a specialist in domestic and family violence despite having no specific training or education in relation to domestic and family violence practice. After disclosing numerous high risk lethality indicators (e.g. serious physical violence, threats to kill, controlling daily activities, restricting access to telephone, and monitoring her movements), Child Safety Services referred the victim to a specialist support service but delayed her engagement with the service for several days as the Child Safety Officer's preferred support worker was unavailable. Child Safety Services did not take any immediate action to ensure the safety of the children, and instead told the victim that they would remove her children if she did not *'put her kids first'* and protect them from the perpetrator.

This represented a fundamental misunderstanding of the dynamics of domestic and family violence, and rationalises the impact of the abuse on the children as an outcome of the victim's choices to prioritise the perpetrator's needs (e.g. violence, problematic substance use), rather than holding him accountable for his choice to use violence. This mind-set assumes that there is an equivalency of power in the relationship and that the victim had made a rational choice to experience the abuse or had sufficient agency within the relationship to resist or control the perpetrator's violent behaviour.

Safety and victim engagement are compromised when the behaviour of services does not respect victim autonomy and, ironically, may mirror the coercive controlling dynamics of a domestic and family violence relationship where services use power over victims to enforce their compliance.

The Board is aware that there are some local level responses that seek to address the gendered approach to responding to child protection and domestic and family violence concerns. For example, the Walking with Dads program, which commenced as a trial in 2016, provides an opportunity for a specialist worker to increase the safety of mothers and their children by working with fathers known to Child Safety Services to change behaviour and take responsibility for the impact of their behaviour on their children.

A clear pattern emerged in the cases reviewed of the perpetrator (and homicide offender) using the victim's children as a means to maintain their ongoing control of the victim within the relationship. In all of the cases reviewed with Child Safety Services involvement this was not adequately identified or responded to by the department.

The Board is pleased to hear of the progress of the implementation of the reform agenda and initiatives such as the Walking with

Dads program, but it is clear that more progress is required to truly embed domestic and family violence informed practice within the child protection system.

Policing responses to domestic and family violence risk to children

The Board acknowledges and commends the significant commitment the Queensland Police Service has made to improving responses to domestic and family violence. In particular, the Board wishes to highlight and commend:

- » The extension to 30 October 2019 of the trial of two Domestic and Family Violence Coordinators in the Police Communications Centre to provide additional state-wide support to frontline officers responding to domestic and family violence including non-lethal strangulation reports.
- » The staged implementation of an additional 24 specialist domestic and family violence officers to support the integrated service response to domestic and family violence and the high risk teams.
- » The implementation of Recommendation 15 of the Board's 2016-17 Annual Report to develop a process to assist officers to identify when a child may be at risk of harm. This was achieved by revising communication and training strategies delivered to officers, developing training and resources to assist first response officers to identify a child at risk of harm, and the inclusion of content related to child harm in training and resources provided to recruits and first year officers.

Despite these initiatives implemented by police, within the filicide cases reviewed by the Board there were examples of police providing inadequate responses to reported episodes of domestic and family violence. In several identified occurrences, police dismissed direct reports of domestic and family violence reported to them by victims of violence. For example, in one case reviewed by the Board police labelled the primary victim as a 'hostile aggrieved' due to her unwillingness to provide a written statement following an episode of violence.

In another matter, police labelled a victim's repeated calls to police with disclosures of domestic and family violence and concerns for the safety of her children as 'vexatious' after the perpetrator made explicit threats to kill himself and their son in the context of their separation and the perpetrator's ongoing suicidality. The investigating officer flagged the perpetrator's file to reflect, without any clear rationale or explanation, that any further requests for welfare checks of children were vexatious and should be referred to Child Safety Services.

There were indications that subsequent police responses to concerns of child abuse and domestic and family violence were influenced by this point-in-time assessment of the victim's motivation. In this case, an interstate police service advised Queensland Civilian Communications Officers that the perpetrator had threatened to kill his child and himself if the child's mother did not return to Queensland to be with him. Due to the presence of the flag, Civilian Communications Officers finalised this report with no further action to be taken. In this case, while the child subject to these threats survived, another child in the perpetrator's care died eight months later.⁶¹

61 In the inquest into the death of Elsie May Robertson, an Aboriginal woman who died after a prolonged assault by her intimate partner, State Coroner Terry Ryan acknowledged the important role of civilian communications operators in ensuring an appropriate policing response to domestic and family violence. Accordingly, State Coroner Ryan recommended that the Queensland Police Service extend the provision of specialist domestic and family violence training to frontline police officers to include all staff who are likely to have contact with domestic and family violence situations, including administrative staff. The Queensland Government accepted this recommendation, and on 9 August 2017 announced that the Queensland Police Service had delivered the Vulnerable Persons Training Package to over 11,500 sworn police officers and targeted unsworn members, including those from Policelink, Police Communications, and Station Client Officers. The Government's announcement reflects that the training concentrated on both responding to those with mental health concerns, the dynamic of domestic and family violence, and the challenges of responding to and investigating these occurrences.

An amendment was made to the police Operational Procedures Manual (OPM) in June 2015 to insert a policy regarding 'child welfare checks' or any requests by members of the public to assess the wellbeing of a child. This policy, in effect, applies a reverse onus of proof to any allegations of harm to a child. Officers are to consider if a criminal offence is alleged to have been committed against the child, and if the child is a child in need of protection under the *Child Protection Act 1999*.⁶²

The OPM reflects that the Queensland Police Service have no lawful authority to undertake a welfare check for a child.⁶³ When forming a response, police are encouraged to consider, among other factors, any motive or advantage that the notifier may have or receive.⁶⁴

Implementation of this policy may have a significant impact on victims of domestic and family violence where the perpetrator has used the children as a tool or means to control the victim. An emphasis on assessing the motivations of the notifier over addressing any immediate risks to children, particularly when there is a documented history of domestic and family violence, may put victims and their children at risk at a point of critical intervention.

Across the cases reviewed by the Board, frontline officers placed significant weight on disclosures of perpetrators when investigating claims of domestic and family violence, which resulted in allegations being unsubstantiated. The Board acknowledged that working in this space is complex and challenging, which impacts on the ability of police to make objective assessments of evidence, when often the facts are in dispute. However, the filicide cases reviewed reveal a pattern of higher expectations placed on mothers than fathers/male carers involved in the children's lives. As a result, in two cases children were left in unsafe care arrangements with the male carer or biological father while mothers' protective actions were being questioned and investigated.

Disclosing domestic and family violence will always carry inherent risk for victims and their children experiencing domestic and family violence. This may be from the perpetrator or from the service system itself if victims have had prior negative interactions or responses to disclosure.⁶⁵ The Board noted several examples across the cases where a victim's disclosures of violence to police were met with negative, or no, response.

The Board identified several instances where police accepted the perpetrator's version of events despite a lack of corroborating evidence or independent third party statements. For example, in one case, an Aboriginal victim who had a history of using substances was assessed by police as being less credible than the perpetrator despite a documented history of the perpetrator's use of violence over many years.

It appears that the assessment of the victim by police may have influenced the service response received by the victim, and a total of six reported breaches of the protection order were finalised as 'unfounded'. On one occasion, investigating officers cited a lack of corroborating evidence to support the victim's version of events, despite no recorded efforts to obtain evidence from two witnesses to the alleged offence.

A decision to finalise an offence as unfounded serves a specific purpose internally within police, but there could be unintended consequences if this information is shared with other agencies who may apply an alternative interpretation. For instance, in this same case, Child Safety Services accessed information from police that six reported breaches of a domestic violence protection order were finalised as 'unfounded', which contributed to a decision to finalise a child protection concern without additional Child Safety Services intervention.

The Board held discussions about whether there is a need for services, in particular police as frontline responding officers, to start from a position of believing a victim's disclosures of domestic and family violence as opposed to disbelieving her. The Board acknowledges that victims will not feel safe or comfortable reporting domestic and family violence to services who may respond to their disclosure of violence with disbelief or scepticism.

The Board acknowledged that this approach may represent a challenge from a prosecutorial perspective where there may be a risk of a confirmation bias during an investigation; however, as discussed by the Board in the 2017-18 Annual Report, it is well-established that when reporting violence to police, many victims, particularly Aboriginal and Torres Strait Islander victims, do not do so to seek a criminal consequence for the perpetrator, but rather to seek immediate intervention in an occurring act of violence. Accordingly, police are empowered to make relevant supported referrals for victims and perpetrators of domestic and family violence as well as civil protection orders.

The Board does not suggest that a reverse onus of proof is required in a criminal justice context, but highlights this point to reiterate that changes are needed in the way in which frontline officers interact with victims of domestic and family violence. The responsibility will always lie with services, not victims, to change the way that they provide services to people experiencing violence in order to maximise safety.

Other issues were identified in the police response, particularly where the perpetrator of violence was the person who had contact with the police. In one of the filicide cases, the mother (and primary victim of violence) was reported missing by her abusive (former) partner after removing herself from the abusive relationship just days prior to the child's death. This prompted a missing persons investigation by police, whereby a risk assessment was undertaken which revealed that it was unknown if her disappearance was related to domestic and family violence or 'relationship issues'.

The Queensland Police Service OPM in relation to missing persons is silent in terms of officers responding to situations where an informant reports an adult person known to be a victim of domestic and family violence to be missing.⁶⁶ The Missing Persons Risk Assessment Template enquires as to whether the missing person is subject to a range of orders (i.e. mental health, family law, bail/curfew, Child Safety Services) and permits a free-text 'other' category, but there is no specific option for indicating a domestic violence protection order.

62 S 10 of the *Child Protection Act 1999* defines a child in need of protection as a child who: has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm; and does not have a parent able and willing to protect the child from the harm.

63 In circumstances where there is an immediate risk to a child and police are contacted, usually there will be a co-occurring criminal offence that police can investigate. In the absence of complaints of a criminal offence, the statutory child protection system is established to ensure the wellbeing of children.

64 Queensland Police Service. (2015). *Queensland Police Service Operational Procedures Manual Issue 47: 7.4.10 Child Welfare Checks*. Brisbane: Queensland Government.

65 Rose, D., Trevillion, K, Woodall, A., Morgan, C., Feder, G., & Howard, L. (2011). Barriers and Facilitators of Disclosures of domestic violence by mental health service users: qualitative study. *British Journal of Psychiatry*, 198(3), 189-194.

66 There are specific actions for officers to take if a child reported missing is subject to domestic violence protection orders, child protection orders or family law orders.

The assessment considers personal factors, such as relationship issues/breakdown, financial pressures, significant life events (suicide, death in family, job loss, bullying), previous suicide attempts and domestic violence. Despite police records indicating a long history of domestic and family violence at the hands of the perpetrator, the informant, as well as previous suicide attempts and an indication of current relationship breakdown, none of these factors were endorsed. A high risk response would require immediate deployment of police resources, whereas a medium risk would require 'active and measured response.'

Section 179C of the *Police Powers and Responsibilities Act 2000* provides guidance for police officers when determining whether a missing person is high risk, with one of the key features being 'any history of domestic violence or other relationship problems affecting the person'.⁶⁷

The Board considered that a history of domestic and family violence should trigger a high risk response when a person is reported missing.

Understanding and assessing domestic and family violence risk

The Board noted a lack of empirically based risk assessment tools that meaningfully predict risks to children as a result of domestic and family violence.⁶⁸

In response to recommendations from the Special Taskforce report, the (then) Department of Communities, Child Safety and Disability Services commissioned the Australian National Research Organisation on Women's Safety (ANROWS) to develop a best practice common risk assessment framework to support service provision in an integrated response.⁶⁹ The purpose of this tool is to create a common language for describing domestic and family violence risk and provide guidance for assessing risk across both government and non-government organisations.

The *Common Risk and Safety Framework* (CRSF) is a risk assessment tool designed to be used across different agencies and is in operation in the three integrated service response trial sites and five other locations where high risk teams are in operation.⁷⁰ The CRSF is not an actuarial assessment, and as such requires practitioners to utilise professional judgement, and rely on a victim's sense of safety to inform the categorisation of risk.

While the safety, welfare and wellbeing of children is incorporated in the CRSF, the tool itself largely focuses on the safety and needs of the primary victim of violence. The CRSF was considered in the evaluation of the integrated service response trials, with findings noting the common approach to assessing risk has developed differently than was intended, meaning that participating agencies are assessing risk differently. The evaluation suggested clarification of the different purposes of assessing risk at different points in the service delivery response.

In Victoria, a Common Risk Assessment Framework (CRAF) was implemented in 2007. This tool was designed to assist practitioners to work with victims of domestic and family violence and did not specifically assess for risk of harm or lethality to children in the context of domestic and family violence, but instead considered the risk to children in the broader context of the risk to the mother.⁷¹ For example, threats to kill children were identified as an indicator of an elevated risk of lethality for the adult victim, rather than considered separately as a lethality risk for the child.

In his findings of the inquest into the death of Luke Batty, a young boy who was killed by his father in the context of domestic and family violence, Victorian State Coroner Ian Gray found that the CRAF was not a validated tool and recommended that it be validated to ensure that it could robustly assess domestic and family violence risks, particularly in relation to children.⁷² The subsequent *Victorian Royal Commission into Family Violence* (2016) reaffirmed this position.

Monash University subsequently completed a review of the CRAF which identified that domestic and family violence risks to children were not well understood, and there was a paucity of local or international literature to inform an appropriate response.⁷³

In response, the third iteration of the CRAF in Victoria, the Multi-Agency Risk Assessment and Management Framework (MARAM Framework), was implemented through legislative amendments in 2018. The MARAM Framework uses a structured professional judgement approach to assess the risk of the victim being killed or nearly killed, and was not designed to be an actuarial risk assessment tool. Rather it is a framework of evidence-based risk indicators that are intended to be supplemented with professional judgement supported by ongoing training and practice resources. Accordingly, the risk factors within the tool are not weighted and the seriousness of risk is therefore determined by professionals who categorise the risk into one of three levels: at risk, elevated risk, and serious risk.⁷⁴

67 Section 179C(3)(i) of the *Police Powers and Responsibilities Act 2000*.

68 Jaffe, P.G., Campbell, M., Olszowy, L., & Hamilton, L.H.A. (2014). Paternal filicide in the context of domestic violence: Challenges in risk assessment and risk management for community and justice professionals. *Child Abuse Review*, 23(2), 142–153.

69 The Special Taskforce envisioned the risk assessment framework to assist in: (a) establishing a shared understanding and language for risk; (b) the triaging process; (c) helping to identify high risk cases; and (d) identifying whether thresholds of risk for information sharing have been met and developing the appropriate response in each case.

70 The CRSF features three levels of assessment: Level 1 - screening tool / routine asking questions; Level 2 - risk assessment and safety planning; and, Level 3 - Complex risk assessment and safety management. The CRSF is intended for use by generalist and specialist services to inform the level of risk and accompanying response (e.g. referral to high risk team or specialist service).

71 In 2012, the Victorian Government released the Assessing Children and Young People Experiencing Family Violence framework, but this was not widely utilised by service providers or rolled out by the Government due to concerns it would add an additional layer of confusion to frontline workers.

72 State Coroner Judge Ian Gray. (2015). *Inquest into the Death of Luke Geoffrey Batty*. Melbourne: Coroners Court of Victoria. Access on 17 July 2019, available at https://www.coronerscourt.vic.gov.au/sites/default/files/2018-12/lukegeoffreybatty_o85514.pdf.

73 McCulloch, J., Maher, J., Fitz-Gibbon, K., Segrave, M., Roffee, J. (2016). *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF)*. Melbourne: Monash University.

74 These levels are used to describe the likelihood of the victim being killed or nearly killed.

The MARAM Framework acknowledges that many perpetrators of domestic and family violence use tactics involving children to directly or indirectly perpetrate abuse against women as mothers and carers. This can include undermining or attacking the mother-child bond, or threatening to use the family law and child protection system against them. However, the MARAM Framework also recognises that children and young people are victims of domestic and family violence in their own right and that services should assess risk to children independently to the risk to the adult victim.

The MARAM Framework includes risk indicators to children with emerging evidence to support them, though cautions that there is a lack of empirically validated evidence of validity of these risk factors. The MARAM Framework includes the following child-specific risk factors caused by perpetrator behaviours:

- » exposure to family violence
- » sexualised behaviour towards a child by the perpetrator
- » child intervention in the violence
- » perpetrator behaviours including threatening or failing to return a child to the victim
- » undermining the parent-child relationship
- » professional and statutory intervention.

The MARAM Framework also acknowledges that there may be difficulty in engaging child victims of domestic and family violence, and notes the emerging evidence to support the following risk factors (specific to children's circumstances) that may indicate the presence or escalation of domestic and family violence. These include:

- » a history of professional involvement and/or statutory intervention
- » a change in the child's behaviour not explained by other causes
- » the child experiencing victimisation or other forms of harm.

Noting the lack of robust evidence, the Victorian Government committed to further research to appropriately evaluate and validate these child-specific factors as part of statutory five-yearly review.

The Queensland Domestic and Family Homicide Database contains records of all homicides in a family or domestic relationship from 2006. The Board has applied the Ontario Domestic and Family Violence Death Review Committee lethality coding system to a cohort of filicide cases,⁷⁵ to develop a preliminary understanding of risks present in a relationship that may point to increased risk of fatal outcomes for children.

Twenty-six filicide cases between 2011 and 2018, involving the deaths of 32 children, were analysed with respect to the intimate partner lethality risk indicators. As shown in Table 15, the most common risk indicator was a history of domestic violence in the current relationship, followed by the perpetrator being unemployed, actual or pending separation, excessive alcohol and/or drug use by perpetrator, and perpetrator threatened and/or harmed children.

A comparison was conducted between these filicide cases and a cohort of 75 intimate partner homicides in the same period, to ascertain similarities and differences to the risk profiles. The findings are shown in Table 16.

While there was little difference in the average number of lethality risk indicators across intimate partner and filicide cases, there were some notable discrepancies in the distribution of these indicators. Compared with intimate partner homicides, filicide cases had higher prevalence levels of:

- » perpetrator threatened and/or harmed children
- » child custody or access disputes
- » presence of step-children in the home
- » other mental health or psychiatric problems
- » prior destruction or deprivation of victim's property
- » perpetrator unemployed
- » perpetrator was abused and/or witnessed domestic and family violence as a child.

Conversely, intimate partner homicides were more likely than filicides to feature:

- » history of violence outside the family by perpetrator
- » prior threats to kill the victim
- » prior attempts to isolate the victim
- » choked/strangled the victim in the past
- » extreme minimisation and/or denial of spousal assault
- » sexual jealousy
- » misogynistic attitudes
- » victim's intuitive sense of fear of perpetrator.

Indicators that related to children (i.e. child custody issues, threats to harm children) had a greater association to homicide risk to children than the intimate partner. This preliminary analysis suggests that there may be some distinctions in risk profiles that should be considered when assessing for risk and developing responses and safety planning strategies.

⁷⁵ The Board has adopted the coding system developed by the Ontario Domestic Violence Death Review Committee. This coding system is the most comprehensive available and is based on the review of hundreds of intimate partner homicides. While there are some variations between the Ontario and Queensland populations, there are similarities that enable inter-jurisdiction application. For more information, see: Ontario Domestic Violence Death Review Committee. (2018). *2017 Annual Report*. Toronto: Office of the Chief Coroner, Province of Ontario. Accessed on 17 July 2019, available at: <https://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/2017%20DVR%20Annual%20Report%20Final.pdf>.

Table 15: Most common lethality risk indicators, filicide cases, 2011 to 2018

Risk indicator	Number	Percent
History of domestic violence (current relationship)	22	84.6%
Perpetrator unemployed	17	65.4%
Actual or pending separation	15	57.7%
Excessive alcohol and/or drug use by perpetrator	15	57.7%
Perpetrator threatened and/or harmed children	15	57.7%
Other mental health or psychiatric problems – perpetrator	14	53.8%
Victim and perpetrator living common-law	12	46.2%
Escalation of violence	11	42.3%
Obsessive behaviour displayed by perpetrator	10	38.5%
Controlled most or all of victim's daily activities	9	34.6%
Prior destruction or deprivation of victim's property	9	34.6%
Presence of step children in the home	9	34.6%
Sexual jealousy	9	34.6%
Victim's intuitive sense of fear of perpetrator	9	34.6%
Prior threats to kill victim	8	30.8%
Prior attempts to isolate the victim	8	30.8%
Child custody or access disputes	8	30.8%
Failure to comply with authority	8	30.8%
After risk assessment, perpetrator had access to victim	8	30.8%
Perpetrator was abused and/or witnessed DV as a child	7	26.9%
Depression – in the opinion of family/friend/acquaintance	7	26.9%
Depression – professionally diagnosed	7	26.9%
History of violence outside of the family by perpetrator	6	23.1%
Prior threats with a weapon	6	23.1%
Prior assault with a weapon	6	23.1%
Prior threats to commit suicide by perpetrator	6	23.1%
Prior violence against family pets	5	19.2%
Extreme minimisation and/or denial of spousal assault history	5	19.2%
Prior suicide attempts by perpetrator	4	15.4%
Prior hostage-taking and/or forcible confinement	4	15.4%
Prior assault on victim while pregnant	4	15.4%
Access to or possession of any firearms	4	15.4%
New partner in victim's life	4	15.4%
Age disparity of couple	4	15.4%
Choked/strangled victim in past	2	7.7%
Youth of couple	2	7.7%
Prior forced sexual acts and/or assaults during sex	1	3.8%
Misogynistic attitudes – perpetrator	1	3.8%
Perpetrator exposed to/witnessed suicidal behaviour in family of origin	0	0.0%

Table 16: Lethality risk indicators, intimate partner homicides comparison with filicides, 2010 to 2018

	Intimate partner		Filicide	
	Number	Percent	Number	Percent
History of violence outside of the family by perpetrator	31	41.3%	6	23.1%
History of domestic violence (current relationship)	60	80.0%	22	84.6%
Prior threats to kill victim	31	41.3%	8	30.8%
Prior threats with a weapon	18	24.0%	6	23.1%
Prior assault with a weapon	17	22.7%	6	23.1%
Prior threats to commit suicide by perpetrator	22	29.3%	6	23.1%
Prior suicide attempts by perpetrator	17	22.7%	4	15.4%
Prior attempts to isolate the victim	33	44.0%	8	30.8%
Controlled most or all of victim's daily activities	30	40.0%	9	34.6%
Prior hostage-taking and/or forcible confinement	18	24.0%	4	15.4%
Prior forced sexual acts and/or assaults during sex	10	13.3%	1	3.8%
Child custody or access disputes	11	14.7%	8	30.8%
Prior destruction or deprivation of victim's property	18	24.0%	9	34.6%
Prior violence against family pets	10	13.3%	5	19.2%
Prior assault on victim while pregnant	10	13.3%	4	15.4%
Choked/strangled victim in past	20	26.7%	2	7.7%
Perpetrator was abused and/or witnessed DV as a child	9	12.0%	7	26.9%
Escalation of violence	27	36.0%	11	42.3%
Obsessive behaviour displayed by perpetrator	30	40.0%	10	38.5%
Perpetrator unemployed	32	42.7%	17	65.4%
Victim and perpetrator living common-law	40	53.3%	12	46.2%
Presence of step children in the home	14	18.7%	9	34.6%
Extreme minimisation and/or denial of spousal assault history	22	29.3%	5	19.2%
Actual or pending separation	43	57.3%	15	57.7%
Excessive alcohol and/or drug use by perpetrator	40	53.3%	15	57.7%
Depression – in the opinion of family/friend/acquaintance	16	21.3%	7	26.9%
Depression – professionally diagnosed	17	22.7%	7	26.9%
Other mental health or psychiatric problems – perpetrator	21	28.0%	14	53.8%
Access to or possession of any firearms	12	16.0%	4	15.4%
New partner in victim's life	20	26.7%	4	15.4%
Failure to comply with authority	29	38.7%	8	30.8%
Perpetrator exposed to/witnessed suicidal behaviour in family of origin	3	4.0%	0	0.0%
After risk assessment, perpetrator had access to victim	8	10.7%	8	30.8%
Youth of couple	5	6.7%	2	7.7%
Sexual jealousy	40	53.3%	9	34.6%
Misogynistic attitudes – perpetrator	13	17.3%	1	3.8%
Age disparity of couple	11	14.7%	4	15.4%
Victim's intuitive sense of fear of perpetrator	39	52.0%	9	34.6%
Perpetrator threatened and/or harmed children	15	20.0%	15	57.7%
Average	11.5		11.4	

Post-separation violence, systems abuse, and family law system reform

The Board has identified post-separation violence as a recurring theme throughout its review of cases since it was established in 2016-17 and has raised the issue in previous Annual Reports. In 2018-19, the domestic and family violence death occurred in the context of violence being perpetrated after a relationship separation in four of the cases reviewed by Board (16.6%).

A myriad of reasons may contribute to a victim's decision not to flee an abusive relationship (as discussed in Chapter 10). However, when a victim is empowered to leave her abusive partner, this does not automatically signpost the end of the violence. In fact, in many situations, the threat of violence can become more serious and more likely to lead to intimate partner homicide, as the perpetrator attempts to regain control.⁷⁶

There is an exponential increase in risk and complexity where children are present in a separating relationship. Of the five filicide cases considered by the Board in 2018-19, there was evidence in two cases (40%) that the children were used as a means of control by the perpetrator.

There is an emerging body of research that identify the impact of conflict and domestic and family violence on parenting and parent-child relationships.⁷⁷ Specifically, it has been identified that:

- » Physical abuse is commonly reported by mothers and fathers prior to separation (with mothers of children reporting abuse at higher frequencies).
- » Emotional abuse is common and can persist for significant periods post-separation.
- » Mothers who experience domestic and family violence were more likely to suffer psychological distress, to have less confidence in their parenting skills, and to experience financial hardships, compared with mothers who had not experienced violence.
- » Women who engage with services in the context of domestic and family violence have a number of complex psychosocial and material needs.
- » Women and their children are likely to continue to experience violence unless safety measures have been introduced.
- » Women and their children may need sustained therapeutic intervention to address the emotional and physical consequences of abuse and violence.

While the issues of post-separation violence and systems abuse were prevalent throughout the cases reviewed by the Board, this was exemplified in one particular case of an apparent suicide of an Aboriginal and Torres Strait Islander young person. This child and her parents were subject to family law order conditions, requiring her to reside with her father who had been identified as a perpetrator of domestic and family violence.

Secondary victimisation increases the risks that children and young people may lose confidence in the systems and caregivers charged with protecting them.⁷⁸ In a recent research study, women reported ongoing physical and non-physical violence that was not taken into account when the Family Law Court issued co-parenting arrangements.⁷⁹

At the request of the Prime Minister, the Australian Law Reform Commission (ALRC) undertook an inquiry into the family law system. In March 2019, the ALRC released the *Family Law for the Future: An Inquiry into the Family Law System Final Report* (the Family Law Report).

In November 2018, the Board submitted a response to the ALRC (see Appendix G), informed by cases previously considered by the Board that highlighted the risks associated with post-separation violence. The Board's submission was largely supportive of the approaches proposed in the discussion paper as part of the consultation process. The Board was resolute in the need for the safety of children and victims of violence to be paramount.

The Board also called for the implementation of an integrated service response, dedicated resourcing to ensure sustainability, and enable a flexible system that can adjust arrangements where risks of domestic and family violence emerge. The Board reinforced the need for special care being taken to consider dynamic risks throughout the family law processes, and to develop the capacity of workers in the family law system to identify and respond to domestic and family violence.

The Family Law Report identified that the family law system is not adequately assisting Australian separated couples to resolve disputes following a relationship breakdown, noting that children and victims of domestic and family violence are not consistently protected from harm.

Structural and systemic issues were identified, citing the separation between the federal system that is responsible for parenting decisions, and state systems that are mandated to respond to child protection and domestic and family violence. Accordingly, the Family Law Report called for integrated pathways to protect children and vulnerable parties, with a specific recommendation to consider how these matters may be resolved in a single jurisdiction.

A total of 60 recommendations were made with respect to:

- » closing the jurisdictional gap
- » children's orders
- » stricter case management
- » compliance with children's orders
- » simpler property division
- » encourage amicable dispute resolution
- » legislative simplification.

76 Johnson, H., & Hoton, T. (2003). Losing control: homicide risk in estranged and intact intimate relationships. *Homicide Studies*, 7, 58-84.

77 For example: Moloney, L., Weston, R., & Qu, L. (2015). *Attitudes to Post-Separation Care Arrangements in the Face of Parental Violence*. Melbourne: Australian Institute of Family Studies; Kaspiw, R., Horsfall, B., Qu, L., Nicholson, J.M., Humphreys, C., Diemer, K., & Dunstan, J. (2017). *Domestic and Family Violence and Parenting: Mixed method insights into impact and support needs Final Report*. (ANROWS Horizons 04/2017). Sydney: ANROWS.

78 Taylor, A. (2019). *Impact of Experience of Domestic and Family Violence on Children: What does the literature have to say?* Brisbane: CQ University

79 Roberts, D., Chamberlain, P., & Delfabbro, P. (2015). Women's experiences of the process associated with the family court of Australia in the context of domestic violence: a thematic analysis. *Psychiatry, Psychology and Law*, 22(4), 599-615.

Many recommendations made reference to improving children's safety and improving consistency with respect to domestic and family violence. The Board is particularly interested in:

- » the development and implementation of a national information sharing framework in relation to the safety, welfare and wellbeing of families and children between the family law, domestic and family violence, and child protection systems (Recommendation 2)
- » expansion of the information sharing platform as part of the National Domestic Violence Order Scheme to include family court orders and orders made under state and territory child protection legislation (Recommendation 3)
- » proposed legislative amendments so factors considered when determining parenting agreements include arrangements that best promote the safety of the child and the child's carers (Recommendation 5)
- » a court must consider opportunities for Aboriginal and Torres Strait Islander children to connect with, and maintain connection to family, community, culture, and country (Recommendation 6)
- » the expansion of secondary interventions (e.g. Family Advocacy and Support Services, Family Relationship Centres) to enhance case management to clients, including those with complex needs (Recommendations 57 – 60).

The Board has concerns about proposals that separating parties be required to take genuine steps to attempt to resolve property and financial matters (Recommendation 21), as this fails to take into consideration the unequal power that a victim of domestic and family violence may have in any such negotiations.

The Board noted that the ALRC did not explicitly consider the interface between domestic and family violence and the family law system, nor did it have a cultural lens. While the report is currently being considered by the Commonwealth Government, the Board was of the view that more needs to be done to support victims of domestic and family violence and their children who are accessing the family law system in an integrated way with a person-centred approach.

The Board were pleased to hear of some innovative approaches to address domestic and family violence within the family law system, such as the Abuse on Contact Training Program.⁸⁰ Abuse on Contact was developed by Carinity, Women's Legal Service Queensland, and Ipswich's Domestic Violence Action Centre to train frontline workers, such as counsellors, support workers, legal and dispute resolution professionals, to identify domestic and family violence. The program assists workers to identify and assess risk of domestic and family violence for victims and their children, and how to support children where abuse is identified.

The Board also reaffirmed the need for services to respond appropriately to children's disclosures of violence and abuse, in particular those services who are involved in the lives of children for the express purpose of protecting them. In one case reviewed by the Board where there was Family Court involvement, a child made explicit threats to the court that she would suicide if she were ordered to return to her father's care after a long history of domestic and family violence. The child was ordered to return to her abusive father's custody despite these threats and tragically died by suicide shortly afterwards.

The Board noted that the Family Court system does not have a death review mechanism to enable learnings to be made from the deaths of those known to the system. The lack of review function means that it is unlikely that the Family Court system is made aware of the death of a child subject to an order, and are therefore unable to reflect and make subsequent improvements in service delivery.

The Board will observe with interest the implementation of reform activities in the family law system, with an expectation that system issues that have been identified in cases considered by the Board may be ameliorated. However, the Board retains some scepticism that these issues can be rectified by the system without a dedicated review function in circumstances where children, young people, or parents die in the context of the ongoing stressors of family law proceedings.

80 Carinity, (2019). Abuse on Contact Training Program. Brisbane: Carinity. Accessed on 6 June 2019, available at: <https://carinity.org.au/our-services/youth-families/domestic-family-violence/abuse-on-contact/>.



Chapter 4: Refining our focus: Indigenous youth suicide

Key findings

- » The Board reviewed four suspected suicides of Aboriginal adolescents with a history of direct experience or exposure to significant family violence throughout their childhood.
- » The impact of intergenerational and cyclical trauma was significant with evidence of entrenched disadvantage for the young people, their parents and extended families.
- » Despite significant reform, service responses were generally not culturally or trauma-informed which ultimately limited their effectiveness and led to diminished engagement with the young person and their family.
- » The cases demonstrated the need to enhance frontline workers' understanding of the cumulative effects on children who have been exposed to family violence and strengthen screening, investigation and assessment processes accordingly.
- » There was limited evidence of early intervention or prevention strategies to address underlying trauma and a lack of integrated service responses.
- » More must be done to recognise the impact of intergenerational trauma and childhood exposure to violence throughout the life course including the significant risk this poses on future suicide or self-harming behaviour amongst Aboriginal and Torres Strait Islander young people.
- » Culturally informed responses that identify, recognise and respond to the individual's cultural status are essential.
- » There was a failure by service providers to consistently identify Aboriginal and Torres Strait Islander cultural status and subsequent lack of referrals or engagement with cultural services.
- » The Board recognises the significant suicide prevention agenda and particularly welcomes commitments and actions under the newly released *Every Life: The Queensland Suicide Prevention Plan 2019 – 2029* which focus on the needs of Aboriginal and Torres Strait Islanders as well as children known to the child protection system.

The Board has consistently maintained a targeted focus on family violence as it pertains to Aboriginal and Torres Strait Islander communities in Queensland. This focus is necessary given the disproportionately high rates of domestic and family violence often experienced by Aboriginal and Torres Strait Islander communities. Domestic and family violence is known to reduce individual and community social and emotional wellbeing and negatively impact other issues including homelessness, unstable accommodation, low employment and education rates, as well as comparatively poor physical health outcomes.

This focus is consistent with collective efforts across all levels of government and sectors to strengthen responses to improve the quality of life for Indigenous Australians and 'close the gap' in disadvantage which exists across health, social and economic domains.

In this reporting period, the Board reviewed four suspected apparent suicides of Aboriginal adolescents with a history of direct experience or sustained exposure to family violence.⁸¹ Due to the complex nature of these issues, the Board welcomed the significant and invaluable contribution by Ms Emma Buxton-Namisnyk in preparing a case review report for the Board,⁸² and Ms Samantha Wild as an expert advisor on the topic of Aboriginal and Torres Strait Islander youth suicide.⁸³

Although a small sample, each of these deaths occurred in the context of family violence and child welfare concerns, including criminal maltreatment and abuse. In all cases, police and Child Safety Services were involved and three of the young people also had contact with child and youth mental health services prior to their deaths.

81 The Board also considered other types of deaths where the deceased identified as Aboriginal or Torres Strait Islander, including one filicide case and one case featuring geographical and social isolation that resulted in an Aboriginal and Torres Strait Islander male taking his own life. For the purpose of this report, specific issues identified with respect to those deaths have been discussed in other chapters and this chapter specifically focuses on the relationship between family violence and Indigenous youth suicide. The Board acknowledges that this relationship does not occur in isolation of many and varied complex factors which are highlighted in this chapter.

82 Ms Buxton-Namisnyk is a Domestic and Family Violence Consultant and was engaged by the Board to assist in the preparation of a case review report in accordance with section 91G(2)(b) of the *Coroners Act 2003* (Qld).

83 Ms Wild is a Wakka Wakka and South Sea Islander woman and is Director of *Awakening Cultural Ways* which provides Aboriginal and Torres Strait Islander research and advice on health and human services. Ms Wild is a member of the Queensland Domestic and Family Violence Implementation Council and facilitates workshops and research in cultural competency, social and emotional wellbeing, mental health, trauma and healing.

With respect to these young people:

- » two of the deceased were 13 years of age and two were aged 16 at the time of their deaths
- » three of the young people were male and one was a female
- » all children identified as Aboriginal and none identified as Torres Strait Islander
- » there was a history of family violence and child abuse or maltreatment in all cases
- » with respect to the family violence, the primary victim was the deceased child's mother and the primary perpetrator was the child's father or step-father
- » in all cases, the child's mother was Aboriginal and in three cases, the primary perpetrator was non-Indigenous.

The children experienced significant vulnerabilities beyond their exposure to significant family violence, including bullying, problematic substance use, custody disputes, childhood trauma, mental health concerns, developmental issues and unstable housing. Records suggest that these issues were visible and known to services, family and friends of the young people.

In its review of these deaths, the Board recognised the substantial strength and resilience shown by the deceased children and their families which was demonstrated in the face of significant adversity. Although the Board did not purport to understand the full complexity or nuanced experience of the young person and their families, the damaging legacy of colonisation on Aboriginal and Torres Strait Islander people and the impact of intergenerational trauma was clearly evident across the cases.

The following section specifically considers the impact of family violence on Indigenous children and young people, including:

- » the link between family violence and risk of suicide or self-harm
- » what we know about risk and protective factors for Indigenous young people and their families
- » key themes and findings emerging from the Board's review of these four deaths particularly as it relates to service system responses and opportunities to embed culturally targeted and trauma informed responses
- » current reform initiatives within Queensland and other jurisdictions.

What we know about family violence and Aboriginal and Torres Strait Islander suicide

Both family violence and suicide are complex, nuanced issues and although it is not possible to definitively identify causative links, the literature suggests that family violence is both a cause and a consequence of social and emotional distress in Aboriginal and Torres Strait Islander communities; and has been identified as a contextual factor, and likely contributor, in intentional self-harm among Aboriginal and Torres Strait Islander children and young people.⁸⁴

Certainly, the statistics are distressing and cause for significant concern:⁸⁵

- » The suicide rate in Aboriginal and Torres Strait Islander peoples is twice that of the non-Indigenous population and occurs at much younger ages.
- » Intentional self-harm is the fifth highest cause of death for Indigenous people, with males representing the vast majority (83%) of suicide deaths.
- » Suicide is the number one cause of death in young Aboriginal and Torres Strait Islander Queenslanders aged 15 to 34.

The literature establishes that Aboriginal and Torres Strait Islander suicide is different in character to non-Indigenous suicide.⁸⁶ According to Dudgeon and Holland, there are a number of differences between non-Indigenous and Indigenous suicide in Australia. However, there is one factor which truly distinguishes Aboriginal and Torres Strait Islander suicide from non-Indigenous suicide in Australia; the underlying historical, cultural, political, social and economic context of Aboriginal and Torres Strait Islander people's life in contemporary Australia.⁸⁷

The authors suggest that the emergence of Aboriginal and Torres Strait Islander suicide as a public health issue coincides with the formal end to discriminatory social policies and the closure of missions and reserves. The removal of formal discriminatory barriers has not resulted in the remediation of the poverty and social exclusion that were the consequence of those discriminatory colonial policies. The removal of discriminatory barriers also led to: the widespread access of alcohol and social welfare; the resulting challenge for Indigenous people in establishing normative identity having been colonised; and the internalisation of violent historical and traumatic processes – resulting in self-destructive behaviours reflective of both individual and collective vulnerability.

They argue that this situation of incomplete rights and damaged normative identity continues, compounded by the lack of self-determination (self-governance) of Aboriginal and Torres Strait Islander people in Australia. This is despite international law such as the *United Nations Declaration on the Rights of Indigenous Peoples*, to which Australia is a signatory, establishing self-determination as a human right. As Dudgeon and Holland note, this disempowerment at a national level is also reflected at a community level. For this reason, individual and collective empowerment has been and remains central to efforts to reduce Aboriginal and Torres Strait Islander suicide in Australia.⁸⁸

84 Causes of Death Australia 2017, Australian Bureau of Statistics data, available here: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0-2017-Main%20Features-Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people-10>.

85 Causes of Death Australia 2017, Australian Bureau of Statistics data, available here: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0-2017-Main%20Features-Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people-10>

86 Tatz, C. (1999). *Aboriginal suicide is different: Aboriginal youth suicide in New South Wales, the Australian Capital Territory and New Zealand: towards a model of explanation and alleviation*. Accessed on 10 June 2019, available at <http://crg.aic.gov.au/reports/tatz/>; Dudgeon, P, Holland, C. (2017). *The contexts and causes of suicide among Aboriginal and Torres Strait Islander people*. Perth: ATSISEPP. Available at https://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0017/3004190/ATSISEPP-The-contexts-and-causes-of-suicide-among-Indigenous-Australians.pdf.

87 Ibid.

88 Ibid.

Aboriginal and Torres Strait Islander social and emotional wellbeing is relational, focusing on: cultural continuity through culturally defined family and kin relationships; community relationships; the role of Elders and cultural practice; connection to country; and spirituality and ancestors.⁸⁹ As Dudgeon and Holland argue, these are also protective factors against suicide. Disconnection from community, family and friends can have negative consequences for Aboriginal and Torres Strait Islander people, and particularly Aboriginal and Torres Strait Islander youth. Disconnection of this type is evident in all of the cases examined in this Chapter; including disconnection from family through child removal and disconnection from Aboriginal and Torres Strait Islander identity, which is suspected in most cases due to disclosures around poor cultural connections (or disconnection from country). As Dudgeon and Holland note drawing on international literature, this disconnection can result in gravitation towards negative peer groups or similarly disconnected groups. This is also evident for at least two of the deceased children in the cases examined who were known to be offending with peers prior to their apparent suicides.

Intergenerational or trans generational trauma is also a factor related to the historical and ongoing forces of colonisation, which can disrupt and impact relational wellbeing and connection. As Atkinson notes, through intergenerational trauma historical trauma becomes embedded and passed down via the mechanisms through which culture is usually transmitted, and this trauma can have long-lasting effects, with childhood trauma having been associated with suicide.⁹⁰ Such trauma can also result in further social exclusion and destructive behaviours, which can resonate through communities. Trauma-informed practice (or healing based practice) within mainstream and specialist services is often posited as a solution to addressing these issues; but most central to this approach is the establishment and support of culturally connected Aboriginal and Torres Strait Islander led and community controlled services and solutions.

Dudgeon and Holland also point to social exclusion as a consequence of colonisation, particularly focusing on the effects of individual and collective powerlessness. They argue that Aboriginal and Torres Strait Islander people are more likely to experience deep and persistent social exclusion, and such social exclusion provides a context for many of the individual risk factors for suicide facing Aboriginal and Torres Strait Islander people, and young people, in Australia.

According to Dudgeon and Holland, the following individual risk factors have been identified for Aboriginal and Torres Strait Islander suicide:

- » alcohol and drug use, in particular alcohol and cannabis. Data concerning the prevalence of substance use can be interpreted in two different ways – as indicating that either alcohol and cannabis is being used as part of a suicide method, or alternatively that these substances may contribute to suicide in another way, such as by lowering protective factors and increasing impulsivity
- » impulsivity – meaning that only a minor stressor is apparent, or there is no apparent reason, or an act may appear to be committed for attention. Impulsivity is associated with Foetal Alcohol Spectrum Disorder (FASD) and post-traumatic stress disorder (PTSD), both of which are issues facing many Aboriginal and Torres Strait Islander people
- » family violence and child abuse, including sexual abuse
- » exposure to suicidal behaviour within the social network; remoteness is also a risk factor.⁹¹

Exposure to suicidal behaviour within the social network, or clustering, has been found to be more likely with children and young people than older adults.⁹²

Dudgeon and Holland also identify the following specific causes associated with Aboriginal and Torres Strait Islander suicide:

- » death of a family member or friend (reported by 37% of respondents)
- » serious illness (23%)
- » inability to get a job (23%)
- » mental illness (16%).⁹³

While these stressful events also align with those experienced by non-Indigenous people, there is evidence that Aboriginal and Torres Strait Islander people often experience more and often simultaneous life stressors.

A Queensland study in 2011 also found that the most common stressful life events preceding Aboriginal and Torres Strait Islander people's suicides were:

- » conflict with partners (relationship conflict) and family members (familial conflict) or other people (interpersonal conflict)
- » pending legal matters and criminal history
- » loss of significant persons (bereavement), with a particular focus on exposure to suicide in the social network.⁹⁴

⁸⁹ Ibid.

⁹⁰ Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children*. Canberra: Australian Institute of Health and Welfare & Australian Institute of Family Studies. Accessed on 16 June 2018, available at: <http://earlytraumagrief.anu.edu.au/files/ctg-rs21.pdf>.

⁹¹ Dudgeon, P; Holland, C. (2017). *The contexts and causes of suicide among Aboriginal and Torres Strait Islander people*. Perth: ATSISEPP. Available at: https://www.atsisep.sis.uwa.edu.au/__data/assets/pdf_file/0017/3004190/ATSISEPP-The-contexts-and-causes-of-suicide-among-Indigenous-Australians.pdf.

⁹² Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. (2016). *Raising the bar for youth suicide prevention*. Melbourne: Orygen, p. 7. Available at: <https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report.aspx?ext=>.

⁹³ Dudgeon, P; Holland, C. (2017). *The contexts and causes of suicide among Aboriginal and Torres Strait Islander people*. Perth: ATSISEPP. Available at: https://www.atsisep.sis.uwa.edu.au/__data/assets/pdf_file/0017/3004190/ATSISEPP-The-contexts-and-causes-of-suicide-among-Indigenous-Australians.pdf.

⁹⁴ De Leo D, Svetcic J, Milner A, et al. (2011). *Suicide in indigenous populations of Queensland*. Canberra: Australian Institute for Suicide Research and Prevention National Centre of Excellence in Suicide Prevention and WHO Collaborating Centre for Research and Training in Suicide Prevention, Australian Academic Press. Referred to in Dudgeon, P; Holland, C. (2017). *The contexts and causes of suicide among Aboriginal and Torres Strait Islander people*. Perth: ATSISEPP. Available at: https://www.atsisep.sis.uwa.edu.au/__data/assets/pdf_file/0017/3004190/ATSISEPP-The-contexts-and-causes-of-suicide-among-Indigenous-Australians.pdf

It should be noted that no particular factors are specifically identified for Aboriginal and Torres Strait Islander children and young people, but these factors are similarly reflected in the risk factors identified for child and youth suicide generally.

Dudgeon and Holland also note that access to services (including mental health services) remains a problem for Aboriginal and Torres Strait Islander people, and many people who have mental health issues or suicidal ideation are unable to access the services they require. As Dudgeon and Holland note, drawing on the work of Marrie and Marrie, one explanation for limited access of mental health services, and also other services, is:

*Cultural racism [which] includes actions by institutions that are not overtly racist or believe themselves to be racist but amount to ‘the observance and administration of policies, rules and procedures that purport to treat everybody equally, but are unfairly or inequitably administered or applied in dealings with people belonging to a particular racial, ethnic, religious or cultural group’.*⁹⁵

This is backed by research indicating that Aboriginal and Torres Strait Islander people may have lower trust in mainstream services, including those they are accessing and concerns around unfairness, discrimination and unequal treatment. While Aboriginal and Torres Strait Islander community controlled organisations are critical to addressing this issue, these services are often not comprehensive, and the mainstream services Aboriginal and Torres Strait Islander people accordingly have to access often lack cultural safety and competency in their practice.⁹⁶

As is apparent from the case reviews examined by the Board, many of these issues are also echoed for Aboriginal and Torres Strait Islander people around domestic and family violence, including access to specialist and mainstream services. Issues around engagement and availability affect both Aboriginal and Torres Strait Islander children and their parents, and in all cases examined in this chapter there is evidence of parents’ inability to engage in mainstream and, in some cases, also community controlled services around child protection and domestic violence issues.

While there is limited literature around Aboriginal and Torres Strait Islander youth suicide, there is extensive literature around the suicides of children and young people more generally. Following the work of Dudgeon and Holland, it is apparent that many of the insights around youth suicide can also be applied to understanding the suicides of Aboriginal and Torres Strait Islander children and adolescents, although the specific context of colonisation, trauma and disconnection must be used as a heuristic or lens through which to understand the application of these risk indicators, protective factors, and explanations.

According to the recent report of the Queensland Family and Child Commission,⁹⁷ suicide is the leading cause of death of young people aged 14-17 years in Queensland. Males, Aboriginal and Torres Strait Islander people, and young people who have had contact with the child protection system are at higher risk of dying by suicide.

Most cases reviewed in this chapter meet all three of these risk factors, as three of the adolescents examined were young Aboriginal males who had extensive child safety contact. The fourth case featured an Aboriginal female with contact with Child Safety Services.

The report also notes that factors including exposure to maltreatment, family violence and parental maladjustment and bullying are all factors which increase children and young peoples’ vulnerability to suicide, and the most common triggers identified in the study were conflict with parents, friends, partners and siblings. Suicide was noted to occur amongst young people with or without mental illness, and only half of young people who died by suicide had previously expressed suicidal ideation.

Specific risk factors for suicide among young people include:

- » previous suicide attempts
- » history of harmful substance use
- » family history of suicidal behaviour
- » parental divorce
- » parental psychopathology
- » history of mental illness
- » behavioural issues including impulsivity and dysregulation
- » experiences of sexual or physical abuse
- » relationship problems – conflict with parents and/or romantic partners
- » experiences of physical violence
- » legal or disciplinary problems
- » access to harmful means such as medication or weapons
- » recent death of a family member or a close friend
- » ongoing exposure to bullying behaviour such as cyber-bullying
- » losing a friend or family member to suicide
- » physical illness or disability
- » experiences of discrimination, prejudice, isolation and rejection during adolescence due to sexuality or gender identity differences.⁹⁸

95 Marrie A, Marrie H. (2014). *A Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services*. Published online: <http://www.avidstudy.com/wp-content/uploads/2015/08/Matrix-Revised-2-9-14.pdf>.

96 Dudgeon, P, Holland, C. (2017). *The contexts and causes of suicide among Aboriginal and Torres Strait Islander people*. Perth: ATSISEPE, p. 17. Available at: https://www.atsisep.sis.uwa.edu.au/_data/assets/pdf_file/0017/3004190/ATSISEPE-The-contexts-and-causes-of-suicide-among-Indigenous-Australians.pdf.

97 Scott, J., Ryan, A., Hielscher, E., and Thomas, H. (2018). *Suicide in children and adolescents in Queensland 2004-2015*. Brisbane: Queensland Family and Child Commission. Available at: <https://www.qfcc.qld.gov.au/sites/default/files/For%20professionals/research/research-summaries/research-summary-suicide-of-young-people-in-Queensland.pdf>.

98 Gould, et al. (2003). *Youth Suicide Risk and Preventive Interventions: A review of the past 10 years*. *Journal of the American Academy of Child Adolescent Psychiatry*, 42(4), 386. Available at: <http://www.ohiospf.org/files/Suicide%2010%20Year%20Review.pdf>.

While these are risk factors, it is apparent that oftentimes few or even no risk factors are identifiable in youth suicide cases.⁹⁹

Identified protective factors include:

- » strong, positive relationships with parents and guardians – feeling secure and supported
- » connections to other non-parental adults
- » closeness to caring friends
- » academic achievement
- » school safety
- » feeling a sense of belonging to something bigger than themselves – community, culture, religion, sports team
- » neighbourhood safety
- » awareness of and access to local health services
- » overall resilience.

The topic of Aboriginal and Torres Strait Islander youth suicide has attracted increasing attention in recent times.

The most notable recent inquiry into the issue of Aboriginal and Torres Strait Islander youth suicide was the Western Australian coronial inquest into the deaths of 13 children and young people in the Kimberley region. The deaths were investigated at the one inquest due to similar circumstances, life events, developmental experiences and behaviours having contributed to making these children and young people vulnerable to suicide. This inquest was extensive with hearings held at the Coroners Court in Perth and also at courts throughout the Kimberley region – making the proceedings accessible to those family and community members who sought to participate. The Coroner additionally attended a number of site visits to communities as part of inquest proceedings.

In February 2019 the Western Australian State Coroner Fogliani released her inquest findings into these cases,¹⁰⁰ examining issues of intergenerational trauma, cultural continuity and cultural healing, service availability and context in the Kimberley region (including for health, mental health, housing, education, and police services), as well as alcohol restrictions within communities impacted by the child and youth deaths. The inquest found that the children and young people who died by suicide often experienced physical ill health, abuse and neglect, as well as a ‘dysfunctional home environment’; including exposure to domestic violence (including ‘chronic and severe’ violence).¹⁰¹ The inquest identified that domestic and family violence exposure was a feature in seven cases, and three of the children who experienced abuse growing up went on to either use or experience domestic violence in their own relationships as adolescents and young people.¹⁰²

The inquest resulted in the State Coroner making 42 recommendations for change including recommendations around:

- » FASD (Foetal Alcohol Spectrum Disorder)
- » alcohol restriction policy and reform
- » increased funding for diversionary patrols
- » improving the accessibility of service providers
- » housing issues
- » enhanced consultation with Aboriginal communities
- » training for service providers on the effects of trauma and FASD
- » suicide intervention and prevention training
- » employment and welfare
- » mental health reform
- » trauma informed care and treatment and cultural healing projects
- » preventive strategies for new parents
- » recreational facilities
- » educational and language projects.

Relevantly, the Western Australia State Coroner also made a recommendation around increasing reporting of domestic and family violence, including taking visually recorded statements from victims at the scene of domestic and family violence episodes.

The scope of the Coroner’s inquest, findings and recommendations highlights that Aboriginal and Torres Strait Islander youth suicide must be located in a complex web of factors. The inquest highlights that domestic and family violence is one factor in youth suicide that has to be considered alongside other indicators of trauma, poverty and neglect, as well as systems responses to these issues. The findings highlight that domestic and family violence is both a symptom and a cause of ongoing social disadvantage.

In response to the Coroner’s report, the Commonwealth government has funded community-driven action plans to prevent suicide across the Kimberley including in Kununurra, Balgo, Wyndham, Halls Creek and Broome (with each community receiving \$130,000 to roll out its action plan).

99 Scott, J., Ryan, A., Hielscher, E., and Thomas, H. (2018). *Suicide in children and adolescents in Queensland 2004-2015*. Brisbane: Queensland Family and Child Commission. Available at: <https://www.qfcc.qld.gov.au/sites/default/files/For%20professionals/research/research-summaries/research-summary-suicide-of-young-people-in-Queensland.pdf>.

100 State Coroner Fogliani. (2019). *Findings: Inquest into the 13 deaths of children and young persons in the Kimberley Region*. Perth: Coroners Court of Western Australia. Available at: https://www.coronerscourt.wa.gov.au/1/inquest_into_the_13_deaths_of_children_and_young_persons_in_the_kimberley_region.aspx.

101 Ibid.

102 Ibid.

The impact of intergenerational trauma on vulnerability

The families involved in these cases had experiences of disadvantage including significant histories of domestic and family violence, parental substance misuse, and parental mental illness. In particular, mothers were noted to have significant histories of childhood trauma and domestic and family violence victimisation, which impacted their capacity to be a protective parent. In at least one of the cases reviewed there was evidence that the deceased child's maternal grandmother was held in an Aboriginal dormitory as a child, where it was suspected that she experienced child sexual abuse. The Board acknowledged the complexity of intergenerational trauma and the cumulative impact of this harm with research suggesting childhood trauma may be associated with suicide.¹⁰⁵

The Board heard of the lack of understanding of trauma within Aboriginal and Torres Strait Islander communities and the lack of awareness of the long-lasting impact of exposure to domestic and family violence on children in later life. The normalisation of extreme violence, such as non-lethal strangulation, within Aboriginal and Torres Strait Islander communities has a profound and lasting impact on children who may be exposed to this harm. This, coupled with exposure to parental mental health issues and suicidality, can also lead to children developing maladaptive coping strategies by mirroring parental behaviour and adopting self-harm or suicidal ideation as a means to manage feelings of stress or sadness. The Board noted that all of the deceased children had been exposed to, or had themselves experienced, non-lethal strangulation in childhood and all died by hanging.

The intergenerational impact of domestic and family violence on children was present across all of the cases, in that all of the children's mothers had experienced victimisation in childhood and three of the four were teenagers at the time of the birth of their first child. The deceased children had also experienced significant trauma in their childhood from their mother or mother's partner, including child sexual abuse and, as noted previously, non-lethal strangulation. The impact of chronic exposure to trauma in childhood has a significant impact on brain development and future cognitive functioning. Across all cases the deceased child was exposed to significant childhood trauma and was also suspected of having a cognitive impairment or learning difficulty in adolescence. The Board considered this was likely a symptom of the deceased children's exposure to trauma, and lamented the lack of therapeutic response by services when the child's disability was identified.

For example, in one case, Child and Youth Mental Health Service (CYMHS) were aware of the young person's cognitive impairment and her experience of significant trauma, including exposure to domestic and family violence and child sexual abuse, yet their response was symptomatic with an emphasis on addressing the immediate presenting issue of suicidality, rather than exploring the causal factors sitting behind her presenting issues.

Following publication of the Coronial findings in Western Australia, the Royal Australasian College of Physicians (RACP), the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the National Aboriginal Community Controlled Health Organisation (NACCHO) released a statement calling on the Prime Minister to make responding to Aboriginal and Torres Strait Islander youth suicide a priority.¹⁰³ The statement calls upon the Commonwealth government to:

- » provide secure and long-term funding to Aboriginal community controlled health services to expand their mental health, social and emotional wellbeing, suicide prevention, and alcohol and other drugs services, using best-practice trauma-informed approaches
- » increase funding for ACCHSs (Aboriginal Controlled Community Health Services) to employ staff to deliver mental health and social and emotional wellbeing services, including psychologists, psychiatrists, speech pathologists, mental health workers and other professionals and workers
- » increase the delivery of training to Aboriginal and Torres Strait Islander health practitioners to establish and/or consolidate skills development in mental health care and support, including suicide prevention
- » commit to developing a comprehensive strategy to build resilience and facilitate healing from intergenerational trauma, designed and delivered in collaboration with Aboriginal and Torres Strait Islander communities.

The following section summarises core issues identified by the Board with respect to these cases.¹⁰⁴

¹⁰³ National Aboriginal Community Controlled Health Organisation. (2019). *Health bodies declare Aboriginal youth suicide an urgent national priority* [media release]. Available at: <https://www.naccho.org.au/health-bodies-declare-aboriginal-youth-suicide-an-urgent-national-priority/>.

¹⁰⁴ Other findings which have been discussed elsewhere in this report include general reluctance by victims to engage with police or report details after the immediate crisis was stopped; victims electing to withdraw criminal charges on occasions where they were progressed by investigating officers; and evidence of police erroneously flagging victims as making false allegations due to their reluctance to engage and unwillingness to proceed with criminal charges; low engagement or visibility with other services including education, mental health, child safety as service providers often screened the young people due to a perceived lack of willingness to engage.

¹⁰⁵ Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children*. Canberra: Australian Institute of Health and Welfare & Australian Institute of Family Studies. Accessed on 16 June 2018, available at: <http://earlytraumagrief.anu.edu.au/files/ctg-rs21.pdf>.

Similarly, in another case, the young person's cognitive impairment was identified by his school but this information was only used to channel him into a special education class with no additional therapeutic support to identify and address any underlying issues.

Children living in families experiencing dysfunction and intergenerational trauma will crave a sense of purpose or normality in what may otherwise appear to be a dysfunctional and chaotic world. This may manifest in the child taking on a parental role for their younger siblings as a sense of responsibility for the collective; a dynamic that was evident in the case of one young person who acted as a parental figure for his younger siblings. However, the deceased was eventually displaced from his younger siblings by Child Safety Services when he went to live with his non-Indigenous step-father in another town. It appears that the young person's loss of contact with his siblings coincided with a loss of contact with his culture and also led to a severance of his cultural responsibility, identity, and purpose. The Board noted that it was at this time in the deceased's life when his connection to culture was severed and he became known to the juvenile justice system.

The Board recognised that cultural disconnection is likely to have a negative impact on wellbeing and therefore it is paramount to preserve this sense of cultural identity and connection as a protective factor, particularly for vulnerable young people. Where intergenerational trauma is present, children who experience chronic neglect and maltreatment in their relationships with caregivers may feel uncomfortable when exposed to safe and supportive relationships. This impacts on the ability of services to build effective relationships with families, and reinforces the need for services to prioritise cultural connection in their engagement with Aboriginal and Torres Strait Islander people.

A passive approach by services to working with complex families was evident across the cases reviewed, which is an ineffective model for families who may have trouble building trust and connection with services.

In one case, there was sporadic engagement with services by the child's family but when the family disengaged, the services simply closed the case rather than adopting a proactive follow-up approach. This highlights the need for specialist models to engage with complex families who may have difficulty building attachments to services or who may feel fatigued at a system that has failed them in the past.

There may, therefore, be a need to expand the capacity of services to identify and respond to intergenerational trauma and cumulative harm to provide more effective early intervention to children at a young age. This may speak to the need for culturally informed mental health and social workers within schools for a specialist response in locations where there may be a high population of Aboriginal and Torres Strait Islander students.

Failure by services to identify Aboriginal and Torres Strait Islander status

Across the cases subject to review, there were issues with services appropriately identifying the deceased child (and/or their family members) as being Aboriginal and Torres Strait Islander. There was a lack of consistency in ascertaining this information between services and across contacts with agencies. Consequently, the deceased child and their families were not consistently referred to culturally specific support services who may have been in a better position to respond to the deceased child's presenting issues in a culturally informed way.

The Board discussed the over-representation of Aboriginal and Torres Strait Islander Australians in the criminal justice and child protection systems, and acknowledged that while this suggests that, broadly, services are accurately identifying Aboriginal and Torres Strait Islander people, it was evident from the cases reviewed that this was not consistent. While some families may feel comfortable identifying as Aboriginal and Torres Strait Islander to services, those with fairer skin or those who are disconnected from culture may feel less comfortable identifying to services due to internal racism or fear of an external racist response. This can serve to reinforce the cultural disconnection experienced by young people and may lead to feelings of being 'trapped' between their cultural identity and non-Indigenous Australia. It may also serve to suggest to the young person that cultural identity is irrelevant thus disrupting their personal impetus to maintain a strong connection with their culture and communities.

In two of the cases, the deceased children had limited connection to supportive role models or Aboriginal Elders, and while it was apparent that the children were seeking strong role models, these connections were not fostered or supported. The Board highlighted the importance of supporting Elders and other community members to work with vulnerable young people to intervene and promote healing in a safe and supportive way.

The Board also noted that practitioners may be less likely to ask those who do not meet their own preconception of Aboriginal or Torres Strait Islander appearance about their cultural identity due to feelings of discomfort around asking the question. Services may also be reluctant to ask clients their Aboriginal and Torres Strait Islander status, as identifying a client as Aboriginal and Torres Strait Islander may require that additional actions be completed by the practitioner, and therefore lead to an increase in their workload. This suggests that reforms in this space must be careful and considered to minimise the impact of unintended consequences.

Supporting cultural practices around healing are an important and effective means to address mental health issues within Aboriginal and Torres Strait Islander communities. However, systems must go further than simply accurately recording the cultural identity of a child or young person on a database, and should actively encourage and support children and young people to embrace their cultural identity. The Board was of the view that an active, rather than passive, approach is required by services to support culturally safe and effective intervention to Aboriginal and Torres Strait Islander children and families.

Lack of culturally safe responses for Aboriginal and Torres Strait Islander people

The Board acknowledged that domestic and family violence against Aboriginal and Torres Strait Islander women is a national problem and that the violence is perpetrated by men of all cultural backgrounds. The dynamic of domestic and family violence can manifest differently in a relationship with a non-Indigenous perpetrator and an Aboriginal and Torres Strait Islander victim, where the perpetration of violence may include racial and spiritual abuse to disrupt the victim's connection to kinship group and cultural identity.

This was identified across the cases reviewed, and the Board observed that in several cases there were instances of older, non-Indigenous men preying on younger Aboriginal and Torres Strait Islander women who were experiencing vulnerabilities such as homelessness with young children, mental illness or harmful substance use. The Board noted anecdotal evidence that suggests that a significant proportion of violence perpetrated against Aboriginal and Torres Strait Islander women is by non-Aboriginal and Torres Strait Islander men.¹⁰⁶

While this relationship type is not inherently reflective of heightened risk, in the cases reviewed the perpetrator's pattern of control involved cultural isolation of the victim and deceased child who did not have strong support networks with safe Aboriginal family or kin. The non-Indigenous perpetrator was not supportive of the victim or the deceased child's engagement with Aboriginal culture and actively worked to disparage or disrupt the victim or deceased child's connection to their cultural identity. The Board commented that it appeared that the non-Indigenous perpetrator perceived the victim's connection to culture as a genuine threat to his power and control over the victim and the family unit. This reinforces the importance of culturally safe and supportive intervention for victims and their children to support and build cultural identity and connectedness.

However, it appears from the cases reviewed that the service response to Aboriginal women experiencing domestic and family violence from a non-Indigenous perpetrator can be influenced by a conscious or unconscious bias in service delivery by predominantly non-Indigenous providers. Across the cases there were examples of service responses that favoured the non-Indigenous perpetrator over the Aboriginal victim as an apparent result of cultural stereotypes.

Services may perceive an Aboriginal woman with a trauma background as angry, and a non-Indigenous perpetrator who has used a pervasive pattern of control and manipulation to be calm which may impact upon the identification of who is most in need of protection. In some cases, such as the case of one young person, it was apparent that the perpetrator was aware of, and attempted to exploit this dynamic, by contacting police during an episode of violence as a means to pre-empt the victim in doing so. Even in circumstances where there were clear indicators of physical violence the police took no action or placed the onus on the victim to pursue a private domestic violence order application.

This underpins the importance of service providers being aware of unconscious bias when engaging with Aboriginal and Torres Strait Islander women, as well as the importance of delivering culturally informed risk assessment and intervention in a way that promotes cultural engagement and healing. The Board noted that existing domestic and family violence risk assessment tools, such as those used in antenatal screening, are not inclusive of cultural considerations that might include the behaviour of a partner or their attitude towards culture. The Board considered that there would be benefit in adding to the existing evidence base for those tools to include cultural considerations.

Historical suicidality and self-harming behaviour

Suicide is a complex phenomenon that is impacted upon by a range of factors, and in many cases can be an impulsive act in response to situational stressors. It was evident in the cases reviewed that at the time of their decision to suicide the deceased children were impacted by numerous stressors including family conflict, relationship issues, and bullying by peers. While these factors may have been precipitating factors to suicide, the deceased children were well known to services over many years with longstanding suicidal ideation or chronic self-harm. However, despite the repeated contact with systems, those who responded were not equipped to intervene or address these issues in a culturally safe or appropriate way. Services may be equipped to respond to non-Indigenous people who are presenting with acute suicidal ideation to lessen the immediate risk of suicide, but the system is not well resourced or adequately trained to effectively assist Aboriginal and Torres Strait Islander people, particularly those who present with chronic and longstanding issues.

In the case of one young person, she presented to CYMHS on multiple occasions for acute suicidality and chronic self-harm, though was not offered any ongoing therapeutic support to manage her self-harming behaviours. When children access mental health supports yet do not receive appropriate support to meaningfully address their underlying issues, family and friends may become fatigued and desensitised by the child's repeated threats to suicide or self-harm. Compounding this dynamic, Aboriginal and Torres Strait Islander families may not feel comfortable accessing mainstream services that are not culturally safe to deliver effective support or intervention or may not have the practical resources to enable consistent engagement.

The Board affirmed the importance of early intervention to address youth mental health but were concerned that organisations such as Headspace and CYMHS are not always accessible to Aboriginal and Torres Strait Islander families, particularly those who have experienced intergenerational trauma, to deliver considered and culturally safe intervention. The Board spoke of a need for culturally informed services that can intervene with respect to chronic suicidal ideation and self-harm as well as acute issues.

¹⁰⁶ Our Watch. (2018). *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*. Melbourne: Our Watch. Available at: <https://www.ourwatch.org.au/getmedia/ab55d7a6-8c07-45ac-a80f-dbb9e593cbf6/Changing-the-picture-AA-3.pdf.aspx>.

The need for proactive responses to disclosures of domestic and family violence

There were issues in the service response to disclosures of domestic and family violence by Aboriginal and Torres Strait Islander victims and disclosures of abuse and neglect by the deceased children.

A pattern was present in all cases where the system response repeatedly identified the deceased child's mother (and the primary victim) as unstable, with the implication that she did not present as the 'ideal victim' which resulted in a dismissive response. In many cases when the victim contacted police to respond to an episode of domestic and family violence, this was to de-escalate the violence rather than to pursue any long-term punitive consequence for the perpetrator.

The Board acknowledged reforms have taken place in police responses to domestic and family violence, such as the introduction of body worn cameras and the training of frontline police officers, to improve their responses to domestic and family violence. However, the Board noted the need for services to be cognisant of the potential for unintended consequences of these initiatives, in particular of the implementation of body worn cameras. The Board noted that this may be a barrier for victims, many of whom are Aboriginal and Torres Strait Islander, who only seek a police response as a means to de-escalate the situation but who do not want further police action.

There was a lack of understanding across the cases of the impact of exposure to domestic and family violence on children and a lack of a child-centred response to identified concerns or forthright disclosure of abuse. The Board discussed the lack of response by services to repeated attempts at help-seeking by the deceased children, who appeared to have a sense of helplessness after a lack of action by services, which reinforced their perception of the world as chaotic and unsafe.

There was a concerning lack of screening for exposure or experience of family violence amongst the cases reviewed.

A number of issues were also identified in relation to a lack of response to repeated help-seeking by children prior to death, particularly by youth mental health services, who failed to assess children with problematic behaviours for underlying trauma. Disappointingly, the young people were routinely pathologised, labelled and provided with symptomatic treatment for their immediate presentation with no secondary or sustained attempt to address underlying issues.

Further, there was a lack of response by child-focused services to direct disclosures of abuse by the deceased children, and a lack of domestic and family violence informed practice generally by services across the cases. In one case, Child Safety Services assessed that although the child had experienced non-lethal strangulation from his mother and had disclosed that he was fearful of her, the emotional harm was not to a level that was of 'detrimental effect' on him.

In another case, the young person repeatedly disclosed to the Family Court and mental health services that she would end her life if she was ordered to return to her father's care. Although there was a documented history of abuse, the young person was returned to her father's care prior to her suicide as her mother was found to have contravened an order of the court. This result may be indicative of a lack of domestic and family violence-informed practice within the Family Court system generally, the adversarial nature of the process, or the disempowerment that Aboriginal and Torres Strait Islander women may have in navigating the system.

Issues in record keeping by non-Government services

The Board observed that there were issues in record keeping by non-Government services who are funded by the Queensland Government to support vulnerable populations, purportedly due to their concerns that their records may be subpoenaed and used against their client by the child protection system or in Family Law proceedings. Potential unintended consequences of poor record keeping may arise, such as victims with trauma backgrounds needing to repeatedly re-tell their story on presentation to the service. However, the Board was pleased to hear of efforts by the Department of Child Safety, Youth and Women to resolve these issues via contract management and funding agreements.

Government initiatives and responses

There has been a spike in media interest in relation to Indigenous youth suicide in recent times, which has been prompted by what has been described as an ‘unspeakable tragedy’ after a reported 15 suicides of Aboriginal and Torres Strait Islander children and young people across Australia in the first five months of 2019.

Consequently, there has been a raft of activity at the national and state level, some involving new initiatives and others where work is ongoing. The Board commends all efforts in this regard and recognises the complex nature and circumstances surrounding this issue.

The Board also recognises existing and recent efforts by Queensland Government departments to better identify and respond to Aboriginal and Torres Strait Islander young people experiencing domestic and family violence and/or suicidality.

For example, as a key deliverable of the Suicide Prevention in Health Services Initiative, a multi-incident analysis has been undertaken of suspected suicides of individuals who had contact with a Queensland Health service within one month of their death. Two of the four cohorts were children and young people, and Aboriginal and Torres Strait Islander people.

Although no specific observations were made in relation to Indigenous children’s exposure to domestic violence, a number of issues were identified in relation to a lack of culturally informed and trauma informed assessment and care planning and actions taken in response to disclosures of abuse. Queensland Health advises that a number of recommendations are being made in relation to improving culturally informed and trauma-informed care and responsibilities of practitioners to notify concerns about harm to children, regardless of cultural status.

As outlined in further detail in Chapter 7 of this report, the Department of Child Safety, Youth and Women have also implemented significant reform in a bid to better meet the needs of Aboriginal and Torres Strait Islander young people subject to intervention by Child Safety Services, such as Indigenous Family Support and Wellbeing Services.

The following summarises the core strategic policy and planning instruments which are driving this critical reform.

Shifting Minds: Queensland Mental Health, Alcohol and Other Drug Strategic Plan 2018 – 2023

This strategic plan sets the five year direction for a whole-of-person, whole-of-community and whole-of-government approach to improving the mental health and wellbeing of Queenslanders. The plan focuses on a range of actions across four key areas.

Of specific relevance, are:

- » The commitment to expand early intervention capacity and responses to address the specific needs of Aboriginal and Torres Strait Islander peoples as well as other priority populations.
- » Actions seeking to renew cross-sectoral approaches to social and emotional wellbeing by strengthening and integrating the cross-sectoral approach and adopt healing-informed approaches by service providers.

The Board welcomes this focus on enhancing the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders and looks forward to progress under this strategic plan.

The Board also notes that this plan replaced the Queensland Government’s strategic plan for 2014 – 2019 thereby finalising its associated action plans, which included the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016 – 2018*.

Every life: The Queensland Suicide Prevention Plan 2019 – 2029

Every life: The Queensland Suicide Prevention Plan 2019 – 2029 is a whole-of-government plan that provides a renewed approach for suicide prevention in Queensland, as well as renewed drive and urgency to prevent suicide. The plan, which sits under *Shifting Minds: Queensland Mental Health, Alcohol and Other Drug Strategic Plan 2018 – 2023* was released on 10 September 2019 and is backed by \$80.1m investment by the Queensland Government.

This suicide prevention plan includes a focus on individuals and groups who may be at higher risk of suicidality, including Aboriginal and Torres Strait Islander peoples.

Noting that all cases subject to review involved young people known to the child protection system, the Board notes and welcomes commitments outlined in this plan which will improve outcomes for this cohort, including:

- » working with public and non-government sectors to develop a shared framework for the collaborative support of Queensland's most vulnerable young people as they move through the child protection system and beyond
- » identifying opportunities to leverage the Strengthening Health Assessment Pathways and Navigate Your Health initiatives to expand the mental health and wellbeing supports available to children and young people in care
- » continuing the Be Well, Learn Well program, supporting the learning and wellbeing of Aboriginal and Torres Strait Islander students with social and/or developmental needs in eight remote Queensland state schools across Far North and North Queensland
- » developing and implementing a suite of best-practice training materials and resources to support child safety practitioners supporting children and young people who may be vulnerable to suicide; and reviewing and identifying options for expanding resources to foster and kinship carers and residential care staff.

Significantly, the Board welcomes a commitment by the Queensland Family and Child Commission to lead a systemic review of suicides of young people known to Child Safety Services, with a focus on improving system responses to highly vulnerable young people.

Although not specifically targeted towards young people, there are a number of strategies and actions designed to improve Aboriginal and Torres Strait Islander social and emotional wellbeing and reduce suicide amongst this group. The Board welcomes this reform and notes the following commitments as positive progress:

- » building on the findings of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project to establish and evaluate community-led mental health and youth suicide prevention initiatives in higher-need urban and remote communities across Queensland
- » establishing a career pathways program to grow a stronger Aboriginal and Torres Strait Islander Social and Emotional Wellbeing workforce with a primary aim of growing a trauma-informed workforce across all levels of government.

Queensland's Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander Domestic and Family Violence

In April 2019, the Department of Child Safety, Youth and Women released the Queensland Government's framework for responding to domestic and family violence in Aboriginal and Torres Strait Islander communities. *Queensland's Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander Domestic and Family Violence* (the Framework) was developed in direct response to Recommendation 20 of the Board's 2016-17 Annual Report that identified the need to develop a dedicated response to family violence.^{107 108}

- » The Framework outlines the Government's commitment to working with Aboriginal and Torres Strait Islander people to address the causes, prevalence and impact of family violence, and acknowledges the importance of doing so in partnership with community. The Framework commits to four strategies and an agenda of reform from 2019 to 2021, including:
 - » working in partnership with communities to utilise the knowledge and experience of Aboriginal and Torres Strait Islander people
 - » delivering programs and holistic wrap-around services that are stress and trauma-informed, and culturally appropriate
 - » engaging Aboriginal and Torres Strait Islander communities and community controlled organisations to deliver the services needed
 - » improving the approach to monitoring and evaluating changes in outcomes for Aboriginal and Torres Strait Islander families experiencing violence.

¹⁰⁷ Department of Child Safety, Youth and Women. (2019). *Queensland's Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander Domestic and Family Violence*. Brisbane: Queensland Government. Available at: <https://www.csyw.qld.gov.au/resources/campaign/end-violence/qld-framework-for-action-reshaping-approach-atsidiv.pdf>.

¹⁰⁸ Recommendation 20: 'That the Queensland Government, in partnership with community Elders and other recognised experts, develop a specific Aboriginal and Torres Strait Islander family violence strategy as a matter of urgent priority. This work should be informed by the Queensland Government's Supporting Families Changing Futures reforms, Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2039 and Changing Tracks: An action plan for Aboriginal and Torres Strait Islander children and families (2017-2019).' (Domestic and Family Violence Death Review and Advisory Board. (2017). *Domestic and Family Violence Death Review and Advisory Board Annual Report 2016-17*. Brisbane: Queensland Government. Available at: https://www.courts.qld.gov.au/__data/assets/pdf_file/0003/541947/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2016-17.pdf).

While the Framework outlines numerous initiatives already being undertaken by Government, it also commits future action by the Government over the next three years, including but not limited to:

- » supporting Aboriginal and Torres Strait Islander communities to develop community-led domestic and family violence action plans
- » the development of a Domestic and Family Violence Social Reinvestment Project in one discrete/remote community
- » improving the cultural capability of all mainstream domestic and family violence services by ensuring that procurement processes include a mandatory criterion that services must demonstrate cultural capability prior to the receipt of funding
- » establishing a new community-controlled family wellbeing and safety advice and referral service, and supporting and employing specialist domestic and family violence workers in the community-controlled Family Wellbeing Services across the state
- » supporting culturally safe perpetrator interventions, including a language policy to preserve and maintain Indigenous languages to support wellbeing and cultural enrichment
- » prioritising community-controlled and community-focused organisations for any new funding and initiatives to address Aboriginal and Torres Strait Islander domestic and family violence.

The Board welcomes and commends the Queensland Government for its commitment to specifically targeting their efforts towards family violence in a way that is led and driven by community. This approach elevates the likelihood of positive and improved outcomes however the Board acknowledges that reform will take time, dedicated funding and genuine collaboration across sectors and with communities to achieve meaningful reform.

The Fifth National Mental Health and Suicide Prevention Plan

The *Fifth National Mental Health and Suicide Prevention Plan* (the Fifth Plan) recognises that Aboriginal and Torres Strait Islander people embrace a holistic concept of health, which inextricably links physical and mental health with social and emotional wellbeing. It endorses the importance of incorporating spiritual and cultural factors, especially a fundamental connection to the land, community and traditions as vital to a culturally informed and clinically appropriate mental health system response to Aboriginal and Torres Strait Islander patients.

It also recognises that experiences which may be seen as indicators of mental health problems in non-Indigenous communities may not have these associations in Aboriginal and Torres Strait Islander communities and vice versa. This highlights the need for services to move away from viewing Indigenous patients and their presenting problems through a lens of Western clinical practice.

The Fifth Plan highlights actions by both State and Federal Governments to contribute to the plan, with four actions committed specifically to Aboriginal and Torres Strait Islander suicide prevention. The Fifth Plan commits to:

- » working with health networks to implement integrated planning and service delivery for Aboriginal and Torres Strait Islander peoples at the regional level
- » establishing an Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Subcommittee to report to COAG and to set future directions for planning and investment
- » improving Aboriginal and Torres Strait Islander access to, and experience with, mental health and wellbeing services
- » strengthening the evidence base needed to improve mental health services and outcomes for Aboriginal and Torres Strait Islander peoples.

In 2018 the National Mental Health Commission completed an implementation progress report of the Fifth Plan.¹⁰⁹ Although early in the reform period, the report highlighted several achievements in improving mental health and suicide prevention for Aboriginal and Torres Strait Islander peoples, including numerous new programs that are specifically tailored to Indigenous communities to provide culturally appropriate services. An example cited as an achievement is the Brisbane North public health network, who commissioned the Institute for Urban Indigenous Health (UIIH) to provide mental health, suicide prevention and alcohol and other drugs services to Aboriginal and Torres Strait Islander people across the region.

However, a number of barriers were also cited to the implementation of the Fifth Plan, including by Queensland Health, who reported that funding was a barrier to improving Aboriginal and Torres Strait Islander mental health and suicide prevention. In particular the resource intensive process of building meaningful relationships with Aboriginal and Torres Strait Islander communities which require prolonged periods of ongoing engagement across large geographical areas. The progress report found that this can also be compounded by the lack of data on Aboriginal and Torres Strait Islander health due to barriers faced by those identifying as Indigenous to health services, such as discrimination and stigma.

Although early in the period of reform, it appears that there is still significant progress to be made to improve outcomes for Aboriginal and Torres Strait Islander peoples in the areas of mental health and suicide prevention.

In recognition of this, the Commonwealth Government pledged \$42m on mental health initiatives for young Indigenous Australians in 2019. This has been allocated towards research grants to help find better treatments for mental health problems (\$22.5m) and \$19.6m on the Indigenous advancement strategy to prevent suicide, particularly in the Kimberley region.

¹⁰⁹ National Mental Health Commission. (2018). *Monitoring mental health and suicide prevention reform: National Report 2018*. Sydney: Commonwealth Government. Available at: <https://www.mentalhealthcommission.gov.au/media/245240/Monitoring%20Mental%20Health%20and%20Suicide%20Prevention%20Reform%20National%20Report%202018.pdf>.

Chapter 5: Older people experiencing domestic and family violence

Key findings

- » The Board reviewed four cases involving the deaths of persons over the age of 65 years. This includes two homicides in a family relationship where the victims were older women who were killed by their adult children; and two apparent suicides by older men who were identified as perpetrators of violence in their intimate partner relationships.
- » The cases highlighted that violence directed towards this priority population can manifest in different ways, including in the form of elder abuse and later life intimate partner or family violence.
- » Many of the victims in this priority population experienced sustained exposure to domestic and family violence over the longer term and had limited identifiable service system contact, indicating that the violent behaviours within the relationship may have been normalised.
- » The Board found that service engagement was hindered by stressors associated with age-related issues which created additional hardship for this priority population when seeking help, accessing services and attempting to safely separate from the relationship. This included, but was not limited to diminished employability, the absence of an independent sustainable income source, impairments to physical and cognitive functioning, and associated dependency.
- » Most detrimental to a victim's ability to access services and safely separate from the relationship was a lack of financial autonomy and access to appropriate alternative housing, which limited exit pathways and heightened susceptibility to risks of homelessness.
- » While an extensive reform agenda is currently in progress at the state and national level to safeguard older Australians from experiencing violence, much of these efforts are specifically targeted towards those at risk of experiencing elder abuse.
- » While elder abuse is an important issue calling for system change, the Board considers it pertinent that any strategies aimed at reducing the prevalence of violence against older Australians should also be inclusive of later life intimate partner or family violence and the nuanced responses that are required to address the differing impacts of each.

The demographic of 'older' people in Australia is considered to be, for statistical purposes, those aged 65 years and above. This cohort constitutes approximately 15.1% of the Queensland population;¹¹⁰ and the proportion is expected to rise as Australian population trends foresee a marked ageing of the population over the next several decades (an approximated increase of 25% by 2036).¹¹¹ This is due to, in part, changing working patterns in conjunction with increased life expectancy.¹¹²

For statistical purposes Aboriginal and Torres Strait Islander peoples, who have a substantially lower life expectancy than non-Indigenous people, are considered to be those that are aged 55 years and above.¹¹³

It is acknowledged that domestic and family violence impacts all age groups. However, the unique characteristics and social structures at play for older demographics means that there are often stressors associated with ageing that expose this population to additional hardship when seeking help, accessing services and safely separating from an abusive relationship. This includes complexities associated with, but not limited to, diminished employability and the absence of a sustainable income source; gaps in wealth accumulation between men and women; an absence of, or limited access to, superannuation; impairments to physical and cognitive functioning; and associated dependency.

An older person's vulnerability is further compounded when underlying complexities associated with their general experiences of ageing are coupled with exposure to domestic and family violence. To explore this issue further, the Board reviewed four cases within the 2018-19 reporting period of older people who died in the context of their experience of, or perpetration of, violence within their intimate partner or family relationships.

In some of the cases reviewed in this cohort, intersectionality was identified between this priority population and that of people with disabilities. It is the view of the Board that, while there may be commonalities between the vulnerabilities and barriers faced by both priority populations, it is important to ensure that exploration of the issues impacting each group is viewed through a separate lens to ensure the findings of the report are reflective of their distinct experiences and respective needs.

From the outset, it is important to acknowledge in discussions about violence against older people, particularly elder abuse, that the victims are adults who should not be infantilised. Although older people may require assistance to enable them to make full use of their autonomy, the principles of self-determination and empowerment should remain paramount.

¹¹⁰ Queensland Government Statistician's Office. (2018). *Population growth highlights and trends*, Queensland. Brisbane: Queensland Government.

¹¹¹ Blundell, B., Clare, J., Moir, E., Clare, M., & Webb, E. (2017). *Review into the Prevalence and Characteristics of Elder Abuse in Queensland*. Brisbane: Curtin University. Available at: <https://espace.curtin.edu.au/bitstream/handle/20.500.11937/66263/66464.pdf?sequence=2&isAllowed=y>.

¹¹² Parliamentary Budget Office. (2019). *Australia's Ageing Population: Understanding the fiscal impacts over the next decade*. Canberra: Commonwealth Government.

¹¹³ Australian Bureau of Statistics (ABS). (2018). *Proportion of older Australians continues to rise*. Canberra: Commonwealth Government.

Nature of domestic and family violence

When discussing the nature and prevalence of violence against older populations, there is limited differentiation in research and policy concerning the dichotomy between older people experiencing domestic and family violence and elder abuse.

While research does consider elder abuse as a form of violence against older people which manifests differently to the usual dynamics of domestic and family violence more broadly,¹¹⁴ there is little differentiation between elder abuse and other dynamics of violence impacting on the ageing population, specifically, later life intimate partner or family violence. This is particularly the case with regards to whom is likely to be the perpetrator and what types of abuse are likely to occur, and the underlying motivators for the abuse.

A report by Flinders University identified that the dichotomy between our understandings of older people experiencing domestic violence and elder abuse may be creating confusion and may mean some victims are falling between the cracks.¹¹⁵ The report highlights research which finds:

Older women experiencing domestic violence occupy an ambiguous space between two societal issues. This may result in victims of abuse falling between the cracks of the elder abuse and domestic violence systems. Unfortunately the domestic violence literature and elder abuse literature have developed separately, and the problem of violence against older women has been neglected by both groups of researchers. With domestic and family violence being categorised as elder abuse, the realities of the lives of older women are lost when age alone is seen as a major factor precipitating abuse.

It is, therefore, fundamental that exploration of this priority population is undertaken with more nuanced acknowledgement and recognition of the differing manifestations of violence occurring towards older people.

Elder abuse

In Australian contexts, elder abuse is defined as a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. Elder abuse is most commonly committed by members of the victim's family unit, but can also be committed by unrelated people in a formal or informal caring arrangement.¹¹⁶

While elder abuse may in some instances be deliberate acts of neglect or abuse perpetrated for the purposes of an individual agenda, there may also be situations where the carer lacks the ability, knowledge, skill or support to manage the high level care needs of an older person experiencing complex social issues.¹¹⁷

Contributing factors which may exacerbate the risk of elder abuse include, but are not limited to, social isolation, reduced autonomy, diminishing capacity (physical and/or mental) to maintain control over lifestyle and financial affairs, cohabitation of adult children and elderly parents, and substance abuse by adult children.¹¹⁸

Elder abuse, whether an outcome of intentional or unintentional abuse, is thus associated with higher levels of stress and depression in the ageing population and places victims at an increased risk of hospitalisation or nursing home placement. The ability of service providers and informal support networks to identify presenting signs of elder abuse therefore becomes increasingly important, particularly in situations where the victim has partial or sole dependency on the abuser for their daily care and needs.¹¹⁹

The hidden nature of elder abuse, largely due to underreporting and lack of awareness of this particular form of abuse, inadvertently understates the impact of elder abuse on society.

The Australian Institute of Family Studies completed a review of available research on the subject in 2016 and identified that the prevalence of elder abuse differs across different abuse types. Psychological and financial abuse are the most common types of abuse reported, although neglect is thought to be more common among older women. Older women are significantly more likely to be victims of elder abuse than older men, and most abuse is from adult child to parent, with sons more likely to be perpetrators of abuse than daughters.¹²⁰

114 The Office of the Public Guardian (Qld). (2016). *Submission to Australian Law Reform Commission Inquiry on 'Protecting the Rights of Older Australians from Abuse'*. Canberra: Commonwealth Government.

115 Tually, S., Faulker, D., Cutler, C., & Slatter, M. (2008). *Women, Domestic and Family Violence and Homelessness: A Synthesis Report*. Canberra: Commonwealth of Australia. Available at: https://www.dss.gov.au/sites/default/files/documents/05_2012/synthesis_report2008.pdf.

116 World Health Organisation. (2002). *The Toronto Declaration on the Global Prevention of Elder Abuse*. Toronto: WHO.

117 The Office of the Public Guardian (Qld). (2016). *Submission to Australian Law Reform Commission Inquiry on 'Protecting the Rights of Older Australians from Abuse'*. Canberra: Commonwealth Government.

118 Ibid.

119 Straka, S. M., & Montminy, L. (2006). Responding to the needs of older women experiencing domestic violence. *Violence Against Women*, 12, pp. 251-267.

120 Australian Institute of Family Studies. (2016). *Elder abuse: Understanding issues, frameworks and responses. Research report no. 35*. Canberra: AIFS. Available at: <https://aifs.gov.au/publications/elder-abuse/3-what-known-about-prevalence-and-dynamics-elder-abuse>.

Further, a large proportion of homicides against older people are committed by a person within the family unit. A 2013 study completed by the Crime and Corruption Commission found that 22% of homicides committed against Australians aged 70 years and above were committed by the victim's biological or non-biological child comparative to 14% being committed by an intimate partner.¹²¹

This was corroborated by findings from a review of call data from the elder abuse helpline operated by the Elder Abuse Prevention Unit (EAPU) by Uniting Care Community, which identified that, between July 2010 and June 2015, the predominant relationship of the perpetrator to victim was familial in nature, specifically: sons (31.2%); daughters (29.0%); other relatives (9.9%); and spouse/partners (9.1%).¹²²

The primary abuse types during this period were psychological and financial, with a much lower prevalence of sexual, physical, social abuse, and neglect. It is acknowledged that psychological and financial abuse are the most common forms of abuse reported, however there is some evidence that suggests psychological and financial abuse often co-occur, and that psychological abuse may be a form of 'grooming for financial abuse'.¹²³

Interestingly, elder abuse was only apparent in one case reviewed by the Board during the 2018-19 reporting year. Instead, it was the experiences of older people within intimate partner or family violence relationships that emerged as the predominant problem of abuse precipitating the deaths in this cohort. This may have been due to case selection bias, as the Board's mandate is to focus on domestic and family violence per se, as defined in the *Domestic and Family Violence Protection Act 2012*.

Later life domestic and family violence

Domestic and family violence in an intimate partner or family relationship which occurs into later life is articulated by some as a sub-set of the larger elder abuse problem.¹²⁴ However, others suggest that the drivers of elder abuse are different to the drivers of intimate partner violence, and that the examination of violence in later life is obscured when considered under the umbrella of elder abuse.¹²⁵

Broadly speaking, the available research suggests that the drivers of elder abuse are the societal views and attitudes concerning older people and the lower social status that they may experience as a result of ageism or discrimination. Conversely, intimate partner violence is generally explored through a feminist framework, which articulates the issue as driven by a patriarchal society where male dominance is normalised and men feel entitled to use violence against women in their relationships to maintain a privileged position.¹²⁶

The emphasis here is that later life domestic and family violence is characterised by intent to use physical, psychological, financial and other forms of abuse against another as a means to assert power and control.

Similar to elder abuse, trying to identify the prevalence of later life domestic and family violence is problematic. Besides the known underreporting of abuse by those within this priority population, it is also apparent that scholars generally examine domestic and family violence independent of age. Further, where elder abuse is examined, the research generally excludes spousal abuse or includes it broadly in the dataset without specific acknowledgement of a persistent history of violence into later life.

There are some findings from research that conclude that reports of domestic violence from a spouse decreases as the age of victims increase.¹²⁷ However, this does not necessarily reflect that the problem no longer exists and may be indicative of a reluctance to report or limited comprehension that their experiences constitute abuse.

121 Crime and Misconduct Commission. (2013). *Vulnerable victims: homicide of older people. Research and Issues no 12*. Brisbane: CMC.

Available at: <http://www.ccc.qld.gov.au/research-and-publications/publications/research/vulnerable-victims-homicide-of-older-people.pdf>.

122 Elder Abuse Prevention Unit. (2015). *The EAPU Helpline: results of an investigation of five years of call data*. Brisbane: Uniting Care Community. Available at: https://www.eapu.com.au/uploads/research_resources/EAPU%20Helpline_%20Results%20of%20an%20investigation%20of%20five%20years%20of%20call%20data_2015.pdf.

123 Miskovski, K. (2014). *Preventing financial abuse of people with dementia*. Sydney: Alzheimers Australia NSW.

124 Crockett, C., Cooper, B., & Brandl, B. (2018). Intersectional Stigma and Late-Life Intimate Partner and Sexual Violence: How Social Workers Can Bolster Safety and Healing for Older Survivors. *The British Journal of Social Work*, 48(4), 1000-1013.

125 Roberto, K., McPherson, M., & Brossoie, N. (2014). Intimate partner violence in later life: A review of the empirical literature. *Violence Against Women*, 19(12), pp. 1538-1558.

126 Ibid.

127 Roberto, K., McPherson, M., & Brossoie, N. (2014). Intimate partner violence in later life: A review of the empirical literature. *Violence Against Women*, 19(12), 1538-1558.

Barriers to seeking help and accessing services

There is a myriad of reasons as to why older people may exhibit reluctance to disclose their experiences of victimisation, may choose to remain in the abusive environment, or alternatively, may not comprehend their experiences as being indicative of domestic and family violence.

The *Victorian Royal Commission into Family Violence (2016)* found that internal barriers to help-seeking for older women may include that:

- » the victim may view the abuse as a family matter and be reluctant to seek external help or support
- » the victims may fear retribution from the perpetrator or lose or damage family relationships (with the perpetrator or others). They may also worry about what the consequences could be for the perpetrator
- » the unique dynamics of parent-child relationships may impact on an older person engaging in help-seeking behaviour. Parents may feel a sense of responsibility for the behaviour for a child that they raised, and may be afraid that if they report the abuse then they will lose the relationship or access to their grandchildren
- » while people can separate or divorce in intimate partner relationships, this is not an option for a parent who experiences violence from their child.

These issues are broadly mirrored in the literature of barriers to help-seeking by victims of both elder abuse and later life domestic and family violence, with the predominant themes identified as a sense of hopelessness that there is no help available for them, powerlessness, secrecy regarding the abuse, and the need to protect family or keep the family unit together.¹²⁸

An absence, or perceived absence, of appropriate support has been consistently identified as an issue that can prevent older victims from seeking help, even when they are quite conscious of their abuse. Many victims felt that help was not available for someone their age or that options such as accessing refuge simply were not available to them.

Social and geographic isolation was also apparent in several cases in this priority population, further increasing vulnerabilities around access to services, help-seeking and opportunities for bystanders to recognise and respond accordingly.

Older people may also be dependent on their abuser for care and finances and may be more afraid of being placed in a nursing home or having no one to assist them than remaining with an abuser. A victim's dependency on their abuser can militate against disclosure as the older person may be reluctant to disclose abuse by someone whom they depend on for care, as disclosure may mean withdrawal of care or the victim being placed in a nursing home.¹²⁹

It should be acknowledged that in the case of older victims of violence, the relationship with their abuser is often longstanding and they may have been victimised for a significant period of time, indicating the violence may be normalised. In this sense, cultural attitudes around tolerance towards violence in earlier decades may somewhat act as a guise masking domestic and family violence as normalised behaviours. This is particularly pertinent to the experiences of those who came of age at a time when attitudes to gender were vastly different, violence within a marriage did not carry the social contempt or the potential for criminal prosecution that it does now, and there were few resources available to support a woman who wished to leave a marriage.

In these cases, the abuser controlled the victim's access to economic and social resources in order to maintain power and control over a significant period of time. Due to economic isolation, victims may not have the economic resources to leave without the sale of assets, or may be dependent on a dual income with the perpetrator to survive.¹³⁰ These factors are explored in more detail in Chapter 10.

Some older victims experience a sense of shame acknowledging what is happening, or that they have experienced it for so long, and are further isolated by the cumulative effect of self-blame over a long relationship. Although it is acknowledged that this dynamic is mirrored in relationships of younger people, the research reflects that the cumulative psychological impact of these behaviours in victims over a lengthy period of time make it difficult to address later in life.¹³¹

¹²⁸ Ibid.

¹²⁹ Australian Institute of Family Studies (AIFS). (2016). *Elder abuse: Understanding issues, frameworks and responses. Research report no. 35*. Canberra: AIFS. <https://aifs.gov.au/publications/elder-abuse/3-what-known-about-prevalence-and-dynamics-elder-abuse>.

¹³⁰ Ibid.

¹³¹ Beaulaurier, R., L., S., Newman, F. & Dunlop, B. (2005). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. *Journal of Elder Abuse & Neglect*, 17(3), pp. 53-74.

Service system response

Professionals face additional barriers to enquiry of domestic violence in older people. There may be a lower imperative to enquire about domestic violence owing to assumptions that an older partner lacks the ability to cause physical harm and because of the absence of dependent children at home. The physical signs of domestic violence may be all too easily explained in older people as the result of frailty or a fall.¹³² The absence of a mandatory reporting scheme in Queensland also complicates formal responses to abuse when reported to non-criminal justice sources.

In the cases reviewed during the 2018-19 reporting period, the Board identified that (mis)perceptions of age-related conditions such as dementia influenced risk assessment and management by frontline workers to the detriment of victim safety.

In one case reviewed by the Board, police misinterpreted a victim's calls for help in relation to her experiences of domestic and family violence as a social issue warranting no further action from a policing perspective. The victim's concerns were dismissed on the basis of her age and the nature of her presentation, which was described by responding officers as 'very erratic and confused', as though she was suffering from dementia.

The Board determined that responding officers labelled the victim in this way with limited awareness of the broader context within which the abuse was manifesting. The occurrence narrative presented the victim as being unable to articulate her concerns in a meaningful way and may have been engaging the services of police simply for a 'social chat'. Despite having acknowledged that the victim may have impaired cognitive functioning, the Board found the responding officers then placed the onus on the victim to identify what action she wanted police to take in response to her safety concerns.

By undermining the victim's narrative of victimisation on the basis of the (mis)perception that she was confused and lonely, police unintentionally misdirected attention away from the perpetrator to the victim. In failing to view the victim as a credible criminal complainant due to the perceived presence of age-related symptoms, police dismissed the seriousness of the complaint and failed to investigate allegations of domestic violence. Any future call for assistance would also likely be guided by this initial assessment of diminished capacity affecting victim capacity.

Further, if the victim did, in fact, have dementia, it would have increased her vulnerability as a victim and, ideally, should have resulted in a heightened sense of risk and a more tailored police response appropriate to the impairment and vulnerability.

Frequently a victim's experiences of helplessness and frustration due to escalating abuse and an inability to articulate their experiences are intensified when support services underestimate the seriousness of their complaints and fail to respond accordingly. Research indicates that an effective response that improves safety outcomes for victims and reduce calls for police service is likely to involve the following elements:

- » a focus on treating victims with respect
- » demonstrating to victims that their experiences will be heard and responded to
- » a robust enforcement process that ensures that a perpetrator's abuse is actively investigated and promptly responded to.

So when a victim decides to reach out for assistance, an inadequate response, or complete inaction, may unintentionally suppress future help-seeking attempts by those in a position most at risk of harm.

Another recurrent theme identified by the Board was that services had greater difficulty recognising and responding to family violence when the victim-perpetrator relationship dynamic involved a parent and an adult child. While not exclusive to the experiences of this priority population, it was apparent the ideology of family solidarity had a marked effect on help-seeking behaviours in the cases where victims were identified as older women.

In one case in particular, the victim was viewed by a mental health service provider as a protective factor for her daughter (the perpetrator) against mental health relapse within the community setting. The service providers relied on the victim to monitor the perpetrator's compliance to medication and identify any emergence of symptoms indicative of the possible onset of psychosis. However, this assessment by the service providers did not sufficiently consider domestic and family violence in the parent to child relationship and the many barriers that prevent help-seeking in family relationships.

The caregiver-care recipient relationship, among other psychosocial complexities, often resulted in a demonstrated reluctance by the mother (and victim) to source formal intervention when it was clear to her that her daughter (the perpetrator) was no longer complying with her treatment plan and was exhibiting signs of relapse. This was despite previous recurrent examples during periods of non-compliance where the perpetrator specifically targeted her mother during episodes of hallucination.

The case review identified an enmeshed relationship between mother and daughter coupled with geographic isolation and voluntary social disengagement that was very likely contributing to the victim's reluctance to report to, or engage with, mental health or other services. The Board found it concerning, however, that although practitioners identified that the victim may be experiencing symptoms akin to 'Stockholm syndrome', and assessed her to be at specific risk of harm while residing with the perpetrator, there was no indication that service providers made any effort to provide education or support around those associated concerns.

132 Wijeratne, C. & Reutens, S. (2016). When an elder is the abuser: Improving the management of domestic violence among elderly couples. *Medical Journal of Australia*, 205(6), 246-24.

Similarly, in another case, the victim demonstrated some insight into the risks her relationship with her children presented to her, however was generally unwilling to formally report her concerns and ultimately chose to remain in the abusive environment due to her 'love for her children'.

The reluctance of these victims to report abusive behaviours by their children is consistent with research into violence against older people by an adult child which identifies that parent victims may:

- » view the abuse as a family matter
- » fear retribution from the perpetrator child
- » fear the loss or damage to relationships within the family (with the perpetrator or others), including the potential loss of access to grandchildren
- » want to protect the perpetrator child from punitive sanctions and other adverse consequences, which may also have flow-on consequences for other members of the family (such as the child's partner or children) and/or
- » feel a sense of responsibility for the behaviour of a child they raised.

Government responsibility for the management and prevention of older people experiencing violence within their intimate partner or family relationships lies at both a state and federal level. While the responsibility for safeguarding vulnerable adults is dealt with primarily by the state governments, responsibilities for ageing and aged care has increasingly been appropriated by the Commonwealth.¹³³

The Queensland Government, until recently, did not have state-wide action plans, policy frameworks or practice guidelines that governed the identification of, and response to, experiences of violence in the ageing population. However, in the preceding five years there has been a positive push forward with significant state and national investment in strategies targeting the prevention of violence against older people in Australia.

The Board notes the important work being undertaken by the Queensland Government in this space. This includes the commissioning of research aimed at examining the prevalence and characteristics of elder abuse in Queensland^{134,135} and the delivery of an annual state-wide elder abuse awareness campaign to increase sector and community education.

The key research findings from the prevalence study identified the need for:

- » nationally consistent definitions
- » enhanced legal safeguards
- » education, training and increased community awareness
- » tailored services to strengthen responses to elder abuse
- » improved data collection
- » development of workforce capabilities and best-practice practice frameworks.

The Queensland Government indicates actions from these findings have been delivered, or are currently underway, as part of both state and national commitments to enhancing protection and support to older people.¹³⁶

The Board considers that the development of the *National Plan to Respond to Abuse of Older Australians (Elder Abuse) 2019-2023* (the National Plan),¹³⁷ in particular, will guide reform action relating to elder abuse to ensure national consistency in legislation, policy and practice frameworks.

However, the Board cautions that any implementation of the priority areas outlined as a result of the National Plan (and other reforms in this space) should take into consideration the differing manifestations of violence within older populations beyond that of elder abuse.

The Board considers there to be further opportunities to strengthen responses targeting violence against older Australians by expanding the scope of reforms to include a more accurate reflection of the dichotomy between elder abuse and later life domestic and family violence; how and where these types of violence occur; the barriers impacting on help-seeking; and how best to design, implement and evaluate strategies to prevent it.

¹³³ Australian Law Reform Commission. (2016). *Elder Abuse Discussion Paper*. Canberra: Commonwealth Government. Available at https://www.alrc.gov.au/sites/default/files/pdfs/publications/dp83_02_national_plan.pdf.

¹³⁴ Department of Child Safety, Youth and Women. (2019). *Tailoring responses to meet the needs of vulnerable Queenslanders*. Brisbane: Queensland Government. Available at: <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/our-progress/enhancing-service-responses/tailoring-responses-meet-needs-vulnerable-queenslanders>.

¹³⁵ The report was in response to Recommendation 11 of Special Taskforce on Domestic and Family Violence report, *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*, which called for a specific review into the prevalence and characteristics of elder abuse in Queensland to inform development of integrated responses and a communications strategy for elderly victims of domestic and family violence.

¹³⁶ Department of Child Safety, Youth and Women. (2019). *Tailoring responses to meet the needs of vulnerable Queenslanders*. Brisbane: Queensland Government. Available at: <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/our-progress/enhancing-service-responses/tailoring-responses-meet-needs-vulnerable-queenslanders>.

¹³⁷ Australian Institute of Family Studies. (2019). *National plan to respond to the abuse of older Australians 2019 – 2023*. Canberra: Commonwealth Government. Available at: <https://aifs.gov.au/fca/2019/03/21/national-plan-respond-abuse-older-australians-2019-2023>.

Chapter 6: People with disability

Key findings

- » The Board reviewed two cases within the 2018-19 reporting period where the primary vulnerability of the deceased was a physical and/or psychosocial disability and examined several other cases where a person's disability was a secondary vulnerability.
- » Although the small sample size is acknowledged, people with disability were generally engaged with multiple services over the course of years, if not decades, primarily in relation to experiences of domestic and family violence, chronic health concerns, mental health issues and suicidality.
- » In the cases reviewed by the Board the vulnerabilities of the victims with disability significantly impacted upon their ability to advocate for themselves and access the appropriate support services.
- » Where specialist support services were involved, limited efforts were made by the service provider to meet the specific needs and vulnerabilities of the victim with disability. This appeared to be particularly true where the victim had a psychosocial disability and may have been perceived to be a "challenging client".
- » Credibility in disclosure remains a barrier for victims with disability and services must treat disclosures of violence seriously when victims risk their safety by disclosing the abuse.
- » Change is required in the way that services are provided to people with disability who are experiencing violence to improve the accessibility and availability of services. The responsibility rests with services to adapt to the needs of victims with disability, not with victims to adapt to the needs of services.
- » The Board welcomes the increased focus by different levels of government on responding to domestic and family violence against people with disability, in particular the establishment of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.

The Board acknowledges the diversity of people with disability and the range of circumstances and environments in which people with disability may experience violence. Almost one in five people in Australia (18.3%) report living with a disability and while older people experience higher rates of disability due to the effects of ageing, around 21% of young people aged 25 years and under also live with disability.¹³⁸ The Board has attempted to articulate this diversity within this chapter by examining how societal structures and the environment create barriers and shape the conditions that impact on the accessibility of services to people with disability experiencing domestic and family violence.¹³⁹

Disability is defined by the United Nations *Convention on the Rights of Persons with Disabilities* as a 'long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder a person's full and effective participation in society on an equal basis with others'.¹⁴⁰

While this definition encompasses all people with disability, there remains a lack of awareness within the general community of 'invisible disabilities' and the breadth of 'conditions, illnesses and structural or biomechanical anomalies that are life limiting but not readily discernible to others'.¹⁴¹

In particular, psychosocial disabilities, or permanent and significant impairments related to mental illness,¹⁴² are a complex spectrum of conditions that are largely absent of any physical markers and may be invisible to others. Someone with a psychosocial disability may meet the standards of a person without disability from a conventional interpretation, but may nevertheless be limited in their everyday societal participation as a consequence of their condition. Conversely, someone with a mental illness may experience symptoms episodically and manage these in a way which still allows them to live a life with meaning and purpose.

The Board is mindful of this nuance and though this chapter examines disability, including psychosocial disability, and domestic and family violence broadly, the Board recognises that there is a distinction between victims with disability and perpetrators who may have an underlying mental illness. The Board acknowledges that disability affects victims and perpetrators in different ways and considered there were important lessons to be learned for services who come into contact with perpetrators in relation to their disability and not necessarily domestic and family violence.

The purpose of the current chapter is to examine the unique vulnerabilities that victims with disability experience, the manner in which these vulnerabilities may be exploited by perpetrators, and the barriers that victims with disability may face in accessing support services.

¹³⁸ Australian Bureau of Statistics. (2017). *Disability, Ageing and Carers, Australia: Summary of findings*, Table 1.3. Canberra: Commonwealth Government.

¹³⁹ Macartney, B. (2011). *Disabled by the Discourse: Two families' narratives of inclusion, exclusion and resistance in education*. Christchurch, New Zealand: University of Canterbury. Available at: https://ir.canterbury.ac.nz/bitstream/handle/10092/5307/Thesis_fulltext.pdf;sequence=2.

¹⁴⁰ United Nations. *Convention on the Rights of Persons with Disabilities*. New York, USA: United Nations. Available at: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.

¹⁴¹ Ibid.

¹⁴² National Disability Insurance Scheme. (2019). *What is psychosocial disability?* Canberra: NDIA. Available at: <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>.

To that end, the Board undertook review of two cases within the 2018-19 reporting period where the victim lived with a physical and/or psychosocial disability, factors that significantly impacted the deceased's capacity to seek support and their subsequent experience when engaged with formal services.¹⁴³ The Board also examined several other cases where a person's disability was a relevant factor in the service system response and these cases were drawn upon to inform this chapter. For example, in one of the cases in the filicide cohort (see Chapter 3), the deceased child's mother, and primary victim, had a cognitive impairment. In one of the homicides involving an older person (see Chapter 5), the deceased was the carer of their adult child (and homicide offender) who lived with a psychosocial disability.

The Board acknowledges that these cases are not necessarily representative of all experiences of domestic and family violence for people with disability, and drew upon a review of the literature on the topic to inform the development of this chapter.

Disability and domestic and family violence

The ABS *Personal Safety Survey 2016* identified that people with disability or a long-term health condition were approximately twice as likely to have experienced violence from a current or previous cohabitating partner in the one year preceding the survey. It was further identified that women with disability were more likely to be victims of domestic and family violence than men with disability, and experienced more frequent and more intense violence over a longer period than those who do not have a disability.¹⁴⁴

There is no cohesive theoretical framework in which the interaction between domestic violence and disability are explained. However, like abuse against other priority populations, most research studies explain the phenomena as a by-product of discrimination and marginalisation that devalues people with disability and considers them lesser than people without disability.¹⁴⁵

The experiences of people with disability may not align with traditional societal perceptions of domestic and family violence as occurring in the context of an intimate partner or familial relationship. Applying a narrow construct fails to capture the full range of domestic and family settings in which people with disability may live and the range of relationships they have with carers, other service providers and co-residents.¹⁴⁶

Most Australian jurisdictions consider informal care relationships as relevant relationships under their respective legislation, though there is no consistent definition or approach to the issue nationwide.¹⁴⁷ In 2003, the Queensland Government amended the then *Domestic and Family Violence Protection Act 1989* to expand the definition of domestic violence to include violence in informal care relationships. Under the *Domestic and Family Violence Protection Act 2012*, informal care relationships are defined as a relationship between two people where one is dependent on the other for help with day-to-day activities, such as dressing, preparing meals and shopping. The care must be required due to a disability, illness, or impairment and must not involve the payment of a fee.¹⁴⁸

While violence against people with disability includes a range of abusive behaviours that are also experienced by other populations more broadly, there are certain types of abuse that are unique to this cohort. This includes acts of abuse that may exacerbate dependency and remove an individual's ability to leave the abusive environment, including but not limited to:

- » the withholding of food, water, medication, care or support
- » restriction of access to necessary mobility devices or equipment
- » denial of access to disability-related resources in the community or in healthcare settings.

There are a range of key intersecting factors that contribute to heightened levels of domestic and family violence against people with disability, and particularly women and girls with disability; one of which is gender inequality.¹⁴⁹ Other key factors include categorisations of structural issues of inequality and disability discrimination, including but not limited to:

- » poverty and lack of economic independence
- » living and care arrangements, including constrained housing options
- » lack of access to crisis accommodation and support
- » exclusion from the labour market
- » dependence on others
- » credibility and fear of disclosure
- » lack of access to the criminal justice system
- » lack of awareness and knowledge
- » issues with service delivery and social infrastructure (lack of appropriate, available, accessible and affordable services, programs and support)
- » lack of participation, access to decision making and representation.

¹⁴³ Mental health concerns, either diagnosed or undiagnosed, were identified in a further 16 cases.

¹⁴⁴ Australian Bureau of Statistics. (2016). *Personal Safety Survey 2016*. Canberra: ABS. Available at: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.o>.

¹⁴⁵ Dowse, L., Soldatic, K., Didi, A., Frohmader, C. & van Toorn, G. (2013). *Stop the violence: addressing violence against women and girls with disabilities in Australia*. Background paper. Hobart: Women with Disabilities Australia.

¹⁴⁶ Ibid.

¹⁴⁷ A review of the respective legislation for each state and territory identified that, aside from Western Australia and the Australian Capital Territory, all states consider a carer relationship as a relevant relationship within their domestic and family violence legislation.

¹⁴⁸ Crime and Misconduct Commission (CMC). (2005). *Policing domestic violence in Queensland*. Brisbane: CMC. Available at: <http://www.ccc.qld.gov.au/research-and-publications/publications/police/policing-domestic-violence-in-queensland-meeting-the-challenges.pdf>.

¹⁴⁹ Women with Disabilities Australia (WWDA), First Peoples Disability Network Australia (FPDNA), People with Disability Australia (PWDA), the National Ethnic Disability Alliance (NEDA), and Children with Disability Australia, now known as Children and Young People with Disability Australia (CYDA). Four of the organisations, apart from the CYDA, are members of Disabled People's Organisations Australia. The factors are outlined in an alliance submission to a recent Commonwealth Parliamentary inquiry: Frohmader, C. (2014). *Joint submission of the National Cross-Disability Disabled People's Organisations to the Senate Standing Committee on Finance and Public Administration Inquiry into Domestic Violence in Australia*. Lenah Valley: Women with Disabilities Australia.

Many of these factors were present in the cases reviewed by the Board, including in cases where the victim with disability did not have high care needs. Although there have been significant improvements in accessibility for people with disability in recent decades, research suggests that the manner in which society is organised continues to create structures that sustain violence against those with disability, including through discrimination, inaccessible environments or communication, and an absence of appropriate supports that prevent the full participation of people with disabilities in daily life.¹⁵⁰ These structures may be exploited by perpetrators to further isolate, control, or inhibit help-seeking behaviours in those who have a disability.¹⁵¹

Barriers to seeking help and accessing services

The experiences of victims with disability are complex and diverse, even for those who are not dependent on a carer. While some victims with disability may have high care needs or limited cognitive or intellectual functioning that can exacerbate barriers to help-seeking, many other victims with disability who are not dependent on a carer face these same challenges.

This was illustrated in one case reviewed by the Board, where a victim with both physical and psychosocial disabilities, who was independent of a carer, experienced numerous barriers linked to her disabilities when attempting to leave her violent partner. These factors included poverty and financial hardship due to an inability to participate in the workforce, and a lack of access to suitable alternative accommodation that was appropriate for her needs. These factors compounded the barriers that many victims without disability also experience, such as her fear of an escalation in violence and the safety and welfare of her pet. Tragically, before she was able to successfully leave the abusive environment the victim died by suicide in the context of these ongoing stressors.

Those people with disability who are dependent on a carer are most commonly cared for by their partner or parent, and just over 10% of Queenslanders are the primary carer for at least one older person or person with disability. Over two thirds of primary carers (68%) are women.¹⁵² It is widely accepted that the power imbalance of an individual being dependent on another for care creates opportunities for financial, physical, psychological, and sexual exploitation.

Victims with high care needs may be wholly dependent on their abuser for support, and may have limited opportunities to disclose their abuse to medical or other professionals because carers or partners who are perpetrators of violence may attend medical and other appointments with the women they care for.¹⁵³

Victims with hearing impairments or other relevant physical, mental, intellectual or sensory impairments may also require interpreters or support workers to assist them in making disclosures. In many cases interpreters are not readily available, but where they are they may not interpret the person with disability word-for-word or accurately.

Another common concern for people with disability experiencing domestic violence is fear of the consequences of disclosure, including retaliation, shame, blame, and dependency. However, people with disability can experience a range of additional barriers to disclosure, including opportunity, perceptions of their credibility, and communication barriers.¹⁵⁴ Those who do make disclosures of violence may fear repercussion from the perpetrator if their disclosures are not treated appropriately by services, including the withdrawal of essential care.

Questions of credibility are more common for women with disability, particularly those with psychosocial, cognitive or intellectual disabilities who may be labelled as attention seeking, vulnerable to suggestion, or not having the capacity to understand and describe episodes of violence accurately.¹⁵⁵ When victims do disclose, they may further experience inappropriate responses from authorities based on stereotypes and myths about people with disability. These include misperceptions that people with disability are incapable of sustaining intimate relationships or lack the ability to control themselves or their own behaviour. This can further isolate and shame a victim and place responsibility for the abuse on them, the victim, rather than on their abuser.¹⁵⁶

This was observed in one case reviewed by the Board, where the victim contacted police to report a threat of violence from a family member but was dismissed by police who perceived her to have a cognitive disability. There was no record that the deceased victim had been diagnosed with any form of cognitive disability and, tragically, she was killed by a member of her family several weeks after her contact with police. While this victim did not have a disability, this example demonstrates how discriminatory attitudes towards people with actual or perceived disabilities may, and in this case did, impede the response to victims.

Service system responses

There were differing levels of service system contact in the cases reviewed by the Board, and people with disability were generally engaged with multiple services over the course of years, if not decades, primarily in relation to experiences of domestic and family violence, chronic health concerns, mental health issues and suicidality. However, the service responses were varied dependent on the type of service and whether the client with disability was a perpetrator or victim of violence.

¹⁵⁰ Maher, J. et al. (2018). *Women, disability and violence: Barriers to accessing justice*. Sydney: Australia's National Research Organisation for Women's Safety (ANROWS).

¹⁵¹ Frohmader, C. (2014). *Joint submission of the National Cross-Disability Disabled People's Organisations to the Senate Standing Committee on Finance and Public Administration Inquiry into Domestic Violence in Australia*. Lenah Valley: Women with Disabilities Australia.

¹⁵² Australian Bureau of Statistics. (2015). *2015 Survey of Disability, Ageing and Carers*. Quoted on Queensland Government website, <https://www.qld.gov.au/disability/community/disability-statistics>.

¹⁵³ Frawley, P., Dyson, S., and Robinson, S. (2017). *Whatever it takes? Access for women with disabilities to domestic and family violence services: Key findings and future directions*. Sydney: Australia's National Research Organisation for Women's Safety (ANROWS).

¹⁵⁴ Bartels, L. (2010). *Emerging issues in domestic/family violence research, Research in Practice no. 10*. Canberra: Australian Institute of Criminology.

¹⁵⁵ People with Disability Australia (PWDA) and Domestic Violence NSW (DVNSW). (2015). *Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice*. Redfern: PWD & DVNSW.

¹⁵⁶ Ibid.

Perpetrators with disability

The Board acknowledges the small sample size of cases involving perpetrators with disability, and cautions that these findings are not representative. In the cases involving perpetrators with disability the Board found that they were more likely to be engaged with generalist services in relation to their disability who consistently failed to recognise and respond appropriately to indicators, or direct disclosures, of domestic and family violence.

In some cases the victim was the carer for the perpetrator with disability, and the Board identified that the caregiver–care recipient relationship, among other complexities within the cases reviewed, resulted in a demonstrated reluctance by victims experiencing violence to source formal intervention. The Board is of the view that opportunities exist to enhance the responsiveness of services who engage with people with disability to better identify and respond to the presence of domestic and family violence as a victim or perpetrator.

Victims with disability

The Board considers self-determination, autonomy and supportive decision-making as critical principles to be acknowledged in legislation, policy and practice when developing systems of knowledge and intervention in response to those experiencing domestic and family violence while living with compounding vulnerabilities as a result of disability.

As highlighted earlier in this chapter, people with disability often experience complex and co-occurring vulnerabilities over their life course such as poverty, financial hardship, and dependence on others for care. The Board identified that these factors not only heighten the vulnerability of people with disability to domestic and family violence, but also serve as additional barriers to the accessibility of support services to victims with disability. In the cases reviewed by the Board, the vulnerabilities of the victims with disability significantly impacted upon their ability to advocate for themselves and access the appropriate support services.

In cases where victims with disability were engaged with services, there was a lack of detection of, and response to, these complex and co-occurring needs that acted as a barrier to service engagement and victim safety. Much of the service responses to these cases were identified to be inherently isolated in their approach to managing co-occurring issues and, overall, there was an absence of connection and coordination across services who lacked the necessary integrated response (or advocacy) to support pathways to long-term stability and recovery. This could be a workforce capability issue for the disability services sector as well as the domestic and family violence sector, and is indicative of a lack of an integrated response and coordinated information sharing.

This was particularly evident in cases where the victim was engaged with specialist support services, where the victim's disability and complex needs were identified but services did not tailor their service delivery to the specific needs of the victim.

For example, in one case reviewed by the Board the victim with disability was engaged with a specialist support service in relation to violence she had experienced from her intimate partner over many years. However, the victim was predominantly expected by the service to manage her own safety, risk, and referrals to other service providers with limited guidance, follow-up, or support. This manifested as the service ceasing engagement with the victim when she demonstrated a reluctance to accept alternative accommodation as she was afraid it would negatively impact on her mental health.

Given this service had long-term engagement and a history of rapport with the victim, they were best placed to act as navigators of the service system on her behalf. This was particularly egregious given that the service provider was aware that the victim was a person with disability and was continuing to experience violence from her intimate partner. The Board observed that this victim's disability, particularly her psychosocial disability, may have influenced the response by the specialist support service who may have perceived the victim to be a "challenging client".

The Board acknowledged the resourcing and capacity issues experienced by the disability and domestic and family violence sectors. However, the Board is of the view that change is required in the way that services are provided to people with disability experiencing, or at risk of, violence. The responsibility for delivering this change will always be on services, not victims, who must tailor their service delivery to the vulnerabilities of the client to ensure equal accessibility to people with disability experiencing violence.

Government responses

The Board acknowledges and welcomes the significant and extensive work by the Queensland Government to address domestic and family violence against people with disability, including the development of a specific plan to respond to the prevalence of violence against people with disability in the community.

Queensland's plan to respond to domestic and family violence against people with disability

On 31 May 2019 the Queensland Government released *Queensland's plan to respond to domestic and family violence against people with disability* to build on reforms already underway through the *Queensland Domestic and Family Violence Prevention Strategy 2016 – 2026*. The plan outlines four key focus areas, including raising awareness; building sector capacity and capability; implementing practical responses; and building the evidence. The Queensland Government has committed \$750,000 over two years to support implementation of the plan.

The Board commends the Queensland Government on establishing this plan and notes the broad ranging actions and supporting initiatives to be implemented, including:

- » design and implementation of an inclusive and accessible communication and engagement response to raise awareness in relation to people with a disability impacted by domestic and family violence and their human rights
- » the commitment by Queensland Health to include additional guidance in the Queensland Health DFV Toolkit of Resources to support health staff working with and responding to people with disability experiencing domestic and family violence
- » developing and evaluation of responses to close identified gaps for people with disability affected by domestic and family violence, including actions to improve accessibility of information; revision of training, resources and workshops to build capacity and awareness; work with women with disability to guide and develop resources and policy to prevent and respond to domestic and family violence; partner with the disability sector to explore opportunities to collaborate, raise awareness, and break down stereotypes; and identify and pursue 'good practice' underpinned by further collection of evidence through evaluation of the above resources and training

- » extend and strengthen the capacity of the Gold Coast Domestic and Family Violence trial to better respond to people with disability
- » construct two new crisis shelters in areas of high need (Caboolture and the Gold Coast) that can accommodate women with high mobility needs and complete the renewal of shelters in the remote and discrete communities of Pormpuraaw and Woorabinda
- » embed a focus on addressing the specific needs of Aboriginal and Torres Strait Islander women with disability in the implementation of *Queensland's Framework for Action – Reshaping our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence*
- » map existing datasets to identify opportunities to improve data collection about people with disability impacted by domestic and family violence
- » design and implement an evaluation plan that will map and align data to reform outcomes, identify gaps and establish a process to monitor and report on progress against the plan.

At a program level, the Board welcomes efforts to strengthen existing responses to better meet the needs of those with disability, including:

- » ensuring disability advocacy organisations and relevant disability service providers, where available, are part of the domestic and family violence high risk teams
- » domestic and family violence high risk teams proactively access disability service providers and/or professionals with appropriate levels of expertise to support multi-agency complex risk assessment and safety management planning
- » working with women with disability will be a core focus of specialist domestic and family violence training initiatives, renewed practice standards and revised resources.

Human Rights Act 2019

In Queensland, the *Human Rights Act 2019* (the HR Act) will commence in its entirety from 1 January 2020 to consolidate and establish statutory protections for certain human rights recognised under international law and instruments to which the state prescribes. The HR Act aims to ensure that respect for human rights is embedded in the culture of the Queensland public sector and that public functions are exercised in a principled way that promotes and protects human rights.

Government departments and public service employees will have a responsibility to respect, protect and promote the human rights of individuals; and must act in a way that is compatible with human rights obligations when delivering services and interacting with the community. It is intended that this will translate to fairer laws, policies and practices in government's daily dealings with the community.

The Board anticipates that this specific and targeted focus on human rights is likely to have a positive impact for those with disability in meeting their complex needs through strengthening the legislative imperative of services to respond in an inclusive and equitable manner to their clients. The greatest impact is likely to be difficult to quantify as it pertains to a cultural shift, noting pre-existing requirements upon services to act in this way are already in place.

This is, however, a positive step by the Queensland Government and the Board looks forward to seeing the impact of implementation.



The National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) is being rolled out to reform the existing disability service systems which were historically underfunded and unable to meet the basic needs of people with disability.¹⁵⁷ NDIS eligible participants are allocated a pool of funding with the discretion to decide how they access support services. In Queensland, the NDIS implementation occurred over three years commencing in July 2017 and was fully implemented in June 2019.

Although the NDIS is not specifically targeted at addressing domestic and family violence, the 2016 Victorian Royal Commission into Family Violence examined the operation of the NDIS in the context of people with disability experiencing violence. The Royal Commission found that NDIS packages were inflexible to the changing needs of victims with disability experiencing a domestic violence crisis.¹⁵⁸ To address this gap, the Victorian Government has implemented a Disability Family Violence Crisis Response Initiative, which allows women and children with a broad range of disabilities to access short term packages of up to \$9000 to access crisis accommodation appropriate to their needs.¹⁵⁹

The Board was pleased to hear of this innovative approach by the Victorian Government to specifically address the needs of victims with disability. However, the NDIS in Queensland is a very new development and insufficient time has passed to effectively measure the impact of implementation on people with disability who are victims of domestic and family violence. The Board will continue to monitor the implementation of the NDIS in Queensland.

Royal Commission Into Violence, Abuse, Neglect And Exploitation Of People With Disability

The Board also welcomes the action taken by the Commonwealth Government to address violence against people with disability, in particular the Commonwealth Government's decision to establish the *Royal Commission Into Violence, Abuse, Neglect And Exploitation Of People With Disability* in April 2019.

The Board observed that as the terms of reference for the Royal Commission are broad enough to encompass domestic and family violence against people with disability, any findings or recommendations made by the Board may be premature. Accordingly, the Board did not make any recommendations in relation to domestic and family violence and people with disability, and will instead closely monitor the implementation of the NDIS and the progress and outcomes of the Royal Commission.

¹⁵⁷ Fraser-Barbour, E.; Crocker, R.; & Walker, R. (2018). Barriers and facilitators in supporting people with intellectual disability to report sexual violence: perspectives of Australian disability and mainstream support providers. *The Journal of Adult Protection*. 20:1, pp. 5-16.

¹⁵⁸ Royal Commission into Family Violence. (2016). *Royal Commission into Family Violence: Summary and recommendations*. Melbourne: Victorian Government. Available at: <http://files.rcfv.com.au/Reports/Final/RCFV-All-Volumes.pdf>.

¹⁵⁹ Victorian Government. (2019). *Disability and family crisis response*. Melbourne: Victoria. Available online: <https://providers.dhhs.vic.gov.au/disability-and-family-violence-crisis-response>.

Chapter 7: People of diverse sexual orientation, gender identity or intersex variations (LGBTIQ+)

Key findings

- » The Board considered two cases involving a non-heterosexual relationship and/or where the victim or perpetrator were transgender.
- » Although there are some difficulties in identifying trends within such a small sample, a strong and recurrent theme pertained to a lack of system visibility and low reporting of domestic and family violence.
- » Increasing awareness of domestic and family violence within the LGBTIQ+ communities is a priority and subject of recent focus by the Queensland Government.
- » Opportunities to ensure the significant reform initiatives already underway are inclusive of the needs of the LGBTIQ+ communities must be explored.
- » General services must be informed and equipped to respond in an inclusive and nuanced way to victims and/or perpetrators who are LGBTIQ+.
- » The Board noted there are no specialist LGBTIQ+ services currently available in Queensland and considered a potential need to investigate feasibility and benefits of establishing targeted supports.

In Australia, the Commonwealth and Queensland Governments use the acronym 'LGBTIQ+' to refer collectively to people of diverse sexual orientation, gender identity or intersex people. The acronym stands for lesbian, gay, bisexual, transgender, intersex and queer/questioning. The + symbol recognises that this acronym does not fully capture the entire spectrum of sexual orientations, gender identities and intersex variations, and is not intended to be limiting or exclusive of certain groups.

The Board has been guided by the Queensland Government's use of language¹⁶⁰ and guidelines developed by the LGBTI National Health Alliance.¹⁶¹

Although the Board adopts the acronym LGBTIQ+, it also recognises that every individual and community has terms and language they prefer when describing their own sex, gender and sexual orientation. For example, the use of the 'sister girl'¹⁶² and 'brother boy'¹⁶³ within the Aboriginal and Torres Strait Islander community. It also respects that some people may not identify as LGBTIQ+ or as being in an exclusively same-sex, bisexual, pansexual or heterosexual relationship.

In this reporting period, the Board reviewed two cases where the deceased was LGBTIQ+ and died in the context of domestic and family violence within their intimate partner relationship. One case involved a male who was killed by his male partner, and the other involved a transwoman who was murdered by her intimate partner.

Both cases were characterised by a lack of formal reporting and there was an exclusive reliance on informal supports for intervention and/or support. Although the Board recognised that caution must be taken when interpreting issues from a small sample size, there is still benefit in analysing these cases as they provide qualitative insight into their experience and also shine a light on the system's capacity to respond.

The Board concluded that more work is required to explore violence against LGBTIQ+ people and extend the primary narrative of domestic and family violence beyond male-perpetrated violence against women in heterosexual cisgender relationships.¹⁶⁴ An opportunity exists to ensure recent and ongoing reform extends its focus and accessibility to people within the LGBTIQ+ community who may be experiencing domestic and family violence.

¹⁶⁰ Public Service Commission. (2017). *Queensland public sector LGBTIQ+ inclusion strategy: A strategy for sexual orientation, gender diversity and intersex inclusion*. Brisbane: Queensland Government. Available at: <https://www.for.gov.qld.gov.au/sites/default/files/lgbtiq-inclusion-strategy.pdf?v=1491458841>.

¹⁶¹ National LGBTI Health Alliance. (2015). *About 'LGBTI'*. Newtown: National LGBTI Health Alliance. Available at: <https://lgbtihealth.org.au/lgbti/>.

¹⁶² 'Sister girl' may be used by some Aboriginal and Torres Strait Islander peoples to describe male-assigned people who live partly or fully as women. Refer to: <http://www.anothercloset.com.au/introduction> for further information.

¹⁶³ 'Brother boy' may be used by some Aboriginal and Torres Strait Islander peoples to describe female-assigned people who live partly or fully as men. Refer to: <http://www.anothercloset.com.au/introduction> for further information.

¹⁶⁴ Cisgender refers to a person whose sense of personal identity and gender corresponds with their birth sex.

Domestic and family violence in LGBTIQ+ communities

Available data suggests that LGBTIQ+ Australians experience domestic and family violence at rates similar to, or higher than, the heterosexual cisgender community.¹⁶⁵ A study conducted by the Australian Research Centre for Health and Sexuality found significant levels of intimate partner violence in a national sample of participants, where 41% of male and 27% of female participants disclosed having experienced physical violence within a same-sex intimate partner relationship,¹⁶⁶ and 25% of participants disclosed having experienced sexual assault within a same-sex intimate partner relationship. Of note, those who identified as female or who were transgender were more likely to experience sexual assault relative to males.

Despite experiencing domestic and family violence at similar rates to the broader population, and despite the growing social and political intolerance towards domestic and family violence, there is a noticeable absence of available research which explores the dynamics of, and risks associated with, domestic and family violence in LGBTIQ+ communities and how best to respond within legislation, policy and practice frameworks.

Research is yet to determine the full extent to which the dynamics of violence within same-sex relationships are similar to heterosexual relationships. There are some studies which highlight similarities in the way that power and control is exerted in LGBTIQ+ and heterosexual intimate partner relationships, however, overall, there is a dearth of research that seeks to understand the power imbalance within gender and sexually diverse relationships that contributes to violence victimisation and perpetration.^{167,168}

There are, however, some distinct forms of abuse that apply to this cohort. Exploiting identity-based vulnerabilities specific to their gender or sexually diverse status is one pattern of power and control used by perpetrators which is unique to this cohort and may include, but not limited to, tactics such as:

- » threatening to disclose or 'out' the victim's sexual orientation or gender identity as a means of power and control^{169, 170, 171}
- » withholding or threatening to restrict access to hormones, medications, medical treatments or support services
- » ridiculing or disrespecting gender identity or intersex status
- » demanding that a partner present as a certain gender
- » insisting that a partner has treatment to look more 'male' or 'female'
- » drawing attention to anatomical differences
- » misgendering the victim, for example, calling them by their wrong pronoun or referring to the transgender person as 'it'
- » assault, mutilation or denigration of body parts such as chest, genitals, and hair that signify specific cultural notions of sex or gender
- » specific to transgender people, making threats related to the transgender person's custody of or relationship with their children.¹⁷²

Research suggests abusive partners within an LGBTIQ+ relationship may use homo/bi/transphobia or heterosexism to exercise power and control over a partner. For example, the practice of "outing" the victim's sexual orientation, disclosing HIV status, or threatening to do so may occur.¹⁷³

The process of coming out is deeply personal and carries inherent risk for LGBTIQ+ people, in that self-disclosure may result in censure, rejection, and even physical harm from social and familial networks due to, in part, social intolerance as a by-product of heterosexism.¹⁷⁴ Such uncertainty around the implications of coming out is likely to influence a person's decision making around determining whom, if anyone, to confide in and in what domains it is safe to do so.

An LGBTIQ+ perpetrator may use their partner's sexuality or identity as a form of control by limiting their access to friends and social networks, or by threatening to tell their partner's employer, parent, children, landlord or friends about their same-sex relationship or trans identity.¹⁷⁵

165 Rolle, L. et al. (2018). When Intimate Partner Violence Meets Same Sex Couples: A Review of Same Sex Intimate Partner Violence. *Frontiers in Psychology*, 9(1506), pp. 1-13.

166 Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private lives: A report on the health and wellbeing of LGBTIQ+ Australians*. Melbourne: Australian Research Centre in Sex, Health & Society.

167 McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, helpseeking behaviors, and correlates. *Journal of Gay and Lesbian Social Services*, 14(1), 23-49.

168 Potoczniak, M. J., Mouro, J. E., Crosbie-Burnett, M., & Potoczniak, D. J. (2003). Legal and psychological perspectives on same-sex domestic violence: A multi-systemic approach. *Journal of Family Psychology*, 17, 252-259.

169 Kay, M., & Jeffries, S. (2010). Homophobia, heteronormativity and hegemonic masculinity: male same-sex intimate partner violence from the perspective of Brisbane service providers. *Psychiatry, Psychology and Law*, 17(3), 412-423.

170 Lovett, M. J. (2015). *Barriers to Help Seeking for Lesbian Victims of Intimate Partner Violence*. Minneapolis, USA: College of Social and Behavioural Sciences, Walden University.

171 Chan C. (2005). *Domestic violence in gay and lesbian relationships*. Sydney: Australian Family and Domestic Violence Clearing House.

172 Goodmark, L. (2012). Transgender people, intimate partner abuse, and the legal system. *Harvard Civil Rights - Civil Liberties Law Review*, 48, pp. 51-104, p. 63.

173 Kay, M., & Jeffries, S. (2010). Homophobia, heteronormativity and hegemonic masculinity: male same-sex intimate partner violence from the perspective of Brisbane service providers. *Psychiatry, Psychology and Law*, 17(3), 412-423.

174 Mohr, J., & Fassinger, R. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: An attachment perspective. *Journal of Counselling Psychology*, 50(4), 482-495.

175 Calton, JM., Bennett Cattaneo, L. and Gebhard, KT. (2015). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence and Abuse*. 17(5).

Tactics of this nature play on the victim's fear of discrimination and may seek to silence, isolate or entrap a victim in the abusive relationship by, for instance, manipulating them into believing that they will not be believed or that they should not report the violence because they will be discriminated against by the services system.¹⁷⁶

This can result in a victim's fear of loss of children, employment, relationships or housing and may act as a tool impacting on the way a victim responds to violence by influencing 'whether or not and how they seek help, what services they are able to avail themselves of, and how likely they are to remain with, or return to, their violent partner'.

This form of violence was cited in one case reviewed by the Board where there was information to suggest that one partner made multiple threats to out the other as a means to manipulate the other into staying in the relationship.

Barriers to seeking help and accessing services

There are several issues that act as internal and external barriers to LGBTIQ+ people seeking help from and using support services and the criminal justice system when they are experiencing domestic and family violence. These include:

- » an inability by people and support services/practitioners to view intimate partner violence outside of a heterosexual framework
- » an assumption that intimate partner violence is mutual in LGBTIQ+ relationships
- » insensitivity to and/or lack of awareness of the specific needs/issues of the LGBTIQ+ population
- » discrimination, or fear of discrimination, and stigma.¹⁷⁷

By its very nature, the normalisation of gender roles in Western society has created a disadvantage for people from LGBTIQ+ communities who do not exist within these narrow, socially defined parameters.¹⁷⁸ This societal privilege towards heteronormativity creates significant barriers and often results in people who are LGBTIQ+ experiencing discrimination, harassment, prejudice, hostility, social isolation and stigmatisation in their everyday life.

Gender roles and assumptions about LGBTIQ+ relationships, in which the dominant view of men as perpetrators and women as victims, may inhibit the ability of both victims and service providers to recognise, and respond, to violence within LGBTIQ+ relationships.¹⁷⁹

For example there may be assumptions about the perceived physical capacity of women in a lesbian relationship to exert power over the other.¹⁸⁰ Transgender victims may be especially affected by a heteronormative lens,¹⁸¹ in that 'without the stereotypically masculine aggressor and female victim easily identifiable, both survivor and potential helpers may not recognise abuse' (although some victims may be in relationships with heterosexual men).¹⁸²

Sexual orientation and gender identity in and of themselves do not cause poor outcomes or exacerbate vulnerability. Rather, it is an individual's experience of heterosexism,¹⁸³ homophobia, biphobia and transphobia that contributes to social isolation,¹⁸⁴ poorer mental health outcomes, harmful substance use, and other sociocultural and economic problems and conditions. These experiences may be further exacerbated by other psychosocial factors such as race, age, socioeconomic status, or location.

The combination of these factors may place LGBTIQ+ people at greater risk of suicide, self-harm or discrimination and violence,¹⁸⁵ and can serve to isolate victims from accessing mainstream services for support.¹⁸⁶

Research has identified a multitude of socially-imposed barriers that may inhibit help-seeking behaviours for LGBTIQ+ victims of domestic and family violence.¹⁸⁷ The interaction between experiences of domestic and family violence compounded by the unique stressors associated with the cumulative impacts of life-long exposure to discrimination and abuse more broadly means that, while LGBTIQ+ people are exposed to domestic and family violence at relatively equivocal rates to other populations, research has found that LGBTIQ+ people are less likely to recognise, report or receive appropriate support in response.¹⁸⁸

As the nature of the violence in LGBTIQ+ relationships can manifest differently to the dominant sociocultural view of domestic and family violence, victims may lack an awareness of what domestic and family violence looks like in the context of their relationships. The multiple reasons for this are complex and include an ability to recognise abuse outside of dominant understandings of gender power dynamics.¹⁸⁹

176 Fileborn B. (2012). *Sexual violence and gay, lesbian, bisexual, trans, intersex, and queer communities*. Melbourne: Australian Institute of Family Studies (Commonwealth Government).

177 Campo, M; Tayton, S. (2015). *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*. Canberra: Australian Institute of Family Studies. Available at: <https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtqi-communities>.

178 Lorenzetti, L., Wells, L., Callaghan, T., & Logie, C. (2015). *Domestic violence in Alberta's gender and sexually diverse communities: towards a framework for prevention*. Calgary: The University of Calgary.

179 Campo, M; Tayton, S. (2015). *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*. Canberra: Australian Institute of Family Studies. Available at: <https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtqi-communities>.

180 Calton, JM., Bennett Cattaneo, L. and Gebhard, KT. 2015. 'Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence'. *Trauma, Violence and Abuse* 17 (5).

181 Campo, M; Tayton, S. (2015). *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*. Canberra: Australian Institute of Family Studies. Available at: <https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtqi-communities>.

182 Calton, JM., Bennett Cattaneo, L. and Gebhard, KT. 2015. 'Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence'. *Trauma, Violence and Abuse* 17 (5).

183 Heterosexism is the set of beliefs that privilege heterosexuality and heterosexual relationships over non-normative sexual orientations and gender identities.

184 Homophobia, biphobia and transphobia refer to negative beliefs, prejudices and stereotypes about people who are not heterosexual or whose gender identity does not conform to the gender assigned at birth, respectively.

185 Dyson, S., Mitchell, A., Smith, A., Dowsett, G., Pitts, M. & Hillier, L. (2003). *Don't ask, don't tell. Report of the same sex attracted youth suicide data collection project*. Melbourne: Australian Research Centre in Sex, Health & Society.

186 Special Taskforce on Domestic and Family Violence. (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*. Brisbane: Queensland Government.

187 Parry, M. M., O'Neil, E. N. (2015). Help-seeking Behaviour among Same-Sex Intimate Partner Violence Victims: An Intersectional Argument, *Criminology, Criminal Justice Law & Society*, 16 (1), 5-67.

188 O'Halloran, K. (2015). Family violence in an LGBTIQ+ context, *DVRCV Advocate*, 2, pp. 10-13.

189 Campo, M; Tayton, S. (2015). *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*. Canberra: Australian Institute of Family Studies. Available at: <https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtqi-communities>.

Service system responses

The Board identified that formal reporting was all but absent where domestic and family violence was apparent in cases reviewed within this cohort. This finding aligns with current research, which highlights the ongoing need to critically assess the underreporting of violence within same-sex or other diverse relationships as a significant issue influencing the ongoing victimisation and increased vulnerability of LGBTIQ+ victims.

Accordingly, the cases reviewed by the Board do not lend themselves to systemic analysis of the individual decision-making or (lack of) help-seeking behaviour. There was also insufficient evidence to support a definitive understanding of why the victims and/or perpetrators within the cases may not have engaged with, or sought support from, formal support structures.

To inform discussions within this chapter, the Board sought the expertise of Associate Professor Matthew Ball, an academic within the School of Justice at the Queensland University of Technology, whose research achievements explore the intersections between sexuality, gender and criminal justice. Associate Professor Ball provided a presentation to the Board to enhance the Board's understanding of current research literature that explores the challenges faced by LGBTIQ+ communities in accessing formal support services for domestic and family violence.

Heteronormative understandings of domestic and family violence

The Board discussed the notion that responses to intimate partner violence within LGBTIQ+ communities remain overwhelmingly aligned with heterosexual frameworks that feature women as victims and men as perpetrators.¹⁹⁰ Translating this framework to LGBTIQ+ communities presents difficulties in that such understandings of violence within a gendered power framework do not accurately reflect the complexities that exist between LGBTIQ+ couples.

These heteronormative understandings of gender and domestic violence can affect the way that law enforcement and other support services view violence within LGBTIQ+ communities, and can have unintended consequences for the ability of services to recognise and appropriately respond to those most in need of protection.

The Board identified that there may be scepticism from services regarding the severity of physical violence in a male same-sex relationship due to cultural stereotypes that depict gay men as 'effeminate' and therefore incapable of using physical violence to any great extreme. By the same token, this stereotype may also be ascribed to other gender or sexually diverse relationship dynamics where, for example, perceptions around the degree to which women in same-sex relationships exhibit physical aggression and exert power and control.

Service responders may also misinterpret the abuse as mutual within same-sex relationships, which may incorrectly view the victim and perpetrator as equal and, thus, create barriers to identification of the person most in need of protection. While there may be some cases where both parties have intentionally directed violence against one another as a means of control, there is evidence that, similar to heterosexual couples, mutual abuse is not common amongst same-sex couples.¹⁹¹

Where mutual violence is apparent in same-sex relationships, research suggests that the primary victim within the relationship may be more likely to physically defend themselves from assaults by their intimate partner, and it is this bi-directional violence that may prevent the primary victim from seeking criminal justice intervention for fear of being mislabelled as the perpetrator.¹⁹² This was identified by the Board as a possible contributing factor around why help-seeking was limited in the cases reviewed in this cohort, particularly around the circumstances of one of the deaths where the homicide victim may have feared being prosecuted had he reported his experiences as a victim of abuse due to the bi-directional nature of the violence within the relationship.

Another misconception of the relationship dynamics identified in literature was the possibility of misidentifying the victim as the perpetrator based on their presentation as more masculine or 'butch'.¹⁹³ Misidentification of the person most in need of protection can have profound consequences for victims who are seeking to access support for domestic and family violence and may impact upon their willingness to report abuse in the future. This has been cited as a barrier for some LGBTIQ+ victims in accessing support services or intervention from the criminal justice system for fear that they will be perceived as the 'problem' if they have used resistive violence in their relationship.¹⁹⁴

This suggests that a robust mechanism to identify the predominant aggressor in LGBTIQ+ relationships is key to enhancing confidence in the system's ability to keep victims safe and encouraging help-seeking behaviours from victims.

¹⁹⁰ Ball, M., & Hayes, S. (2009). Same-sex intimate partner violence: Exploring the parameters. In B. Scherer (Ed) *Queering Paradigms*, 161-177. New York: Peter Lang.

¹⁹¹ Kubicek, K., McNeeley, M., & Collins, S. (2016). Young Men Who Have Sex With Men's Experiences With Intimate Partner Violence. *Journal of Adolescent Research*. 31:2, 143-175.

¹⁹² Parry, M.M. & O'Neal, E.N. (2015). Help-Seeking Behavior among Same-Sex Intimate Partner Violence Victims: An Intersectional Argument. *Western Criminology Review*. 16:1, 51-67.

¹⁹³ Brenda Russell. (2018). Police perceptions in intimate partner violence cases: the influence of gender and sexual orientation. *Journal of Crime and Justice*. 41:2, 193-205.

¹⁹⁴ Parry, M.M. & O'Neal, E.N. (2015). Help-Seeking Behaviour among Same-Sex Intimate Partner Violence Victims: An Intersectional Argument. *Western Criminology Review*. 16:1, 51-67.

Exposing sexual orientation or gender identity

Those who have concealed, or partially concealed, their sexual or gender identity may face additional barriers in seeking help from formal or informal supports, as disclosing the abuse would require them to not only report the violence, but also disclose their sexual orientation or gender identity.¹⁹⁵

Individuals may be reluctant to report their experiences of abuse if it means they will be forced to out themselves before they are ready to disclose, or have fully explored, their identity.¹⁹⁶ This may be particularly difficult for individuals where their support networks such as friends, family, or colleagues are not necessarily aware of their previously private status, and to report the violence would mean making a conscious decision to reveal this publicly.

When considering fear associated with uncertainty around how much information services will seek when a victim discloses the abuse, where this information will go and how secure the privacy provisions are around information storage, use and release, the benefit of reporting the abuse may be questioned by the victim when considered against their desire to maintain their privacy.

This is likely to remain an ongoing issue whereby involuntarily exposing one's sexual orientation or gender identity as an outcome of reporting violence will act as an additional deterrent to engaging in help-seeking behaviours for this population.

Some research on domestic and family violence in lesbian relationships found that fearing one's sexual orientation would be revealed presented as a barrier for lesbians reporting violence and also influenced their willingness to follow through with seeking help from formal support services. This fear of disclosure was increased when living within communities that placed a high value on traditional gender roles, such as religious or ethnic communities that would publicly condemn homosexuality. This fear of disclosing their sexuality resulted in women identifying their abusers as male to support services in order to access support without embarrassment or consequence.¹⁹⁷

Victim's perception of services

A victim's perception of the efficacy and competency of services to consider their unique vulnerabilities and unmet needs when responding to violence in LGBTIQ+ relationships may also impact their decision making around accessing services.

Irrespective of whether a service is adequately equipped to respond in a sensitive way to the diverse experiences and distinct needs of this priority population, the gendered nature of mainstream domestic and family violence services may indirectly act as a systemic barrier which unintentionally excludes people within LGBTIQ+ communities from seeking support and accessing services.

Informal supports

As outlined above, while neither the victim nor perpetrator in either cases within this cohort used formal channels of reporting, it is apparent that informal support networks were heavily relied upon as a source of support when disclosing experiences of victimisation and perpetration.

The important role family, friends and work colleagues play in supporting both perpetrators and victims of domestic and family violence should not be underestimated. When victims of domestic and family violence are reluctant to seek help from formal service sectors, informal support networks become even more important to the overall help-seeking process.

Seeking informal assistance is often the first step in the help-seeking process and the outcome of this interaction can shape victims' subsequent help-seeking decisions.¹⁹⁸ It is therefore necessary to ensure that victims and those in a position to support them are equipped with the knowledge and skills to understand the underlying dynamics of these types of relationships and respond accordingly.

In the LGBTIQ+ cases reviewed, the Board identified that informal supports were sometimes aware that the relationships were 'volatile', however, they did not necessarily consider it in the context of the potential risk or understand the underlying dynamics.

For example, in one of the cases, the Board identified that there was a sense of normalisation of the dysfunctional dynamics apparent within the same-sex relationship. Despite the homicide victim having made frequent disclosures of physical abuse within his relationship, his informal support networks demonstrated a reluctance to intervene and remained largely passive to the continuation of abuse and victimisation.

¹⁹⁵ Ibid.

¹⁹⁶ As reported to the Board by Professor Matthew Ball (12 July 2019).

¹⁹⁷ Simpson, E. and Helfrich, C. (2007). Lesbian survivors of intimate partner violence: Provider perspectives on barriers to accessing services. *Journal of Gay and Lesbian Social Services*, 18(2).

¹⁹⁸ Meyer, S. (2010). Responding to intimate partner violence victimisation: Effective options for help-seeking, *Trends & issues in crime and criminal justice*, Australian Institute of Criminology. Available at: http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi389.pdf.



Government responses

In response to recommendation 14 of the *Special Taskforce on Domestic and Family Violence* (2015) the Queensland Government announced the *LGBTIQ+ Domestic and Family Violence Awareness Campaign* in 2018. The aim of the strategy is to raise awareness of domestic and family violence within LGBTIQ+ communities and remove stigmas around reporting and accessing services. The strategy is being delivered through online content, magazine editorials, advertising and art exhibition with a predominant focus on modelling healthy relationships and the availability of support services for LGBTIQ+ victims.

While the Queensland Government's commitment to raising awareness of domestic and family violence within the LGBTIQ+ community is commendable, it is salient to note that there are no dedicated specialist domestic and family violence support services that are targeted at the LGBTIQ+ community in Queensland. The result of this is that LGBTIQ+ victims and perpetrators are forced to access specialist domestic and family violence support services designed for the broader community and may not be sensitive to the particular needs of LGBTIQ+ Australians. For example, victims are encouraged to contact DVConnect Womensline or DVConnect Mensline if they require support. However, this may present as a barrier for transgender, intersex, or gender-fluid victims or perpetrators who do not identify on a binary spectrum as men or women.

In 2018 the Queensland Government announced funding of more than \$155,000 to help train frontline domestic and family violence support workers to recognise and respond to domestic and family violence in the LGBTIQ+ community. This has increased to \$235,000 in funding to date to support this initiative. Evidence suggests that LGBTIQ+ victims of domestic and family violence may feel rejection and discrimination based on their orientation or gender identity,

particularly when accessing mainstream services. Therefore, it is imperative that services who are providing support to LGBTIQ+ Australians are appropriately trained to understand the nuances of their experiences and provide culturally competent support.¹⁹⁹

More broadly, the Queensland Government has also initiated regular roundtables to inform government engagement with the LGBTIQ+ communities, providing a mechanism for communities to highlight issues, challenges and opportunities with Queensland government agencies. The roundtables will provide an opportunity for government to consult, engage and share information with the LGBTIQ+ community and ensure policy, programs, services and strategies are inclusive of, and responsive to, the needs of LGBTIQ+ communities, individuals and their families.

There are also commendable examples of innovation occurring in other states, including:

- » Another Closet, a dedicated web resource and handbook which provides targeted information for LGBTIQ+ people and provides links to general support services in New South Wales.²⁰⁰
- » Establishment of 'Our Watch' in Victoria which brings together research and evidence about the drivers of family violence and reinforcing factors for all parts of LGBTIQ+ communities. This partnership will present the Victorian Government with national and international research that identifies effective principles of primary prevention policies and programs that work to prevent violence for LGBTIQ+ communities.
- » Establishment of two specialist LGBTIQ+ case managers in Victoria. These case managers will support people experiencing family violence to access the services and supports they need, including Flexible Support Packages managed by Victorian AIDS Council and other organisations.

199 Carvalho, Amana; et al. (2013). Internalized Sexual Minority Stressors and Same-Sex Intimate Partner Violence. *Journal of Family Violence*. 26, 501/509.

200 Refer to: <http://www.anothercloset.com.au/>.

Chapter 8: People who are socially and/or geographically isolated

Key findings

- » The Board reviewed six cases where social and/or geographical isolation was identified as a primary factor.
- » Lower levels of reported contact with formal systems for both the victim and perpetrator was a common theme across the cases.
- » Informal support networks were more likely to be aware of controlling and violent behaviours although this was not always consistently identified as a form of domestic and family violence.
- » When services were notified, usually at a point of crisis, the response was variable.
- » The Board noted a lack of specialist services to address underlying issues exacerbated the risk of lethal violence or suicidality in these cases.

Within this reporting period, the Board undertook review of six cases where social and/or geographic isolation was identified as a primary factor in the context and circumstances of the death. This included three intimate partner homicides where a female was killed by her current or former male intimate partner and three perpetrator suicides which occurred during an episode of domestic and family violence and/or the dissolution of the relationship.

The Board identified that lower levels of reported contact with formal systems for both the victim and perpetrator was a recurrent theme among the cases reviewed. While this lack of service contact limits the capacity of agencies to effectively respond and potentially prevent these deaths, it is clear that, in the majority of these cases, informal supports were aware of, or held concerns that, behaviours indicative of domestic and family violence were occurring in the relationship. Consequently, these cases highlight the important role that informal supports can play in supporting their family and friends experiencing domestic and family violence.

While enhancing the capacity of informal supports to effectively respond has been an area of substantial focus at a state and national level to date, opportunities exist to consider whether these reforms are likely to improve outcomes in cases similar to these in the future.

The relationship between forms of isolation and domestic and family violence

Current research generally views ‘social and geographical isolation’ as an inclusive concept when considering barriers impacting help-seeking behaviour and the accessibility of services for domestic and family violence. This conceptual amalgamation fails to sufficiently differentiate between subtle variations in the dynamics of, and risks associated with, social isolation comparative to geographic isolation, and the nuanced responses that are required to address the differing impacts of each.

The Board recognises that there are intersections and overlaps between differing forms of isolation in the context of domestic and family violence. However, while social isolation may be magnified for people living in geographically isolated locations, it is important to remember that one can exist independently from the other.

For example, living in regional, rural or remote regions may be marked by social isolation in some cases due to, for instance, geographic distance, a lack of connectivity and heightened dependence on an abusive partner. However, in other cases, smaller towns with tight community connections may offer a victim strong social support and a sense of belonging that promotes victim empowerment and assists to offset the harms associated with experiencing victimisation.

It is, therefore, important that a distinction is made between differing forms of isolation in order to assess how best informal and formal supports can counteract the barriers preventing help-seeking and harness social networks to better engage and support victims and perpetrators of this cohort.

Social isolation

Social isolation is defined as a loss of place, belonging or connectedness within one’s group or network.²⁰¹ It encompasses a range of behaviours that can be voluntary or involuntary in nature, including where one may seek disengagement from social intercourse, where one has not learnt the skills necessary to effectively engage in social networks, or where disengagement is imposed by others.²⁰²

In the context of domestic and family violence, the latter is often a tactic used by perpetrators to progressively weaken a victim’s autonomy in order to render them isolated and, ultimately, dependent or submissive. It was a tactic identified in five cases considered by the Board in this reporting period.

²⁰¹ Biori, D. L., & Nicholson, N. R. (2013). Chapter 5: Social Isolation. *Chronic Illness: Impact and Intervention*. Burlington, Massachusetts, USA: Jones & Bartlett Publishers.

²⁰² Ibid.

Social isolation is one of the main manifestations of psychological abuse and involves the restriction of a victim's access to, or forced withdrawal from, social settings that might inhibit an abusive partner's ability to maintain control over their victim.²⁰³ The perpetrator employs tactics that seek to weaken support networks from the victim as a means to create vulnerability; instil unreasonable dependence; monopolise the victim's time; and/or prevent victims from seeking help or accessing services.

These tactics may include actions aimed at diminishing the victim's emotional resources, such as:

- » preventing the victim from seeing or contacting others
- » monitoring the victim's movements and contact with others
- » restricting access to social media, internet, telephone or other means of communication
- » restricting the victim's ability to leave the home
- » making it difficult for the victim to source or maintain employment
- » exhibiting jealous behaviours
- » acting in a manner that may prompt support networks to withdraw from the victim, for example, physical intimidation etc. and/or
- » acting in a manner that may prompt the victim to withdraw from support networks, for example, deliberately embarrassing the victim in social settings.

More broadly, social isolation has a range of psychological, physical and health impacts and has been found to be associated with increased likelihood of developing:

- » anxiety, depression and other mental health issues
- » physical health issues
- » negative feelings, including self-denial, guilt and self-loathing
- » self-harm and suicidal ideation
- » harmful substance use.

Geographical isolation

Geographic isolation, on the other hand, is a reality for many victims residing outside of metropolitan areas who may encounter a range of structural barriers in accessing supports or trying to separate from an abusive partner. This form of isolation is best defined as 'persons, groups, or populations separated by physical distance',²⁰⁴ and it is these physical barriers that compound risk as a result of difficulties in accessing social infrastructure.²⁰⁵

The Australian Bureau of Statistics represents remoteness through the Australian Standard Geographical Classifications, which enables comparison of social and health indicators across five broad regions that are based on remoteness or distance from services.²⁰⁶ The five remoteness areas are:

- » Major Cities of Australia – this is defined as those areas where geographic distance imposes minimal restriction upon accessibility to the widest range of goods, services and opportunities for social interaction. In Queensland, this relates to areas of Brisbane and the Gold Coast.
- » Inner Regional Australia – refers to areas where geographic distance imposes some restrictions, for example, Rockhampton, Bundaberg, and Gladstone.
- » Outer Regional Australia – refers to areas where geographic distance imposes restrictions, and includes places like Roma and Cairns.
- » Remote Australia – refers to areas where geographic distance imposes a high restriction upon accessibility to goods, services and opportunities for interaction. This includes Charters Towers and Cooktown.
- » Very Remote Australia – refers to areas where geographic distance imposes the highest restriction upon accessibility, and relates to far western parts of Queensland.

While this remoteness structure is standardised and meaningful, it is not consistently applied in research or practice.

Geographic isolation also makes it easier for abusive behaviours to be undetected as, for example, people may be further away from neighbours if they reside on large properties. It is also easier for a perpetrator to control their victim's access to social or community supports through removal or restriction of access to vehicles, phones or computers.

In some circumstances a perpetrator may seek to relocate to a rural or remote area as a deliberate attempt to isolate their victim, demonstrating that while these forms of isolation are distinct, they may at times be interrelated.

²⁰³ Albuquerque, N. L. et al. (2017). *Isolation of women in situations of violence by intimate partners: a social network condition*. Rio de Janeiro: University of Rio de Janeiro. Available at: http://www.scielo.br/scielo.php?pid=S1414-81452017000100207&script=sci_arttext&tlng=en/.

²⁰⁴ Wendt, S., Chung, D., Elder, A., & Bryant, L. (2015). *Landscapes: Seeking help for domestic violence: Exploring rural women's coping experiences: State of knowledge paper*. Canberra: Australia's National Research Organisation for Women's Safety (ANROWS).

²⁰⁵ The Board also noted that these types of challenges are also factors in new communities, including in urban areas, where infrastructure is lacking or in the earliest stages of development.

²⁰⁶ Australian Bureau of Statistics. (2011). *Australian Standard Geographical Classification (ASGC), July 2011*, (Cat. No. 1216.o). Canberra: ABS.

Research indicates that reported rates of violence perpetration are higher amongst women who live in rural and regional areas.²⁰⁷ Contributing factors include a lack of access to services, fewer available resources, fewer trained professionals, and issues associated with the capacity to maintain confidentiality and safety within small communities, where there may be familial and social connections between staff and clients of a service.

Other specific factors in relation to general living conditions in geographically isolated locations which may make victims particularly vulnerable include:

- » limited crisis accommodation and reduced housing more broadly
- » greater opportunities for surveillance of the victim
- » reduced access to public transportation
- » a lack of mobile phone reception and internet connectivity
- » limitations to employment opportunities.

Barriers to seeking help and accessing services

The Board noted that isolation, in whatever form it manifested, increased the vulnerability of victims and presented barriers to accessing services and ultimately limited the extent to which perpetrators were held accountable for their abusive behaviour.

Although barriers to help-seeking are not exclusive to people experiencing domestic and family violence from socially and/or geographically isolated communities, the Board noted the unique characteristics and social structures that often make it more difficult for this cohort to report violence, seek outside help, and pursue protection through formal channels.

Masculinity, traditional gender roles and constructs of privacy and resilience

The existence of ingrained cultural values and a strong adherence to traditional gender roles in highly masculinised communities or industries is one factor that may detrimentally impact help-seeking for victims and perpetrators of domestic and family violence,²⁰⁸ as was identified in several cases reviewed by the Board.

Although not restricted to or common to all rural and remote areas, antiquated concepts of masculinity in non-urban areas may be constructed in a way that privileges strength, power and hard work more often than not associated with a working landscape dominated by men.²⁰⁹ This cultural construct perpetuates and reinforces patriarchal family structures which support an imbalance of power and greater dependence of women on males. This can, in some circumstances, normalise or support structures in which male control and abuse occur.²¹⁰

Adherence to these cultural values can be detrimental as it can reinforce harmful practices of violence against women where a victim's experiences of violence are dismissed and society seeks to, whether inadvertently or not, protect the perpetrator from being held accountable.

In several cases reviewed by the Board, behaviours which were indicative of domestic and family violence were known to, but remained largely unaddressed by, the broader community in instances where traditional gender roles were considered as protective factors.

For example, in one case reviewed by the Board, friends did not recognise acts of coercive-control (such as financial abuse) as abuse, and instead, perceived that the male perpetrator was simply performing his role of financially providing for the family while the female victim took care of her duties as a wife, mother and homemaker. In this case, the perpetrator actively prevented the victim from gaining employment, tracked her spending and provided a small weekly allowance to maintain exclusive control of their shared finances. When the victim ultimately did secure a job, the perpetrator tracked her whereabouts via a GPS monitoring device and proceeded to her workplace where he forced her to resign on her first day on the job.

207 Campo, M. & Tayton, S. (2015). *Domestic and family violence in regional rural and remote communities: An overview of key issues*. Canberra: Australian Institute of Family Studies (Commonwealth Government). Available at: <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities>.

208 Logan, T.K. & Walker, R. (2011). *Civil Protection Orders Effective in Stopping and Reducing Partner Violence: Challenges remain in rural areas with access and enforcement*. Durham, New Hampshire, USA: University of New Hampshire. Available at: <https://scholars.unh.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1130&context=carsey>.

209 Carrington, K., McIntosh, A., Hogg, R., & Scott, J. (2013). Rural masculinities and the internalisation of violence in agricultural communities, *International Journal of Rural Criminology*, 2(1).

210 The Women's Services Network. (2000). *Domestic Violence in Regional Australia: a literature review. A Report for the Commonwealth Department of Transport and Regional Services*. Canberra: The Women's Services Network.

The social tolerance of such behaviours or ideologies may limit a victim's capacity to seek help and access services, and may further socially isolate them from important community supports.

At an individual level, a victim may feel a moralistic pressure to avoid separation due to strong social values that emphasise family unity and the responsibility of the woman to maintain family harmony (even where family violence is apparent).²¹¹ This may be exacerbated by a victim's fears of social ostracism where immediate social networks or the wider community may condemn their decision to leave the relationship and 'break up' the family unit.

At a community level, the notion of mateship may present further challenges for victims seeking help where 'the community may act to protect the perpetrator, particularly if they are of high standing or have visible roles in the community'.²¹² This was found to be the case during a Victorian study where victims reported that they felt their community was complicit in the continuation of violence, largely due to a failure to challenge perpetrator behaviours; attitudes of shame and judgement towards victims (in smaller towns); and an overall community indifference to domestic and family violence and in challenging the perpetrator behaviours.²¹³

Smaller communities may also place strong values on social characteristics of privacy, resilience and self-reliance.²¹⁴ Where domestic and family violence is apparent, this can manifest as a form of self-censorship and contribute to the minimisation and silencing of experiences of violence.

Victims may be deterred from seeking help and accessing services when they feel domestic and family violence within their community is perceived as a private matter outside of the realm of community involvement or concern. A sense of shame or embarrassment may accompany this and act as a barrier to help-seeking.

This was identified in several cases reviewed by the Board, where numerous victims experienced prolonged abuse over several decades, but remained largely silent about their victimisation for reasons including, but not limited to, fear of damaging reputations in the community.

Likewise, tight community connections where there is a lack of anonymity and privacy may also act as a barrier to help-seeking where victims feel they cannot speak out due to public visibility in smaller towns.

Both of these factors may act as an 'informal social control that pressures women into hiding instances of domestic and family violence',²¹⁵ thus leading to the underreporting of offences and compounding the social isolation of victims.

On the other hand, community connectedness can also be a vital protective factor for victims and perpetrators of domestic and family violence. The Board identified the importance of harnessing positive social connections in small communities to promote victim empowerment and perpetrator accountability. By fostering a sense of belonging and inclusion, close community connections can offset the harms associated with experiencing victimisation, by nurturing supportive relationships and opening informal channels of communication that may lead to detection or disclosure of abuse.

Reducing offending through whole-of-community approaches was identified by the Board as one means by which government can utilise community partnerships to reduce criminal justice system expenditure and improve community outcomes around domestic and family violence.

Justice reinvestment programs have emerged across Australia as a model which seeks to redirect investment from crisis response and incarceration towards preventative, diversionary and community development initiatives to address the underlying causes of crime.

The Maranguka Justice Reinvestment Project was piloted in New South Wales in 2013, focusing on collaboration between government and non-government organisations to create change within the remote Aboriginal and Torres Strait Islander community of Bourke, through:

- » engaging Aboriginal elders to drive the movement for change within the local community
- » facilitating collaboration and alignment across the service system
- » delivering new community based programs and service hubs
- » working with justice agencies to evolve their procedures and behaviours towards a proactive model of justice intervention.

211 Owen, S., & Carrington, K. (2014). Domestic violence service provision and the architecture of rural life: An Australian case study. *Journal of Rural Studies*, 39.

212 Campo, M. & Tayton, S. (2015). *Domestic and family violence in regional rural and remote communities: An overview of key issues*. Canberra: Australian Institute of Family Studies (Commonwealth Government). Available at: <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities>.

213 Loddon Campaspe Community Legal Centre. (2015). *Will somebody listen to me? Insight, actions and hope for women experiencing family violence in regional Victoria*. Bendigo: Loddon Campaspe Community Legal Centre.

214 Campo, M. & Tayton, S. (2015). *Domestic and family violence in regional rural and remote communities: An overview of key issues*. Canberra: Australian Institute of Family Studies (Commonwealth Government). Available at: <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities>.

215 Owen, S., & Carrington, K. (2014). Domestic violence service provision and the architecture of rural life: An Australian case study. *Journal of Rural Studies*, 39.



A preliminary evaluation of the impact of the pilot found an estimated gross financial saving of \$3.1 million since the initiation of the program and improvements to key performance indicators including:

- » a 23% reduction in police recorded episodes of domestic and family violence and comparable drops in rates of reoffending
- » a 31% increase in year 12 student retention rates and a 38% reduction in charges across the top five juvenile offence categories
- » a 14% reduction in bail breaches and a 42% reduction in days spent in custody.²¹⁶

Queensland has commenced similar community-driven programs in remote and discrete Aboriginal and Torres Strait islander communities, including the *Local Thriving Communities* initiative led by the Department of Aboriginal and Torres Strait Islander Partnerships. This approach was established to provide Aboriginal and Torres Strait Islander communities with a greater voice and decision-making authority in the delivery of services and economic development. The initiative is underpinned by principles of self-determination, participation, equality and culture through a 'co-design' model to foster collaboration between community and key government stakeholders to:

- » make decisions about their own future
- » build on their strengths as a community
- » invest in the things that will make communities stronger
- » create thriving communities.

The Board welcomes these initiatives and supports ongoing government actions more broadly that seek to build and strengthen community partnerships and empower community members to participate in, and develop, initiatives aimed at tackling domestic and family violence at the local level.

Increased ownership of firearms

Another factor that may discourage reporting of domestic and family violence or prevent a victim from fleeing a relationship is the higher prevalence of firearms in regional, rural and remote areas relative to metropolitan settings.

In five cases reviewed by the Board within this cohort, the primary perpetrator was noted to have access to firearms. This was a known and significant factor for victims, and prior to one intimate partner homicide reviewed by the Board, the deceased asked a friend to look after the perpetrator's weapons out of concerns for her safety.

Similarly, in another intimate partner homicide reviewed by the Board, the perpetrator disclosed to friends in the lead up to the death that he had contemplated suicide while in possession of a firearm. Despite describing homicidal and suicidal intent in the lead up to the fatality, there is no evidence that friends identified or raised concerns in relation to the perpetrator having access to firearms despite their knowledge of his deteriorating mental health.

Gun culture and ownership in non-urban areas increases a victim's vulnerability to serious harm or death as a result of domestic and family violence.²¹⁷ The threat or actual use of firearms by perpetrators may be used to intimidate and control a victim, and often, the mere knowledge of a perpetrator's access to a firearm may be enough to evoke sufficient fear in the victim that they do not consider fleeing from the relationship.

The sustained threat of violence through access to firearms may also prevent a victim from disclosing her victimisation to others outside of the relationship for fear that the perpetrator may threaten or harm those that are aware of, and may seek to respond to, the abuse. There is also strong evidence that ready access to a firearm, in conjunction with other contributing environmental or psychological factors, significantly increases risk of suicide completion among men from regional, rural or remote populations.²¹⁸

216 KPMG. (2016). *Unlocking the future. Maranguka Justice Reinvestment Project in Bourke: preliminary assessment*. Sydney: KPMG.

217 Wendt, S., Chung, D., Elder, A., & Bryant, L. (2015). *Landscapes: Seeking help for domestic violence: Exploring rural women's coping experiences: State of knowledge paper*. Canberra: Australia's National Research Organisation for Women's Safety.

218 Kunde, L., Kolves, K., Kelly, B., Reddy, P., & De Leo, D. (2017). Pathways to Suicide in Australian Farmers: A Life Chart Analysis. *International Journal of Environmental Research and Public Health*, 14(4): 352.

The Board is monitoring the outcomes of the *Weapons and Other Legislation (Firearms Offences) Amendment Bill 2019* (the Bill) submitted to Queensland Parliament in August 2019 as a proposed legislative response to reducing availability of firearms to violent perpetrators and increasing victim safety.

The Bill aims to strengthen the legislative frameworks governing weapons and firearms offences, by introducing new offences, increased penalties and strengthening police powers to prohibit high risk individuals from acquiring, possessing or using a firearm through the enforcement of firearm prohibition orders.

While there is some opposition to the proposed laws with respect to the breadth of search powers being conferred on a non-judicial officer when imposing firearm prohibition orders, the Board acknowledges that these powers will align Queensland with the police search powers of other Australian jurisdictions and are likely to work towards targeting collective goals as they relate to enhanced victim safety and perpetrator accountability.

Service system responses

Service provision in rural communities is commonly impeded by a lack of resources, restricted access to professional development opportunities and difficulties with the recruitment and retention of qualified staff.²¹⁹

Access to behavioural change programs or other supports for perpetrators, for example, may be limited and may not provide the frequency of availability needed to address the needs of perpetrators at the time of detection and intervention. This is particularly problematic given that motivation to change fluctuates over time and highlights the importance of ensuring services are provided in a timely manner.

People living in rural and remote communities may also have limited access to specialist services, including health and mental health, and the quality of these services can be highly variable.²²⁰ In this regard, the Board identified that universal services such as general practitioners, schools and hospitals have an integral role to play in regional and remote areas where they may be required to assume the role of other services that do not operate in those locations.

In the absence of dedicated, resourced and accessible services to support victims or to intervene with perpetrators of domestic and family violence, it is more likely that opportunities for intervention may be missed, and that victims who are attempting to leave relationships may not be able to access the necessary support when and where they need it.

In their review of cases characterised by social and/or geographical isolation, the Board identified that there was a clear absence of disclosures or help-seeking by both the victim and perpetrator, leading to an overall lack of opportunities for agencies to detect and respond within reasonable proximity to the deaths.

The Board identified that social isolation, as the forefront issue apparent in five cases subject to review, appeared to be a causal factor for much of the underreporting identified in the cases, with several victims demonstrating a gradual pattern of withdrawal from social supports throughout the course of their abusive relationship.

In one case reviewed by the Board, the couple reportedly withdrew from friends and family in the months prior to the homicide event as a result of the perpetrator's suspicions that the victim was having an affair. During this period, the perpetrator exhibited extreme obsessive and controlling behaviours where he would monitor the victim's contact with others, including customers at their shared business, and the victim appeared to alter her interactions to avoid any adverse reaction from the perpetrator. The victim reported that she feared the perpetrator would kill her if she did not watch what she was doing with respect to her social interactions and behaviours, and records suggest he had previously threatened to do so and had ready access to licensed firearms.

There are clear indicators in this case of socially isolating behaviour as a bid to reinforce control over the victim by the perpetrator. He would often act in a manner that would prompt the victim to withdraw from support networks, including slapping her in front of others while laughing and driving towards her at speed in the presence of work employees before swerving away at the last minute. These episodes were unreported to services.

Similarly, in another case reviewed by the Board, the perpetrator used tactics that prompted the victim and her support networks to mutually withdraw from one another. This was most apparent during the birth of the couple's first child where the perpetrator exhibited behaviours designed to physically intimidate, such as aggressive eye contact and overt displays of anger, to coerce the victim's family to leave the hospital out of discomfort. The perpetrator then followed members of the victim's family into the car park and verbally abused them. The victim later contacted her cousin to advise her that she could no longer have any contact with her at the family home due to threats the perpetrator had made towards this cousin. The victim suggested she visit her cousin's house instead as it was "*just easier that way*", however, contact between the two became infrequent and eventually stopped within three years of this event.

Efforts to physically intimidate others were also apparent in one case reviewed by the Board, where witnesses observed the perpetrator driving erratically in pursuit of a vehicle he thought held the man he suspected the victim was having a supposed affair with. The perpetrator disclosed to others he intended to kill this man if he was, in fact, sleeping with the victim. It was later identified that the individual in the car being pursued by the perpetrator was an unrelated bystander who had no affiliation with the victim, demonstrating the perpetrator's erratic mental state in the months preceding the homicide. It also demonstrates extreme sexual jealousy, which is a compelling indicator of lethal risk.²²¹

Within the cases, there was evidence of perpetrators monitoring, and intervening in, the victim's contact with others and tracking their whereabouts. In one case, the perpetrator deleted the victim's friends from social media and monitored her conversations. In another, the perpetrator made concerted efforts to control who the victim socialised with by:

- » requiring the victim ask permission if she wished to make plans
- » expressing dislike for friends and family who he did not want the victim to interact with
- » interjecting in conversations to the point where others felt the victim could not speak for herself.

²¹⁹ Notably the domestic violence service audit, conducted by KPMG, identified that funding for services generally matches the population distribution, with the most money expended on services in the south east corner of Queensland. While funding per capita was highest in the Cape York region, other regional and remote locations suffered from a distinct lack of services. The largest gaps were reported in the Central West and Gulf Regional areas.

²²⁰ Kolves, K., Milner, A., McKay, K., & De Leo, D. (2012). *Suicide in Rural and Remote Areas of Australia*. Brisbane: Australian Institute for Suicide Prevention, Griffith University.

²²¹ McKenzie, M. & Kirkwood, D., Tyson, D., and Naylor, B. (2016). *Identifying the risk of lethal violence*. Melbourne: Domestic Violence Resource Centre Victoria Advocate.

This kind of surveillance was also apparent after the dissolution of the relationship in some cases. For example, in one case, the perpetrator continued to covertly monitor the victim's contact with others by having mutual friends report back to him about her interactions with others in her personal and professional life following their separation.

Despite the level of control and abuse exhibited by the perpetrators in the cases subject to review, it is apparent that the victims showed a general reluctance to report the violence to formal agencies throughout the course of their abusive relationships. Of the six cases reviewed in this cohort, there were four cases where police intervention was sought for offences relating to domestic and family violence prior to the death.

Significantly though, the first reported contact in relation to domestic and family violence in all three of the perpetrator suicides occurred on the actual day of the deaths. In all three of these cases, this contact occurred when the victim sought help for, or initiated proceedings in relation to, domestic and family violence as they sought to end the relationship.

One recurrent theme in the cases subject to review was that, often, it was not the victims who were making direct disclosures of their experiences of abuse, but, instead, informal supports who identified abusive behaviours consistent with domestic and family violence after the deaths occurred. The victims' inability or unwillingness (for a myriad of reasons) to directly or indirectly disclose their experiences of abuse therefore precluded limited opportunities for both informal and formal supports to intervene accordingly.

On the occasion where services did detect, or were made aware of, the presence of violence in the relationship it is apparent that there was disparity in the way in which services responded.

There are clear examples of services responding in a meaningful way in some cases to prevent the escalation of domestic and family violence, while in others, service responses were inadequate and/or were impeded by various external factors which inhibited the capacity of services to recognise the severity of the abuse. This included a lack of:

- » recorded prior history of violence between the couple
- » self-disclosed (victim) or collateral (informant) information to suggest the relationship was characterised by behaviours consistent with domestic and family violence
- » identified presenting risk indicators which might otherwise cause concern.

The Board identified that geographic isolation also hindered the capacity, albeit to a lesser extent, of formal supports to respond in a timely manner.

Issues of physical distance, delays in response, and limitations in officer training within a small policing district were identified by the Board as challenges facing police responses to an episode of domestic violence in the hours immediately preceding one completed suicide reviewed by the Board.

The Board found that:

- » physical distance was noted to be a significant issue when responding to calls for assistance in a timely manner in relation to reported episodes of domestic and family violence or disclosures consistent with suicidal ideation, plan and intent
- » delays in responses to emergency calls for assistance were noted where they were diverted interstate or informants were transferred between multiple dispatch lines and were placed on hold or told to contact another assistance line
- » interstate diversions were noted to be a common problem on the border areas where call allocation is dependent on what tower the call is picked up on and what telecommunication service it registers to
- » there are challenges in policing in remote Queensland where backup units are limited and training opportunities for responding officers are limited given restrictions in resourcing and staff capacity.

Further, the lack of specialist alcohol and drug services was also identified as preventing one perpetrator from accessing necessary treatment for substance misuse, with excessive alcohol consumption noted to be a factor in his apparent suicide.

Although there were sporadic opportunities for agencies to respond to the presence of domestic and family violence in several of the cases reviewed in this report, the obvious theme of underreporting by victims or others meant that these opportunities for agencies to intervene were largely limited.

Informal support networks

Informal supports are more likely to be told about, or suspect, a victim's experiences of domestic and family violence before this type of abuse is brought to the attention of police or other services. This may be even more relevant in regional, rural or remote areas as research suggests that informal support networks 'tend to be larger and stronger than those of their urban counterparts'.²²²

Across the six cases, there were positive examples of informal supports making proactive efforts to support the victim and intervene in the violence. For instance, in one case reviewed by the Board, a mutual colleague reported her concerns about the perpetrator's abusive behaviour towards the victim to her supervisors and requested immediate action in the workplace be taken to prevent further abuse from occurring. Bystanders from neighbouring apartments also made attempts to intervene in the violence by calling emergency services after overhearing a disturbance at the victim's residence (the homicide event).

Similarly, in another case reviewed by the Board, the victim's sister-in-law went to great lengths to ensure the safety of the victim and her children by accompanying her to the police station to initiate formal proceedings and assisting her to retrieve belongings from the family home. This included taking steps to ensure the perpetrator was unable to track them by avoiding use of the victim's vehicle, removing the SIM card from the victim's phone and avoiding detection on CCTV cameras around the family home.

These cases featured other positive examples of safety planning being adopted by family and friends in the victim's support network, including in one case where one friend sold the victim's possessions so she could put money aside, and in another case, a friend requested police assistance to ensure a verbal argument did not escalate further.

There were also positive examples of informal supports making concerted efforts to support the perpetrator and encourage help-seeking for mental health concerns and suicidality. In one case reviewed by the Board, a friend travelled several hours to support the perpetrator after he made disclosures of suicidality on the day of his death and his lawyer also called police after he expressed suicidal intent. In several others subject to review, family encouraged the perpetrators to seek mental health support upon recognising the need for intervention.

The Board also identified several examples where informal supports did not take action to intervene in, or formally report, violence, including where they:

- » had knowledge of issues in the relationship, either through direct disclosures made by the victim or indirect observations, but did not consider a need for intervention (for a myriad of reasons)
- » did not appropriately respond to threats to kill by a perpetrator as indicative of homicidal intent, particularly where it was co-occurring with obsessive behaviours and extreme sexual jealousy
- » may not have recognised behaviours as being consistent with domestic violence, and therefore, did not recognise a need to intervene.

As a compelling example, the father of one victim overheard the homicide taking place, but assumed everything was okay when he could no longer hear the disturbance and subsequently did not seek to intervene or check on the welfare of both parties.

In another case, a friend described having knowledge of the perpetrator's overtly controlling behaviours towards his wife, including where he would track her whereabouts, but did not seek to intervene or explore this with the victim as he did not recognise this as domestic and family violence. A statement obtained after the death indicates that the friend, in hindsight, wishes he had explored these behaviours with the victim at the time he made the observations.

This same theme was observed in several cases where informal supports held concerns for the perpetrators' mental health, but did not actively encourage help-seeking or were satisfied with ultimately false reports by the perpetrator that they were receiving support.

For instance, one perpetrator disclosed suicidal ideation to his estranged partner on multiple occasions, however, she indicated that she felt at ease knowing he had told her he was intending to seek professional help. Records suggest that the perpetrator did not seek mental health assistance.

In each case, general observations of coercive controlling behaviours towards the victim by the perpetrator were apparent to family, friends and work colleagues. However, it is apparent that informal supports were not always aware that these behaviours constituted domestic and family violence. This may be due to the discrete nature of the violence, both in typology and setting, the lack of a (discernible) pattern of escalation, or the lack of direct disclosures or attempts to seek help by the victims (who were sometimes private in nature or may not themselves have perceived the behaviours to be domestic violence related).

²²² Pugh, R., & Cheers, B. (2010). *Rural social work: An international perspective*. London, UK: The Policy Press.

Even when these behaviours were recognised as domestic and family violence by informal supports, only very rarely did it lead to formal reporting in the cases reviewed by the Board. Apparent reasons for this identified in the case reviews include that:

- » the severity of the abuse and risk of harm was not recognised
- » it was not perceived to be their business to interfere
- » the victim expressed to informal supports a reluctance or unwillingness to seek help.

The Board found that, in the absence of formal reporting, the strength of informal supports and community intervention is the greatest tool available to stay attuned to the presence of domestic and family violence and challenge the climate for violence in our community.

The importance of enhancing the capacity of informal supports to respond to domestic and family violence was recognised by the Board in its 2016-17 Annual Report, where it was recommended that the Queensland Government review existing responses that provide support, practical advice and referral pathways for families and friends concerned about loved ones who may be at risk of domestic and family violence.²²³

In response to this recommendation, and as part of their broader commitment to strengthen awareness and understanding of domestic and family violence, the Department of Child Safety, Youth and Women has developed a digital self-service platform that will provide resources for victims, perpetrators, friends, family, employers and the general public.²²⁴

The Board recognises the significant work undertaken in this space and considers digital resources such as this to be a valuable source of local information and support to promote opportunities for engagement among victims, perpetrators and the broader community.

In response to the Special Taskforce Report on Domestic and Family Violence in Queensland, Queensland Government agencies have also made concerted efforts to engage with corporate and sporting institutes to extend the message of taking a stand against violence in homes, workplaces and communities. The Creating Confidence Program was developed by the Queensland Police Service in partnership with Netball Queensland and the Caboolture Netball Association to create a safe environment in sporting settings and build resilience, confidence and self-esteem for children impacted by domestic and family violence at home.

The Board remains committed to championing government investment in, and coordination of, robust community partnerships such as this which seek to empower local communities to take action to prevent domestic and family violence.

223 Recommendation 19: 'That the Queensland Government review existing responses that provide support, practical advice and referral pathways for families and friends concerned about loved ones who may be at risk of domestic and family violence, and employers who identify that their staff may be experiencing domestic and family violence, in order to ensure the statewide availability and accessibility of dedicated supports in this area.' (Domestic and Family Violence Death Review and Advisory Board. (2017). Domestic and Family Violence Death Review and Advisory Board Annual Report 2016-17. Brisbane: Queensland Government. Available at: https://www.courts.qld.gov.au/_data/assets/pdf_file/0003/541947/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2016-17.pdf).

224 Refer to: <http://statements.qld.gov.au/Statement/2019/5/29/queensland-government-launches-new-website-for-domestic-violence-victims>.





Section 3

This section fulfils the legislative function of the Board as per section 91E of the Act, in which the Board must consider any interaction with, and the effectiveness of, any support or other services provided to the deceased person and the person who caused the death.

This section considers the reforms relating to the delivery of integrated service responses to victims, perpetrators and children with linkages to the cases where an integrated response was utilised (Chapter 9). Chapter 10 outlines the restrictions that many women and their children must consider when planning on leaving an abusive relationship, such as financial insecurity and a lack of appropriate and sustainable housing options. The final chapter in this section (Chapter 11) considers responses to disadvantage, trauma and heightened vulnerability.

Chapter 9: Integrated service responses

Key findings

- » Governments at both a state and national level have focused on integrated service delivery across health, social, justice and economic domains in recognition of the complex nature of disadvantage, vulnerability and risk.
- » Several cases demonstrated a fragmented approach to service provision which suggests there are still opportunities to bridge the gap between policy and implementation.
- » Optimal outcomes were observed in cases where agencies and services shared relevant information to inform a thorough assessment of risk and deliver holistic, integrated responses to co-occurring issues including physical and mental health concerns, substance misuse and child safety concerns.
- » It is important to note that the legislative and policy imperative to share information is not new with several legislative instruments facilitating information sharing where it is necessary to protect individuals from potential harm.
- » Information sharing remained inconsistent and sporadic despite significant reforms to facilitate pathways for services to do so, particularly in cases where a high risk of harm was identified.
- » Service responses were often isolated to the immediate presentation with limited evidence that broader and underlying needs were appropriately identified or addressed even where concurrent issues were identified.
- » There was some evidence, particularly in the Aboriginal and Torres Strait Islander youth suicide cases, of frequent and sustained contact with multiple services over time without any interaction or collaboration between services which may have served to improve outcomes for the victims.
- » Continued efforts to clearly define individual and collective roles and responsibilities are required, supported by localised knowledge and relationships.

Domestic and family violence does not occur in isolation and evidence suggests victims, perpetrators and their families are more likely to experience poorer outcomes across health, social and economic domains.²²⁵ Comorbid issues such as physical and mental health problems, substance misuse, unstable housing or accommodation and child safety concerns are common and compounded by the harmful impact of domestic and family violence. These issues may manifest in myriad ways, including offending or antisocial behaviour, and may transcend the immediate family with links to transgenerational trauma or experiences of violence.

Several of the cases illustrated the complexity arising through entrenched disadvantage and trauma associated with sustained experiences of domestic and family violence. For example:

- » Across the Aboriginal and Torres Strait Islander youth suicide cases, there was evidence of intergenerational violence and abuse; long histories of child safety concerns and interventions; parental mental health and/or substance misuse concerns; limited access to housing, employment and/or education; and a lack of focus on cultural strengths or informed responses despite frequent and sustained contact with a range of systems.
- » Older people and those with a disability experienced complex vulnerability that pervaded their lives and impacted their livelihood.
- » Complex co-occurring issues, particularly mental illness and problematic substance misuse were noted as significant factors which heightened the risk of domestic and family violence and also served as a barrier to engagement and delivery of services to both victims and perpetrators.

Treating any one issue in isolation significantly reduces the likelihood of long-term success and meaningful improvement in the quality of life and outcomes for the individual and their families. Contemporary standards and evidence therefore suggest that a holistic approach that meets the underlying and often disguised needs of victims, perpetrators and their families is the most likely to elicit improved outcomes and this approach underpins current policy and practice frameworks.

The case for integrated and collaborative responses is not unique to domestic and family violence, with successive governments at a state and national level recognising and seeking to mandate this type of approach across core sectors such as health, education and justice.

Although not all service providers can or should be expected to provide specialist domestic and family violence interventions, there is a recognition that any service coming into contact with victims, perpetrators and families has an important role to play in meeting the individual's needs, be it through active referral or the provision of relevant information to the individual.

This was acknowledged by the Queensland Government in their response to the Special Taskforce who commenced significant reforms in a bid to broaden the scope and capacity of a range of services to play their specific role in facilitating holistic responses to the complex needs of those affected by domestic and family violence.

²²⁵ Australian Institute of Health and Welfare. (2018). *Family, domestic and sexual violence in Australia, 2018*. Canberra: Commonwealth Government. Available at: <https://www.aihw.gov.au/getmedia/d1a8d479-a39a-48c1-bbe2-4b27c7a321e0/aihw-fdv-02.pdf.aspx?inline=true>.

The Department of Child Safety, Youth and Women is leading work across government and the community to design, implement and test holistic and integrated approaches to victims and perpetrators of domestic and family violence as well as their families, particularly in high risk cases. Other key sectors with a lead role more generally in establishing pathways, processes and understanding include health and police.

To date, significant achievements and reform initiatives to strengthen service responses include:²²⁶

- » Conducting integrated service response trials.
- » Funding new and enhanced specialist support services for victims and perpetrators.
- » Trialling new and emerging technologies to improve the safety of women and their children through the ‘Keeping Women Safe in their Home’ initiative.
- » Boosting crisis accommodation services across Queensland and taking steps to ensure that housing assistance is available to those impacted by domestic and family violence.
- » Conducting reviews into the impact and prevalence of domestic and family violence on people with disability and elder abuse.
- » Developing a toolkit of resources for health workers.
- » Developing *Queensland’s Framework for Action – Shaping our approach to Aboriginal and Torres Strait Islander Domestic and Family Violence*.

Despite these positive steps towards promoting and facilitating integrated responses, the Board continues to identify a fragmented approach to service provision across the majority of cases, including in locations where integrated service response trials were in place, which suggests there is still work required to bridge the gap between policy and practice.

This is, in part, to be expected in the early stages of implementation however the Board considers there are valuable lessons to be gleaned from the review cases and an opportunity to review current practices and processes, as well as the education and support of staff to fulfil their roles.

It is also salient to note that the lack of a formal integrated response does not preclude obligations, responsibilities and the right of entities which were pre-existing under several legislative instruments to share information to preserve the safety of victims of domestic and family violence as well as their families.

The following section specifically considers:

- » Information sharing and management
- » Specialist integrated service and high risk trials.

Information sharing and management

As outlined previously, the Queensland Government has made significant steps to facilitate open exchange of relevant information across agencies in cases of domestic and family violence. These pathways are not limited to high risk teams or formal integrated service trial sites and are aimed at all Queensland government and non-government agencies.

In recognition of the continuing uncertainty of frontline workers around sharing information without lawful consent of the individual, the Queensland Government has implemented significant reform at the legislative and policy levels, supported by frontline training to facilitate localised pathways. Two key reform initiatives include:

- » The development of information sharing protocols and guidelines to reflect amendments to the *Domestic and Family Violence Protection Act 2012* in 2017 which included detailed guidelines and training resources for practitioners in the field of domestic and family violence and frontline workers.²²⁷ These were developed by the Department of Communities, Child Safety and Disability Services and ANROWS, in partnership with Queensland Health, Queensland Police Service and Queensland Ambulance Service.
- » Queensland Health developed a suite of clinical training resources to assist frontline practitioners to detect and respond to domestic and family violence in health settings.²²⁸ This suite of materials includes information and training to support clinical responses, referrals and general information sharing guidelines.
- » The introduction of a new information sharing framework after a review of the *Child Protection Act 1999* which simplified and broadened information sharing provisions under this legislation. The new laws introduce a comprehensive information sharing framework to support the wide range of government and non-government entities that deliver services to families and children, to share information with each other and to protect the safety, wellbeing and belonging of children.

²²⁶ Department of Child Safety, Youth and Women. (2019). *Enhancing service responses*. Brisbane: Queensland Government. Available at: <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/our-progress/enhancing-service-responses>.

²²⁷ Department of Communities, Child Safety and Disability Services. (2017). *Domestic and family violence information sharing guidelines*. Brisbane: Queensland Government. Available at: <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/our-progress/strengthening-justice-system-responses/domestic-family-violence-information-sharing-guidelines>.

²²⁸ Queensland Health. (2019). *Training resources to support clinicians*. Brisbane: Queensland Government. Available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence/healthcare-workers>.

These amendments and guidelines seek to provide clarity around the roles and responsibility of staff; outline what information can be shared, the circumstances in which it may be shared and who may share information; define when information must be shared; support the legislative framework for information sharing; and provide practical guidance about how to store and manage personal information.

Although there is still a focus on gaining informed consent to share information where it is safe and practicable to do so, these guidelines recognise that in some circumstances information sharing is necessary to protect victims of domestic and family violence and their families and to ensure they receive coordinated services in a timely and effective way.

Information sharing is perhaps most critical in cases of heightened vulnerability, higher risk and low visibility of victims, which is significantly the case when considering the risk of harm to children and infants, as well as other vulnerable adults in the home.

This approach is formalised across government in recognition of the need to ensure early intervention to meet the protective and care needs of those who, by virtue of age or other factors, are unable to advocate or meet their own care needs.

The Board welcomes this reform and notes that implementation will require time and sustained effort across sectors with appropriate training and support provided to staff. There were, however, critical instances in several of the cases where information sharing did not occur and this had, at times, a significantly detrimental impact on the outcome.

In several cases reviewed during this reporting period, there was evidence that despite moderate to high level risk being screened or indicated, efforts to seek or share collateral information across agencies was limited or absent. This occurred in cases involving vulnerable adults and children who were at significant risk of lethal violence and were well known to multiple services.

For example in one case, Child Safety Services received compelling reports of violent behaviour by a perpetrator both in his current relationship and a previous relationship that had ended only six months earlier. Despite attempts by multiple agencies to provide this information in a timely manner it was not used to inform a thorough or formal risk assessment in circumstances where there was escalating and significant violence.

The Board also considered a number of cases where information sharing regarding children who were known to Child Safety Services would likely have prompted a more proactive response from child safety and other services including police and health. In some cases, a lack of critical information sharing resulted in a failure to identify significant risk and protect a vulnerable child from domestic and family violence.

Most significantly, in one filicide case, there were multiple opportunities for Child Safety Services to seek pre-notification information from other key services, particularly health services who were aware that the perpetrator had made homicidal and suicidal threats which included threats to kill children (from a previous relationship) six months before the deaths occurred.

The Board also noted that there was often evidence of conflicting information being provided by services and that there were opportunities for services to improve their capacity to effectively manage these conflicts.

For example, Child Safety Services received information regarding the perpetrator's mental health, engagement with services and the status of his relationship with the child's mother. There was little evidence that child safety officers sought to verify or corroborate information and the decisions were, ultimately, based on information which suggested lower risk.

There is, more disturbingly, evidence that entities did seek to provide critical information to Child Safety Services in this case however were often unable to do so due to confusion or a lack of clear case management. It is also the case that health and police officers provided information at a SCAN meeting which did not proceed due to a lack of quorum in the months preceding the death. In the absence of the interagency meeting, the information was provided to Child Safety Services, however it does not appear that this information was utilised in their subsequent decision to proceed via an Intervention with Parental Agreement (IPA). This response failed to account for the significant risk of lethality in this matter.

When executed well, information sharing across agencies has a significant and immediate impact on the level and quality of service provided to victims, perpetrators and their families. It is also able to illuminate risk and trigger solutions.

Specialist integrated service and high risk responses

As part of its response to the *Special Taskforce on Domestic and Family Violence in Queensland (2015)*, the Queensland Government developed and trialled three integrated service models across the state. The pilot sites were commenced in 2017 in Logan-Beenleigh, Mount Isa-Gulf and Cherbourg. Integrated responses involve government, non-government and community groups working together to support victims and their children as early as possible and to provide opportunities for perpetrators to change their behaviour.

All agencies participating in the integrated response adopted an approach founded on common principles seeking to improve the safety and wellbeing of victims and their children; reduce risks posed by the perpetrator; and ensure robust justice system responses to perpetrators.

Key features adopted as part of the trial included information sharing guidelines; common and consistent ways to access risk and plan safety actions for victims and their children; and high risk team responses for victims at greatest risk of immediate harm or fatality because of domestic and family violence.

To support the trials, a suite of tools were co-designed with Australia's National Research Organisation for Women's Safety (ANROWS) including a common risk and safety framework, a model for high risk intervention and supporting professional resources. Amendments to the *Domestic and Family Violence Protection Act (2012)* were also introduced, including information sharing provisions to strengthen and facilitate information sharing between government and non-government entities.

The Griffith Criminology Institute, Griffith University, completed an independent evaluation of the trial in 2019 and although the full report has not yet been publicly released, a summary of key findings from the evaluation has been released by the department which identifies positive progress, challenges and opportunities to enhance the response.²²⁹

Positive findings included:

- » an overwhelming focus in both processes and responses on improving victim safety across all three sites
- » faster and more targeted service responses for victims and perpetrators referred to domestic and family violence high risk teams
- » increased visibility of perpetrators and awareness of risk among services
- » improving information sharing between agencies, especially about victims and perpetrators referred to domestic and family violence high risk teams, leading to more informed decision making about actions to be taken by individual services
- » large government agencies placing a greater focus on identifying and responding to domestic and family violence
- » stronger relationships between participating service providers, especially government and non-government agencies
- » improved understanding about the differing roles of agencies when identifying and responding to domestic and family violence
- » enhanced agency accountability around the services and supports provided.

There were also a number of challenges apparent:

- » the common approach to assessing risk has developed differently than was intended, meaning that participating agencies are assessing risk differently – this has broadened the scope of work for domestic and family violence high risk teams
- » confusion about the separation of roles and responsibilities of high risk teams and the broader integrated service system response
- » confusion around information sharing outside of the role/ functions of high risk teams, and a perception among many stakeholders that the high risk team was the only mechanism for information sharing
- » the need for more culturally appropriate processes and services for Aboriginal and Torres Strait Islander participants and those from culturally and linguistically diverse backgrounds
- » while there is a significant focus on improving victim safety, this could be strengthened by more focus on perpetrators and holding them to account.

²²⁹ Department of Child Safety, Youth and Women. (2019). *Evaluation of the integrated service response and high risk teams trial: Summary of key findings*. Brisbane: Queensland Government. Available at: <https://www.cswy.qld.gov.au/resources/campaign/end-violence/dfv-isr-evaluation-summary.pdf>.

The report made several key suggestions to strengthen the model, including:

- » clarifying the different purposes and roles of the integrated service response and high risk teams
- » clarifying the different purposes of assessing risk at different points in the service delivery response
- » supporting an increased focus on perpetrators within the integrated service response model
- » clarifying and unifying approaches to information sharing between agencies
- » continuing to support sustainable models and processes
- » embedding a culture of continuous improvement and best practice in integrated responses to domestic and family violence.

Ultimately, the report concluded that *'the integrated service response and high risk team model is in a state of "emerging practice"'*. It suggested that the initial indicators were *'promising but more needs to be done to consolidate and embed these reforms.'* These findings are consistent with the observations made by the Board in some of the more complex, high risk cases reviewed during this reporting period.

With respect to the cases reviewed, the Board noted the following:

- » several of the victims sought support through informal support networks, particularly friends and workplaces, which illustrates the need to continue efforts to raise awareness and develop pathways to help that are accessible to these stakeholders
- » local pathways were not always clear or well established which limited the presentation or uptake of referrals by victims, even in locations where specialist services were available
- » a lack of housing and financial dependence was a significant barrier, particularly in cases where the victim was elderly and reliant upon their adult children (who were perpetrators of violence) for care
- » the vital importance of information sharing was illustrated in several cases where significant episodes of violence and indicators of lethal risk were evident however not shared between agencies.

For example, one victim was located in an area where an integrated response was well established (though not an integrated service response trial site) and had contact with specialist services over a period spanning 20 years. In this case, the Board noted:

- » the deceased was proactive in seeking support from service providers, however demonstrated some reluctance to leave her partner, in part due to the complexities of shared assets and living arrangements with the perpetrator; some limitations related to her chronic and ongoing health conditions; and a fear of escalated violence if she was to attempt leaving
- » although well engaged with services, the onus for managing her interaction with the system was largely placed on the victim, often during periods where she was experiencing extreme violence, including non-lethal strangulation and threats to kill.

An integrated response in this case would have ensured a coordinated approach to addressing the deceased's health, social and economic needs in a way that enhanced her safety and provided appropriate support to her during a period of transition. Many of the barriers were surmountable with the right mix of services and the opportunity to enhance the response to a victim who was actively seeking support and aware of the potential danger associated with leaving her violent partner was sadly missed across a range of services.

Of the cases reviewed, the Board observed examples of best practice responses which demonstrated the impact of a well-executed, integrated response.

For example, in one of the apparent suicide cases, although there was evidence of some initial oversights by services, this was largely offset by a high standard of risk assessment and management once the magnitude of the abuse was recognised. Once police realised the severity of the perpetrator's violence they took measures to mitigate the risk of harm he posed to self and others including through:

- » apprehending and admitting the perpetrator to mental health services under an EEO
- » filing a police application for a protection order
- » removing all lethal means from the house reasonably suspected to pose a risk of danger to the family.

The healthcare response also represents an example of best practice risk assessment and management of suicidality and broader issues of violence. The perpetrator was commenced on an involuntary treatment order (ITO) and referred to Community Forensic Outreach Service (CFOS) for assessment of his risk of violence. A comprehensive risk management contingency plan was developed as a result of this assessment, which aimed to address primary concerns relating to his violence and suicidal behaviour, as well as secondary concerns relating to his PTSD and alcohol use.

Proactive measures were implemented to ensure the family were well informed of the perpetrator's progression and had safety plans devised in the event he was to abscond from hospital. The assessing psychologists proactively discussed potential risk posed to the family and provided advice around increasing safety measures. Victim Support Services were assigned to support the family and address any victim related issues.

This example represents a commendable effort on the part of both police and health officers in assessing risk and implementing strategies that sought to ensure the safety and welfare of the family.

Chapter 10: Financial autonomy and housing accessibility

Key findings

- » Several of the cases reviewed in this reporting period demonstrated that financial autonomy and housing accessibility is an important factor influencing victim decision-making in the context of domestic and family violence.
- » Many victims were impeded from leaving the abusive environment due to their inability to facilitate the division of property or secure financial independence. In some cases, victims chose to remain in the relationship to avoid high risk situations such as homelessness or financial hardship, and in others victims were forced to cohabit with the perpetrator post-separation.
- » Those that were forced to leave due to domestic and family violence faced challenges in securing long-term accommodation that was safe and affordable, and in some cases victims would be forced to cycle in and out of the abusive relationship after attempting to separate because they perceived this to be the safer option.
- » Priority populations may find access to social housing and support particularly challenging given they may have fewer options to flee to and more specific needs.
- » The Board remains optimistic about the significant body of work being undertaken in the housing sector with respect to shifts towards a person-centred service model that considers individual client needs and aims to support long-term stability and recovery.
- » However, the Board remains concerned that demand for these services still outweighs supply, and believe that further investment is required to ensure adequate service provision.

Domestic and family violence is a primary reason that women and children leave a family home, with many having to seek

specialist homelessness support services to source assistance in finding safe, accessible and affordable housing options during the midst of, or after, separation.

Research summarised by ANROWS²³⁰ on the intersection between domestic and family violence, housing insecurity and homelessness highlights the sheer magnitude of the disruption domestic and family violence has on the lives and housing circumstances of those impacted, and acknowledges the decision to leave an abusive relationship increases the susceptibility of victims to risks of homelessness.

This is corroborated by data retrieved from the ABS *Personal Safety Survey* (2016) which found that over one-half of women who left a previous violent relationship reported that they, and not their abusive partner, were the ones who were forced to move out of the shared residence.²³¹

Recent figures from the 2017-18 Annual Report of the Specialist Homelessness Service (Qld) found that interpersonal and relationship issues affected 53% of all clients accessing financial and housing support.²³² Of those clients, 60% were specifically due to domestic and family violence or family breakdown, with all adult clients identified as female and 47% being single parents.²³³

Many of the key issues outlined in the ANROWS research summary around the challenges of securing financial independence and housing accessibility when leaving an abusive relationship were identified by the Board in its review of six cases during the 2018-19 reporting period.

Victims who were forced to leave their homes due to domestic and family violence had trouble securing long-term accommodation, and, in some cases reviewed by the Board, victims found themselves cycling in and out of the abusive relationship due to the unsafe or unsustainable living situations available to them. This aligns with statistics from the ABS *Personal Safety Survey* (2016) which found that approximately one in five women return to violent partners after attempting to separate due to the financial and housing insecurity.²³⁴

230 Australia's National Research Organisation for Women's Safety. (2019). *Domestic and Family Violence, Housing Insecurity and Homelessness: Research synthesis*. Sydney: ANROWS. Available at: <https://www.anrows.org.au/publication/domestic-and-family-violence-housing-insecurity-and-homelessness-research-synthesis/>.

231 Australian Bureau of Statistics. (2017). *Personal Safety, Australia, 2016* (Cat. No. 49.06.0). Canberra: ABS.

232 Australian Institute of Health and Welfare. (2019). *Specialist homelessness services Annual Report 2017-18*, Canberra: Commonwealth Government. Available at: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/data>.

233 Ibid.

234 Australian Bureau of Statistics. (2017). *Personal Safety, Australia, 2016* (Cat. No. 49.06.0). Canberra: ABS.

The Australian Housing and Urban Research Institute also found that where safe, secure and affordable housing is not available, women may decide to return to, or remain in, an abusive relationship because they perceive this to be a safer option for them and their children (as opposed to the possible alternatives of substandard housing conditions, unsafe neighbourhoods, transience in short-term accommodation options, disruptions to employment, schooling and social networks, and homelessness risk).²³⁵

Post-separation housing stress is apparent among significant proportions of women who choose to leave a violent partner²³⁶ and was apparent in the cases reviewed during this reporting period. Housing stress may also be apparent for women even if they choose to stay in their own homes due to ongoing financial strain, ongoing violence, lengthy and costly family court proceedings, and a lack of family and social support.²³⁷

Other cases reviewed by the Board identified that many victims were forced to cohabit with the perpetrators post-separation due to their inability to facilitate the division of property or secure financial independence. It is recognised that economic security is fundamental to acquiring secure housing,²³⁸ and without opportunities to divide assets or reach financial autonomy, the Board identified that many victims were impeded from leaving the abusive environment. As such, many victims endured the continuation of abuse (despite the dissolution of the relationship) and financial abuse by the perpetrator often escalated as a means to prevent the victim from leaving such as, for example, refusing or sabotaging the sale of assets and misusing joint savings.

Further, victims of violence may be required to rely on personal and social networks to secure temporary or short-term housing after leaving an abusive partner. In one case, the victim fled from the residence she shared with her abusive partner with the help of family members, who assisted in obtaining a protection order, organised the collection of possessions from the home and put safety plans in place to evade modes of tracking that the perpetrator used on the victim. The family members were successful in safely transporting the victim and her children to an out of town location where they were to reside with extended family.

Another key theme identified by ANROWS is that, for Aboriginal and Torres Strait Islander communities, poor housing conditions and overcrowding can exacerbate violence and vulnerability.²³⁹ In one case reviewed by the Board, a mother experiencing domestic violence moved into an overcrowded home with her children (including the deceased child) after they were evicted from their permanent accommodation and had no other options for stable accommodation. The mother struggled to meet the care needs of the children in such conditions and required assistance from specialist support services.

Lack of housing options was identified in the research outcomes of the Australian Housing and Urban Research Institute which found that Aboriginal and Torres Strait Islander women and children have very limited housing pathways and may become trapped in a cycle between unsafe housing, crisis services, and back again when seeking safety in crisis situations.²⁴⁰

*Bottlenecks in crisis and transitional services, exclusion from mainstream housing markets and inadequate social housing supply result in women having few options but to return to the family home, despite the danger to herself and her children, and despite the risk that this will result in the removal of her children.*²⁴¹

Women at risk of homelessness sometimes engage in intimate relationships and 'survival sex'.²⁴² There were at least two cases considered by the Board where the mother of young children was at-risk of homelessness and formed an intimate relationship with an older man that allowed the woman and her children to reside at his house. In one particular case example, episodes of physical violence and coercive controlling behaviours commenced shortly thereafter, with the perpetrator threatening to evict her and the children to homelessness.

There are a range of responses to people who are experiencing, or at risk of experiencing, homelessness and increased poverty driven by the impacts of domestic and family violence. More robust evaluations are needed to determine the efficacy of program delivery.

235 Flanagan, K., Blunden, H., Valentine, K., & Henriette, J. (2019). *Housing outcomes after domestic and family violence*. Canberra: Australian Housing and Urban Research Institute. Available at: https://www.ahuri.edu.au/_data/assets/pdf_file/0026/37619/AHURI-Final-Report-311-Housing-outcomes-after-domestic-and-family-violence.pdf.

236 Kaspiew, R., Horsfall, B., Qu, L., Nicholson, J. et al. (2017). *Domestic and Family Violence and Parenting: Mixed method insights into impact and support needs: research report*. (ANROWS Horizons, 04/2017). Sydney: ANROWS.

237 Breckenridge, J., Chung, D., Spinney, A., & Zufferey, C. (2016). *National Mapping and Meta-evaluation Outlining Key Features of Effective "Safe at Home" Programs that Enhance Safety and Prevent Homelessness for Women and their Children who have Experienced Domestic and Family Violence: Research report* (ANROWS Horizons, 01/2016). Sydney: ANROWS.

238 Australia's National Research Organisation for Women's Safety. (2019). *Domestic and Family Violence, Housing Insecurity and Homelessness: Research synthesis* (2nd Ed.; ANROWS Insights, 07/2019). Sydney, NSW: ANROWS. Available at: <https://www.anrows.org.au/publication/domestic-and-family-violence-housing-insecurity-and-homelessness-research-synthesis/>.

239 Ibid.

240 Cripps, K., & Habibis, D. (2019). *Improving housing and service responses to domestic and family violence for Indigenous individuals and families*. Canberra: Australian Housing and Urban Research Institute. Available at: https://www.ahuri.edu.au/_data/assets/pdf_file/0011/45200/AHURI-Final-Report-320-Improving-housing-and-service-responses-to-domestic-and-family-violence-for-Indigenous-individuals-and-families.pdf.

241 Ibid.

242 Watson, J. (2018). Homelessness, Survival Sex and Pregnancy. Paper presented at the ANROWS 2nd National Research Conference on Violence Against Women and their Children, Sydney (May 2018).

As reported by ANROWS, the Australian National University, UNSW, Ipsos and Winangali are currently undertaking research about 'Safe at home' options for Aboriginal and Torres Strait Islander women in remote communities.

ANROWS made a series of key recommendations for policy and practice in response to the issues identified in the research summary. The Board share the views on many of the issues, however, is of the belief that to ensure the safety of victims and their children, a corresponding focus needs to be enacted to ensure that perpetrator's housing needs are also met.

This issue was identified by the Special Taskforce on Domestic and Family Violence. In response to recommendations of the Special Taskforce, the Department of Housing and Public Works have undertaken a number of actions to ensure that housing assistance is provided to victims of domestic and family violence focusing on accommodation and post-crisis support.

For instance, Department of Housing and Public Works has worked with Department of Child Safety, Youth and Women to deliver seven new crisis shelters, including two to be completed in 2019 in Brisbane and Townsville for women and children escaping domestic and family violence. These shelters cater for families with companion animals.²⁴³

The Queensland Government has provided additional funding for safety upgrade programs, and Commonwealth funding has been secured for the trial of new technologies in four locations across the state (Cairns, Rockhampton, Moreton Bay, Ipswich) as part of the *Safe at Home Program*.

The Safe at Home program is an initiative designed to mitigate the homelessness and safety impacts of domestic and family violence on women and their children, by providing community based case management and specialist support to victims transitioning from an abusive environment to safe and secure housing. The program seeks to open pathways towards long-term self-sustainability post-separation by offering housing support, relocation assistance, rental subsidies, counselling, advocacy and education.

The operating model can be implemented individually or in various combinations to address women's differing needs post-separation and may include:

- » explicit or implicit goals of assisting women to remain in independent accommodation
- » safety planning and risk assessment in conjunction with the women and other agencies
- » the use of protection orders and ouster provisions
- » brokerage funds that provide security upgrades e.g. alarms, security doors and window grilles
- » strategies to enhance the economic security of women to enable them to stay at home and remain financially independent of their ex-partner
- » support and advocacy on behalf of clients
- » capacity building of local interagency partners to facilitate a coordinated response.²⁴⁴

While the immediate responses to housing insecurity and concurrent transition pathways for domestic and family violence victims have been assessed by the Australian Housing and Urban Research Institute as effective and timely, the Institute considers constraints in resources and growing demand means homelessness and housing services remain under considerable pressure.

More robust evaluations are therefore needed to determine the efficacy of program delivery and explore the unmet needs around government investment and pathways by which victims can move on from crisis and transitional resources into secure, safe and appropriate long-term housing.

²⁴³ Recommendation 84 of the Special Taskforce report: 'The Queensland Government immediately funds two 72-hour crisis shelters in Brisbane and Townsville respectively for women and children escaping violence so that immediate safety and support can be met while awaiting a refuge placement.'; and Recommendation 87: 'The Queensland Government pilots a refuge that caters for families with companion animals with a view to rollout more flexible refuges into the future to meet the needs of victims.'

²⁴⁴ Australian National Research Organisation for Women's Safety. (2016). *Safe at home: Lessons for practitioners and policy makers*. Sydney: ANROWS. Available at: <https://www.anrows.org.au/news/safe-home-lessons-for-practitioners-and-policy-makers/>.

Financial dependence

The following discussion examines some of the issues associated with financial dependence and the inability of victims to obtain safe and secure alternative housing. These issues were prevalent across the cases reviewed by the Board during this reporting period.

Often coupled with strict adherence to traditional gender roles is the use of financial abuse as a means to instil dependence and diminish a victim's capacity to leave through controlling their ability to acquire, use and maintain economic resources.²⁴⁵ Such is the detrimental effects of this type of abuse that the victim has limited or no access to their own income and is reliant on the perpetrator as their primary source of survival.

Research shows that women may be reluctant to leave an abusive relationship due to fear of bankruptcy or the possibility of leaving without economic security for themselves and their children.²⁴⁶ Feelings of isolation may intensify for the victim when there is a lack of accessibility to, or autonomy over, finances by way of a perpetrator:

- » preventing their partner from working or studying
- » giving their partner an allowance
- » keeping financial affairs a secret and excluding their partner from major financial decisions
- » using their partner's name to take out loans or borrow money, or alternatively, refusing to put their partner's name on assets, rental agreements etc.
- » failing to contribute to household expenses or other costs.

In the absence of financial independence, a victim may be unable to safely secure alternative accommodation or legal representation without the threat of detection from their abusive partner. They also run the risk of their activities and interactions with others being monitored through bank transactions, reinforcing the perception that the perpetrator does not need to be present to control the victim.

This abuse may continue or intensify post-separation in instances where shared property, assets or bank accounts remain accessible to the perpetrator.

The implications of financial abuse for victims living in geographically isolated areas are, arguably, more severe than those living in metropolitan areas given other structural factors such as limited employment opportunities, lack of crisis accommodation and scarcity of affordable housing.²⁴⁷

In several cases reviewed in this report, victims owned and operated businesses with their abusive partner in regional areas. Prior to the deaths, the victims voiced concerns that they were financially unable to separate due to their money being tied up in assets and their partner's having overwhelming control of the finances.

For one case, there was high levels of financial abuse, including the perpetrator prohibiting the victim from working outside the home, and becoming enraged when she did. He controlled all of her finances, and also expressed to others that he was concerned that if she did have access that she would leave.

While some close to the couple believed the reasons behind this was to remove all life stressors and financial burden from the victim's shoulders, others suspected that this was because the perpetrator was concerned that the victim would leave if she had access to money. The victim was, thus, excluded from the couple's financial affairs, making her solely dependent on the perpetrator for all living and housing expenses.

Several victims faced hardships in meeting rental and living costs while living on an age or disability support pension. This included three cases where victims were reliant on the additional income of the perpetrator to make ends meet and were, therefore, vulnerable to enduring abuse.

The 2016 Census highlights concerns that there has been a significant rise in the number of older women experiencing, or at risk of experiencing, homelessness in Australia, with an estimated increase of 31% in just five years between 2011 and 2016.²⁴⁸ This finding places older women ahead of other priority populations as the fastest growing cohort of homeless people nationwide.

While both genders within the ageing population may be at risk of experiencing social and economic determinants of homelessness such as, for example, complexities associated with diminished employability and high costs of housing in the absence of a sustainable income source, research indicates that older women are more likely than older men to experience homelessness for the first time in later life due to the socioeconomic landscape they inhabit.²⁴⁹

These social and economic determinants of homelessness also disproportionately impact those living with a disability, where employment opportunities may be limited, depending on their impairment, and a sustainable income source outside of a disability pension may not be obtainable.

²⁴⁵ Adams, A. E., Sullivan, C.M., Bybee, D. and Greeson, M. R. (2008). Development of the Scale of Economic Abuse. *Violence Against Women*, 14(5).

²⁴⁶ Wendt, S., & Hornosty, J. (2010). Understanding contexts of family violence in rural, farming communities: Implications for rural women's health. *Rural Society*, 20(1).

²⁴⁷ Campo, M., & Tayton, S. (2015). *Domestic and family violence in regional, rural and remote communities: An overview of key issues*. Canberra: Australia Institute of Family Studies (Commonwealth Government). Available at: <https://aifs.gov.au/cfa/publications/domestic-and-family-violence-regional-rural-and-remote-communities>.

²⁴⁸ Australian Bureau of Statistics. (2018). *Census of Population and Housing: Estimating homelessness, 2016: Key Findings*. Canberra: ABS. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.o>.

²⁴⁹ Australian Association of Gerontology. (2018). *Background paper: older women who are experiencing, or at risk of experiencing, homelessness*. St Kilda: AAG. Available at: <https://www.aag.asn.au/documents/item/2234>.

Pathways to homelessness for older women differ from older men in that they are more likely to stem from family crises such as separation or domestic and family violence.²⁵⁰ Even when homelessness for older men is triggered by a family event, research indicates that the underlying circumstances leading to homelessness are vastly different and disproportionately relate to women fleeing to protect their safety in the context of an abusive relationship as opposed to men leaving at a point of their choosing, often motivated by emotional events connected to family dynamics.²⁵¹

According to Mission Australia, 'in many instances, older women will have endured abusive relationships for years, leaving only when children have grown up and left home or an unexpected life event forces them into crisis'.^{252,253}

The significant gap in wealth accumulation between men and women over the lifetime is another structural driver that makes women more susceptible to experiencing, or being at risk of experiencing, homelessness in later life. The socially constructed responsibility for women to undertake the nurturing role within the family has meant that, despite some shifts in labour force participation and changing patterns in domestic work, women still remain marginalised in the labour market²⁵⁴ and may face a resulting reduction in superannuation. For those that fall within age categories that predated the introduction of superannuation, the limited funds acquired through an age pension in later life is likely to be, in the absence of life savings, the only source of sustainable income available to older women. Economic self-sufficiency is likely to be further impeded by the associated problems of ageing or disability as one ages, including, for instance, diminished employability.

Given these factors which threaten housing stability and risk concurrent homelessness, it is unsurprising that, even in the face of domestic and family violence, victims are reluctant to report their victimisation or leave the abusive environment within which the abuse is taking place.

As exemplified in the cases considered by the Board, controlling a victim's ability to acquire, use and maintain economic resources affords perpetrators an opportunity to exploit a victim's vulnerability by instilling economic dependence and diminishing their capacity to leave the relationship.

This was most apparent in one case where, over the course of several decades, the perpetrator engaged in behaviours that sought to instil dependence over his wife in a bid to prevent her from leaving the relationship. This included:

- » isolating her from work opportunities by sabotaging any attempts she made to acquire employment or start a business
- » restricting her access to finances within the relationship
- » using threats to kick her out of the home
- » sabotaging the sale of their joint property, which was necessary in order for the victim to exit the relationship.

The acquisition of shared assets in this sense, such as the joint ownership of land or property between the victim and perpetrator, particularly obstructed the victim's capacity to leave the abusive relationship in four cases reviewed in this report. In these cases the perpetrator made threats to sell or remove the victim from the shared property, which would have rendered them homeless with limited resources to source alternate accommodation based on their financial position.

Such economic abuse was amplified post-separation where, in many cases, despite the dissolution of the relationship, victims were unable to (for myriad reasons) facilitate the division of property or secure financial independence and, thus, continued to cohabit with the perpetrator.

In one case the perpetrator threatened to evict the victim from their joint property as a means to maintain control knowing the victim could not obtain safe and affordable alternative accommodation on an age pension. When this was unsuccessful, the perpetrator went to great lengths to sabotage the sale of the home, including damaging the property and intimidating real estate agents, which prevented the victim from leaving.

The perpetrator in another case also used his financial position to enforce ongoing contact with his children despite their desire to end the relationship. Having no alternative income source, his children disclosed after his death that they felt they had no other option at the time but to endure the continuation of abuse because they relied on him as their primary source of financial survival.

250 Petersen, M., Parsell, C., Phillips, R. and White, G. (2014). *Preventing first time homelessness amongst older Australians*. Canberra: Australian Housing and Urban Research Institute. Available at: <http://www.ahuri.edu.au/publications/projects/p21005>.

251 Bowpitt, G., Dwyer, P., Sundin, E. & Weinstein, M. (2011). Comparing men's and women's experiences of multiple exclusion homelessness. *Social Policy and Society*, 10, 537–46.

252 Mission Australia, 2016. *Blueprint for the Domestic and Family Violence in NSW*. Sydney: Mission Australia. Available at: <https://www.missionaustralia.com.au/publications/submissions-and-reports/children-youth-and-families>.

253 McFerran, L. (2010). *It could be you: female, single, older and homeless*. Sydney: Homelessness NSW & Older Women's Network NSW Inc. Available at: <http://www.adfvc.unsw.edu.au/PDF%20files/It%20could%20be%20you%20Final.pdf>.

254 Kenneth, P., & Marsh, A. (1999). *Homelessness: Exploring the New Terrain*. Bristol, United Kingdom: Policy Press, 88.

In some cases these financial and housing barriers were not always brought to the attention of services even when the victim was engaged with a provider. This was largely due to an absence of disclosures or help-seeking which meant that agencies lacked opportunities to respond to the broader social needs of the victim.

Where disclosures were made, the service response was notably inadequate, and did not facilitate a tailored approach to address unmet needs and improve safety outcomes.

The Special Taskforce identified the need for additional financial support and support to live independently for victims of domestic and family violence, as well as access to subsidised training and skilling incentives to enable victims to re-join the workforce post separating from an abusive partner.²⁵⁵ According to the Domestic and Family Violence Implementation Council Update for the period up to November 2018, this recommendation remains outstanding.

In 2018 the Commonwealth Government announced the *Women's Economic Security Statement 2018* that included funding over four years for measures designed to support women's economic independence.²⁵⁶ Other measures contained within this initiative include:

- » the provision of funding to include financial counselling, literacy training and support for women experiencing domestic and family violence
- » new funding for family law property mediation services to help separating families resolve their family law property disputes faster and out of court
- » additional funding for courts to design and run Small Claims Property Pilots in a two year trial of simpler and more efficient court process for resolving small value family law property cases for those with an asset pool of up to \$500,000.

More recently, the Queensland Government has announced eight new Women's Health and Wellbeing Services to support women to meet their needs for housing, education, employment and economic security. This service delivery will include practical assistance to re-enter the workforce and maintain employment; advocacy and support to achieve and sustain financial independence; and counselling using trauma informed approaches to help women on their journey to recover from domestic and family violence and sexual violence.

Access to alternative housing

A lack of alternative housing options was identified in six cases considered by the Board during this reporting period.

The Board identified that victims from identified priority groups (e.g. older women, people with a disability, people in regional locations) are keenly aware that homelessness is a high risk situation for them and may choose to remain in the relationship to avoid this.

In one particular case, police were consistently made aware of housing issues over a nine year period, but failed to take any action or make appropriate referrals which might improve victim outcomes. Had police proactively sought to refer the victim to legal or social services who were best placed to respond to the social barriers impeding her capacity to safely leave, the broader issues compromising her safety and resulting in repeat calls for service may have been addressed.

The victim in another case reviewed by the Board where disability was apparent also made sustained efforts to source support from services to access safe and affordable housing. Her complex housing situation, exacerbated by her fear of homelessness, was a considerable barrier impacting on her decision not to leave the environment she shared with her abusive estranged partner. While she demonstrated heightened insight into her own risk of harm while living with the perpetrator, she noted difficulties associated with her disability were preventing her from accessing suitable alternate accommodation. This included financial hardship while on a disability pension that prevented her from being able to access safe and affordable housing and her inability to relocate furniture and white goods due to complications with her physical impairment.

The victim, thus, continued to share a residence with her abusive partner and demonstrated a reluctance to initiate punitive action against him when acts of violence did occur in fear this may have unintended consequences for her housing situation.

There is some indication that services made concerted efforts to respond to the victim's complex housing and support needs, and it is noted that, at times, the provision of support was impeded by various external challenges such as, for instance, housing the victim's pet or finding accommodation in a suburb where the victim would not be socially isolated. However, in general the service responses were inherently siloed in their approach lacking the connection and coordination across services to provide an integrated response to address the victim's multiple needs and provide pathways to long-term stability and recovery (more information about integrated service responses is outlined in Chapter 9).

²⁵⁵ Recommendation 89 of the Special Taskforce report: *'The Queensland Government: provides flexible brokerage funding to alleviate immediate financial hardship that is experienced when escaping violence: provide non-residential support programs to assist victims to live independently and not be compelled to return to violent/controlling relationships; and, provide access to subsidised training and skilling incentives for those experiencing domestic and family violence.'*

²⁵⁶ Department of Prime Minister & Cabinet. (2018). *Women's Economic Security Statement 2018*. Canberra: Commonwealth Government. Available at: <https://www.pmc.gov.au/sites/default/files/publications/womens-economic-security-statement-2018.pdf>.

In 2017 the Queensland Government released a new \$1.8 billion 10-year Queensland Housing Strategy to, among other things, improve pathways from homelessness to safe and secure housing and increase the supply of community-managed and private affordable rental accommodation. One of the actions under the *Queensland Housing Strategy 2017-20 Action Plan* (the Action Plan) is to improve accessibility and affordability of housing for women and children escaping domestic and family violence in recognition that this is a key contributor to homelessness.²⁵⁷ This is clearly an important initiative to improve housing outcomes for victims of domestic and family violence.

However, the Action Plan does not specifically target other at-risk groups, such as older people, people with disability and people who identify as LGBTIQ+, within the context of domestic and family violence. Any reference to domestic and family violence in the Action Plan is specific to the needs of women and their children within intimate partner relationships. The focus on intimate partner violence fails to recognise that:

- » there is a range of other 'relevant relationships' within the context of domestic and family violence, particularly for older people and people with disability who experience violence
- » other at-risk groups may be just as, if not more, vulnerable to threats of housing instability and concurrent homelessness when attempting to escape violence
- » it can be particularly difficult for older women and those with disability to leave unsafe homes because they may need access to accommodation modified for accessibility and other practical needs.

There may, therefore, be a need to expand the focus of domestic and family violence-related initiatives under the Action Plan from women with children to more broadly consider how the service system can improve access to housing and to navigate support services better suited to the complex and specific needs of victims within other priority populations.

The Western Australian State Coroner identified housing issues in her inquest into the deaths of 13 Aboriginal children and young people, noting a lack of available housing in the Kimberley region.

Domestic and family violence is a key contributor to experiences of homelessness for victims and their children. Data gathered by the Queensland Council of Social Service (QCOS) found that, in 2016, of those people who identified as homeless, 26% of women and 13% of men disclosed experiencing domestic and family violence.²⁵⁸ Homelessness was characterised into three subsets, specifically: primary homelessness where one has no accommodation at all, secondary homelessness where one has acquired temporary accommodation of a short-term nature, and tertiary homelessness where one experiences inadequate living conditions and caravan accommodation.²⁵⁹ QCOS reported that secondary homelessness was most apparent in the study, with 68% of participants accessing short-term or emergency accommodation.²⁶⁰

The Board were concerned of the prevalence of housing issues in the cases considered, which were apparent in six of the 23 cases (26.1%). This included three cases where a separated couple continued to live together after the dissolution of the relationship. These issues are not isolated to this reporting period, and had been observed in cases reviewed by the Board in 2016-17 and 2017-18.

The Board noted that lack of suitable accommodation options for perpetrators of violence which is incongruent with the increased focus on holding a perpetrator accountable for their actions, which may require the utilisation of ouster conditions of protection orders. Without access to stable and appropriate accommodation, a perpetrator's risk of violence to the victim and their children may increase. Anecdotal evidence suggests that a significant number of men who have left a household due to their use of violence in Queensland seek assistance from specialist homelessness services including crisis accommodation.

Service improvements to support victims and perpetrators access appropriate housing options

The Department of Housing and Public Works advised the Board that funding is allocated to eight non-government organisations to deliver 15 Specialist Homelessness Services providing temporary supported accommodation (referred to as Men's Shelters) targeted at men experiencing homelessness. There are a variety of other supports and services available to men experiencing homelessness.

To ensure the safety of a victim and their children, the Department of Child Safety, Youth and Women provides brokerage funds to specialist domestic and family violence services to deliver Home Security Safety Upgrades which can include installing external lighting, putting in security screens and changing locks. This is aimed to enable women and their children to remain in their homes where safe and appropriate.

Perpetrators of domestic and family violence may be able to access short-term temporary accommodation (up to 72 hours) if they are required to leave the property as a condition of a protection order, and they have nowhere else to go. Anecdotal evidence suggests that this is rarely accessed as most perpetrators are able to locate alternative accommodation with friends or family, albeit on a temporary basis.

The Department of Housing and Public Works may provide housing assistance to a perpetrator to facilitate their move away from the household. Social housing, bond loans or rental grants may also be provided under homelessness criteria if a perpetrator is forced to leave a household, and they may be eligible for other departmental products that help people access and sustain private market tenancies.

257 Department of Housing and Public Works. (2017). *Queensland Housing Strategy 2017-2020 Action Plan*. Brisbane: Queensland Government. Available at: <http://www.hpw.qld.gov.au/housingstrategy/Documents/QLdHousingStrategyActionPlan.pdf>.

258 Queensland Council of Social Service. (2016). *Response to housing discussion paper: Policy and program options generated through engagement*. Brisbane: QCOS. Available at: <https://www.hpw.qld.gov.au/SiteCollectionDocuments/QueenslandCouncilOfSocialServiceSubmission.pdf>.

259 Ibid.

260 Ibid.

The Department of Housing and Public Works may approve a victim of domestic and family violence to take over a joint tenancy agreement and become the legal tenant with property rights, to prevent a co-tenanted perpetrator from entering the premises.

Recognising the important role that their staff can play in assisting a victim of violence separate from their abusive partner, the Department of Housing and Public Works has developed a Domestic and Family Violence Practice Guide, which provides frontline staff with information about considering safety, confidentiality, supported referrals and facilitating access to support services. This is supported by state-wide training to service delivery staff, with consideration of the safety of the victim and her children which may, at times, require provision of suitable housing options to a perpetrator to ensure safety. This training also addressed the need to engage with perpetrators to ensure appropriate referrals to service providers to assist address their behaviour.

However, the Department of Housing and Public Works staff do not utilise risk assessments or safety planning; instead they seek to immediately connect customers to specialist domestic violence services to address safety needs when they become aware of the existence of domestic and family violence. Staff aim to work together with customers and specialist services towards timely responses enabling safe and sustainable housing outcomes. The Department of Housing and Public Works advised the Board that people experiencing domestic and family violence who are eligible for social housing are assessed as very high need. Victims of domestic and family violence will reportedly also be automatically approved for a bond loan and rental grant to access the private market.

Recent crisis shelters for victims of domestic and family violence have utilised consultative co-design processes. Consultations with identified stakeholders informed a person-centred residence that facilitates positive outcomes for women and their children. This includes:

- » significant security inclusions (e.g. gates, high fencing, cameras)
- » communal indoor and outdoor spaces to enable women to connect with other residents and children, for staff to group activities and for children to play
- » office and private meeting spaces to facilitate confidential conversations
- » the inclusion of bathtubs to enable a woman to relax and which may assist in recovery from physical injuries.

The Board identified cohorts of older people experiencing domestic and family violence who were retired or no longer in the workforce may have had fewer options to flee to. It is clear that people without access to funds will experience challenges to secure sustainable long-term accommodation, and may be reliant benevolence of community and other organisations.

The Board acknowledges the significant work being undertaken in the housing sector to support victims and their children, as well as perpetrators of domestic and family violence. This is beyond mere bricks and mortar, but moving to a service response that supports people during this period of crisis, and in providing sustainable options to enhance recovery.

However, the Board remains concerned that demand for these services still outweighs supply, and believe that further investment is required, noting the high risk period for homicide post-separation.



Chapter 11: Responding to disadvantage, trauma and heightened vulnerability

Key findings

- » Several of the cases reviewed by the Board in this reporting period involved victims, perpetrators and families exposed to entrenched disadvantage, trauma and heightened vulnerability, often across successive generations.
- » Services must tailor responses to meet the needs of vulnerable people in a way that promotes meaningful engagement and effective service delivery, rather than placing the onus on victims to adapt their approach to meet the criteria or convenience of services.
- » There was some evidence that ‘challenging clients’ were excluded or closed to services despite an ongoing risk of harm.
- » There is a need to optimise opportunities to identify and manage risk of harm to those who are less visible to frontline services, particularly children or vulnerable adults.
- » In a small number of cases, there was evidence of frequent and sustained contact with multiple services but an absence of collaboration or integration of services.
- » Sub-optimal outcomes were observed in cases where issues were addressed in isolation of co-occurring needs.
- » Trauma-informed models of care when working with both victims and perpetrators of domestic and family violence is critical and likely to improve outcomes.
- » Embedding a focus on domestic and family violence across core sectors must remain a focus of the Queensland Government.

The Board reviewed several complex cases during the 2018-19 reporting period often involving entrenched disadvantage, intergenerational trauma and heightened vulnerability of victims and families. This not only served to compound the risk of potential harm but also presented unique challenges to services in identifying and responding to domestic and family violence, even in cases where there were open disclosures of harm.

These issues were exacerbated by a common trend towards low help-seeking behaviour or a reluctance to engage with services who might have been in a position to help. Another complicating factor arose when victims were less visible to services, such as children and young people or elderly people who might have been confined or restricted in their ability to seek help.

The Board considered there were important lessons to be gleaned from the cases about working with clients with complex needs and heightened vulnerability to domestic and family violence across all sectors.

Recognising and responding to vulnerability and heightened risk

A core focus of the Board in the 2018-19 reporting period has been to consider the unique circumstances and needs of people who may be more vulnerable to domestic and family violence for myriad reasons including intergenerational trauma, mental illness, harmful substance use, disability, geographical/social isolation and other issues as highlighted throughout the report.

Overall, there were several instances in which services failed to recognise or understand the link between certain characteristics or issues and a heightened risk of victimisation.

Managing vulnerability and heightened risk requires a proactive, flexible approach to risk identification and the application of safety strategies which take into account the nuanced nature of domestic and family violence and the way that it manifests in different communities. It also requires an understanding of the extension of risk to others impacted beyond the primary identified victim and an appreciation of the impact of cumulative harm for those directly or indirectly exposed to violence in the home.

For example, amongst the cases involving older people, records reflect that mental health services often placed the onus on the primary victim to manage the safety and treatment compliance of their adult children, who were the perpetrators of violence against them. Unfortunately, this occurred despite service knowledge that their client posed a potential and significant risk of harm to their elderly parent.

The prevailing ethos of disability support and mental health services is autonomy and agency of the individual, however this does not mitigate the responsibility of support services to prioritise the safety of others as well as their clients. When responding to victims of domestic and family violence, services must provide appropriate support, information and options and balance principles of autonomy whilst recognising that victims of coercion are often guided by a fear of reprisal and experiencing cumulative psychological harm.

Services must also move beyond a superficial approach to assessing risk to children and also examine the psychological and emotional impact of long-term exposure to domestic and family violence and trauma. Amongst the Aboriginal and Torres Strait Islander youth suicide cases, of which the deceased young people were aged between 13 and 16 years of age at the time of their deaths, it was apparent that there was a disproportionate focus by services on the immediate physical safety of the child rather than more subtle or complex risk indicators.

This manifested as an overreliance by services, particularly Child Safety Services, on the chronological age of the child as evidence of the child's ability to remove themselves from the abusive environment and that they did not need any additional statutory intervention or support. However, it was apparent that services did not consider the impact of cumulative exposure to domestic and family violence and trauma on the young person, and how this may have affected their emotional and psychological development.

In one case, Child Safety Services determined that a young person did not require protection as he had fled an abusive home, despite an awareness by Child Safety Services that the young person was homeless and living in a paddock with no adult supervision, whilst engaging in risk taking and dangerous activities such as harmful substance use.

The Board discussed the need to ensure there was a focus beyond the immediate physical safety of young people, or superficial protective factors such as their chronological age, to include an equivalent emphasis on their mental health and wellbeing as a result of cumulative harm and sustained exposure to domestic and family violence, either as a direct or indirect victim.

Even when intensive case work was attempted, the Board noted that it was not always commensurate with risk and did not always adequately provide for the safety of vulnerable family members.

This was apparent in one youth suicide case where the deceased's family was subject to several voluntary and statutory interventions with Child Safety Services. The family were identified for intensive casework with a non-government entity, however, this did not include a specific focus on domestic and family violence despite it being identified as a core issue affecting the safety of the children. The agency notified the department of a lack of progress and engagement and the intervention was ultimately closed by Child Safety Services without any information or rationale that the underlying issues had been addressed or risks mitigated.

Approximately 18 months later, serious violence again occurred when the deceased child's stepfather threatened to kill his mother. Threats to kill are indicative of significant risk of lethal harm and it is reasonable to consider that this episode of violence was not a singular event in the intervening period.

Of the cases reviewed by the Board, there were instances where services responded to the immediate and presenting issues with a lack of focus on the broader context of the episode of violence. For example:

- » A perpetrator in one case experienced chronic mental illness which triggered frequent and sustained contact with mental health services. Although there was evidence of inpatient treatment and efforts to monitor her treatment compliance whilst in the community, there was limited evidence that the safety needs the perpetrator's mother, and primary victim, were considered or addressed. Although the mother was somewhat reluctant to seek help or formal intervention, services were aware of the history of violence perpetration and potential risk.
- » General practitioners saw one perpetrator on multiple and frequent occasions with a limited focus on his immediate physical concerns despite disclosures which indicated a range of issues including untreated mental illness, harmful substance use and a history of complex trauma. There was little regard given to his risk of violence or suicide, despite observations of aggressive and hostile behaviour, as well as open disclosures of homicidal and suicidal intent.

Short-sighted responses which deal with the immediate issues and fail to consider the broader needs of the individual and their family are problematic and efforts must be made to ensure the family unit as a whole is considered. Effective responses must also consider the cumulative impact of harm on vulnerable people and the episodic nature of domestic and family violence.

The Board also acknowledged the critical importance of providing flexible approaches that meet the needs of clients and acknowledges the barriers commonly experienced by victims when seeking support.

This was perhaps best illustrated in one filicide case, when child safety officers identified a need for the engagement of a specialist domestic violence service, however delayed the child's mother's engagement with the service because a particular case worker was not available. Tragically, this occurred just days before the child's death at a time when a specialist service may have been able to identify the significant risk and intervened.

Responding to underlying trauma

Individual trauma is defined as the results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.²⁶¹

Complex trauma is often used to describe trauma that is a result of interpersonal stressors – usually severe, sustained and perpetrated by one human being on another – and where clients may not meet all of the specific diagnostic criteria for post-traumatic stress disorder.²⁶²

Research suggests that trauma is particularly damaging when it occurs in childhood; and complex, interpersonally-generated trauma is severely disruptive of a person's capacity to manage internal states.²⁶³ Complex trauma symptoms include problems with mood regulation, impulse control, self-perception, attention, memory and somatic disorders.²⁶⁴

Several of the cases reviewed by the Board during this period were characterised by pervasive trauma which manifested as co-occurring issues for victims, their children and perpetrators. These issues included extreme domestic and family violence; child safety concerns regarding neglect and/or abuse; mental illness and/or substance misuse issues; poor attendance at school; offending behaviour; physical health conditions; and, unstable accommodation and economic participation.

These issues are significant and there is no readily available solution to address them, even when they occur in isolation. However the Board notes that any attempt to improve outcomes must ensure that services are delivered which respond to, and recognise the significant impact of, underlying complex trauma.

A trauma-informed care approach seeks to create safety by understanding the effects of trauma (including past and present violence), and its close links to health and behaviour. This approach has been extended in recent years to include a trauma and violence-informed care approach, which takes into account the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life.²⁶⁵

Trauma-informed interventions occur at two levels: trauma-specific interventions and trauma-informed models of care. Beyond specialist interventions, there is an increasing recognition of the need for trauma-informed models of care, although there is currently no overarching framework to guide service delivery in Australia.²⁶⁶

Programs, organisations and services that are trauma-informed realise the widespread impact of trauma and understand potential pathways for recovery; recognise the signs and symptoms of trauma in clients, families, staff and others involved with the system; respond by fully integrating knowledge about trauma into policies, procedures and practices; and, seek to actively resist re-traumatisation.²⁶⁷

In several of the cases reviewed during this period, and by the Board in previous years, there was evidence that the victims and perpetrators had their own extensive histories of trauma. Despite this, there was limited evidence that these histories were taken into account in service planning and provision with minimal attention given to understanding or addressing the entrenched trauma of the individuals or the family unit as a whole.

For example, in one of the youth suicide cases, the deceased child's mother was exposed to violence and abuse throughout her own childhood. Records indicate she was known to the system from around 10 years of age with substantiated concerns including abandonment, failure to protect, failure to ensure education, exposure to domestic violence and risk of physical harm. The mother had self-reported emotional and sexual abuse in her immediate and extended family after her parents separated and there is evidence she experienced homelessness, which saw her engage in sex work from a young age. She also engaged in offending behaviour from a young age, experienced ongoing harmful substance use, and had a history of self-harming.

Despite this history of trauma, which was known to services, there is limited evidence that these matters were a core focus of subsequent interventions. In the absence of this focus, improvements were minimal and frequently unsustainable beyond the immediate period of intensive intervention.

The Board noted a significant and concerning lack of trauma-informed responses to co-occurring issues in their review of the Aboriginal and Torres Strait Islander youth suicide cases despite, in most cases, frequent and sustained contact with a range of services including health, Child Safety Services and justice.

Notwithstanding the need for culturally informed approaches to care in those cases, which is discussed in further detail in Chapter 4 of this report, there were core themes identified across these cases, including:

- » barriers when clients were reluctant to engage or 'fit' with a service approach, rather than adopting individualised or uniquely tailored responses
- » a lack of family focused approaches despite evidence of intergenerational trauma
- » limited focus on strengths-based approaches
- » finalisation of cases for low engagement or non-attendance which failed to recognise this might be indicative of further violence or a need to alter service approaches to be more proactive
- » disproportionate focus on immediate, presenting issues with no commensurate attempt to address underlying issues.

261 Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

262 Connor, PK. and Higgins, DJ. (2008) The "HEALTH" model – part 1: Treatment program guidelines for Complex PTSD. *Sexual and Relationship Therapy*, 23(4).

263 Kezelman, C., Hossack, N., Stavropoulos, P. and Burley, P. (2015) *The cost of unresolved childhood trauma and abuse in adults in Australia*. Sydney: Adults Surviving Child Abuse & Pegasus Economics.

264 van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. New York: Viking.

265 Hegarty, K., et al. (2017). *Women's input into a trauma-informed systems model of care in health settings: Key findings and future directions* (ANROWS Compass, Issue 02/2017). Sydney: ANROWS.

266 Wall, L., Higgins, D., & Hunter, C. (2016). *Trauma-informed care in child/family welfare services* (CFCA Paper No. 37). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.

267 Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

As an example, there was evidence that one of the deceased young person's mother, who was the primary victim of violence and had experienced abuse in her own childhood, was perceived by core services as difficult to engage and this limited proactive attempts to facilitate meaningful participation with support services. She was subsequently closed to services, including housing and specialist domestic violence services, before critical issues could be resolved. Disappointingly, this also occurred despite service knowledge that the young person was engaging in risk-taking behaviour and living in unstable and unsuitable accommodation to avoid direct exposure to ongoing violence in the home.

In another case, the deceased experienced significant comorbidities including mental illness, physical disabilities and problematic substance use issues. He was reportedly hostile towards services and expressed homicidal and suicidal ideation on multiple occasions. There is evidence that several general practitioners at his local medical centre refused to provide care for the deceased, however despite their concerns regarding his propensity for violence, this was generally not reported to police and the level of risk posed to his family was subsequently hidden for prolonged periods.

The Board observed evidence that several victims in the cases reviewed appeared to cycle in and out of specific services that were trying to respond to individual issues with limited success. In the absence of a trauma-informed approach, interventions were largely unsuccessful and did little to improve outcomes for the victim or their family.

Adopting a domestic and family violence informed approach

The case for embedding a focus on domestic violence informed practice across sectors is clear and compelling. Research suggests domestic and family violence is a core driver of homelessness for women, a common factor in many child protection notifications and is a leading cause of police call-outs.²⁶⁸ It is also the case that health and allied health services are frequently the first to encounter and may also have the most sustained engagement with victims, perpetrators and families.

Even in locations where specialist services are available, they are generally amongst the last to have contact with victims, perpetrators and families. It is therefore critical that every opportunity is taken to optimise contact across a range of sectors to address issues in a way that recognises the impact of domestic and family violence.

The Board acknowledges the significant and extensive work which has been led by the Commonwealth and Queensland Government to elevate the focus on domestic and family violence in core settings including the police, health and child safety sectors.

Despite this significant reform, the cases reviewed by the Board in this reporting period illustrated gaps between policy and implementation which will take time, funding and ongoing training and support to redress. Specifically, the following issues were noted:

- » screening for domestic and family violence was sporadic and inconsistent, often in cases where direct disclosures or reports of indicators/episodes of violence were made
- » services were inconsistent in seeking to provide appropriate referrals where a risk of domestic and family violence was identified
- » there was often a disproportionate onus placed on the primary victim to manage their own safety and that of any children with limited commensurate focus on working with perpetrators
- » concurrent issues arising as a result of the individual's experience of violence were often treated in isolation (for example, mental health and problematic substance misuse)
- » the impact of domestic and family violence on an individual's capacity to engage with services was often minimised or not recognised and there were several cases where services were withdrawn in periods of heightened risk.

The Board recognised that to embed a model of domestic violence informed practice in any service, there are several core components that should be incorporated:

- » routine screening for domestic and family violence for all clients, regardless of the original presenting issue, referral or notification
- » using domestic and family violence informed assessments that address the impact of the perpetrator's violence on the primary victim as well as any children, and considers any protective actions taken by the victim
- » completing dynamic risk assessments to monitor and identify any changes in risk, for example, when one or both parties re-partner, or when additional concerns are notified that may be suggestive of domestic and family violence
- » in child protection settings, assessing all male paternal figures within a family/household, taking into consideration histories of violence in previous relationships
- » fostering meaningful partnerships with victims of domestic and family violence, inclusive of the development of safety plans and consideration of potential unintended consequences of agency/service action or inaction. For example, in one case, the victim did not want police to be contacted as she believed if they did not keep the perpetrator in custody, then she would be at increased risk.

²⁶⁸ Australian Institute of Health and Welfare. (2019). *Family, domestic and sexual violence in Australia: continuing the national story 2019—In brief*. Cat. no. FDV 4. Canberra: Commonwealth Government.

Reform and ongoing efforts to strengthen system responses

Although the above examples provide valuable insight and learning opportunities, the Board acknowledges there have been significant steps in recent years to address vulnerability and complexity in an integrated way. This extends from policies and practice frameworks to on-the-ground initiatives and projects which promote integrated and holistic, trauma-informed responses to complex and frequently co-occurring issues.

The Board acknowledges the efforts across core departments to better respond to trauma and embed a focus on domestic and family violence. For example:

- » The Queensland Police Service Vulnerable Persons Unit which provides a holistic, person-centred response to vulnerable members of the community during critical periods of their lives. These units support continuous improvement of policing services to vulnerable services and currently operate at the Gold Coast, Sunshine Coast, Wide Bay Burnett and South and North Brisbane.
- » Roll-out of Women's Health and Wellbeing Services which adopt a trauma informed approach to working with victims of domestic and family violence.
- » Introduction of the 'Safe and Together Model' by Child Safety Services which provides a framework for a domestic and family violence informed child welfare system with ongoing support and training for practitioners.
- » Continuation of EVOLVE Therapeutic Services which provides specialist trauma-informed mental health care for children and young people who are also involved with Child Safety Services and experience severe and/or complex psychological and behavioural needs.
- » Ongoing efforts within Queensland Health to grow a trauma-informed workforce across all levels of service provision, including by establishing a career pathways program to grow a stronger Aboriginal and Torres Strait Islander Social and Emotional Wellbeing workforce, including structured and supported pathways into senior leadership and professional roles.

The Board also acknowledged the establishment of a number of critical, family based services, including:

- » Family and Child Connect Services, an entry point for information and support advice for families experiencing vulnerability.
- » Intensive Family Support consent-based services for families experiencing vulnerability with children and young people who are at risk of involvement in the statutory child protection system which provides intensive support and facilitates engagement with appropriate services.
- » Aboriginal and Torres Strait Islander Family Wellbeing Services which aim to provide access to culturally responsive support to improve social, emotional, physical and spiritual wellbeing, and build their capacity to safely care for and protect children.

However, the Board noted that most of these services continue to operate outside of a domestic and family violence informed framework. While improvements have been made in recent years, there is still a need for significant investment and training to fully embed the capability of these services to appropriately recognise and respond to domestic and family violence.

It is also noted that the Board has previously made a series of recommendations of relevance to these issues in their inaugural (2016-17) and subsequent annual report (2017-18). The status of these recommendations are updated on the Coroners Court of Queensland website regularly and provided in this report at Appendix F.

The Board commends the following actions arising (in part or directly) as a result of previous recommendations, including that:

- » Queensland Health has updated its mental health risk screening tool and is satisfied that it suitably acknowledges factors contributing to domestic and family violence. Core training programs for mental health professionals and two specific courses are currently under review to ensure they include more detailed and contemporary content regarding detection and reporting of domestic and family violence.
- » Cross-agency training to use the Common Risk Assessment Framework, risk assessment tools and the information sharing provisions under the *Domestic and Family Violence Protection Act 2012* for general and specialist service providers.
- » Evaluation and review of the DfV Toolkit developed by Queensland Health to ensure it is achieving its intended objectives.
- » The Department of Child Safety, Youth and Women and Queensland Health have developed a communication strategy to encourage all peak bodies to ensure all registered practitioners participate in domestic and family violence training.

The Board also acknowledges and highly commends the Queensland Government on the recent release of the *Queensland Framework for Action – Reshaping our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence* which is a critical first step in addressing the complexity and trauma commonly associated with experiences of family violence.

The Board welcomes this reform and it is particularly encouraged by the commitments to deliver programs and holistic wrap-around services that are stress and trauma informed, and culturally appropriate, through actions such as:

- » Supporting culturally safe perpetrator interventions informed by community-focused research and frameworks such as the Healing Foundation's *Towards an Aboriginal and Torres Strait Islander Violence Prevention Framework for men and boys*.
- » Establishing a new community-controlled family wellbeing and safety advice and referral service.
- » Establishing and employing specialist domestic and family violence workers in the community-controlled Aboriginal and Torres Strait Islander Family Wellbeing Service across the state.

The Board will continue to monitor this reform agenda as these and other initiatives are implemented.





Section 4

This section contains details regarding the remuneration of Board Members as per Queensland Government guidelines and reporting requirements. The data coding forms used by the Board to collate data in relation to lethality risk factors are also included (Appendix B), as are the common case characteristics identified in each of the cases (Appendix C), and a glossary of terms (Appendix D). Also included are the Government's response to the 2017-18 Annual Report (Appendix E), the Government's update on the implementation of prior recommendations (Appendix F), and the Board's submission to the Australian Law Reform Commission's (ALRC) Review of the Family Law System (Appendix G).

Appendix A – Remuneration of the Board

Domestic and Family Violence Death Review and Advisory Board					
Act or instrument	<i>Coroners Act 2003</i>				
Functions	<i>Review domestic and family violence related deaths</i>				
Achievements	<i>In 2018-19, the Board met on seven occasions, including four case review meetings and three annual report preparation meetings that incorporated expert presentations. A total of 23 cases featuring 24 deaths were reviewed in this period.</i>				
Financial reporting	<i>The Board is audited as part of the Department of Justice and Attorney-General. Accounts are published in the annual report.</i>				
Remuneration					
Position	Name	Meetings/ sessions attendance	Approved annual, sessional or daily fee	Approved sub-committee fees if applicable	Actual fees received
Chair	Terry Ryan	6			
Deputy Chair	A/Prof Kathleen Baird	4	\$4500		\$2100
Member	Dr Silke Meyer	7	\$4500		\$3900
Member	Betty Taylor	4	\$4500		\$2100
Member	Mark Walters	4	\$4500		\$2325
Member	Angela Lynch	6	\$4500		\$3300
Member	Barbara Shaw	7			
Member	Keryn Ruska ²⁶⁹	0			
Member	Natalie Parker	5			
Member	Dr Jeannette Young	3			
Member	Dr Peter Martin	5			
Member	Brian Codd	5			
No. scheduled meetings/sessions	Seven (inclusive of four case review meetings and three annual report planning meetings with presentations from expert speakers)				
Total out of pocket expenses	\$2240.96				

²⁶⁹ Keryn Ruska was appointed to the Board in June 2019.

Appendix B – Intimate Partner Homicide Lethality Risk Factor Form

A = Evidence suggests that the risk factor was absent **P = Evidence suggests that the risk factor was present** **Unk = Unknown**

Risk Factors	Code (A,P, Unk)
1. History of violence outside of the family by perpetrator	
2. History of domestic violence	
3. Prior threats to kill victim	
4. Prior threats with a weapon	
5. Prior assault with a weapon	
6. Prior threats to commit suicide by perpetrator	
7. Prior suicide attempts by perpetrator* (if check #6 and/or #7 only count as one factor)	
8. Prior attempts to isolate the victim	
9. Controlled most or all of victim's daily activities	
10. Prior hostage-taking and/or forcible confinement	
11. Prior forced sexual acts and/or assaults during sex	
12. Child custody or access disputes	
13. Prior destruction or deprivation of victim's property	
14. Prior violence against family pets	
15. Prior assault on victim while pregnant	
16. Choked/Strangled victim in the past	
17. Perpetrator was abused and/or witnessed domestic violence as a child	
18. Escalation of violence	
19. Obsessive behaviour displayed by perpetrator	
20. Perpetrator unemployed	
21. Victim and perpetrator living common-law	
22. Presence of stepchildren in the home	
23. Extreme minimization and/or denial of spousal assault history	
24. Actual or pending separation	
25. Excessive alcohol and/or drug use by perpetrator	
26. Depression – in the opinion of family/friend/acquaintance - perpetrator	
27. Depression – professionally diagnosed – perpetrator (if check #26 and/or #27 only count as one factor)	
28. Other mental health or psychiatric problems – perpetrator	
29. Access to or possession of any firearms	
30. New partner in victim's life	
31. Failure to comply with authority – perpetrator	
32. Perpetrator exposed to/witnessed suicidal behaviour in family of origin	
33. After risk assessment, perpetrator had access to victim	
34. Youth of couple	
35. Sexual jealousy – perpetrator	
36. Misogynistic attitudes – perpetrator	
37. Age disparity of couple	
38. Victim's intuitive sense of fear of perpetrator	
39. Perpetrator threatened and/or harmed children	
Other factors that increased risk in this case? Specify:	

Risk Factor Descriptions

Perpetrator = The primary aggressor in the relationship

Victim = The primary target of the perpetrator's abusive/maltreating/violent actions

Risk factor	Descriptor
1. History of violence outside of the family by perpetrator	Any actual or attempted assault on any person who is not, or has not been, in an intimate relationship with the perpetrator. This could include friends, acquaintances, or strangers. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.).
2. History of domestic violence	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who has been in, or is in, an intimate relationship with the perpetrator. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.). It could be as simple as a neighbour hearing the perpetrator screaming at the victim or include a co-worker noticing bruises consistent with physical abuse on the victim while at work.
3. Prior threats to kill victim	Any comment made to the victim, or others, that was intended to instil fear for the safety of the victim's life. These comments could have been delivered verbally, in the form of a letter, or left on an answering machine. Threats can range in degree of explicitness from 'I'm going to kill you' to 'You're going to pay for what you did' or 'If I can't have you, then nobody can' or 'I'm going to get you'.
4. Prior threats with a weapon	Any incident in which the perpetrator threatened to use a weapon (e.g., gun; knife; etc.) or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.) for the purpose of instilling fear in the victim. This threat could have been explicit (e.g., 'I'm going to shoot you' or 'I'm going to run you over with my car') or implicit (e.g., brandished a knife at the victim or commented 'I bought a gun today'). Note: This item is separate from threats using body parts (e.g., raising a fist).
5. Prior assault with a weapon	Any actual or attempted assault on the victim in which a weapon (e.g., gun; knife; etc.), or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.), was used. Note: This item is separate from violence inflicted using body parts (e.g., fists, feet, elbows, head, etc.).
6. Prior threats to commit suicide by perpetrator	Any recent (past 6 months) act or comment made by the perpetrator that was intended to convey the perpetrator's idea or intent of committing suicide, even if the act or comment was not taken seriously. These comments could have been made verbally, or delivered in letter format, or left on an answering machine. These comments can range from explicit (e.g., "If you ever leave me, then I'm going to kill myself" or "I can't live without you") to implicit ("The world would be better off without me"). Acts can include, for example, giving away prized possessions.
7. Prior suicide attempts by perpetrator	Any recent (past 6 months) suicidal behaviour (e.g., swallowing pills, holding a knife to one's throat, etc.), even if the behaviour was not taken seriously or did not require arrest, medical attention, or psychiatric committal. Behaviour can range in severity from superficially cutting the wrists to actually shooting or hanging oneself.
8. Prior attempts to isolate the victim	Any non-physical behaviour, whether successful or not, that was intended to keep the victim from associating with others. The perpetrator could have used various psychological tactics (e.g., guilt trips) to discourage the victim from associating with family, friends, or other acquaintances in the community (e.g., 'if you leave, then don't even think about coming back' or 'I never like it when your parents come over' or 'I'm leaving if you invite your friends here').
9. Controlled most or all of victim's daily activities	Any actual or attempted behaviour on the part of the perpetrator, whether successful or not, intended to exert full power over the victim. For example, when the victim was allowed in public, the perpetrator made her account for where she was at all times and who she was with. Another example could include not allowing the victim to have control over any finances (e.g., giving her an allowance, not letting get a job, etc.).

10. Prior hostage-taking and/or forcible confinement	Any actual or attempted behaviour, whether successful or not, in which the perpetrator physically attempted to limit the mobility of the victim. For example, any incidents of forcible confinement (e.g., locking the victim in a room) or not allowing the victim to use the telephone (e.g., unplugging the phone when the victim attempted to use it). Attempts to withhold access to transportation should also be included (e.g., taking or hiding car keys). The perpetrator may have used violence (e.g., grabbing; hitting; etc.) to gain compliance or may have been passive (e.g., stood in the way of an exit).
11. Prior forced sexual acts and/or assaults during sex	Any actual, attempted, or threatened behaviour, whether successful or not, used to engage the victim in sexual acts (of whatever kind) against the victim's will. Or any assault on the victim, of whatever kind (e.g., biting; scratching, punching, choking, etc.), during the course of any sexual act.
12. Child custody or access disputes	Any dispute in regards to the custody, contact, primary care or control of children, including formal legal proceedings or any third parties having knowledge of such arguments.
13. Prior destruction or deprivation of victim's property	Any incident in which the perpetrator intended to damage any form of property that was owned, or partially owned, by the victim or formerly owned by the perpetrator. This could include slashing the tires of the car that the victim uses. It could also include breaking windows or throwing items at a place of residence. Please include any incident, regardless of charges being laid or those resulting in convictions.
14. Prior violence against family pets	Any action directed toward a pet of the victim, or a former pet of the perpetrator, with the intention of causing distress to the victim or instilling fear in the victim. This could range in severity from killing the victim's pet to abducting it or torturing it. Do not confuse this factor with correcting a pet for its undesirable behaviour.
15. Prior assault on victim while pregnant	Any actual or attempted form physical violence, ranging in severity from a push or slap to the face, to punching or kicking the victim in the stomach. The key difference with this item is that the victim was pregnant at the time of the assault and the perpetrator was aware of this fact.
16. Choked/Strangled victim in the past	Any attempt (separate from the incident leading to death) to strangle the victim. The perpetrator could have used various things to accomplish this task (e.g., hands, arms, rope, etc.). Note: Do not include attempts to smother the victim (e.g., suffocation with a pillow).
17. Perpetrator was abused and/or witnessed domestic violence as a child	As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.
18. Escalation of violence	The abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the perpetrator was increasing in frequency and/or severity. For example, this can be evidenced by more regular trips for medical attention or include an increase in complaints of abuse to/by family, friends, or other acquaintances.
19. Obsessive behaviour displayed by perpetrator	Any actions or behaviours by the perpetrator that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on the victim, making repeated phone calls to the victim, or excessive gift giving, etc.
20. Perpetrator unemployed	Employed means having full-time or near full-time employment (including self-employment). Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., O.D.S.P.; Worker's Compensation; E.I.; etc.) as unemployment.
21. Victim and perpetrator living common-law	The victim and perpetrator were cohabiting.
22. Presence of stepchildren in the home	Any child(ren) that is(are) not biologically related to the perpetrator.
23. Extreme minimisation and/or denial of spousal assault history	At some point the perpetrator was confronted, either by the victim, a family member, friend, or other acquaintance, and the perpetrator displayed an unwillingness to end assaultive behaviour or enter/comply with any form of treatment (e.g., batterer intervention programs). Or the perpetrator denied many or all past assaults, denied personal responsibility for the assaults (i.e., blamed the victim), or denied the serious consequences of the assault (e.g., she wasn't really hurt).
24. Actual or pending separation	The partner wanted to end the relationship. Or the perpetrator was separated from the victim but wanted to renew the relationship. Or there was a sudden and/or recent separation. Or the victim had contacted a lawyer and was seeking a separation and/or divorce.

25. Excessive alcohol and/or drug use by perpetrator	Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that appeared to be characteristic of the perpetrator's dependence on, and/or addiction to, the substance. An increase in the pattern of use and/ or change of character or behaviour that is directly related to the alcohol and/or drug use can indicate excessive use by the perpetrator. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. This dependence on a particular substance may have impaired the perpetrator's health or social functioning (e.g., overdose, job loss, arrest, etc.). Please include comments by family, friend, and acquaintances that are indicative of annoyance or concern with a drinking or drug problem and any attempts to convince the perpetrator to terminate his substance use.
26. Depression – in the opinion of family/friend/acquaintance - perpetrator	In the opinion of any family, friends, or acquaintances, and regardless of whether or not the perpetrator received treatment, the perpetrator displayed symptoms characteristic of depression.
27. Depression – professionally diagnosed – perpetrator	A diagnosis of depression by any mental health professional (e.g., family doctor; psychiatrist; psychologist; nurse practitioner) with symptoms recognized by the DSM-IV, regardless of whether or not the perpetrator received treatment.
28. Other mental health or psychiatric problems – perpetrator	For example: psychosis; schizophrenia; bipolar disorder; mania; obsessive-compulsive disorder, etc.
29. Access to or possession of any firearms	The perpetrator stored firearms in his place of residence, place of employment, or in some other nearby location (e.g., friend's place of residence, or shooting gallery). Please include the perpetrator's purchase of any firearm within the past year, regardless of the reason for purchase.
30. New partner in victim's life	There was a new intimate partner in the victim's life or the perpetrator perceived there to be a new intimate partner in the victim's life
31. Failure to comply with authority – perpetrator	The perpetrator has violated any family, civil, or criminal court orders, conditional releases, community supervision orders, or 'No Contact' orders, etc. This includes bail, probation, or restraining orders, and bonds, etc.
32. Perpetrator exposed to/ witnessed suicidal behaviour in family of origin	As a(n) child/adolescent, the perpetrator was exposed to and/or witnessed any actual, attempted or threatened forms of suicidal behaviour in his family of origin. Or somebody close to the perpetrator (e.g., caregiver) attempted or committed suicide.
33. After risk assessment, perpetrator had access to victim	After a formal (e.g., performed by a forensic mental health professional before the court) or informal (e.g., performed by a victim services worker in a shelter) risk assessment was completed, the perpetrator still had access to the victim.
34. Youth of couple	Victim and perpetrator were between the ages of 15 and 24.
35. Sexual jealousy – perpetrator	The perpetrator continuously accuses the victim of infidelity, repeatedly interrogates the victim, searches for evidence, tests the victim's fidelity, and sometimes stalks the victim.
36. Misogynistic attitudes – perpetrator	Hating or having a strong prejudice against women. This attitude can be overtly expressed with hate statements, or can be more subtle with beliefs that women are only good for domestic work or that all women are 'whores'.
37. Age disparity of couple	Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years
38. Victim's intuitive sense of fear of perpetrator	The victim is one that knows the perpetrator best and can accurately gauge his level of risk. If the victim discloses to anyone her fear of the perpetrator harming herself or her children, for example statements such as, 'I fear for my life', 'I think he will hurt me', 'I need to protect my children', this is a definite indication of serious risk.
39. Perpetrator threatened and/or harmed children	Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual; etc.) towards children in the family. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family; friends; neighbours; co-workers; counsellors; medical personnel, etc.).

Appendix C – Case characteristics

Geographical and social isolation (homicides and apparent suicides)

	Daphne	April	Leonie	Dustin	Adam	Chad
Deceased age group	45 – 54 years	25 – 34 years	25 – 34 years	35 – 44 years	25 – 34 years	35 – 44 years
Homicide offender age group	45 – 54 years	25 – 34 years	35 – 44 years	N/A	N/A	N/A
Deceased gender	Female	Female	Female	Male	Male	Male
Homicide offender gender	Male	Male	Male	N/A	N/A	N/A
Place of fatal incident (QPS district)	Townsville	Wide Bay Burnett	Townsville	South West	Capricornia	Capricornia
Relevant service contact	N/A	Police, Hospital, Specialist support service.	General Practitioners, private mental health practitioners.	Police, General Practitioners.	Police, Courts.	Police, Hospital, Courts, General Practitioners.
Known to family/ friends	Yes	Yes	Yes	Yes	Yes	Yes
Victim vulnerabilities	Social isolation; financial stressors; history of unreported victimisation.	Social isolation; geographic isolation; shared business; mutual substance use; history of unreported victimisation.	Social isolation; perpetrator access to victim post-separation via mutual (former) colleagues.	Social isolation; geographic isolation; financial dependence; extreme control; unemployment; history of unreported victimisation.	Geographic isolation; transience in accommodation.	Social isolation; geographic isolation; history of unreported victimisation; fear of reprisal from OMCg.
History with prior intimate partners	No	No	No	No	Yes	Yes
Other history of offending	No	Yes	Yes	No	Yes	Yes
Harmful substance use (perpetrator)	No	Yes	Yes	No	Yes	No
Mental health concerns (perpetrator)	No	Yes	Yes	Yes	Yes	Yes
Protection order in place at time of death	No	No	No	Yes (application)	No	Yes (application)
Previous suicide attempt or threats (perpetrator)	No	Yes	Yes	No	Yes	Yes
Proximate events	Financial strain.	Undiagnosed mental illness; sexual jealousy and obsessiveness; suspicions of infidelity.	Post-separation; establishment of new relationship; sexual jealousy and obsessiveness; mental health issues and suicidality.	Initiation of domestic violence proceedings; impending separation; mental health issues and suicidality.	Return to prison warrant; evading police; domestic violence episode; suicidality.	OMCG; initiation of domestic violence proceedings; impending separation; mental health issues and suicidality.

Homicides in a family relationship

	Sue	Pam	Marcel	Angelina & Nicolas
Priority population	Older person	Older person	LGBTIQ+	LGBTIQ+
Deceased age group	Over 65 years	Over 65 years	25 – 34 years	35 – 34 years
Homicide offender age group	45 – 54 years	35 – 44 years	35 – 44 years	25 – 34 years
Deceased gender identity	Female	Female	Male	Transwoman
Homicide offender gender identity	Female	Female	Male	Male
Relationship between victim and offender	Parent/child relationship	Parent/child relationship	Intimate partner	Intimate partner
Use of weapon in fatal incident	Yes	Yes	Yes	Yes
Relevant service contact	Police, Queensland Health, Queensland Ambulance Service.	Police, Queensland Health, Department of Veteran's Affairs.	Police, Queensland Health.	Police, Queensland Health.
Known to family/friends	Yes	Yes	Yes	Yes
Offender DV History with previous partners	No	Yes	No	No
Relationship separation	NA	NA	Yes	Yes
Child custody concerns	Yes	Yes	NA	NA
Other history of offending	No	Yes	No	No
Harmful substance use (perpetrator)	Yes	Yes	Yes	No
Mental health concerns (perpetrator)	Yes	Yes	Yes	No
Protection order in place between the parties at time of death	No	No	No	No
Previous suicide attempt or threats (perpetrator)	No	Yes	Yes	No
Previous assault or threats to victim	Yes	Yes	No	No
Proximate events and/or other characteristics	Non-compliance with mental health treatment, mental health deterioration, harmful substance use.	Ongoing substance use, mental illness, impacts of prior trauma.	Relationship separation, ongoing cohabitating in shared residence, financial hardship, sexual jealousy.	Non-compliance with mental health treatment, mental health deterioration, harmful substance use.

Priority populations (suicides)

	Vanessa	Colin	Lucas	Douglas
Priority population	Disability	Disability	Older person	Older person
Deceased age group	45 – 54 years	45 – 54 years	Over 65 years	Over 65 years
Deceased gender identity	Female	Male	Male	Male
Relationship between victim and perpetrator	Intimate partner	Intimate partner	Intimate partner	Intimate partner
Use of weapon in fatal incident	Yes	No	No	No
Relevant service contact	Police, Queensland Health, Specialist support service.	Police, Queensland Health.	Police, Queensland Health, Specialist support service.	Police, Queensland Ambulance Service, General Practitioner.
Known to family/friends	Yes	Yes	Yes	Yes
Perpetrator DV History with previous partners	Yes	Yes	No	No
Relationship separation	NA	NA	Yes	Yes
Other history of offending	Yes	Yes	Yes	Yes
Child custody concerns	No	No	No	No
Harmful substance us	Yes	Yes	No	No
Mental health concerns	Yes	Yes	Yes	No
Protection order in place at time of death	Yes	Yes	Yes	No – Application before the Court
Previous suicide attempt or threats	Yes	Yes	No	Yes
Previous assault or threats to victim	Verbal and physical, weapon involved.	Emotional, verbal and physical, weapon involved. Damage to property.	Verbal, threat with weapon.	Verbal, emotional.
Proximate events and/or other characteristics	Concurrent psychosocial stressors, ie. Financial hardship, housing instability and bereavement, deterioration of mental health, medical comorbidities.	Relationship separation, concurrent deteriorating mental health issues, polysubstance abuse.	Relationship separation, deteriorating mental health.	Relationship breakdown, financial hardship, increasing obsessive, manipulative and controlling behaviours.

Filicides

	Dylan	Jackson	Tristan	Kyle	Mackenzie
Deceased gender	Male	Male	Male	Male	Female
Primary Offender Gender	Male	Male	Male	Male	Male
Use of weapon in fatal incident	No	No	No	No	No
Relevant service contact	General Practitioners, Child Safety Services (interstate), Police (interstate).	General Practitioners, Child Safety Services, Queensland Police Service, Family Intervention Service.	General Practitioners, Queensland Health, Child Safety Services, Queensland Police Service, Queensland Corrective Services, Family Intervention Service, Specialist Domestic Violence Support Service, Child Care Centre.	Queensland Police Service, Child Safety Services, Queensland Corrective Services, Domestic Violence Support Service; Maternity health/hospital; General Practitioner.	Department of Housing and Public Works, General Practitioners, Queensland Health, Child Safety Services, Queensland Police Service, Queensland Corrective Services, Family Intervention Service, Intensive Family Support Service, Child Care Centres.
Known to family/friends	Yes	Yes	Yes	Yes	Yes
Victim vulnerabilities	Social isolation; geographic isolation; financial stressors.	Social isolation; financial stressors; mental illness; cognitive impairment; harmful substance use; prior victimisation; childhood trauma.	Social isolation; financial stressors; unstable housing; mental illness; harmful substance use; prior victimisation; childhood trauma.	Harmful substance use; childhood trauma; prior victimisation – intimate partner and family.	Social isolation; financial stressors; unstable housing; mental illness; prior victimisation; childhood trauma.
History with previous partners	No	Yes	Yes	No	No
Relationship separation	No	No	Yes	Yes	No
Perpetrator other history of offending	No	Yes	Yes	Yes	Yes
Child custody concerns	Yes	No	Yes	Yes	No
Problematic substance use (perpetrator)	No	Yes	Yes	Yes	Yes
Mental health concerns (perpetrator)	Yes	Yes	Yes	No	Yes
Protection order in place at time of death	No	No	No	No	No
Previous suicide attempt or threats	No	Yes	Yes	No	Yes
Previous assault or threats to deceased	Yes	No	Yes	No	Yes

	Dylan	Jackson	Tristan	Kyle	Mackenzie
Proximate events and/or other characteristics	Recent relocation to Queensland from interstate; financial stressors within the family; escalation in violence.	Withdrawal of statutory child protection intervention; ongoing mental illness (victim); ongoing harmful substance use for both perpetrator and victim.	Victim planning to leave the relationship; commencement of statutory child protection intervention; escalation in domestic and family violence; escalation in problematic substance use (perpetrator); ongoing mental illness for both perpetrator and victim.	Relationship separation; offender assuming full-time care responsibilities; problematic substance use.	Conclusion of Probation supervision; withdrawal of statutory child protection intervention; reluctance to engage with secondary supports; escalation in domestic and family violence behaviours; ongoing mental illness for both perpetrator and victim.

Aboriginal and Torres Strait Islander youth suicide

	Jimmy	Daniel	Jett	Heidi
Deceased Gender	Male	Male	Male	Female
Living arrangement	Living with kin	Living with kin	Living with mother	Living with father
Disability	Yes	No	Yes	Yes
DFV history known to police	Yes	Yes	Yes	Yes
DFV history known to Child Safety Services	Yes	Yes	Yes	Yes
Harmful substance use history	Yes	No	Yes	Yes
Previous suicidal ideation	Yes	No	Yes	Yes
Mental Health History	Yes	No	Yes	Yes
Recent death of family member or friend	No.	Yes	No	No
Proximal events or characteristics	Bullying experiences at school, including around sexual identity and gender presentation. Apparent suicide appeared to follow conversations with friends and peers about suicide. Recent serious assault by school peer.	Proximal relationship breakdown, recent issues in family placement with stepfather. Evidence of impulsiveness in decision-making. Suicide note located.	Impulsive, appeared to follow visit from family member and encouragement to suicide. Alleged child abuse (unverified) by family member. No suicide note.	Proximate to the suicide was a bullying experience at school and Family Court intervention. No suicide note.

Appendix D – Glossary of terms

Aggrieved: the person for whose benefit a domestic violence protection order, or police protection notice, is in force or may be under the *Domestic and Family Violence Protection Act 2012*.

AIFS: Australian Institute for Family Studies.

ANROWS: Australian National Research Organisation for Women's Safety.

COAG: Council of Australian Governments.

Coercive controlling violence: an ongoing and often relentless pattern of behaviour asserted by a perpetrator which is designed to induce various degrees of fear, intimidation and submission in a victim.²⁷⁰ This may include the use of tactics such as social isolation, belittling, humiliation, threatening behaviour, restricting resources and abuse of children, pets or relatives.

Collateral homicides: includes a person who may have been killed intervening in a domestic dispute or a new partner who is killed by their current partner's former abusive spouse.

Collusion: the conscious or unconscious collaboration of two or more individuals to protect those engaged in unethical or illegal practices. This can involve friends, family or service systems, and can include the justification or minimisation of abusive behaviours, blaming the victim, and failing to intervene when violence is detected.

CRSF: the Queensland Common Risk and Safety Framework is a coordinated approach designed to assist practitioners and the specialised domestic violence workforce to undertake effective risk identification, assessment and management through the use of a structured tool which combines professional judgement, the assessment of risk by the person experiencing violence and evidence-based risk factors.

Deceased: the person/s who died.

Disability: a 'long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder a person's full and effective participation in society on an equal basis with others'.²⁷¹

DCSYW: Department of Child Safety, Youth and Women.

DFVPA 2012: *Domestic and Family Violence Protection Act 2012*.

Domestic and family violence: as defined by section 8 of the *Domestic and Family Violence Protection Act 2012*, means behaviour by a person (the first person) towards another person (the second person) with whom the first person is in a relevant relationship that: (a) is physically or sexually abusive; or (b) is emotionally or psychologically abusive; or (c) is economically abusive; or (d) is threatening; or (e) is coercive; or (f) in any other way controls or dominates the second person and causes the second person to fear for their safety or wellbeing, or that of someone else.

Domestic and family violence homicide: Queensland uses a nationally consistent definition of a 'domestic and family violence homicide' as outlined within the Australian Domestic and Family Violence Death Review Network 'Homicide Consensus Statement' which recognises that although there is no universally agreed definition of the behaviours that comprise domestic and family violence, in Australia it includes a spectrum of physical and non-physical behaviours including physical assault, sexual assault, threats, intimidation, psychological and emotional abuse, social isolation and economic deprivation. Primarily, domestic and family violence is predicated upon inequitable relationship dynamics in which one person exerts power over another. This accords with the definition of family violence contained in the *Family Law Act 1975* (Cth), which is adopted by the Network. The definition of homicide adopted by the National Network is broader than the legal definition of the term, and includes all circumstances in which an individual's act, or failure to act, resulted in the death of another person, regardless of whether the circumstances were such as to contravene provisions of the criminal law.

DVO: domestic violence protection order.

Economic abuse: behaviour by a person that is coercive, deceptive or unreasonably controls another person without the second person's consent in a way that denies economic or financial autonomy, or by withholding or threatening to withhold financial support necessary for meeting reasonable living expenses if the first person is predominantly or entirely dependent on the first person financially.

Emotional or psychological abuse: behaviour by a person towards another person that torments, intimidates, harasses or is offensive to the other person.

Episodes of violence: describes the series of events characterising this type of violence. Referring to episodes of violence allows practitioners to consider the repetitive nature of violence perpetration and victimisation, exposing the ongoing vulnerabilities of victims and cumulative risk that perpetrators pose both within, and across, relationships.

²⁷⁰ Johnson, M.P. (2008). *A Typology of Domestic Violence: Intimate terrorism, violent resistance and situational violence*. Boston, USA: University Press of New England.

²⁷¹ United Nations. *Convention on the Rights of Persons with Disabilities*. New York, USA: United Nations. Available at: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.

Exposed to domestic violence: a child is exposed to domestic and family violence if the child sees or hears domestic violence or otherwise experiences the effects of domestic and family violence.

Family violence: this term is commonly used when referring to violence that occurs within Aboriginal and Torres Strait Islander families and communities. This concept places a greater emphasis on the impact on the family as a whole and contextualises this type of violence more broadly, recognising the impact of dispossession, breakdown of kinship networks, child removal policies and entrenched disadvantage, as well as intergenerational trauma and grief on Aboriginal and Torres Strait Islander families and communities. This describes all forms of violence (e.g. physical, emotional, psychological, sexual, sociological, economic and spiritual) in intimate partner, family and other relationships of mutual obligations and support.

Filicide: the killing of children by parents (including step-parents).

GP: General Practitioner.

High Risk Teams: seek to support the delivery of coordinated, consistent and timely responses to prevent serious harm or death in cases where victims and their children are assessed as being at high risk. Participating agencies across the service system will work together to enhance victim safety, monitor the high risk posed by the perpetrator, and implement strategies which seek to hold the perpetrator to account through appropriate information sharing, comprehensive risk assessment and informed safety planning, and increased agency accountability. There are many different models for high risk teams. In Queensland the funded high risk teams form part of the integrated service response trials, that are part of reforms associated with the 'Not Now Not Ever' report.

Homicide event: an incident resulting in the unlawful killing of a person.

Index relationship: this refers to the relevant relationship between the primary perpetrator and primary victim in which domestic and family violence was prevalent, and may not necessarily describe the homicide offender-deceased relationship. For example, the index relationship for a man who was killed (the homicide deceased) by his new spouse's former abusive partner (homicide offender) would be the former intimate partner relationship between the homicide offender and his former spouse; not between the deceased and the offender.

Integrated service response: refers to the strategic sharing arrangements and the intensive management of cases using common protocols, consistent risk assessment frameworks, and information sharing to support the actions of frontline workers. This also includes the coordination and collaboration of government and non-government agencies to deliver holistic service responses, more efficient pathways through the service system, and coordination of service delivery between agencies.

Intimate partner relationship: individuals who are or have been in an intimate relationship (sexual or non-sexual), irrespective of the genders of the individuals.

Lethality risk indicators: domestic and family violence death review processes are based on the premise that there have been warning signs, and key indicators or predictors of harm, prior to the death. These indicators, such as a noted escalation in violence, non-lethal strangulation or real or impending separation, have been found to have been associated with an increased risk of harm in relationships characterised by domestic and family violence.

LGBTIQ+: an acronym used to collectively describe people of diverse sexual orientation, gender identity or intersex people. The acronym stands for lesbian, gay, bisexual, transgender, intersex and queer/questioning. The + symbol recognises that this acronym does not fully capture the entire spectrum of sexual orientations, gender identities and intersex variations, and is not intended to be limiting or exclusive of certain groups.

Mental Health Sentinel Events Review (Sentinel Event Review): the Mental Health Sentinel Events Review Committee was established to review recent fatal events involving people with mental health issues in Queensland. The review provided expertise and leadership in public mental health care and forensic mental health care that balanced best practice care with operational practicality. The Sentinel Event Review provides high level guidance for clinicians, administrators, and policymakers on opportunities to improve the identification and quality of care for severely mentally ill consumers while simultaneously considering public safety.²⁷²

National Outcome Standards for Perpetrator Interventions: were developed by the Australian Commonwealth, state and territory governments and endorsed by the Council of Australian Governments on 11 December 2015, and aim to inform interventions to reduce re-offending, to better understand the nature of perpetration against high risk groups, to evaluate existing program models, and to determine the characteristics of effective perpetrator intervention programs.

Offender: the person whose actions, or inaction, caused the person (the deceased) to die.

Perpetrator: the person who was the primary aggressor in the relationship prior to the death and who used abusive tactics within the relationship to control the victim.

Perpetrator Interventions: typically refers to specific programs (e.g. behaviour change programs) for perpetrators of domestic and family violence. These interventions generally seek to change men's attitudes, beliefs and behaviour in order to prevent them from engaging in violence in the future.²⁷³

²⁷² Mental Health Sentinel Events Review Committee. (2016). *When Mental Health Care Meets Risk: A Queensland sentinel events review into homicide and public sector mental health services*. Brisbane: Queensland Health.

²⁷³ Mackay, E., Gibson, A., Lam, H., & Beecham, D. (2015). Perpetrator interventions in Australia: Part one – literature review. *Landscapes*, Nov 2015. Sydney: Australian National Research Organisation for Women's Safety.

Primary Health Networks (PHN): is national initiatives which operates across Queensland to increase the efficiency of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

Primary perpetrator: this is defined as the person most responsible for violence in the relevant relationship that preceded the domestic and family violence death. This could be the homicide offender, homicide deceased, suicide deceased, homicide-suicide offender/deceased, or surviving perpetrator.

Primary victim: this is the person who was subjected to domestic and family violence in a relevant relationship to the homicide event. This could be the homicide deceased, homicide offender, homicide-suicide offender/deceased, and surviving victim.

Psychosocial disability: this is a permanent and significant impairment related to mental illness.²⁷⁴

QCS: Queensland Corrective Services.

QFCC: Queensland Family and Child Commission.

QLRC: Queensland Law Reform Commission.

QPS: Queensland Police Service.

Queensland Child Protection Commission of Inquiry (the Carmody Review) – led by the Honourable Tim Carmody QC, this inquiry was established in 2012 to review the entire child protection system and to deliver a roadmap for a new system for supporting families and protecting children. The final report, *Taking Responsibility: A roadmap for Queensland child protection*²⁷⁵, released in 2013 outlined 121 recommendations to government to reform the child protection system; 116 of these recommendations were accepted fully and the remaining five were accepted in principle.

Relative: individuals, including children, related by blood, a domestic partnership or adoption. This includes family-like relationships and explicitly includes extended family-like relationships that are recognised within that individual's cultural group. This includes: a child, step-child, parent, step-parent, sibling, grandparent, aunt, nephew, cousin, half-brother, or mother-in-law.

Relevant relationship: as defined by section 13 of the DFVPA, includes an intimate partner relationship, family relationship or informal care relationship.

Respondent: a person against whom a domestic violence protection order, or a police protection notice, is in force or may be made under the DFVPA 2012.

Restorative justice: a process where all parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future.²⁷⁶

Risk assessment: a comprehensive evaluation that seeks to gather information to determine the level of risk and the likelihood and severity of future violence. Levels of risk should be continually reviewed through a process of ongoing monitoring and assessment.

Risk management: an approach to respond to and reduce the risk of violence. Risk management strategies should include safety planning, ongoing risk assessment, plans to address the needs of victims through relevant services (e.g. legal, counselling), and liaison between services utilising appropriate information sharing processes.²⁷⁷

Risk screening: a routine process to determine if domestic and family violence occurs to inform further actions, including referral and intervention.

Safety planning: a safety plan assists a victim to identify and recognise her safety needs and plan for emergency situations. Safety plans can be developed to assist a woman to escape the violent situation, or to remain with the person who has abused her. In either case, the aim of the safety plan is to assist the victim to stay, or to leave, as safely as possible.

Sexual Jealousy: is a type of jealousy evoked in response to an actual or perceived threat of sexual infidelity.

Special Taskforce on Domestic and Family Violence: was established on 10 September 2014 to define the domestic and family violence landscape in Queensland and make recommendations to inform the development of a long-term vision and strategy for Government and the community to rid the state of this form of violence. The Special Taskforce's Final Report, *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*, which made 140 recommendations, was submitted to the Queensland Premier on 28 February 2015.

Systems abuse: the ongoing use of systems to continue to abuse victims by a perpetrator, typically after a relationship separation (e.g. child custody matters through Family Law Court).

The Act: within the context of this report refers to the *Coroners Act 2003*.

274 National Disability Insurance Scheme. (2019). *What is psychosocial disability?* Canberra: NDIA. Available at: <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>.

275 Queensland Child Protection Commission of Inquiry. (2013). *Taking Responsibility: A roadmap for Queensland Child Protection*. Brisbane: Author.

276 Marshall, T. (1996). The evolution of restorative justice in Britain. *European Journal of Criminal Policy and Research*, 4, 210-43.

277 Department of Human Services. (2012). *Family Violence: Risk assessment and risk management framework and practice guides 1-3*. Melbourne: Author.

The National Plan to Reduce Violence against Women and their Children 2010-2022: explains what the Commonwealth, state and territory governments, in partnership with the community, are doing to reduce violence against women and their children in Australia. The National Plan focuses on two main types of violent crimes impacting on women, specifically, domestic and family violence and sexual assault, and seeks to support initiatives that enhance prevention and early intervention, victim support and perpetrator accountability.

Victim: the person who was the primary victim of the domestic and family violence in the relationship and the person most in need of protection.

Violent resistance: where one partner becomes controlling and violent, the other partner may respond with violence in self-defence. Within this typology, the violent resister does not engage in controlling behaviours.

Appendix E – Government’s Response to the Domestic and Family Violence Death Review and Advisory Board 2017-18 Annual Report

The Domestic and Family Violence Death Review and Advisory Board (the Board) was established as part of the Queensland Government’s implementation of recommendations from the Special Taskforce on Domestic and Family Violence Final Report - *‘Not Now, Not Ever’ Putting an end to domestic and family violence in Queensland (2015) (Not Now, Not Ever Report)*.

The Board is established under the *Coroners Act 2003* and plays an important role in reviewing domestic and family violence deaths to identify common systemic failures, gaps or issues; and make recommendations to improve systems, practices and procedures to prevent future domestic and family violence deaths.

The Board’s second report, the 2017-18 Annual Report, contained **13 recommendations**.

The Government supports the intent of the Board’s recommendations that seek to enhance the system response to domestic and family violence through extending upon current and planned activities with regard to:

- » the supports for children exposed to domestic and family violence;
- » the service delivery for people of culturally and linguistically diverse backgrounds;
- » combating non-lethal strangulation;
- » responding to perpetrators, including perpetrator intervention programs; and
- » the role of Primary Health Networks in improving cross-agency responses to DFV within primary health care settings.

The Palaszczuk Government is committed to leading a program of reform to end domestic and family violence and has invested \$328.9 million over six years to 2021-22 to the implementation of the *Not Now, Not Ever Report* recommendations.

The Board’s second report highlights that responding to domestic and violence requires government and non-government agencies across specialised and generalised service systems, to work in a cohesive, integrated way so that both victims and perpetrators receive a consistent, standardised and culturally informed service response that improves victim safety and perpetrator accountability.

The Palaszczuk Government recognises the importance of this and has invested \$26.3 million in integrated service response trials and high risk teams which aim to develop a cohesive integrated response to both victims and perpetrators.

The Government acknowledges the Board’s findings that early intervention that targets vulnerable or at-risk families is of critical importance in breaking the cycle of violence. The Government will consider existing investment in service responses to children and young people affected by domestic and family violence and will seek to ensure investment in this area is contemporary and evidence informed.

The Government will also establish a new service to build the capacity of the domestic and family violence workforce across Queensland. This service will deliver appropriate multi-cultural competency training.

The Board’s report suggests there is a heightened risk of homicide in those relationships where an act of non-lethal strangulation has occurred. Recognising this, and in response to the *Not Now, Not Ever: Report*, on 5 May 2016 the Government introduced a new offence of choking, suffocation or strangulation in a domestic setting. This offence carried a maximum penalty of seven years imprisonment.

The creation of this offence is an example of where the Government has led the way, with other jurisdictions now reported as considering a similar approach.

The Government will explore opportunities to improve the evidence base regarding non-lethal strangulation and will continue to support training initiatives so that responders to domestic and family violence understand the signs of, and appropriate responses to, non-lethal strangulation within a domestic and family violence context.

Since the release of the *Not Now, Not Ever Report* the Government has initiated significant systemic reforms that seek to prevent and reduce domestic and family violence. By increasing the recognition of the impact of, and circumstances surrounding, domestic and family violence deaths, such as those that occur in family relationships, the Domestic and Family Violence Death Review Board continues to play an integral role in the government’s campaign to address domestic and family violence.



Government's Response to the Domestic and Family Violence Death Review and Advisory Board 2017-18 Annual Report

Recommendations	Lead Agency	Response
<p>Recommendation 1</p> <p>That the Queensland Government consider what services or programs are available to support children who experience or witness domestic and family violence across the state. These should be domestic and family violence informed, with a focus on early intervention and prevention, as well as targeted services to respond to children who have, or are, experiencing domestic and family violence, with a view to enhancing their availability and accessibility.</p> <p>This should also include consideration of how to better identify and respond to cumulative harm; the roles and responsibilities of family support services in providing domestic and family violence informed assistance to at-risk families; and opportunities to expand existing culturally appropriate, trauma informed counselling services for children.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept in principle</p> <p>The Department of Child Safety, Youth and Women will undertake a review of current investment in service responses to children and young people impacted by domestic and family violence. The review will provide an audit of service responses currently being delivered, explore the strengths of these responses and identify gaps and areas requiring further exploration. The outcomes of the review will inform policy and program development with a view to ensuring existing, and any future investment in this area is contemporary and evidence informed.</p>
<p>Recommendation 2</p> <p>That the Department of Child Safety, Youth and Women ensure current efforts that aim to build workforce capacity include the delivery of appropriate multi-cultural competency training to both specialist and mainstream service providers to enhance responses to people experiencing domestic and family violence from culturally and linguistically diverse backgrounds.</p> <p>This should take into consideration, but not be limited to, cultural risks and protective factors, different patterns of service engagement, and potential barriers to service access for both victims and perpetrators.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>The Department of Child Safety, Youth and Women is establishing a new Workforce Capacity and Capability Building Service to support the domestic and family violence (DFV) workforce across Queensland. A number of priority training areas have been identified for the service to deliver on within the first year of operation, including working with culturally and linguistically diverse cohorts.</p>
<p>Recommendation 3</p> <p>Noting that the Third Action Plan of the <i>Queensland Domestic and Family Violence Prevention Strategy 2016-26</i> will soon commence development, the Board recommends that a priority area of focus include improving system responses to victims and perpetrators of domestic and family violence from a culturally and linguistically diverse background.</p> <p>This should aim to extend upon those activities already undertaken as part of the delivery of the Second Action Plan, and focus on enhancing the capacity of community members, including identified female leaders, to implement locally-led solutions, which build on initiatives currently underway at a state and national level.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>Improving system responses to victims and perpetrators of domestic and family violence (DFV) from culturally and linguistically diverse (CALD) backgrounds will remain a priority area of focus for the development of integrated DFV service responses and inter-agency models for responding to high risk cases.</p> <p>The Department of Child Safety, Youth and Women has commissioned the development of contemporary, evidence based practice standards for the DFV sector to ensure high quality service delivery across Queensland. This will include the development of practice standards for appropriate responses for victims and perpetrators from CALD backgrounds.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 4</p> <p>That the Department of Child Safety, Youth and Women establish an appropriately resourced service to provide specialist consultancy advice and assistance to mainstream organisations who are providing support to victims and perpetrators of domestic and family violence from a culturally and linguistically diverse background.</p> <p>This service should have sufficient expertise to provide advice about state and national legal and support services and systems to assist people from culturally and linguistically diverse backgrounds to understand and navigate these systems.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept in principle</p> <p>The Department of Child Safety, Youth and Women (DCSYW) has commissioned the development of contemporary, evidence based practice standards for the domestic and family violence (DFV) sector and is establishing a new Workforce Capacity and Capability Building Service to support the DFV workforce across Queensland.</p> <p>Both initiatives will improve responses to culturally and linguistically diverse (CALD) cohorts. Following their implementation, DCSYW will further investigate the need to enhance or resource a service to provide specialist consulting advice to mainstream DFV organisations who are providing support to victims and perpetrators of DFV from a CALD background.</p>
<p>Recommendation 5</p> <p>That Queensland Health and the Queensland Police Service examine the role of clinical forensic evidence in securing convictions for non-lethal strangulation within a domestic and family violence context, with a view to identifying opportunities for improvement and standardisation in processes.</p>	<p>Queensland Health Queensland Police Service</p>	<p>Accept</p> <p>Queensland Health to lead establishment and coordination of a working group with membership comprising Department of Justice and Attorney General, Queensland Health and the Queensland Police Service.</p> <p>The working group will:</p> <ul style="list-style-type: none"> » monitor developing local and international evidence on the role and usefulness of forensic material in securing convictions for non-lethal strangulation in domestic and family violence; » consider the current state in Queensland regarding the use of forensic evidence to secure convictions through a scan of sample cases and through consultation with key stakeholders involved in prosecuting under the QLD legislation; and » consider existing methods for gathering forensic evidence and consult with stakeholders to identify where improvements may be made.
<p>Recommendation 6</p> <p>That Queensland Health explore opportunities to increase public health clinicians' (including ambulance officers, accident and emergency staff, drug and alcohol services, mental health clinicians) knowledge of the signs of, and appropriate responses to, non-lethal strangulation within a domestic and family violence context.</p> <p>This should include an evaluation of the current Queensland Health training modules (i.e. Understanding domestic and family violence, Clinical responses to domestic and family violence) to ensure they include relevant information to assist health practitioners identify and respond to non-lethal strangulation.</p>	<p>Queensland Health</p>	<p>Accept</p> <p>Queensland Health is working with an expert reference group to guide a process evaluation of its DFV Toolkit of Resources for health clinicians and workers (the Toolkit). Queensland Health will consider subsequent recommendations for how the Toolkit may be augmented to respond to existing and emerging strategic priorities.</p> <p>The revised Toolkit will be promoted across Queensland's public health sector.</p> <p>Queensland Health and Queensland Ambulance Service will work together to explore opportunities to improve first responders' knowledge of the risks, signs, symptoms and indicators related to non-lethal strangulation in DFV.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 7</p> <p>That the Queensland Police Service evaluates their existing training in relation to domestic and family violence to increase frontline responding officers' knowledge of the signs of, and appropriate responses to, non-lethal strangulation.</p>	<p>Queensland Police Service</p>	<p>Accept</p> <p>A review of QPS training products indicates that material relating to the signs of, and response to non-lethal strangulation is embedded across an officer's career from recruit training onwards. Products include:</p> <ul style="list-style-type: none"> » specialist training for strangulation in Recruit training, the First Year Constable program, and the Constable Development Program; » online learning products; » the new Domestic and Family Violence DFV Specialist Course, designed to enhance the Service's specialist DFV officers' capability of leading multi-agency investigations and coordination of comprehensive responses to incidents of DFV; » specific modules in the Detective Training Program; and » the Vulnerable Persons Training Package. <p>All training undergoes evaluation as part of continual improvement processes and to ensure material is contemporary and reflects emerging trends.</p> <p>The Vulnerable Persons Training package has already undergone evaluation, with frontline officers finding the pocket size strangulation tri-fold reference card a useful tool when attending DFV incidents.</p> <p>The DFV Specialist Course is due to undergo evaluation in 2019.</p> <p>The QPS will continue to actively highlight to officers, via Bulletins, Newsletters and all staff messaging, the training products that are available to better educate and help assist them when dealing with DFV matters, including non-lethal strangulation.</p>
<p>Recommendation 8</p> <p>That Queensland Health explore data-linking opportunities with other relevant departments to improve the evidence base regarding the ongoing health impacts of non-lethal strangulation.</p>	<p>Queensland Health (Queensland Police Service, partner)</p>	<p>Accept</p> <p>Queensland Health and the Queensland Police Service (QPS) will continue to work together to facilitate linking QPS records to emergency department, hospital admission and death registration data.</p>
<p>Recommendation 9</p> <p>That the Royal Australian College of General Practitioners explore opportunities to increase general practitioners' knowledge of the signs of, and appropriate responses to, non-lethal strangulation within a domestic and family violence context, inclusive of appropriate referral pathways.</p>	<p>Queensland Health</p>	<p>Accept in principle</p> <p>While the Royal Australian College of General Practitioners (RACGP) and its members sit outside of the jurisdiction of Queensland Health, Queensland Health will initiate discussions with RACGP regarding the Domestic and Family Violence Death Review and Advisory Board, its findings and the intent of Recommendation 9.</p> <p>If requested, Queensland Health can provide the DFV Toolkit of Resources for health clinicians and workers resources in an editable format that can be augmented for RACGP's audience.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 10</p> <p>That the Queensland Government funds the development of a training package or module for professionals from generalist services (e.g. mental health services, child safety services, psychologists, general practitioners, alcohol and other drug treatment services). This should focus on how to respond to perpetrators, maintain the safety of victims and their children, and align with the <i>National Outcome Standards for Perpetrator Intervention Programs</i>.</p> <p>This training package/module should be made available to all organisations, services and agencies who may come into contact with perpetrators of domestic and family violence.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept in principle</p> <p>The Queensland Government will explore options for progressing this recommendation in partnership with stakeholders and building on existing training modules offered by training providers.</p>
<p>Recommendation 11</p> <p>That the Department of Child Safety, Youth and Women explore ways of supplementing men's behaviour change programs with initial and/or ongoing motivational work to support treatment adherence, reduction in recidivism risk, and improved safety for victims of domestic and family violence.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>The Department of Child Safety, Youth and Women will explore the use of alternative interventions whilst perpetrators wait to attend men's behaviour change programs. Identified opportunities will be considered as part of future policy and planning for perpetrator intervention reforms.</p>
<p>Recommendation 12</p> <p>That the Department of Child Safety, Youth and Women conducts a feasibility study about the use of online men's behaviour change programs.</p> <p>This study should:</p> <ul style="list-style-type: none"> » focus on whether programs delivered in this modality are effective; » identify specific cohorts, contexts, and localities where this modality may be suitable (e.g. rural/remote, treatment-resistant perpetrators, young people); » be developed using the collective knowledge of experts in this area; and » be informed by, and adhere to, relevant best practice safety standards to ensure the protection of victims and their children remains a paramount priority. 	<p>Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>The Department of Child Safety, Youth and Women will undertake a cross-jurisdictional analysis of Australian and international current and planned use of online interventions. Identified opportunities will be considered as part of future policy and planning for perpetrator intervention reforms.</p>

Recommendations	Lead Agency	Proposed response
<p>Recommendation 13</p> <p>Improving cross-agency responses to DFV</p> <p>That Primary Health Networks throughout Queensland play a leadership role in training and workforce development initiatives that seek to improve cross-agency responses to domestic and family violence within primary health care settings.</p> <p>This should focus on enhancing local partnerships between specialist domestic and family violence support services, and primary health care providers.</p>	<p>Queensland Health</p>	<p>Accept in principle</p> <p>Queensland Health will liaise with the Primary Health Networks regarding <i>Recommendation 13</i>.</p> <p>The National Health Reform Agreement (NHRA) sets out roles and responsibilities for the Commonwealth and State levels of government in relation to providing health services. The Commonwealth Government has designated responsibility for establishing Primary Health Networks to promote coordinated GP and primary health care service delivery. While Primary Health Networks sit outside of the jurisdiction of Queensland Health, Queensland Health will initiate discussions with Primary Health Networks regarding the Domestic and Family Violence Death Review and Advisory Board, its findings and the intent of <i>Recommendation 13</i>.</p> <p>The DFV Toolkit of Resources for health clinicians and workers includes training information and material on the <i>Recognise, Respond, Refer</i> model and is publicly available for use by health educators, trainers, clinicians and workers across the public, private and primary health care sectors. If requested, the Queensland Health can provide resources in an editable form that can be augmented for Primary Health Network’s audience.</p>

Appendix F – Implementation update to recommendations from the Domestic and Family Violence Death Review and Advisory Board 2016-17 Annual Report

Queensland Government's implementation updates to recommendations arising from the Domestic and Family Violence Death Review and Advisory Board 2016-17 Annual Report

Recommendation	Agency	Implementation update
<p>Recommendation 1 Targeted suicide prevention framework for domestic and family violence refuges</p> <p>That a targeted suicide prevention framework, which accounts for the detection of, and response to, vulnerable individuals should be developed and implemented within domestic and family violence refuges by the Department of Communities, Child Safety and Disability Services, in consultation with relevant experts and stakeholders.</p> <p>This framework should include:</p> <ol style="list-style-type: none"> the implementation of routine, evidence based, suicide risk screening at intake and provisions for timely reassessment during periods of acute crisis or elevated risk (e.g. following contact with a violent ex-partner) to ensure that responses are commensurate with risk referral pathways to relevant support services, and be used to inform a comprehensive safety and risk management plan for individual clients suicide awareness and risk management training for staff, as well as the introduction of standardised policies and procedures that aim to support appropriate storage of, and access to, medications in domestic violence refuges. 	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted.</p> <p>On 11 May 2019 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Department of Child Safety, Youth and Women contracted LivingWorks Australia, a suicide intervention training company, to deliver suicide awareness training for workers from women's shelters across the state. The first round of training commenced in January 2019 and was delivered through to March 2019 covering ten locations, focusing on suicide awareness. The Cairns and Mount Isa workshops specifically targeted shelter staff working with Aboriginal and Torres Strait Islander peoples.</p> <p>Subsidies were available to support staff from women's shelters in remote locations to attend. Where possible and dependent upon demand from women's shelters, training places have been made available to workers from other specialist domestic and family violence services. The next round of training will focus on suicide intervention with ten workshops being delivered across Queensland. Training will commence in May 2019 and delivered through to June 2019.</p> <p>Following completion of the training, the department will work with the domestic and family violence sector regarding the development of a suicide prevention framework for implementation within domestic and family violence women's shelters.</p>



Recommendation	Agency	Implementation update
<p>Recommendation 2a Mandatory training of Queensland Health staff</p> <p>That the Department of Health introduce mandatory training for staff who may come into contact with victims and their children or perpetrators of domestic and family violence.</p> <p>The training should be delivered to a standard (or level) that proficiency can be measured. This should cover <i>risk screening, assessment and management processes</i>.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>In response to the Not Now, Not Ever report, Queensland Health is implementing the domestic and family violence (DFV) toolkit of resources to support health professionals understanding, and response to clinical presentations, of domestic and family violence. The DFV toolkit is available to both public and private health professionals, including all hospital and health services.</p> <p>The DFV toolkit includes a face-to-face training module, two online training modules, and a number of downloadable resources that address issues related to assessing risk within the health context. Additional resources have been developed to guide health professionals' understanding of DFV information sharing and responding to presentations of non-lethal strangulation.</p> <p>Future training policy will be guided by Queensland Health's review of the DFV toolkit and its implementation. The toolkit will be evaluated and recommended changes and updates implemented. The toolkit will be promoted statewide.</p>
<p>Recommendation 2b Mandatory training of Queensland Health staff</p> <p>That the Department of Health introduce mandatory training for staff who may come into contact with victims and their children or perpetrators of domestic and family violence.</p> <p>The training should be delivered to a standard (or level) that proficiency can be measured. This should cover <i>enhancing understanding of risk factors</i>.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>In response to the Not Now, Not Ever report, Queensland Health is implementing the DFV toolkit of resources to support health professionals understanding, and response to clinical presentations, of domestic and family violence. The DFV toolkit is available to both public and private health professionals, including all hospital and health services. The DFV toolkit includes a face-to-face training module, two online training modules, and a number of downloadable resources that directly address risk factors for DFV. Additional resources have been developed to guide health professionals understanding of DFV information sharing and responding to presentations of non-lethal strangulation. Future training policy will be guided by Queensland Health's review of the DFV toolkit and its implementation. The toolkit will be evaluated and recommended changes and updates implemented. The toolkit will be promoted statewide.</p>
<p>Recommendation 2c Mandatory training of Queensland Health staff</p> <p>That the Department of Health introduce mandatory training for staff who may come into contact with victims and their children or perpetrators of domestic and family violence.</p> <p>The training should be delivered to a standard (or level) that proficiency can be measured. This should cover <i>comprehensive discharge planning and follow up care that takes into account the safety of both self and others, including appropriate referrals</i>.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>As per the direction provided in the DFV toolkit, clinicians in the public health system are expected to use sensitive enquiry and routine asking when discussing DFV with clients/patients/customers. Where a disclosure of DFV has been made by a client/patient/customer, health clinicians will (with consent) engage a hospital/health service social worker who will discuss support options and make appropriate facilitated referrals prior to discharge.</p> <p>Following evaluation and review, the DFV toolkit will be promoted across Queensland's health system to further embed safe and appropriate responses to DFV.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 2d Mandatory training of Queensland Health staff</p> <p>That the Department of Health introduce mandatory training for staff who may come into contact with victims and their children or perpetrators of domestic and family violence.</p> <p>The training should be delivered to a standard (or level) that proficiency can be measured. This should cover <i>appropriate safe information sharing in accordance with Queensland Health guidelines</i>.</p>	Queensland Health	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>In response to the Not Now, Not Ever report, Queensland Health is implementing the DFV toolkit of resources to support health professionals understanding, and response to clinical presentations, of domestic and family violence. The DFV toolkit is available to both public and private health professionals, including all Hospital and Health Services. The DFV toolkit includes a face-to-face training module, two online training modules, and a number of downloadable resources that directly address information sharing to support risk assessment and management of serious DFV. Additional resources have been developed to guide health professionals understanding of DFV information sharing and responding to presentations of non-lethal strangulation.</p> <p>Queensland Health will continue to review the DFV toolkit and its implementation, which will inform future training policy and guidance.</p> <p>Following evaluation and review, the DFV toolkit will be promoted across Queensland's health system to further embed safe and appropriate responses to DFV.</p>
<p>Recommendation 2e Mandatory training of Queensland Health staff</p> <p>That the Department of Health introduce mandatory training for staff who may come into contact with victims and their children or perpetrators of domestic and family violence.</p> <p>The training should be delivered to a standard (or level) that proficiency can be measured. This should cover <i>specialist non-lethal strangulation training for accident and emergency departments that aims to assist in recognition of the signs of this type of violence but also in the collation of forensic information to inform the prosecution of any related criminal charges</i>.</p>	Queensland Health	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>In response to the Not Now, Not Ever report, Queensland Health is implementing the DFV toolkit of resources to support health professionals understanding, and response to clinical presentations, of domestic and family violence. The DFV toolkit is available to both public and private health professionals, including all hospital and health services. The DFV toolkit includes a face-to-face training module, two online training modules, and a number of downloadable resources that succinctly and directly provide information about the signs, symptoms and risk indicators of non-lethal strangulation and that reinforces the need for good quality documentation.</p> <p>Queensland Health will continue to review the DFV toolkit and its implementation, which will inform future training policy and guidance.</p> <p>Following evaluation and review, the DFV toolkit will be promoted across Queensland's health system to further embed safe and appropriate responses to DFV.</p>
<p>Recommendation 3 Enhancement of post-natal care</p> <p>That the Department of Health consider ways to enhance the delivery of post-natal care for all families with a focus on equipping them with the requisite skills to care for a newborn infant. The Department should also consider and incorporate intensive and robust maternity and post-natal support models of care for all high risk and vulnerable families with a focus on continuity of care options (including midwives), the use of multidisciplinary teams to address broader support needs, and specific interventions and support for fathers.</p>	Queensland Health	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health established a maternity services action group focused on Maternity Workforce and Models of Care. The action group developed, provided education and disseminated a Maternity Decision Making Framework for all Queensland maternity facilities to expand continuity of carer models.</p> <p>Queensland Health engaged with child health and midwifery services to develop a strategy to improve model/s of care across the first 1,000 days.</p> <p>An assessment on the impact of 100 additional midwives appointed across the state, and development of a final plan for progressing improved care across maternity and child health, are both scheduled to occur in mid-2019.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 4 Availability of culturally appropriate maternity and post-natal care for Aboriginal and Torres Strait Islander families</p> <p>That the Department of Health consider ways to ensure culturally appropriate maternity and post-natal care for Aboriginal and Torres Strait Islander families are available. This should include a focus on increasing and supporting a specialist workforce in this area, and the provision of outreach support services that aim to engage with hard to reach families.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health allocated more than \$7 million in 2018-19 from Indigenous-specific making tracks funding to support child and maternal health services for Aboriginal and Torres Strait Islander families in both hospital and health services and the non-government sector.</p> <p>An Aboriginal and Torres Strait Islander Maternity Services Strategy is currently in development that aims to strengthen culturally capable maternity services through continuity of midwifery care, expand the Aboriginal and Torres Strait Islander maternity workforce, and increase access to antenatal and parenting programs.</p>
<p>Recommendation 5 Routine screening for DFV by obstetricians and gynaecologists</p> <p>That the Department of Health liaise with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to promote routine screening for domestic and family violence, and enhanced responses to high risk and vulnerable families in private obstetrics and health facilities.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>The DFV toolkit includes training and resources that promote routine screening and enhanced responses to high risk and vulnerable families. Queensland Health liaised with RANZCOG through every stage of the DFV toolkit's development.</p> <p>In 2016, RANZCOG representatives participated on the DFV working group that developed the DFV toolkit, and in 2017-18 on the antenatal screening working group that developed the Antenatal screening for domestic and family violence guideline that was published and promoted by Queensland Health in May 2018.</p> <p>Queensland Health continues to work with RANZCOG and a RANZCOG representative is currently participating on the evaluation reference group on the current process evaluation of the DFV toolkit.</p> <p>Following evaluation and review, the DFV toolkit will be promoted across Queensland's health system to further embed safe and appropriate responses to DFV.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 6 Priority alcohol and other drug treatment for high risk or vulnerable parents</p> <p>That the Queensland Government consider ways to improve access to, and availability of, priority alcohol and other drug treatment places for high risk or vulnerable parents who may have contact with the child protection system or be experiencing domestic and family violence. This should also take into account the practical supports that parents may need, such as free access to child-care, to encourage uptake with treatment services, and aim to ensure that services are informed around the intersection between domestic and family violence, trauma and substance use.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>As part of the 2018-19 state budget, the Queensland Government committed \$9.5 million to deliver a new 42-bed alcohol and other drug residential rehabilitation and treatment facility in Rockhampton. The facility in Rockhampton will provide increased access to treatment for people 18 years and over experiencing problematic substance use living in the central region of Queensland.</p> <p>The planned facility will include 32 residential rehabilitation beds, 8 withdrawal (detox) beds, 2 family units (to accommodate parents and children) and capacity for a non-residential rehabilitation program (day program). The two-family units at the facility will be designed to provide residential treatment for families. This is to enable parents, including single parents or couples with young children in their care, to undertake intensive and structured residential-based treatment. During the program, children can either be cared for by dedicated child care workers, or attend local day care, pre-school or school during the day.</p> <p>A detailed business case is underway and construction is expected to commence in late 2020. A specialist non-government organisation will be procured through a tender process to deliver services at the facility.</p>
<p>Recommendation 7 Routine mandatory DFV victim and perpetrator screening in mental health, alcohol and other drug services</p> <p>That the Department of Health implement processes for routine mandatory screening for domestic and family violence victimisation and perpetration, within all Queensland Health and government funded mental health, and alcohol and other drug services. These should be supported by clear local pathways to specialist support services and appropriate training on the intersection between domestic and family violence, mental health and substance use which accords with the National Outcome Standards for Perpetrator Interventions.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health has worked with a range of clinical stakeholders to review and modify a suite of clinical documents for services. The mental health risk screening tool was reviewed and deemed to suitably acknowledge factors contributing to domestic and family violence. New resources are now under development to support the use of the clinical documents for example a user guide that will include more detailed guidance for clinicians and services undertaking risk screening.</p> <p>Queensland Health provides a range of training programs for mental health professionals and other health professionals who are seeking core mental health education. In 2019 Queensland Health is undertaking a detailed review of two courses, QC9 Critical components of risk assessment and management and QC14 Mental health assessment, providing the opportunity to include more detailed and contemporary content regarding the identification and reporting of DFV.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 8 Enhanced collaboration between mental health, drug and alcohol and specialist DFV services</p> <p>That the Queensland Government fund and facilitate cross professional training and relationship building between mental health, drug and alcohol, and specialist domestic and family violence services to enhance collaboration, shared understandings and information sharing.</p>	<p>Queensland Health and Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted.</p> <p>On 11 May 2019 the Minister for Health and Minister for Ambulance Services and the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Domestic and Family Violence Workforce Capacity and Capability Building Service project, to support the DFV workforce across Queensland, is in the final stages of tender evaluation. Once established, the service will provide mental health training to the DFV workforce and will include a priority area focusing on service integration and working effectively in collaboration. The service is expected to be operational by mid-2019.</p> <p>The integrated service response (ISR) trials, including high risk teams (HRTs) are continuing, with six of the eight funded HRTs becoming operational during 2016-2017 and 2017-2018. A further two HRTs will become operational in 2018-19.</p> <p>Training in the Domestic and Family Violence Common Risk and Safety Framework, risk assessment tools and changes to the Domestic and Family Violence Prevention Act 2012 around information sharing continues to be delivered in the eight locations. Queensland Health staff, including mental health and drug and alcohol service staff, participate in this training along with other participating government agencies and specialist domestic and family violence services.</p> <p>The Department of Child Safety, Youth and Women is actively participating in The Safe and Together Addressing Complexity (STACY) project since its commencement in November 2018. The Queensland site for this national study is Caboolture. This project aims to investigate and simultaneously develop practitioner and organisational capacity to work collaboratively across services providing interventions to children and families living with domestic and family violence and where there are parental issues of mental health and alcohol and other drug use co-occurring. The project is anticipated to be completed towards the end of 2019.</p> <p>Queensland Health is currently undertaking an evaluation of the DFV toolkit (the toolkit) of resources available for health workers and clinicians in the primary, private and public health sectors in Queensland. These resources include a DFV training guideline which encourages hospital and health services, where possible, to deliver DFV clinical response training sessions in collaboration with local DFV specialist services. The guideline provides relevant information about specialist DFV services to ensure appropriate referrals to people experiencing DFV. The evaluation aims to produce qualitative and quantitative data that will support the department in determining if the toolkit is meeting its objectives to provide high-quality information and training resources that are useful and accessed by health workers and clinicians across the public health system.</p> <p>The expanded information sharing provisions pursuant to the Child Protection Reform Act 2017 became operational in October 2018 with the aim of enhancing collaboration between services to ensure the safety and wellbeing of children. The Department of Child Safety, Youth and Women has published Information Sharing Guidelines to provide practical support and guidance to help services understand their obligations when sharing information under the <i>Child Protection Act 1999</i>.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 9 DFV awareness training of all registered practitioners</p> <p>That the Queensland Government liaise with peak professional bodies to recommend all registered practitioners who may come into contact with victims and their children or perpetrators of domestic and family violence, complete specialist domestic and family violence awareness training within one year of obtaining registration or membership and be required to complete ongoing refresher training to maintain their registration or membership. Training should include specific information pertaining to working with perpetrators in accordance with the National Outcome Standards for Perpetrator Interventions, as well as responding to victims of domestic and family violence.</p> <p>Peak professional bodies may include, but are not limited to, practitioners registered with the Australian Counselling Association, Australian Association of Psychologists, Australian Association of Social Workers, Royal Australian and New Zealand College of Psychiatrists and accredited relationship counsellors and mediators.</p>	<p>Department of Child Safety, Youth and Women and Queensland Health</p>	<p>The recommendation is accepted.</p> <p>On 11 May 2019 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence and the Minister for Health and Minister for Ambulance Services responded:</p> <p>The Department of Child Safety, Youth and Women and Queensland Health are developing a communication strategy to liaise with relevant peak bodies to recommend ongoing domestic and family violence awareness training for registered practitioners in the community and health sectors. It is anticipated the communication strategy will be finalised by the end of June 2019.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 10 DFV training of first responders</p> <p>That the Queensland Police Service continue to develop operational communique and training targeted at first responding officers to domestic and family violence related occurrences, which aim to enhance understanding of the broader dynamics of domestic and family violence and the significance of certain risk indicators that may lead to a heightened risk of harm, such as those identified within this report.</p>	<p>Queensland Police Service</p>	<p>The recommendation is accepted.</p> <p>On 26 April 2019 the Minister for Police and Minister for Corrective Services responded:</p> <p>Through the delivery of its recommendations from the Not Now, Not Ever report, the Queensland Police Service (QPS) has enhanced a number of training packages to address identified gaps in training content related to DFV and continues to review these packages to ensure they are contemporary and reflective of emerging trends.</p> <p>The QPS has also progressed several specialist DFV training and education/awareness products, including:</p> <ul style="list-style-type: none"> » raising awareness and educating members about the seriousness of strangulation by including non-lethal strangulation scenarios as a part of the vulnerable persons training package, which was compulsory for sworn members up to and including, the rank of inspector and selected non-sworn members; including strangulation prevention training in recruit, first year constable and detective packages; working closely with the Red Rose Foundation to build an in-house knowledge and skill base to help embed a uniformed, best practice response during investigations; developing a non-lethal strangulation evidence kit for use by frontline officers in support of DFV investigations; and continuing to develop a suite of educational tools and resources, for example a pocket-size trifold reference card for use by frontline officers attending DFV incidents » investing in the development of an in-house DFV specialist course, which is modelled on the South Australian Police version. This course will set the standard in training for DFV coordinators, domestic violence liaison officers and other domestic and family violence specialists, providing officers with a uniformed, best practice approach to investigating and coordinating a complete response to an incident. Rollout of the training pilot commenced in February 2019 » in May 2018, the QPS released an online awareness product to assist members in engaging with the LGBTI community during sensitive and vulnerable situations, including DFV incidents » to help raise awareness about elder abuse, modules within the detective and first year constable training programs have been updated, as well as the operational assistance kit to include a separate component on elder abuse. The vulnerable persons training package included a component on elder abuse; training packages have been completed and delivered to Police Communications Centre operators and PoliceLink call takers; and a 5MILE learning product and an elder abuse OpStore product have also been developed » the QPS continues to review training packages to ensure they are contemporary and reflective of emerging trends. The QPS has:

Recommendation	Agency	Implementation update
		<ul style="list-style-type: none"> » – extensively updated the Domestic and Family Violence Competency Acquisition Program (CAP) book to reflect new legislation, policy and procedural requirements – updated the recruit training phase 3 curriculum to reflect changes to the interpretation of the Domestic and Family Violence Protection Act. <p>The QPS is in the process of reviewing and updating two training programs, however, these will be managed as part of standard business as usual practices:</p> <ul style="list-style-type: none"> » first year constable (FYC) – A further review of the FYC section, domestic and family violence training package to ensure coverage of best-practice in training for first responders in understanding dynamics of DFV » Constable Development Program (CDP) – a further review of CDP material will be conducted in September 2019.
<p>Recommendation 11 Queensland Police Service access to DFV history of victims and perpetrators</p> <p>That the Queensland Police Service ensure that all first responding officers have timely access to electronically available, current, relevant and accurate information held across their data systems in relation to a prior history of domestic and family violence, for perpetrators and victims; in a format which aims to enhance but not disrupt, an operational response. This should be supported by the implementation of strategies that emphasise the importance of this information to call takers and frontline officers, and how to better take this information into account when responding to domestic and family violence related occurrences, particularly repeat calls for service.</p>	<p>Queensland Police Service</p>	<p>The recommendation is accepted.</p> <p>On 26 April 2019 the Minister for Police and Minister for Corrective Services responded:</p> <p>Through the delivery of its recommendations from the Not Now, Not Ever report, the Queensland Police Service (QPS) has made enhancements to QPS systems, policy and procedures through ongoing investment in business improvement initiatives to ensure persons affected by DFV have the courage and confidence to report incidents of DFV to police. These enhancements included:</p> <ul style="list-style-type: none"> » improved business processes associated with administering DFV through the release of the new DFV functionality within the Apple iPad QLITE devices » the QPS and the Department of Justice and Attorney General worked collaboratively with other police and court jurisdictions from across Australia to deliver a national scheme that automatically recognises and enforces domestic violence orders (DVOs) made in any state or territory of Australia. The National Domestic Violence Order Scheme, which commenced on 25 November 2017, has streamlined the existing service process, where interstate police and courts request the service of an interstate DVO to the QPS » completed an evaluation of the DFV-Protective Assessment Framework to determine whether it was still fit for purpose for frontline officers. Based on the findings, a further body of work is progressing to enhance the » framework's effectiveness to identify individuals at risk of harm and prevent future offending » commenced a trial of two domestic and family violence coordinators within the Police Communications Centre on 17 September 2018 for a 12 month period. Due to its success, the trial has been extended until 30 June 2019. » a further review of the first year constable section, Domestic and Family Violence Training package to ensure an emphasis on the importance of information about recorded history of DFV and how to use this information to inform decision-making by first responders <p>This recommendation is considered implemented with the remaining bodies of work transitioning into business as usual work practices.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 12 Court support for victims in criminal proceedings</p> <p>A program for specialised and consistent court support for victims of domestic and family violence in criminal proceedings be developed and funded by the Queensland Government.</p>	<p>Department of Justice and Attorney-General and Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted in principle.</p> <p>On 11 May 2019 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence and the Attorney-General and Minister for Justice responded:</p> <p>The Department of Justice and Attorney-General and the Department of Child Safety, Youth and Women are working together to explore court support options available for victims of domestic and family violence in criminal proceedings.</p> <p>Both departments are investigating what services are currently available, considering existing models of service delivery and the identifying gaps in service delivery. Future options and opportunities will then be considered to work towards consistent court support across the state for victims of domestic and family violence in criminal proceedings.</p>
<p>Recommendation 13 Strengthening guidelines re interviewing children in presence of alleged perpetrator</p> <p>The Department of Communities, Child Safety and Disability Services, in investigating alleged harm to a child and assessing whether the child is in need of protection, review the appropriateness of conducting interviews with children and young people in front of persons alleged to have caused harm, particularly in the context of domestic and family violence; with a view to strengthening guidelines within the context of statutory obligations as to when this should not occur.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted.</p> <p>On 11 May 2019 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Department of Child Safety, Youth and Women remains committed to enhancing domestic and family violence informed child protection practice through the ongoing provision of Safe and Together training, the Walking with Dads Program, and continued presence of specialist domestic and family violence practitioners within Family and Child Connect, Intensive Family Services and Assessment and Service Connect.</p> <p><i>The Child safety practice manual (CSPM)</i> was updated to include additional privacy and safety considerations when working with both individuals who have perpetrated domestic and family violence and those who have been impacted by the violence. This includes the ability to record a significant domestic and family violence threat alert to inform the investigative process.</p> <p>The child protection joint response teams (CPJRT) trial commenced on 3 October 2017 on the Gold Coast, Toowoomba and Townsville to facilitate joint investigations between Child Safety and the Queensland Police Service (QPS). The trial concluded on 30 June 2018, however the trial sites continued with the model. Griffith University finalised an evaluation of the CPJRT trial in February 2019.</p> <p>The findings from the CPJRT evaluation are currently being considered and will inform the possible statewide implementation of the initiative.</p> <p>The department will also consider how existing guidelines can be strengthened to address this recommendation in the current review of the CSPM. The CSPM provides a comprehensive set of procedures that guide and inform the delivery of child protection services by the department.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 14 Identification of persons experiencing DFV</p> <p>That the Department of Health develop a mechanism to assist practitioners to identify persons experiencing domestic and family violence or high risk families who have presented to the service previously; and to better take into account previous presentations to enhance future responses.</p>	<p>Queensland Health</p>	<p>The recommendation is accepted in principle.</p> <p>On 22 July 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>The integrated service response (ISR) initiative, including implementation of high risk teams (HRTs) is continuing, with six of the eight funded HRTs becoming operational during 2016-2017 and 2017-2018. A further two HRTs will become operational in 2019. High risk teams assess and respond to women and their children at high risk of serious harm or death.</p> <p>Training in the Domestic and Family Violence Common Risk and Safety Framework (the framework), risk assessment tools and changes to the Domestic and Family Violence Prevention Act 2012 (the Act) continues to be delivered in the eight locations. As a key stakeholder in both initiatives Queensland Health participates in this training along with other participating agencies. The ISR initiative is currently being evaluated in three trial locations: Logan-Beenleigh, Cherbourg and Mount Isa.</p> <p>Queensland Health will consider the final evaluation report of the Integrated Service Response and HRT trials in three locations.</p> <p>Following evaluation and review, the DFV toolkit will be promoted across Queensland's health system to further embed safe and appropriate responses to DFV.</p>
<p>Recommendation 15 Consideration of a warning flag in QPRIME to identify child at risk of harm</p> <p>That the Queensland Police Service implement a process within Queensland Police Records and Information Management Exchange (QPRIME) and across the Service which includes consideration of a warning flag, to assist frontline officers to identify when a child may be at risk of harm and to inform their investigations at any calls for service.</p>	<p>Queensland Police Service</p>	<p>The recommendation is accepted.</p> <p>On 26 April 2019 the Minister for Police and Minister for Corrective Services responded:</p> <p>The Queensland Police Service has continued to build organisational capability and responsiveness to child harm through a number of activities, such as:</p> <ul style="list-style-type: none"> » revising communication and training strategies delivered to officers » developing and/or enhancing training and awareness resources, including: child harm referral process flowchart and specific flowcharts for first response officers; child harm online learning product; QPRIME reference guide; and OpStore apps which are PDF documents accessible from smartphone or iPad QLITE devices for reference in the field by operational staff » including child harm content in First Response Handbook and recruit training.

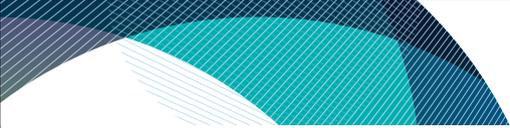
Recommendation	Agency	Implementation update
<p>Recommendation 16 Person most in need of protection research</p> <p>The Queensland Government commission research which aims to identify how best to respond to the person most in need of protection where there are mutual allegations of violence and abuse. This research should take into account the identification of potential training or education needs for service providers across applicable sectors to better assist in the early identification of, and response to, victims who may use violence particularly where they come to the attention of services during relevant civil proceedings for domestic and family violence protection orders.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted.</p> <p>On 11 May 2019 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Department of Child Safety, Youth and Women commenced discussions with Australia's National Research Organisation for Women's Safety (ANROWS) and will also consult with the Queensland Government Statistician's Office Crime Research Reference Committee to identify opportunities to build on the existing research and evidence base.</p> <p>Research findings will be shared with relevant government agencies and service providers to better inform responses to victims of domestic and family violence.</p>
<p>Recommendation 17 Access to information regarding past offending</p> <p>The Queensland Government consider opportunities to strengthen legislative, policy and practice requirements within Child Safety Services and the Queensland Police Service to enable each agency to have timely access to relevant information about past offending conduct including charge and conviction information from Queensland and other jurisdictions when undertaking their respective and joint investigative functions and powers. This should include, but not be limited to, a review of prescribed offences within the <i>Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004</i> to consider the appropriateness of broadening the scope to other violent offences against children (e.g. manslaughter or torture) for the duration of reporting obligations, and the feasibility of broadening access to the National Child Offender System to Child Safety Services.</p>	<p>Queensland Police Service and Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted in principle.</p> <p>On 26 April 2019 the Minister for Police and Minister for Corrective Services and the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The trial involving the placement of four Child Safety Officers in Queensland Police Service (QPS) Headquarters to assist in information sharing requests between the Department of Child Safety, Youth and Women (DCSYW) to the QPS, commenced in April 2018 on the Gold Coast, Townsville and Toowoomba and has recently been extended to Cairns. The trial has been successful in streamlining information sharing between the department and QPS and has been extended until 30 June 2019.</p> <p>The QPS is working to broaden the scope of the Child Protection (Offender Reporting and Other Prohibition Order) Act 2004 to include other offences of violence.</p> <p>The DCSYW will continue to work with the QPS to develop a longer-term approach to streamline information sharing between the two agencies.</p> <p>The QPS will progress any required legislation amendments for government consideration in line with the recommendation.</p>
<p>Recommendation 18 Offending Reporter guidelines for prosecutors</p> <p>The Director of Public Prosecutions and the Queensland Police Service develop guidelines and educational resources with regard to the <i>Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004</i> to ensure that prosecutors have the necessary knowledge to make applications for an Offender Reporting Order as a matter of course for serious offences against children that are not prescribed offences, even if they do not proceed to trial by virtue of a guilty plea.</p>	<p>Director of Public Prosecutions and Queensland Police Service</p>	<p>The recommendation is accepted.</p> <p>On 26 April 2019 the Director of Public Prosecutions and the Minister for Police and Minister for Corrective Services responded:</p> <p>Implementation of the recommendation is in progress. The Queensland Police Service (QPS) is working with the Office of the Director of Public Prosecutions (ODPP) to develop education and training resources for ODPP officers. QPS officers participated in a training video to educate ODPP officers about section 13 of the <i>Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004</i>. The video is being used by the ODPP to train prosecutors and ensure they are aware of the relevant provisions under the Act and to seek offender reporting in cases where this would apply.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 19 Review of supports and referral pathways of employers</p> <p>The Queensland Government review existing responses that provide support, practical advice and referral pathways for families and friends concerned about loved ones who may be at risk of domestic and family violence, and employers who identify that their staff may be experiencing domestic and family violence, in order to ensure the state-wide availability and accessibility of dedicated supports in this area.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted.</p> <p>On 11 May 2019 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Department of Child Safety Youth and Women established a reference group of representatives from Family and Child Connect (FaCC), Intensive Family Support (IFS) and DFV services. FaCC services provide information and advice to people seeking assistance for children and families where there are concerns about their wellbeing and IFS services help families who are experiencing multiple and/or complex needs.</p> <p>The aim of the reference group is for services to develop strategies and resources aimed at enhancing collaboration between the family support and DFV sectors, and improving responses to children and families experiencing DFV. The reference group identified and is progressing a range of strategies including:</p> <ul style="list-style-type: none"> » the introduction and implementation of a common DFV risk assessment framework for use within FaCC and IFS services » the development of practice principles and training to enhance DFV informed practice within FaCC and IFS services » the development of a toolkit for FaCC and IFS staff around what to expect when referring to a DFV service as well as a series of fact sheets to increase understanding of the roles of family support workers and DFV workers » strengthening the role description of the specialist DFV worker within FaCC and IFS services to ensure consistency within these roles. <p>The digital self-service project will consolidate and improve access to information held by government agencies about domestic and family violence. The website will be a resource for victims, perpetrators, friends and family, employers and the general public. A specialist user experience design consultancy was appointed to the project and, following extensive research, analytics and consultation, a suite of prototypes have been developed and tested with end users, including bystanders and victims of domestic and family violence.</p> <p>An implementation plan for training in the common risk assessment framework in select FaCC and IFS sites will be finalised alongside draft practice principles to enhance DFV informed practice.</p> <p>The feedback from digital self-service user testing will inform necessary changes to the prototype. The department will then work with Queensland Online to build the solution.</p>

Recommendation	Agency	Implementation update
<p>Recommendation 20 Aboriginal and Torres Strait Islander family violence strategy</p> <p>That the Queensland Government, in partnership with community Elders and other recognised experts, develop a specific Aboriginal and Torres Strait Islander family violence strategy as a matter of urgent priority.</p> <p>This work should be informed by the Queensland Government’s Supporting Families Changing Futures reforms, Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2039 and Changing Tracks: An action plan for Aboriginal and Torres Strait Islander children and families (2017-2019).</p> <p>The strategy should:</p> <ul style="list-style-type: none"> a) be led and implemented by Elders and the community b) be informed by evidence and account for the various drivers perpetuating family violence c) focus on cultural strengths and family-centred services and programs d) recognise and seek to address the unique construct, challenges and co-morbidities of this type of violence e) have an urban focus as well as addressing the needs of regional and discrete communities f) complement broader domestic and family violence strategies and others of relevance including health, justice, education and child protection strategies where appropriate g) embed trauma-informed approaches that recognise historical and contemporary issues include a tertiary response but provide equal focus and investment on primary prevention and early intervention h) include a tertiary response but provide equal focus and investment on primary prevention and early intervention i) include primary prevention strategies for Aboriginal and Torres Strait Islander children which should be developed in consultation with young people to ensure their needs are met 	<p>Department of Child Safety, Youth and Women</p> <p>and</p> <p>Department of Aboriginal and Torres Strait Islander Partnerships</p>	<p>The recommendation is accepted in principle.</p> <p>On 11 May 2019 the Deputy Premier, Treasurer and Minister for Aboriginal and Torres Strait Islander Partnerships and the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Queensland Government undertook targeted consultation with key stakeholders regarding an approach to progress recommendation 20. The consultation supported the need for a new approach to responding to Aboriginal and Torres Strait Islander family violence, building on existing initiatives.</p> <p>The Queensland Government is considering the consultation feedback, and will provide an update on progress in the next report.</p>

Recommendation	Agency	Implementation update
<p>j) be sustainably and sufficiently funded, noting the cost benefit to be accrued through reducing the burden on resource intensive services such as emergency departments and child safety services</p> <p>k) include allied, wrap-around services to support the development and implementation of the strategy</p> <p>l) be formally monitored and independently evaluated using culturally appropriate outcome measures, methodologies and providers. This should include a strong focus on building the evidence base and data around what works in this area</p> <p>m) be publicly reported at regular intervals to increase accountability. This should include tracking the investment to ascertain whether it is proportionate to the current investment in crisis response</p> <p>n) be supported by a governance body to oversee a co-design approach to the development and implementation of this strategy.</p>		

Appendix G – Response by the Domestic and Family Violence Death Review and Advisory Board to the Australian Law Reform Commission’s (ALRC) Review of the Family Law System



Domestic and Family Violence
Death Review and Advisory Board

In reply, please quote 4597595, 1600312/2
16 November 2018

Professor Helen Rhoades
Commissioner in Charge
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By email: familylaw@alrc.gov.au

**Secretariat
Domestic and Family Violence Death
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Dear Professor Rhoades

Re: Response to Review of the Family Law System, Discussion Paper No 86

I am writing in my capacity as Chairperson of the Queensland Domestic and Family Violence Death Review and Advisory Board (the Board) in response to the Australian Law Reform Commission’s (ALRC) review of the family law system, and to provide comment on Discussion Paper No 86.

The Board was established in 2016 under the *Coroners Act 2003* (Qld) to undertake systemic reviews of domestic and family violence deaths in Queensland. Membership is multidisciplinary and includes representatives from government, non-government agencies and other relevant experts.

I enclose a copy of the Board’s 2017-18 Annual Report for your consideration, noting that several of the cases subject to review demonstrate the heightened risk commonly experienced by victims of domestic and family violence planning, or in the process of, separating from an abusive partner.

I also attach a response to the relevant proposals outlined in the discussion paper to inform this review. I trust this, along with the more detailed findings included in the attached report, will be beneficial in informing this important review of the family law system.

The cases reviewed by the Board demonstrate that post-separation violence is a critical and complex issue. There is also compelling evidence of the extent to which some perpetrators manipulate systems to re-traumatise and victimise their partners; and the manner in which contact required to facilitate shared parenting arrangements may be utilised to perpetrate further acts of violence.

Sadly, the cases further highlight the unique and heightened risk posed to children in the context of relationship breakdown, even in cases where there was no evidence of prior physical violence. Also noteworthy is the extent to which children may be subjected to abuse following separation, or be used by perpetrators as a means to further abuse their primary victim.

Should you require further information, Ms Susan Beattie, Manager, Domestic and Family Violence Death Review Unit, Coroners Court of Queensland, is available on telephone on (07) 3247 9424, or via email at Coroner.DFVDRU@justice.qld.gov.au.

I commend you on the comprehensive nature of this review to date and look forward to much needed reform of the family law system in Australia.

Yours sincerely



Terry Ryan
State Coroner of Queensland

 **Queensland
Government**

Area	Comments
Education, awareness and information	<p>The Board considers that any effort to improve understanding and awareness of the family law system is warranted given the likely benefit of increased accessibility and engagement by families.</p> <p>A recurrent theme within the Board’s findings is a lack of formal engagement with this system, despite the primary victim and their children being subjected to ongoing violence post-separation and identifiable difficulties in negotiating safe shared parenting arrangements.</p> <p>In the vast majority of the cases reviewed by the Board to date, there was a clear and demonstrated willingness by the victim to establish, and adhere to, informal shared parenting arrangements. Victims commonly expressed a desire to ensure the father (and their former partner) continued to have access to their child/ren even when it placed the adult victim at an increased risk of future harm.</p> <p>However, while attempts to negotiate informal shared parenting arrangements may be seen positively in families which are not characterised by domestic and family violence, this is not the case for families where domestic and family violence is present. For instance, in these cases it was evident that the victim/s and their children were exposed to ongoing abuse, with limited opportunity for services to identify, and respond to, ongoing domestic and family violence because of a lack of engagement with the systems designed to ensure safe parenting arrangements are established (and adhered to).</p> <p>Consequently, improved education, awareness and information may assist families in understanding what formal supports are available within the family law system, and how to access them, to facilitate safe and effective shared parenting arrangements and negotiate post-separation agreements.</p> <p>To maximise the effectiveness of such strategies, and to ensure vulnerable families experiencing domestic and family violence are engaged and ultimately supported in a meaningful way, specialist representation from experts in this field in their design and delivery is essential. This will ensure strategies are appropriately informed and account for the holistic, underlying needs of victims, perpetrators and their children.</p> <p>The proposed focus on increasing accessibility for specific groups, including Aboriginal and Torres Strait Islander people and those from a culturally and linguistically diverse background, is a positive and necessary one. Cultural constructs of domestic and family violence are disparate and require contextualised responses. For example, of the cases reviewed by the Board, it is evident that people from a culturally and linguistically diverse background may not consider abusive acts perpetrated within the confines of marriage to constitute domestic and family violence, or may not recognise certain behaviours as abusive. It is also the case that victims may experience difficulties in understanding how services can assist, or where to access them, and in understanding relevant visa provisions where family violence is present and there are children in the relationship.</p> <p>We must, therefore, ensure messages are clear and culturally inclusive to overcome accessibility issues which extend beyond simple language barriers.</p>
Simple and clearer legislation	<p>Steps to simplify the family law system are long overdue and this review is undoubtedly timely and appreciated. The proposals outlined in the discussion paper which seek to embed a focus on the safety and welfare of victims of domestic and family violence, and their children, are commensurate with a clear need.</p> <p>Legislative amendments to articulate this through the principles and objectives of the <i>Family Law Act 1975 (Cth)</i> are a critical first step, although appropriate infrastructure and support will be required to fully actualise this intent.</p> <p>At all times, promoting the best interests and safety of children is paramount, and being mindful of the nature and impact of domestic and family violence on victims and their children in formulating care arrangements is essential. It is also appropriate that this issue be considered in determining property and financial matters as has been proposed.</p>

Area	Comments
Getting advice and support	<p>The infrastructure supporting those in contact with the family law system who may be experiencing domestic and family violence is critical to achieving improved outcomes for victims and their children.</p> <p>The proposed family-centred approach, which focuses on the safety and wellbeing of separating families, is likely to achieve optimal outcomes. However, this must be supported by dedicated and sustainable resourcing, and appropriate training delivered in a mode and frequency that leads to meaningful change.</p> <p>It is also important to maximise integration across all agencies working with separated families experiencing domestic and family violence, to ensure that these agencies are collectively operating with a common understanding of domestic violence, safety and risk.</p> <p>Integrated and well communicated pathways must be fostered and promoted, with efforts made to ensure those agencies who play a gatekeeper role (such as psychologists or general practitioners) into the system also have adequate training.</p> <p>Care must further be taken to ensure there is no duplication of efforts or arbitrary separation of state and national initiatives, systems and pathways. This can be achieved through facilitating genuine collaboration and information sharing across sectors and services to wrap-around the family; rather than having agencies operating in isolation of each other to much less effect.</p> <p>The attached 2017-18 Annual Report of the Board highlights the critical need for coordinated, consistent and cohesive service responses to, and case-management processes for, victims, perpetrators and their children, across all sectors. This includes ensuring timely access to support from specialist social and legal services to assist victims of domestic and family violence to establish safe parenting arrangements.</p>
Dispute resolution	<p>The proposal to include a mandatory requirement for parties to attempt family dispute resolution prior to lodging a court application for property and financial matters is problematic and may require further consideration to limit unintended, negative consequences for victims of domestic and family violence.</p> <p>Although it is proposed to provide exemption in cases '<i>where there is an imbalance of power, including as a result of family violence</i>', there is significant potential to inadvertently expose unidentified victims to further harm. This is particularly relevant for those victims experiencing non-physical coercive controlling violence, who may not recognise certain behaviours as domestic and family violence, such as extreme sexual proprietariness, obsessive possessiveness or threatening behaviours.</p> <p>In a substantial proportion of the cases reviewed by the Board to date, victims, as well as their informal supports, did not recognise these behaviours as domestic and family violence related. They were, by extension, unaware that there was support available.²⁷⁸</p> <p>Similarly, in the absence of disclosures of physical violence, service providers did not always identify indicators of non-physical coercive controlling violence as domestic and family violence related, even where there was clear evidence of these behaviours occurring within the relationship.</p> <p>Given the substantial under-reporting of domestic and family violence, further consideration should be given to the likelihood that mandatory participation may inadvertently traumatise or endanger victims who have not disclosed their experiences because they are unwilling or unable to safely do so.</p> <p>To that end, the proposal to include domestic and family violence specialists to develop family dispute resolution models and guidelines is critical and supported. Screening and assessment tools which are appropriately validated and assess for non-physical coercive controlling behaviours should also be used.</p> <p>The utilisation of specialist domestic and family violence legal services may further assist with the negotiation of safe and fair outcomes.</p>

²⁷⁸ This issue is explored in significant detail in the 2016-17 Annual Report of the Domestic and Family Violence Death Review and Advisory Board

Area	Comments
Reshaping the adjudication landscape	<p>The proposal to include specialist court pathways for victims of domestic and family violence and establish a specialist list for high risk family violence matters in each registry is strongly supported. However, care must also be taken to ensure matters proceeding through standard channels are not excluded from ongoing risk assessment and management.</p> <p>Risk is dynamic and matters that may screen as low or medium risk can quickly escalate to high risk if there is a change in circumstances in the family and any model would need to have sufficient flexibility and adaptability to identify and respond to this.</p> <p>With respect to specialist domestic and family violence court models and approaches, the Board notes the recent evaluation of the Southport Domestic and Family Violence Court in Queensland. In an independent evaluation of this trial, Griffith University reported that both stakeholders and those using the court provided strongly positive assessments of this specialist court. There may be adaptable learnings from this evaluation which is accessible via the Queensland Courts website at https://www.courts.qld.gov.au/courts/domestic-and-family-violence-court.</p> <p>Finally, establishing a post-order parenting support service to assist in the implementation of orders and to support parties to manage their co-parenting relationship is a positive proposal. The inclusion of processes to identify and manage risk in those relationships characterised by domestic and family violence are required to improve child/ren and victim's safety.</p> <p>This can be facilitated through embedding practices to identify and screen for the signs and impact of domestic and family violence (inclusive of systems abuse), monitor for signs of abuse during contact visits, and developing strong referral pathways and partnerships with specialist domestic and family violence support services. It is also critical that staff are adequately equipped to work with both victims and perpetrators of violence, in alignment with relevant national standards.</p> <p>As outlined in the 2017-18 Annual Report of the Board, the impact of domestic and family violence on children is significant and can continue over the life-course. In this respect, a post-order parenting support service should either be able to provide direct support to children exposed to domestic and family violence, or have strong networks with services that have the capacity to provide therapeutic supports to children exposed to domestic and family violence.</p> <p>With respect to the cases reviewed by the Board to date, in the vast majority of cases there was no formal parenting arrangement in place at the time of the homicide event (irrespective of whether it was the victim or the child/ren that died). Consequently, consideration should also be given to expanding availability of this type of service to ensure those relying on informal arrangements, which arguably may pose a higher level of risk, are also able to access appropriate support.</p>

Area	Comments
Children in the family law system	<p>Sadly, in addition to the intimate partner homicides reviewed by the Board in which a female partner was killed by their former abusive spouse, several cases involved the homicide of children whose parents had recently, or were in the process of, separating.</p> <p>Ongoing abuse perpetrated against victims during periods of contact to facilitate child custody arrangements was also significant in the cases reviewed, and in some cases, victims were killed by their partners during custody hand-overs.</p> <p>In 13 of the 20 cases²⁷⁹ reviewed by the Board during the 2017-18 reporting period alone, there was evidence to suggest that children were exposed to, or a direct victim of, domestic and family violence. This included:</p> <ul style="list-style-type: none"> » the perpetrator using the child/ren to manipulate the victim to remain in, or reconcile, the relationship; » the perpetrator using the child/ren to monitor the primary victim's (their mother) behaviour; » witnessing and experiencing direct and indirect episodes of violence; » the perpetrator making threats to seriously harm or kill the child/ren as a means to exert control over the victim (their mother); and » in addition to the four child homicides reviewed in this reporting period, there were 18 children present during the homicide event (across nine cases). <p>Among the intimate partner homicides considered by the Board in the 2017-18 reporting period, there were children in 10 cases. A domestic and family violence protection order was in place in seven of the cases (70 percent), with the children listed as named persons on each of these orders.</p> <p>No Family Law Court Orders were established in any of the five cases where the couple had separated, although there were indicators of attempts to establish informal shared parenting arrangements.</p> <p>It is clear that many separating couples negotiate parenting arrangements 'in the shadow' of what they understand to be the law, including presumptions about how much time children should spend with each parent. These arrangements can be made without careful consideration of the ongoing risk that exposure to a violent parent may pose.</p> <p>This highlights the need for greater awareness of the capacity of the system to adjust parenting arrangements where there is evidence of domestic and family violence, to ensure that adult victims have confidence the system will be responsive to their concerns about their children being exposed to ongoing violence, and that the primary victim of violence will not be penalised as an uncooperative parent.</p> <p>Further, it is also the case that where perpetrators presented to services post-separation, there were clear indicators and/or disclosures that they presented a risk of harm to both themselves and others (including their partners and children). In a number of these cases, the children were assessed as a protective factor that reduced the risk of suicide by their father or the threat that he posed to others, with no attempts made to assess the safety of the children within the relationship.</p> <p>It is for these reasons that in relationships characterised by domestic and family violence, the presumption towards shared parenting must be challenged; and victims and children must feel assured throughout each step of the often lengthy process that their safety is paramount.</p> <p>Although the underlying need to reduce harm is addressed in further detail below, there is a critical need to ensure the safety of children in the family law system is prioritised in any proposed strategies or initiatives such as those outlined in the discussion paper. In this regard, embedding a focus on risk screening and assessment through all stages of a child's participation in proceedings must be included and standardised.</p>

²⁷⁹ As some of these cases involved homicide suicides, and multiple homicide events, the total number of domestic and family violence related homicides and suicides reviewed within this reporting period was 30.

Area	Comments
Reducing harm	<p>Evidence suggests, and the cases reviewed by the Board demonstrate, the clear and heightened risk of harm posed to victims and their children during periods of separation. A focus on harm reduction and prioritising the safety of families in contact with the family law system is, therefore, prudent.</p> <p>The proposed expansion of the definition of family violence to include a broader scope of behaviours is warranted and supported. Commissioning research to ensure the definition is sufficient to capture family violence as it relates to Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and LGBTIQ+ people, is also an appropriate and inclusive step.</p> <p>Legislative provisions to minimise the harmful misuse of the family law system through the proposed amendments are also important in identifying and, ultimately, reducing this form of abuse from occurring.</p> <p>Issues pertaining to information sharing and harm reduction are further outlined below, however, generally, information sharing between core agencies for the purposes of identifying and responding to any risk of harm should be supported and facilitated.</p> <p>Any guiding consideration regarding information sharing and protected confidences should focus on promoting the safety and wellbeing of victims of domestic and family violence and their children; as is the case in Queensland where information can be shared without consent in some circumstances for this purpose.</p>
A skilled and supportive workforce	<p>The proposed family-centred approach focusing on the safety and wellbeing of separating families is likely to have positive outcomes, however, this must be supported by dedicated and sustainable resourcing. It also requires the involvement of specialist domestic and family violence services (including legal supports) throughout the system, and includes specialist training delivered in a mode and frequency that leads to meaningful change.</p> <p>A dual focus on embedding specialist domestic and family violence workers into family law processes, as well as increasing awareness, understanding and competency of the existing workforce is likely to improve outcomes and enhance knowledge across the system.</p> <p>This training should aim to equip service providers with the necessary skills and competence to respond to both victims and perpetrators. For the latter cohort, it is essential that strategies are implemented to minimise the risk of collusion with perpetrators, which adhere to the <i>National Outcome Standards for Working with Perpetrators of Domestic and Family Violence</i>.</p> <p>It is also clear that there must be an equivalent focus on being able to identify situations in which a primary victim may use violence pre-emptively, or in defense of themselves or their children, to minimize the risk of secondary victimization, and encourage engagement by victims with the system.</p>
Information sharing	<p>Information sharing is integral to effective risk management and safety planning. Given the known heightened risk of harm post-separation in relationships characterised by domestic and family violence, it is prudent to consider strengthening information sharing protocols and pathways between key agencies within the family law system (including gatekeepers).</p> <p>In a large proportion of the cases reviewed by the Board, it is clear that greater information sharing between key agencies would likely have led to a clearer picture of the nature, frequency and severity of violence occurring in the relationship, which may have triggered earlier intervention or a more robust system response.</p> <p>In Queensland, information sharing for the purpose of identifying and responding to risk is already authorised under the <i>Domestic and Family Violence Protection Act 2012</i>. In May 2017, the Queensland Government introduced the <i>Domestic and Family Violence Information Sharing Guidelines</i> to support practitioners to share information appropriately with one another in order to assess and manage domestic and family violence risk.</p> <p>Consideration may need to be given as to other state and territory legislative provisions which allow the sharing of information in similar circumstances to these, to ensure agencies working with families at risk are adequately equipped to be able to appropriately respond.</p>



Domestic and Family Violence
Death Review and Advisory Board

2018–19 Annual Report