

Domestic and Family Violence
Death Review and Advisory Board
2019–20 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 to prevent or reduce the likelihood of 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. However, due to the COVID-19 pandemic, the Board was granted an extension to 30 December 2020 to deliver on the Annual Report.¹

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 Board uses a consensus decision-making model, and therefore this report does not necessarily reflect the private or professional views of individual Board members or their organisations, including Queensland Government departments.

¹ On 22 April 2020 the Legislative Assembly passed the *COVID-19 Emergency Response Act 2020* which provided additional regulation-making power to amend statutory time limits. The *Justice Legislation (COVID-19 Emergency Response – Proceedings and Other Matters) Regulation 2020* provided the Board with a three month extension to deliver on its annual report.

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.kidshelpline.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 2019-20 Annual Report of the Domestic and Family Violence Death Review and Advisory Board marks the commencement of the second term of the Board and its fourth year of operation.

During the past year, the community experienced unprecedented disruptions associated with the COVID-19 pandemic. Victims of domestic and family violence, who are most at risk of violence within their homes, were particularly vulnerable during periods when movements were restricted, and access to support networks and services was limited. The Board extends its sympathies to all those affected and acknowledges the tireless work of services in responding to these challenges.

The Board has monitored the number of domestic and family violence deaths during the COVID-19 period. Of the 28 domestic and family homicides in Queensland during the 2019-20 financial year, nine occurred between 1 March 2020 and 30 June 2020. While no statistically significant increase has been identified, it is likely that the true impact of the pandemic will not be felt for some time.

As the Board moves into its second term, this report aims to reflect on the key findings and recommendations from the first term of the Board. In doing so, this report examines recurring service system issues in responses to victims and perpetrators of domestic and family violence and their children. Key findings include:

- » victims of domestic and family violence with complex trauma or who did not present as an 'ideal victim' often received poor service system responses and were more likely to be misidentified as the primary perpetrator of violence;
- » children are disproportionately represented in domestic and family homicides, representing almost one quarter (24.3%) of all homicide deceased since 2006 and 32% of homicide deceased in the 2019-20 financial year alone; and
- » perpetrators were observed to use patterns of extreme violence across multiple relationships, often escalating over time. However, the perpetrator's violence in one relationship was often viewed in isolation, resulting in inadequate service responses.

In establishing the Board in 2016, the Queensland Government acknowledged that there was an ongoing need to harness critical lessons from domestic and family violence deaths to identify nuances, emerging trends, and opportunities for service system improvement. The Board remains committed to reflecting on and learning from these tragedies, as well as sharing these learnings widely to inform community conversations as well as ongoing reforms.

The Board received expert advice from a range of sector professionals to enhance our understanding of the more nuanced issues that arose within case reviews. In particular, I would like to acknowledge Dr Silke Meyer and Dr Jasmine McGowan in assisting the Board's consideration of a group of intimate partner homicides involving female victims of domestic and family violence who killed their abusers. The key learnings from these case reviews are explored in greater detail in the systemic report of the deaths of 'George' and 'Jack' that will be published alongside this report.

As I have acknowledged in prior Annual Reports, reviews of domestic violence deaths are both challenging and rewarding. I would like to thank my fellow Board members for their commitment and dedication in the performance of their duties. I would like to acknowledge outgoing members Dr Silke Meyer, Mr Mark Walters and Assistant Commissioner Brian Codd APM. Each brought unique and valuable perspectives to the work of the Board.

Terry Ryan
Chairperson

Board Members

Mr Terry Ryan

State Coroner of Queensland
Chairperson

Dr Kathleen Baird RM, Ph.D., SFHEA

Deputy Chairperson
Professor of Midwifery; Director of Midwifery,
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A/Executive Director
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Associate Professor, School of Criminology and Criminal Justice,
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Commissioner
Queensland Corrective Services
Adjunct Professor, University of Queensland

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Director, Betty Taylor Training and Consultancy
Chief Executive Officer, Red Rose Foundation

Ms Angela Moy

Senior Director, Courts Innovation Program
Magistrates Court Service, Court Services Queensland
Department of Justice and Attorney-General

Ms Angela Lynch AM

Non-government member
Chief Executive Officer
Women's Legal Service Queensland

Ms Keryn Ruska

Non-government member

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 2019-20, many members were affected by the COVID-19 pandemic and the Board was supported by Special Advisors from Queensland Government agencies to ensure this important work continued with minimal disruption:

- » Ms Bronwyn Nardi, Assistant Deputy Director-General, Prevention Division, Queensland Health
- » Assistant Commissioner Ben Marcus, Queensland Police Service
- » Ms Therese Oxenham, Department of Justice and Attorney-General
- » Ms Katrina Finn, Department of Justice and Attorney-General
- » Mr Paul Stewart APM, Queensland Corrective Services

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:

- » Kathy
- » Dr Silke Meyer, Deputy Director, Monash Gender and Family Violence Prevention Centre, Monash University
- » Dr Jasmine McGowan, Manager, Monash Gender and Family Violence Prevention Centre, Monash University
- » Dr Samara McPhedran, Director, Homicide Research Unit, Griffith University
- » Dr Shilan Caman, Karolinska Institute, Sweden
- » Dr Brian Sullivan, Central Queensland University
- » Mr Michael Byrne QC, Parole Board Queensland

Contents

- About this report2
- Seek help3
- Chair’s message4
- Board Members5
- Acknowledgements6
- Recommendations8
- Monitoring of recommendations10
- Overview12
- Section 113**
- Chapter 1: Understanding the journey15**
- Chapter 2: Statistical overview21**
- Section 245**
- Chapter 3: Recognising and responding to primary victims of domestic and family violence47**
 - Gendered realities of domestic and family violence48
 - Exploring the ‘ideal victim’50
 - Violent resistance52
 - Cultural context: Aboriginal and Torres Strait Islander victims53
 - Misidentification of the person most in need of protection54
 - Defences available for killing for preservation in an abusive domestic relationship56
- Chapter 4: The impact of domestic and family violence on children and young people57**
 - Children living with violence58
 - Lasting impact of exposure to violence59
 - Perpetrator visibility and accountability in child protection practice60
 - Post separation violence and the push for shared parenting62
 - Family law system reform63
- Chapter 5: Reflections on patterns of abuse, risk and harm65**
 - Enhancing service system responsiveness66
 - Risk screening and assessment in health settings67
 - Information sharing to support an effective response69
 - High Risk Teams71
 - Enforcement, safety and protection72
 - Policing perpetrators of domestic and family violence72
 - Perpetrator intervention programs73
 - Supervision of high risk offenders74
 - Mechanisms for monitoring high risk offenders75
- Section 379**
- Appendix A – Remuneration of the Board81**
- Appendix B – Intimate Partner Homicide Lethality Risk Factor Form82**
- Appendix C – Glossary of terms85**
- Appendix D – Government’s Response to the *Domestic and Family Violence Death Review and Advisory Board 2018-19 Annual Report*89**
- Appendix E – Queensland Government’s implementation updates to recommendations arising from the Domestic and Family Violence Death Review and Advisory Board 2018-19 Annual Report99**
- Appendix F – Queensland Government’s implementation updates to recommendations arising from the *Domestic and Family Violence Death Review and Advisory Board 2017-18 Annual Report*109**
- Appendix G – Queensland Government’s implementation updates to recommendations arising from the *Domestic and Family Violence Death Review and Advisory Board 2016-17 Annual Report*120**

Recommendations

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.

A key consideration throughout the Board's case review process has been the significant reforms currently underway across Queensland that aim to improve protective outcomes for victims and their children and hold perpetrators to account.

While not discounting the significance of the issues identified from the reviews conducted within this reporting period, the Board recognises that some reforms may take time to embed within practice. It is therefore critical that there is a sustained focus and commitment to achieving the intended outcomes of these reforms, and that the current momentum is sustained over time.

Accordingly, recommendations made by the Board in this reporting period aim to enhance this existing program of work or address identified systemic gaps, where applicable. It is also hoped that the key learnings outlined in this report can be taken into account in planning and implementation processes to further enhance reform.

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

1. That the Queensland Government review all domestic and family violence training delivered to frontline services who may come into contact with victims and their children or perpetrators of domestic and family violence, with a focus on identifying opportunities to embed trauma-awareness and trauma-informed service delivery. This review should be informed by the learnings from the Board's systemic report of the deaths of 'George' and 'Jack' and contain dedicated modules on:
 - a. trauma-awareness and trauma-informed practice;
 - b. the gendered nature of domestic and family violence;
 - c. common tactics used by perpetrators; and
 - d. culturally appropriate service delivery.
2. That the Queensland Government consider, as a matter of priority, how domestic and family violence training can be delivered to all frontline Queensland Health workers, to effectively and sustainably build and maintain domestic and family violence literacy across the secondary and tertiary healthcare systems.
3. That the Queensland Government, as a matter of priority, review and enhance domestic and family violence training and resources to ensure that all frontline Queensland Health workers, particularly those in the areas of sexual health, mental health and alcohol and other drug services, understand domestic and family violence perpetrator tactics, complex trauma presentations, and the link between suicidality and experiences of domestic and family violence.
4. That the Queensland Government request that universities and peak professional bodies incorporate evidence-based domestic and family violence education into professional undergraduate courses in key frontline areas, such as psychology, social work, law, criminology and health.

5. That the Queensland Government increase the awareness and consistent use of the existing information sharing provisions in Part 5A of the *Domestic and Family Violence Protection Act 2012* by all agencies empowered to share or receive information under the Act. The Queensland Government should:
 - a. ensure that all prescribed entities under the Act have internal guidelines, processes and procedures in place regarding the existing information sharing provisions to support and promote their use in relevant circumstances, and that the information sharing provisions are incorporated into existing training for frontline officers;
 - b. explore opportunities to ensure that non-government organisations who are empowered to share or receive information under Part 5A of the Act have processes and procedures in place regarding information sharing;
 - c. develop standardised processes and procedures, supported by relevant training, that can be provided to non-government organisations for adoption; and
 - d. liaise with the relevant peak professional bodies of services who are empowered to share information under Part 5A of the Act, such as family lawyers, psychologists and GPs, and ask that they promote the use of these provisions to their membership, in appropriate circumstances.
6. That the Queensland Government conduct a system-wide review of the impact of the responses to the COVID-19 pandemic on victims of domestic and family violence and consider maintaining any service delivery adaptations that have improved safety for victims and their children.
7. That the Queensland Government review the mechanisms through which prisoners subject to a domestic and family violence protection order may contravene these orders while in custody in Queensland correctional centres, such as through the Prisoner Telephone System, mail and visits, with a view to identifying and addressing existing gaps that allow this to occur.
8. That the Queensland Government ask a suitable body, such as the Queensland Sentencing Advisory Council or the Queensland Law Reform Commission, to examine and provide advice on options to improve supervision and monitoring of high risk and recidivist perpetrators of domestic and family violence.

This should include consideration of civil supervision and monitoring schemes that are in place in comparable jurisdictions and post-sentence supervision schemes that exist in Queensland for other types of offenders (such as for those convicted of serious sexual offences).
9. That the Queensland Government develop a standalone, system-wide strategy for responding to *all* perpetrators of domestic and family violence, regardless of their level of risk, with a focus on early detection, intervention, accountability and prevention. Any strategy should:
 - a. consider the need for legislative and policy reforms to enhance mechanisms to hold perpetrators to account across a range of government and non-government services, including specialist domestic and family violence services, police, court services, corrections, child protection services and public and private health and mental services;
 - b. include measures to support early intervention, prevention and the accessibility and availability of perpetrator intervention programs and other programs or services addressing co-occurring issues such as mental health, harmful substance use and/or homelessness;
 - c. be informed by research and the outcome of the advice referred to in Recommendation 8; and
 - d. be developed in consultation with specialist support services, Elders and Aboriginal and Torres Strait Islander communities, and other stakeholders, to ensure there are no unintended consequences.

Monitoring of recommendations

A critical component of any death review process is the capacity to monitor, and report on, the implementation of recommendations made throughout the review process.

This assists to ensure due consideration is given to any future recommendations made, and so that relevant agencies are accountable to report back on their progress towards implementation.

Accordingly, under section 91D(1)(f) of the Act, the Board is required to monitor and report on the implementation of recommendations made to the Minister 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.

On 30 September 2019, the Board handed the Queensland Government its third Annual Report, including 16 recommendations (Appendix D). On 20 August 2020, the Queensland Government formally responded to the recommendations made in the Board's 2018-19 Annual Report. Of the 16 recommendations made, nine were accepted and seven were accepted in principle. The response committed to several new actions, as well as actions that will build upon the momentum of reforms previously recommended by the Board.

While most actions remain ongoing, the Board especially wished to acknowledge the following reform activities arising from the Board's recommendations since its establishment in 2016:

- » the trial placement of four child safety officers in police headquarters across Queensland (Gold Coast, Toowoomba, Townsville, Cairns) to streamline and facilitate timely exchange of relevant information;
- » 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;
- » the development of an antenatal screening guideline for domestic and family violence which has been published and promoted by Queensland Health;
- » compulsory respectful relationships education in Queensland state schools;
- » development of the Queensland Health toolkit of domestic and family violence resources to support health professionals understanding of, and responses to, domestic and family violence;
- » finalisation of the *Growing Deadly Families: An Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025* with particular acknowledgement of 2.2(b) to ensure antenatal care has an early and ongoing focus on reducing risk factors in pregnancy such as addressing domestic and family violence and linking women in to social support services where needed; and
- » publication of research by ANROWS that examines the identification of 'the person most need of protection' under the *Domestic and Family Violence Prevention Act 2012*.

As the Board transitions into its second term, it is timely to reflect on the recommendations made by the Board over its first three years in operation and the current landscape of domestic and family violence reforms in Queensland.

In 2015 the Honourable Dame Quentin Bryce handed down the final report of the *Special Taskforce on Domestic and Family Violence in Queensland* (the Special Taskforce), *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* (the Not Now, Not Ever report).² The report made 140 recommendations that set the vision and direction for Queensland's strategy to end domestic and family violence.

Broadly, these 140 recommendations can be grouped under three foundational elements:

- » changing community attitudes and behaviours;
- » integrating service responses; and
- » strengthening law and justice system responses.

On 24 October 2019, during the 2019-20 reporting period, the Premier announced that all 140 recommendations from the Special Taskforce had been implemented. This was a significant milestone in Queensland's journey to end domestic and family violence and the Board commends the Queensland Government's efforts to implement these significant reforms.

As the Queensland Government has acknowledged, significant reform takes time and the implementation of the comprehensive recommendations are the first step in the journey to end domestic and family violence in Queensland.

The Board was established following a recommendation of the Not Now, Not Ever report, in recognition of the need for an independent, multi-disciplinary body to undertake systemic reviews of domestic and family violence related deaths and make recommendations to improve systems, practices and procedures.

Since the Board was established on 1 July 2016, it has made 50 recommendations to the Queensland Government to reduce domestic and family violence deaths. The Queensland Government has accepted or accepted-in-part, 49 recommendations and noted one.

Although the Board welcomes the Government's response to its recommendations, there is a need to ensure that we do not solely rely on the progress and actions arising from the Special Taskforce report where new issues are identified.

Broadly, the Board's recommendations have been informed by the ongoing progress of the current reform agenda and align with the three foundational elements identified in recommendations of the Not Now, Not Ever report:

- » changing community attitudes and behaviours – two recommendations that were accepted in part or in principle;
- » integrating service responses – 36 recommendations that were accepted in part or in principle; and
- » strengthening law and justice system responses – 11 recommendations that were accepted in part or in principle.

By establishing the Board, the Queensland Government acknowledged the ongoing need to harness critical lessons from domestic and family violence deaths and maintain commitment, focus and resourcing to this important reform agenda. This approach recognises that work must continue beyond the Special Taskforce report and that we have an obligation to maintain momentum.

One of the greatest opportunities afforded by the systemic review of these types of deaths is the ability to identify nuances and emerging trends. In that sense, although there is an opportunity to incorporate the recommendations made by the Board into existing or other ongoing reform activities, care must be taken to ensure that critical detail is not lost in doing so. This can be easily overcome by ensuring thorough analysis, evaluation and review of initiatives to ensure they are appropriately optimised to incorporate the findings and specific elements of the Board's recommendations; or if there is no possibility of adding to current initiatives, that steps are taken to develop new actions where warranted.

² Special Taskforce on Domestic and Family Violence in Queensland. (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*. Brisbane: Author.

Overview

This section provides an overview of key activities undertaken by the Board throughout the 2019-20 financial year.

The Board was not reappointed until February 2020, mid-way through the current reporting period. Therefore, with the short time available, the Board reviewed a small cohort of domestic and family violence deaths in the context of the key themes and learnings identified by the Board over its first three years in operation.

In reflecting on its first term, the Board wished to acknowledge the impact of the COVID-19 pandemic on Queenslanders and, in particular, on victims of domestic and family violence and their children. During the initial stages of the COVID-19 restrictions, many services acted quickly to continue providing support to victims and their children, as well as perpetrators of domestic and family violence. The Board commends these efforts to continue protecting victims and their children, and to hold perpetrators to account.

In October 2019, the Queensland Government announced that all 140 recommendations of the *Special Taskforce on Domestic and Family Violence in Queensland* (the Special Taskforce) had been implemented.

In November 2019, the Domestic and Family Violence Implementation Council's term ended and the Board's reporting relationship with the council ceased. In order to drive continuous improvement in Queensland's responses to domestic and family violence, the Queensland Government established the Domestic and Family Violence Prevention Council (the Prevention Council). The Prevention Council have been tasked with building upon the momentum of the domestic and family violence reform work in Queensland by encouraging everyone in the community to play their role in addressing domestic and family violence.

As this year marked the beginning of the Board's second term, and the delivery of the Special Taskforce's recommendations, members considered it appropriate to reflect on the Board's key findings over its first term. The discussions and findings of the Board are discussed in further detail in subsequent chapters.

While it is not possible to explore each aspect of domestic and family violence in detail, the Board intends to explore the following key areas:

- » responding to victims of domestic and family violence;
- » the impact of domestic and family violence on children and young people; and
- » reflections on patterns of abuse, risk and harm to find better ways to hold perpetrators to account.

Domestic and family violence death review processes are a key component of a robust service system response to domestic and family violence. They function for the purposes of learning from such tragedies and aim to improve systems, services and practices in the hopes of preventing future deaths from occurring.

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

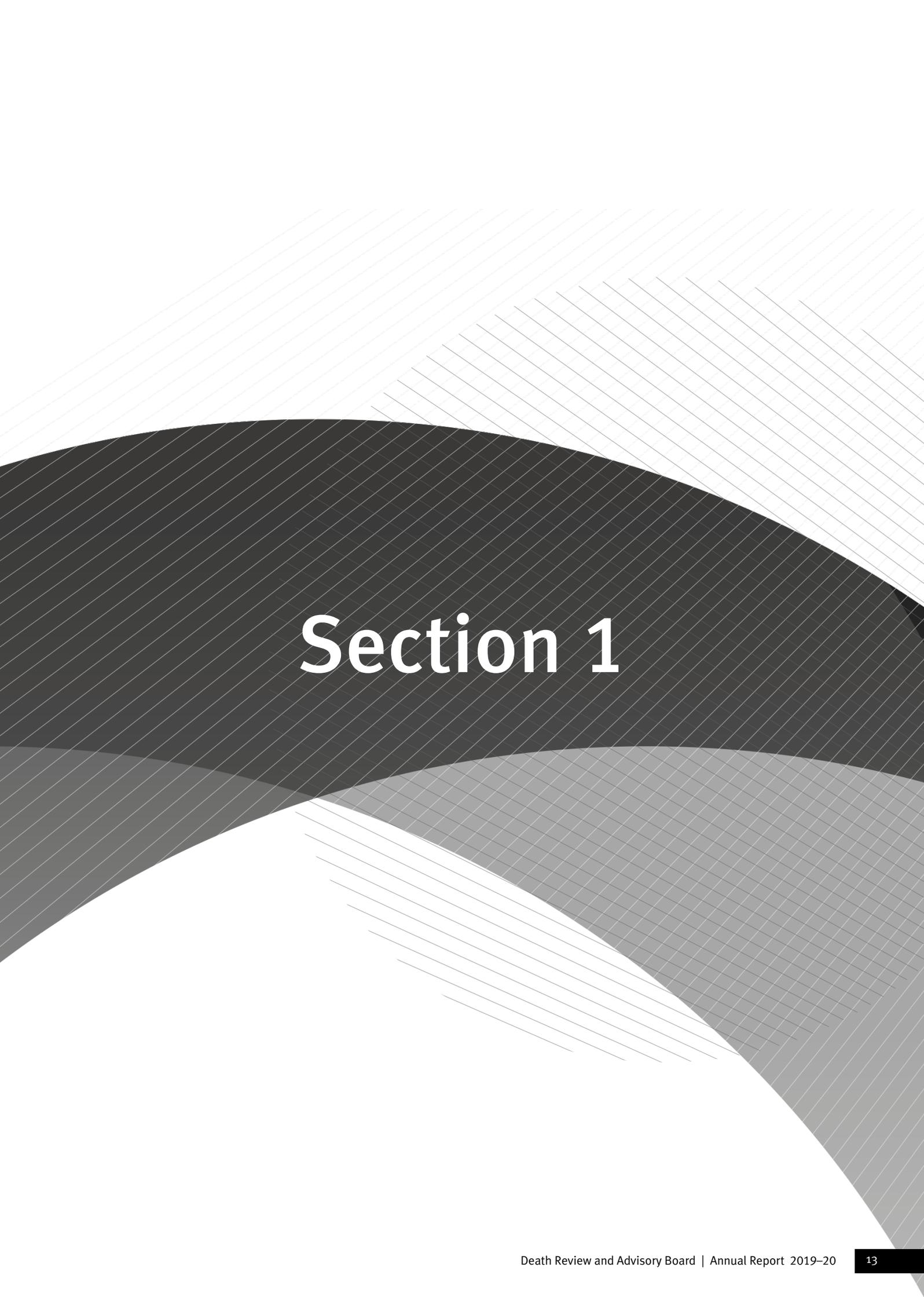
- » identify preventative measures to reduce the likelihood of domestic and family violence deaths in Queensland;
- » increase recognition of the impact of, and circumstances surrounding, domestic and family violence and gain a greater understanding of the context in which these types of deaths occur; and
- » 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 the 2019-20 reporting period, the Board completed in-depth systemic reviews into five cases involving seven deaths. Based on its discussion of these cases, the Board released two systemic reports of the intimate partner homicides of 'Jack' and 'George'.

In both cases the female victim of domestic and family violence killed her male intimate partner in the context of domestic and family violence perpetrated primarily by the deceased. The Board decided to release its findings in these cases due to the compelling themes identified upon its review. Both cases highlight the impact of cumulative trauma and victimisation experienced by women that can persist throughout their life course and the issues experienced by women who may not present as the 'ideal victim', a concept that is explored further in Chapter 3.

In addition, the Board identified a need for services to improve their understanding of the patterns of behaviour used by perpetrators of domestic and family violence to avoid detection and accountability for their violence. These findings are not new and have been consistently been made by the Board in prior Annual Reports.

In this year of operation, the Board sought to extend and reflect upon its prior findings and recommendations as it remains clear that more needs to be done.



Section 1

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. This report aims to reflect on the findings of the Board's first term, including key initiatives undertaken by the Board in the 2019-20 financial year. To achieve this, Chapter 1 brings together the stories and journeys of those who lost their lives in the context of domestic and family violence.

These stories, though tragic, are crucial in our understanding of how we can continue collective efforts to reduce domestic and family violence deaths in Queensland. These stories are contextualized with data from the Queensland Domestic and Family Violence Homicide and Suicide datasets in 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 gain a greater understanding of the context in which these types of deaths occur.³

In fulfilment of this function, the Board has reflected on the cases it reviewed over its first three years in operation. This section explores the stories and journeys of those cases reviewed by the Board, as it is our obligation to ensure these stories are told.

Since its establishment in 2016, the Board has reviewed many types of domestic and family violence deaths, including:

- » homicide suicides and perpetrator suicides;
- » intimate partner homicides;
- » victim suicides;
- » family violence homicides;
- » filicides; and
- » male deceased and bystander homicides.

In addition to these death types, the Board has also reviewed cases based on the individual characteristics of the victim and/or perpetrator, including:

- » Aboriginal family violence deaths;
- » Aboriginal youth suicides;
- » people from culturally and linguistically diverse backgrounds;
- » people that are socially and/or geographically isolated; and
- » people from priority populations.

This chapter provides an overview of the circumstances of the cases reviewed by the Board. It is not a comprehensive account of all domestic and family violence related deaths that have occurred across Queensland, as the following cases were chosen based on the extent of identifiable service system contact, and the availability of relevant information.

The intent of this chapter is to highlight the personal, familial, and community impact of these deaths, beyond what statistics alone can provide. While these stories may be distressing, they are also stories of strength and resilience, often in the face of relentless and enduring violence. The courage of the victims in these cases should not go unacknowledged.

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.

Homicide suicides and perpetrator suicides

Kate and Jeffrey

Kate was in her early 30s when she was killed by her estranged boyfriend of two years, Jeffrey, before he took his own life.

Amy and Paul

Amy was a woman in her mid-30s who was killed by her defacto partner of approximately five years, Paul. Paul subsequently took his own life.

Shane

Shane was a man in his early 50s who took his own life after breaking into his former partner's house and assaulting her, stopping only when a third party intervened in the attempted homicide-suicide.

Keith

Keith was in his mid-20s when he died by suicide. He had separated from Donna, his partner of approximately six months, a few months earlier. The couple had recently moved in together, but Donna asked Keith to move out only a few days later because of his obsessive and controlling behaviour toward her.

In the weeks that followed, Keith exhibited a pattern of coercive controlling behaviour toward Donna. Keith killed himself in front of Donna by way of a self-inflicted gunshot wound.

Tony

Tony was almost 40 years old and had been estranged from his wife, Kym, for a number of months before he took his own life. Tony was verbally abusive toward Kym throughout their relationship, which escalated following their separation. Tony also became verbally abusive and aggressive toward his family members.

Physical violence was not present in the relationship, but Kym feared this would be the next logical step as Tony's behaviour continued to escalate in the months before his death.

James

At the time of his death, James was in his late 20s and had recently separated from Simone, his defacto partner of seven years. The relationship was characterised by coercive controlling violence primarily perpetrated by James. The frequency and severity of James' violence escalated following dissolution of the relationship and James subsequently took his own life.

³ Section 91 A of the *Coroners Act 2003*.

Michael

Michael, a male in his late 20s, died as a result of intentional self-harm in the context of intimate partner violence, harmful substance use, criminal offending, unemployment, and concurrent mental health issues.

Michael had a significant but unreported history of domestic and family violence perpetrated toward his former partner, Grace. On the day of his death, Michael sexually assaulted Grace and threatened her with a firearm.

Sam, Riley and Edward

Sam, a male in his late 30s, killed his two children and himself. Sam also attempted to kill his estranged wife, Olivia, in the homicide-suicide but she survived.

Vivian and Harry

Vivian, a woman in her early 40s, was the victim of a severe and prolonged physical assault, including acts of non-lethal strangulation, perpetrated by her husband, Harry, after she expressed her intent to end the relationship.

Harry was subsequently arrested and remanded in custody before being released on bail. Several weeks later, Harry killed Vivian before taking his own life.

Sophie and Alexander

Sophie, a female in her late 40s, was killed by her estranged husband, Alexander, before he took his own life.

Brittany and Jeremy

Brittany, a woman in her early 20s, was killed by her estranged intimate partner, Jeremy, before he took his own life. Jeremy had a significant history of criminal offending and domestic violence perpetration against a former intimate partner.

Intimate partner homicides

Kelly

Kelly, a mother in her mid-30s, was killed by Robert, her defacto partner of approximately two years.

Rosie

Rosie, a mother in her mid-20s, was killed by her former husband, Dean. The couple met one afternoon to discuss child custody arrangements. They had been separated for many years prior to the homicide.

Nicole

Nicole was killed by her former defacto partner, Tim. Nicole was a mother, and the designated full-time carer of one of Tim's family members.

Joshua

Joshua was a father who was killed by his partner's (Monique) former husband, Grant. This happened several hours after police served Grant (respondent) with a protection order prohibiting him from making contact with or committing further acts of violence against both Joshua (named person) and his partner Monique (aggrieved).

Gabby

Gabby died after being attacked by her former partner, Damian, in the middle of a relationship separation.

Victim suicides

Paula

Paula was located deceased in her bedroom at a women's shelter where she resided for a short period after fleeing her violent partner, Rick. Rick perpetrated physical, psychological and verbal abuse toward Paula throughout their relationship. Paula died by suspected suicide.

Tricia

Tricia died by suicide shortly after police responded to an episode of domestic and family violence in which they made an application for a protection order listing her as the respondent, and her intimate partner at the time, Peter, as the aggrieved.

Tricia had a significant history of domestic and family violence victimisation. At the time of her death, there were two protection orders in place protecting Tricia from former partners.

Stacey

Stacey was a woman in her late 30s who completed suicide at a women's refuge where she had resided for a short time.

This occurred in the middle of a separation from her former intimate partner of approximately four years, Angelo. Angelo exerted coercive controlling behaviour throughout their relationship to induce fear and submission.

Melissa

Melissa was a young Aboriginal woman who took her own life in the context of a prolonged episode of family violence perpetrated by her partner of approximately 18 months, Oscar.

Travis

Travis was an Aboriginal boy in his early teens who took his own life. At the time of the death, there was a protection order naming Travis' stepfather as the respondent and his mother as the aggrieved. Travis and his siblings were named persons on the order. Travis (and his siblings) had been exposed to domestic and family violence for most of his short life.

May

May was a teenage girl who took her own life. She was known to child safety services, police, and the education and mental health system at the time of her death.

Records indicate there was ongoing domestic and family violence between May's parents that had escalated in the weeks before the death. It was also alleged that May's father had physically and verbally abused her.

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.

Jackson

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

Tristan

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

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.

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 short life and was exposed to domestic and family violence by her father Christopher, towards her mother, Mandy.

Alice

Alice was a one-month-old infant who died as a result of abuse by her father from the beginning of her short life.

Alice sustained nearly 50 separate injuries in the weeks preceding her death. No medical treatment was ever sought for these assault-related injuries.

Ben

Ben was an almost three-month-old Aboriginal infant who sustained significant injuries from multiple traumatic assaults, including episodes of shaking, suspected to be as a result of the actions of his stepfather, Xavier, aged in his late 20s.

Cameron

Cameron was almost three months old when he died from severe head and spinal injuries after being in the care of his father, Dennis.

Dominique

Two-month old Dominique died from multiple severe injuries inflicted by her father, Ian, approximately one week prior to her death.

Despite efforts by her mother, Amy, to seek medical attention, Dominique's access to potentially life-saving medical care was prevented by Ian's repeated refusal to allow others to intervene in the lead up to her death.

Male deceased and bystander homicides

Julian

Julian was killed by his estranged intimate partner, Kylie, a female in her early 20s. There was an extensive history of domestic and family violence in the relationship primarily perpetrated by Julian.

In the week leading up to his death, Julian took Kylie hostage and non-lethally strangled her after she attempted to end the relationship.

Jonathon and Tiffany

Jonathon, a male in his early 30s, was killed by his intimate partner, Tiffany.

After a period of imprisonment for this offence, Tiffany died by suicide after being released from custody. Records identify that Jonathon was the primary perpetrator of violence within the relationship.

Percy

Percy, a male in his mid-50s, was killed by his intimate partner, Tamara, after an argument escalated into physical violence. Tamara had a significant history of victimisation in prior intimate partner and familial relationships. Percy had previously been listed as the respondent on a protection order with a former spouse.

Michael

Michael, a male in his mid-40s, was killed by his partner Stephanie's former partner, Simon.

Joshua

Joshua, a male in his early 30s, was killed by his former partner Tara's new partner, Dale.

Edwin

Edwin, a male in his late 30s, was killed by his partner Audrey's estranged husband, Henry.

Jack

Jack, a male in his 40s, was killed by his intimate partner of six months, Sally. The relationship was characterised by domestic and family violence primarily perpetrated by Jack toward Sally, including verbal, emotional, physical and financial abuse.

George

George was an Aboriginal male who was killed by his intimate partner, Sarah, who was also Aboriginal.

George had a significant history of domestic and family violence toward Sarah, including multiple episodes of physical assault, sexual assault and non-lethal strangulation. Several days before the homicide, George violently raped Sarah. Sarah killed George after he threatened to do so again.

Brian

Brian, an Aboriginal male in his 40s, was killed by his Aboriginal partner, Gloria. Brian and Gloria's relationship was characterised by domestic and family violence, but Brian used more serious violence including verbal, emotional and physical abuse toward Gloria.

Simon

Simon, a male in his 40s, was killed by his intimate partner of 12 months, Penelope. There was no formally documented history of domestic and family violence, but witness accounts attest to the presence of domestic and family violence perpetrated by Simon toward Penelope.

Family violence homicides

Bradley, Maxine and Hayden

Bradley, a male in his early 50s, killed his daughter, Maxine, and grandchild, Hayden, before taking his own life.

Nicholas

Nicholas, a male in his mid-50s, was killed by his biological brother, Francis.

Kevin

Kevin, a male in his late 20s, was fatally struck by his father, Barry, during a fight at the family home.

Records indicate that Kevin was the primary perpetrator of violence in both his intimate partner and family relationships.

Bronwyn

Bronwyn, a woman in her early 20s, was killed by her stepfather, Graham.

Jim

Jim, a male in his early 50s, was fatally struck during a (purportedly) random encounter with his estranged son, Shane.

Shane was suspected to be under the influence of methamphetamines at the time, after having been released from prison just days prior to the fatal assault.

Aboriginal family violence deaths

Fran

Fran, a mother in her late 30s, was killed by her defacto partner of approximately 10 years, Scott. Both Fran and Scott identified as Aboriginal.

Lucy

Lucy was an Aboriginal woman in her late 20s who had children from a previous relationship. She was stabbed to death by her defacto partner of approximately two years, David, who was also Aboriginal.

Brian

Brian was a 40-year-old Aboriginal man who had been involved in a relationship with his defacto partner, an Aboriginal woman named Wendy, (then in her early 30s) over a period of approximately six years. Wendy fatally stabbed Brian during an argument while the pair were heavily intoxicated.

Brian had a significant history of violence toward Wendy, including acts of non-lethal strangulation, kicking her, punching her in the face, and stabbing her with scissors.

Ella

Ella was a young adult Aboriginal woman who was killed by her 37-year-old partner of approximately two years, Jayden, who also identified as Aboriginal, after a prolonged episode of violence.

There was no reported history of domestic and family violence, though Ella's family observed assault-related injuries on multiple occasions before the homicide.

Lauren

Lauren, an Aboriginal woman, was killed by her long-time partner Eddie, who was also Aboriginal. There was a documented history of domestic and family violence.

Domestic and family violence suicides of Aboriginal adolescents

Jimmy

Jimmy, an Aboriginal adolescent male, died by apparent suicide in the context of exposure to, and experiences of, domestic and family violence within his home.

Jimmy lived most of his life with his mother Anna, and stepfather John. John was the primary perpetrator of violence within the home.

Daniel

Daniel, an Aboriginal adolescent male, died in an apparent suicide in the context of a cumulative exposure to parental domestic and family violence.

Jett

Jett, an Aboriginal adolescent male, died in an apparent suicide in the context of a cumulative exposure to parental domestic and family violence.

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.

Culturally and linguistically diverse

Danielle and Yumi

Yumi, a female in her late 40s from a culturally and linguistically diverse background, is alleged to have fatally assaulted her child, Danielle, before taking her own life.

Zara and Narinder

Zara, a female in her early 40s from a culturally and linguistically diverse background, was killed by her husband, Rohan. Zara's mother, Narinder, was also killed as a bystander in the incident.

Malaya

Malaya, a female in her mid-40s from a culturally and linguistically diverse background, was killed by her intimate partner, Dennis, within one year of the commencement of their relationship.

Yasmin

Yasmin, a female in her mid-30s from a culturally and linguistically diverse background, was killed by her former intimate partner, Zach, while pregnant with his child.

Luka

Luka, a male in his early 40s from a culturally and linguistically diverse background, died as a result of intentional self-harm.

Luka perpetrated domestic and family violence against his intimate partners and had a history of unstable and inconsistent mental health treatment which was further exacerbated by harmful substance use.

Social and/or geographically isolated

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. Daphne resided in a regional town in Queensland.

April

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

Leonie

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

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 protection order. Dustin and Katherine were married and lived on a rural property in Queensland.

Adam

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

On the night of Adam's apparent suicide, Paula called police in fear for her life after an episode of violence where she overheard Adam making unspecified threats to kill. Adam lived in a regional area of Queensland.

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 known to perpetrate violence toward Lisa and within other intimate partner relationships. Chad lived in a regional town in Queensland.

Older people and people with disability

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.

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.

Douglas

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

Lucas

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

Colin

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

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.

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

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.

Angelina and Nicholas

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

Chapter 2: Statistical overview

Key findings

- » Between 1 July 2006 and 30 June 2020, there were a total of 350 domestic and family homicides in Queensland. This includes 326 women, men and children who were killed by a family member or by someone they were, or had been, in an intimate partner relationship with. An additional 24 collateral homicides occurred during this time.
- » Children killed by a parent or caregiver represent the highest number of domestic and family homicides. Between 1 July 2006 and 30 June 2020, 85 children were killed by a parent or caregiver across 67 filicide events, representing 24.3% of all domestic and family homicides in Queensland during this time.
- » Women remain significantly over-represented as the victims of intimate partner homicide (78.6%), with males disproportionately the homicide offender in these cases.
- » Apparent suicides continue to represent the largest number of domestic and family violence deaths in Queensland each year, with 62 cases identified in 2019-20 where there were clear links between domestic and family violence and the death.
- » The majority of children and young people who died in apparent domestic and family violence suicides were likely to have been exposed to multiple forms of abuse and dysfunction within their household. Mental health issues were also common among this cohort.
- » In one-fifth (20.3%) of all domestic and family homicides the deceased identified as Aboriginal and Torres Strait Islander, which is significantly higher than the proportion of the Queensland population that identifies as Aboriginal and Torres Strait Islander (4.0%). This means that Aboriginal and Torres Strait Islander peoples are over three times more likely to be a victim of domestic and family violence related homicide than non-Indigenous people.
- » On average, Aboriginal and Torres Strait Islander peoples were more likely to suicide at a younger age compared to non-Indigenous people in domestic and family violence related suicide cases.
- » In intimate partner homicides where a history of domestic and family violence was able to be established, prior physical violence only was recorded in approximately one quarter (24.7%) of cases, while non-physical violence only was reported in 17.5% of cases. In over one-half of cases (57.8%) both physical and non-physical violence were reported.

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 that have occurred in an intimate partner or family relationship since 2006, and domestic and family violence suicides that have occurred in Queensland since 2015. A range of demographic characteristics and key trends the Board has identified in its first term are explored.

The intent of this analysis is to support discussions in the following chapters around some of the unique characteristics and overarching similarities between these and other types of deaths.

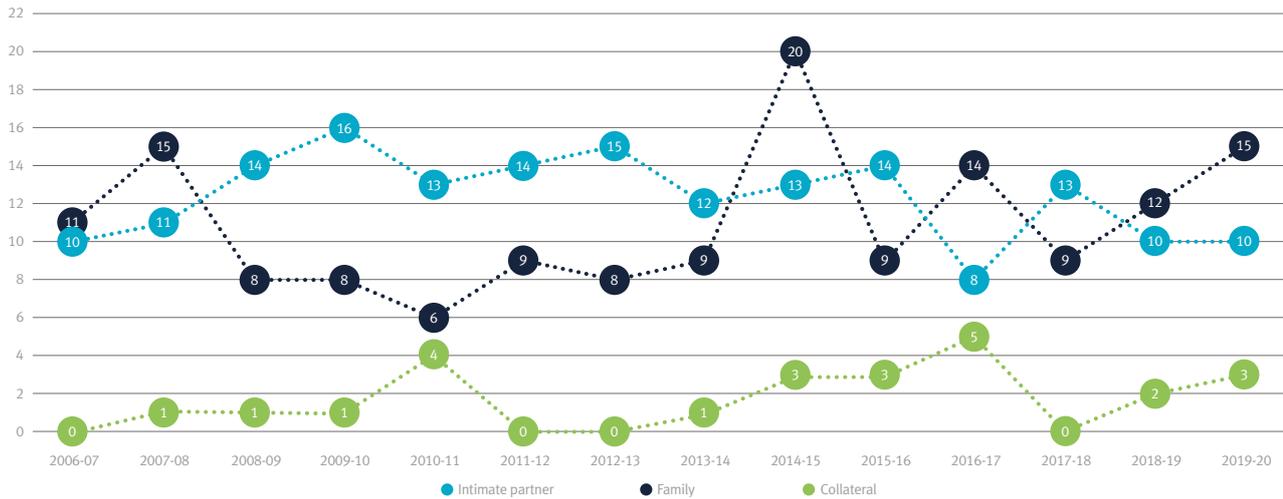
In 2020, the Board commenced a process to cleanse the data held in its domestic and family homicide and suicide databases and this process is ongoing. Data is coded based upon information that is gathered as part of the Board's review and the coronial investigation. The data includes both open and finalised coronial cases, and therefore is subject to change as more information is obtained as part of the coronial investigation.

Homicides in a domestic and family relationship

Between 1 July 2006 and 30 June 2020, a total of 326 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 24 collateral homicides have also occurred in this period.⁴

As shown in Figure 1, there were 173 intimate partner homicides, 153 family homicides, and 24 collateral homicides in Queensland in the period from 2006-07 to 2019-20.

Figure 1: Domestic and family homicides, Queensland, 2006-07 to 2019-20



A total of 316 distinct homicide events occurred in this period, involving 350 homicide deceased and 334 homicide offenders. Of the 293 homicide events involving one homicide deceased, the homicide offender was male in the vast majority of cases (Table 1).

Table 1: Sex of homicide offenders in single homicide event cases, 2006-07 to 2019-20

	Male	Female	Male & female	Total cases
Intimate partner homicide	133 (79%)	33 (20%)	2 (<1%)	168
Family homicide	77 (73%)	21 (20%)	8 (7%)	106
Collateral homicide ⁵	19 (100%)	0	0	19
Total	229	54	10	293

Of the 23 multiple homicide events involving 57 deceased, males were the homicide offender in 17 cases (38 deaths) and females were the homicide offender in five cases (17 deaths). In one case, male and female parents were responsible for two deaths.

Figure 2: Domestic and family homicide deceased by relationship type and sex, 2006-07 to 2019-20



⁴ Collateral homicides include the death of a person who may have been killed intervening in an episode of domestic and family violence or a new partner who is killed by their current partner's abusive former spouse.

⁵ In one collateral homicide case, there were five homicide offenders (all male).

The youngest homicide deceased was aged less than one day old and the oldest was 92 years of age. As shown in Figure 3, for intimate partner homicides, the deceased was most likely to be 30 to 34 years of age.

For family homicides, children aged less than five years continue to represent the highest number of domestic and family homicides. Filicide is explored in greater detail throughout this chapter.

Figure 3: Domestic and family homicides by relationship type and age group of deceased, 2006-07 to 2019-20

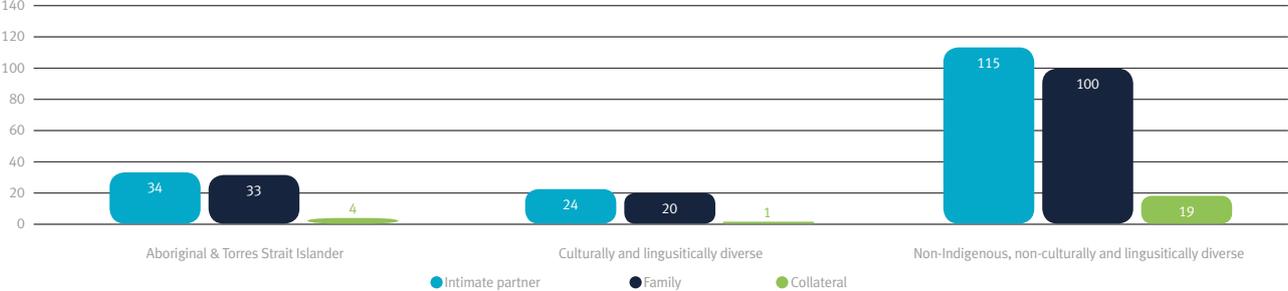


Aboriginal and Torres Strait Islander people were significantly over-represented as deceased in domestic and family homicide cases between 2006-07 and 2019-20. In one-fifth (20.3%) of all domestic and family homicides the deceased identified as Aboriginal and Torres Strait Islander, which is significantly higher than the proportion of the Queensland population that identifies as Aboriginal and Torres Strait Islander (4.0%).⁶

Aboriginal and Torres Strait Islander people represented 19.6% of intimate partner homicide deceased (34 of 173); 21.6% of family homicide deceased (33 of 153); and 16.7% of collateral homicide deceased (4 of 24).

Between 2006-07 and 2019-20 there were 45 domestic and family homicides where the deceased identified as culturally and linguistically diverse, representing 12.8% of all domestic and family homicides in Queensland.⁷

Figure 4: Domestic and family homicides by ethnicity group, 2006-07 to 2019-20



6 Australian Bureau of Statistics. 2019. *Census Of Population And Housing: Reflecting Australia - Stories From The Census, 2016*. [online] Available at: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0-2016-Main%20Features-Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20-%20Queensland-10003>

7 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.

Domestic and family homicides occurred across all police districts in Queensland (Table 2). The highest number of recorded homicides occurred in the Northern region, with 87 deaths (or 24.9%) between 2006-07 and 2019-20. This is despite this region representing only 11.2% of the Queensland population.

Table 2: Domestic and family homicides by Queensland police district, 2006-07 to 2019-20

	Intimate partner	Family	Collateral	Total
Brisbane Region	30	32	9	71
North Brisbane	13	16	3	32
South Brisbane	17	16	6	39
South Eastern Region	34	30	3	67
Logan	9	12	0	21
Gold Coast	25	18	3	46
Southern Region	33	25	6	64
Ipswich	12	5	1	18
Darling Downs	9	5	2	16
South West	3	9	0	12
Moreton	9	6	3	18
Central Region	34	22	4	60
Sunshine Coast	5	5	1	11
Wide Bay Burnett	9	7	2	18
Capricornia	13	9	0	22
Mackay	7	1	1	9
Northern Region	41	44	2	87
Townsville	12	17	1	30
Mount Isa	2	5	0	7
Far North Queensland	27	22		50
Queensland	173*	153	24	350*

*One intimate partner homicide occurred outside of Queensland and is not reflected in this table; however, it is included in the database as, at the time of death, the person ordinarily lived in Queensland.

Homicides with a documented history of domestic and family violence

A history of domestic and family violence was able to be established in 58.6% of domestic and family homicide cases between 2006-07 and 2019-20. 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.

Separation is an identified risk factor for domestic and family violence homicides. Of those cases with a documented history of domestic and family violence, actual or pending separation was present in almost one-half (45.2%) of intimate partner and collateral homicides between July 2006 and July 2020. Actual or pending separation was a feature in approximately one-fifth of family homicides (Table 3).

Table 3: Presence of separation in homicides with a documented history of domestic and family violence, 2006-07 to 2019-20

	Intimate partner		Family		Collateral	
	Number	Percent	Number	Percent	Number	Percent
Actual	36	32.1%	19	24.7%	10	62.5%
Intent	23	20.5%	8	10.4%	0	0%
No separation or unknown	53	47.3%	50	64.9%	6	37.5%
Total	112	100%	77	100%	16	100%

The types of violence used in relationships was recorded in 154 out of 205 cases where there was a documented history of domestic and family violence. Prior physical violence was recorded in 38 cases (24.7%), while non-physical violence was reported in 27 cases (17.5%). In 57.8% (n=89) of the cases recorded, both physical and non-physical violence were reported.

A protection order was in place at the time of the homicide in approximately one-third (30.2%) of homicide cases where there was a documented history of domestic and family violence.

A protection order was in place in 34.8% of (n=39) of intimate partner homicides, 23.4% (n=18) of family homicides and in less than one percent of collateral homicides.

As outlined in Table 4, where there was a protection order in place, the aggrieved was the deceased in 51.7% (n=30) of cases. In cases where the deceased was named as the aggrieved, they were overwhelmingly female (90%, n=27). In the remainder of cases, the deceased was named on a cross order (10.3%, n=6), was a named person on a protection order (27.7%, n=16), or was the respondent on a protection order (10.3%, n=6).

Table 4: Domestic and family violence homicides, status of deceased on protection orders, 2006-07 to 2019-20

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Aggrieved	3	10%	27	90%	30	51.7%
Respondent	5	83.4%	1	16.6%	6	10.3%
Named person ⁸	4	66.7%	2	33.3%	6	10.3%
Child of aggrieved	9	56.2%	7	43.8%	16	27.7%
Cross orders	21	36.2%	37	63.8%	58	100%

⁸ Named person means a person was named on a domestic and family violence protection order other than the aggrieved – i.e. a child of an aggrieved, a child who usually resides with an aggrieved, a relative of an aggrieved or an associate of an aggrieved.

Homicide-suicides

A homicide-suicide is defined as a homicide that is followed by the suicide of the homicide offender, generally within one week of the homicide event.

Between 1 July 2006 and 30 June 2020, there were 36 homicide-suicide events in Queensland, resulting in 48 deceased. This included 24 family homicide-suicides, 23 intimate partner homicide-suicides and one collateral homicide-suicide.

Table 5: Domestic and family homicide-suicide events by Queensland police district, 2006-07 to 2019-20

	Number of homicide-suicide events
Brisbane Region	7
North Brisbane	5
South Brisbane	2
South Eastern Region	11
Logan	2
Gold Coast	9
Southern Region	2
Ipswich	0
Darling Downs	1
South West	1
Moreton	0
Central Region	12
Sunshine Coast	2
Wide Bay Burnett	3
Capricornia	5
Mackay	2
Northern Region	4
Townsville	2
Mount Isa	1
Far North Queensland	1
Queensland	36

Intimate partner homicides

Between 1 July 2006 and 30 June 2020 there were a total of 173 intimate partner homicides in Queensland. Females were significantly over-represented as intimate partner homicide deceased, with over three-quarters (78.6%, n=136) of all intimate partner homicides featuring a female deceased (Figure 5). This is significantly higher than in family and collateral homicides.

The number of female deceased had reduced between 2016-17 and 2018-19 after sustained periods of high numbers; however, it has since increased in this reporting period. In 2017-18, there were more recorded intimate partner homicides involving male deceased than female deceased for the first time. This did not continue in 2018-19 or 2019-20 and, due to the small sample size, no statistical significance can be drawn from these figures.

Figure 5: Intimate partner homicides by sex of deceased, 2006-07 to 2019-20

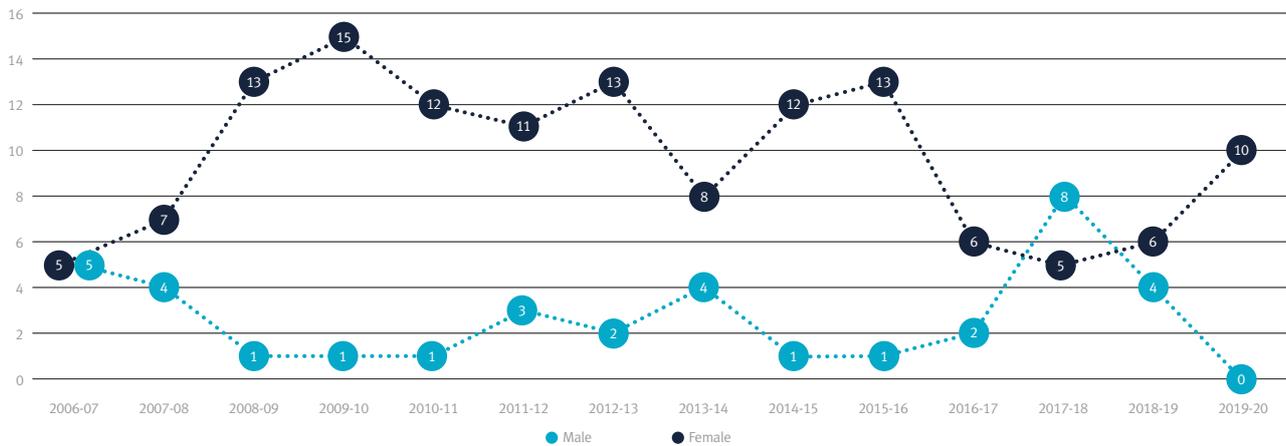
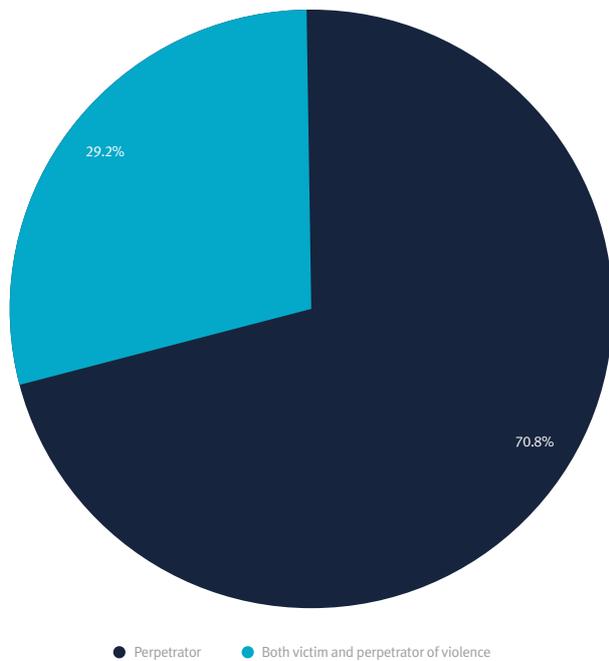


Figure 6: Male intimate partner homicide deceased domestic and family violence status, 2006-07 to 2019-20



Between 2006-07 and 2019-20, there were 24 intimate partner homicides involving a male deceased where a history of domestic and family violence was able to be established. Figure 6 reflects that, of these cases, the male homicide deceased was identified as the primary perpetrator of the domestic and family violence in 70.8% of cases (n=17), and was known to both use and experience violence in the remaining 29.2% of cases (n=7).

Figure 7: Female intimate partner homicide deceased domestic and family violence status, 2006-07 to 2019-20

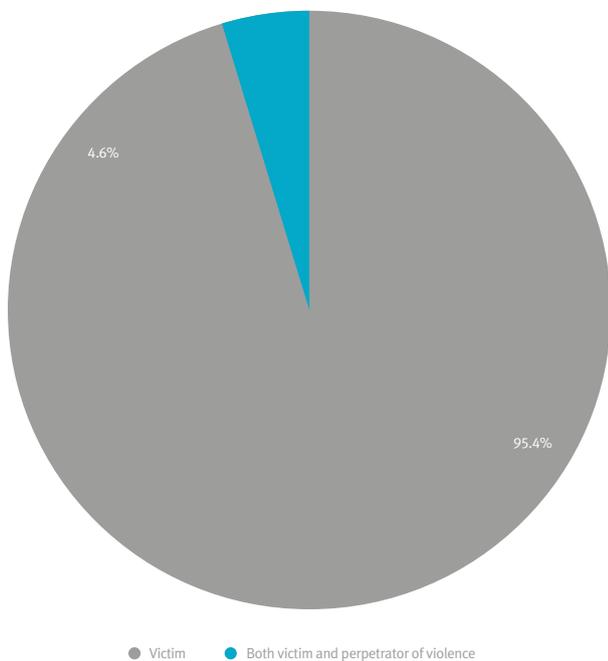


Figure 7 reflects that, in the 87 intimate partner homicides involving a female deceased where a history of domestic and family violence was able to be established, the female was the primary victim of violence in 95.4% (n=83) of these cases, and was known to both use and experience violence in the remaining 4.6% (n=4) of cases.

Lethality risk indicators

As discussed by the Board previously, a growing body of research has identified a range of factors that are present in relationships characterised by domestic and family violence that may be indicative of a heightened risk of harm.

The Board has applied the Ontario Domestic Violence Death Review Committee lethality coding system⁹ to 78 intimate partner homicides in Queensland from 2011 to 2017, where complete records were available.

This coding form has been applied to the reported history of domestic and family violence between the primary victim of domestic and family violence (who may be a homicide offender or deceased) and the perpetrator (who may be a homicide offender or homicide deceased).

As shown in Table 6, the most primary prominent risk indicator was a history of domestic and family violence. Other prevalent indicators include actual or pending separation, sexual jealousy, excessive alcohol and drug use by the perpetrator, and a victim’s intuitive sense of fear.

⁹ In its analysis of these cases, the Board has adopted the coding system developed by the Ontario Domestic Violence Death Review Committee to explore lethality risk indicators associated with intimate partner homicides. The Ontario Coding system is the most comprehensive available that has been directly developed on the review of these types of fatalities. It has also been adopted due to similarities in basic population demographics between Queensland and Canada. The Ontario Death Review Committee, through review of hundreds of cases and examination of the evidence base, identified 39 factors prominent in intimate partner homicides. The coding system has recently been amended to include an additional factor (history of violence against former partners). The coding sheet and definitions are provided in Appendix B: Domestic Violence Death Review Committee. (2015). *Domestic Violence Death Review Committee 2018-19 Annual Report*. Ontario: Office of the Chief Coroner.

Table 6: Prevalence of lethality risk factors among intimate partner homicides, 2011-2017 (selected cases)

Risk factor	Number	Percent
History of domestic violence (current relationship)	64	82.1%
Actual or pending separation	47	60.3%
Sexual jealousy	42	53.8%
Victim and perpetrator living in common-law	41	52.6%
Excessive alcohol and/or drug use by perpetrator	41	52.6%
Victim's intuitive sense of fear of perpetrator	40	51.3%
Prior threats to kill victim	35	44.9%
Prior attempts to isolate the victim	35	44.9%
Perpetrator unemployed	35	44.9%
History of violence outside the family by perpetrator	34	43.6%
Obsessive behaviour displayed by perpetrator	31	39.7%
Failure to comply with authority	31	39.7%
Controlled most or all of victim's daily activities	30	38.5%
Escalation of violence	28	35.9%
Prior threats to commit suicide by perpetrator	25	32.1%
New partner in victim's life	24	30.8%
Choked / strangled victim in the past	23	29.5%
Prior destruction or deprivation of victim's property	22	28.2%
Extreme minimisation and/or denial of spousal assault history	22	28.2%
Other mental health or psychiatric problems – perpetrator	21	26.9%
Prior hostage taking and / or forcible confinement	19	24.4%
Prior threats with a weapon	18	23.1%
Prior suicide attempts by perpetrator	18	23.1%
Perpetrator threatened and/or harmed children	18	23.1%
Depression – in the opinion of family / friend / acquaintance	17	21.8%
Prior assault with a weapon	16	20.5%
Presence of step children in the home	16	20.5%
Depression – professionally diagnosed	16	20.5%
Child custody or access disputes	15	19.2%
Prior assault on victim while pregnant	13	16.7%
Prior forced sexual acts and/or assaults during sex	12	15.4%
Access to or possession of any firearms	12	15.4%
Misogynistic attitudes – perpetrator	12	15.4%
Prior violence against family pets	11	14.1%
Age disparity of couple	11	14.1%
Perpetrator was abused and/or witnessed DV as a child	9	11.5%
After risk assessment, perpetrator had access to victim	9	11.5%
Youth of couple	5	6.4%
Perpetrator exposed to/witnessed suicidal behaviour in family of origin	3	3.8%

Family homicides

Between 1 July 2006 and 30 June 2020, there were 153 family homicides in Queensland. Of these, 68 cases involved an adult deceased and 85 cases involved a child deceased.

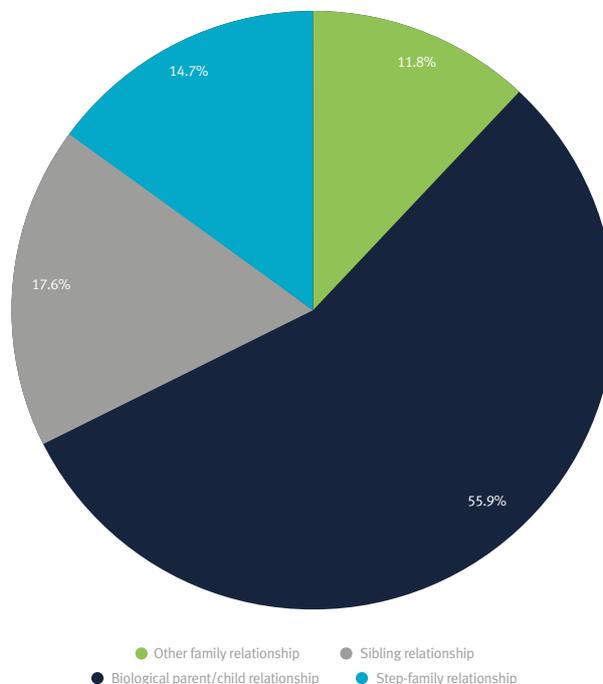
Homicides of adults in a family relationship

As demonstrated in Figure 8, of those 68 family homicides involving the death of an adult, 55.9% (n=38) occurred within a biological parent and child relationship. The remaining 30 cases included a sibling relationship (n=12), step-family relationship (n=10), or other family relationship (n=8).

Of the 38 adult family homicides involving a parent-child relationship, 78.9% (n=30) of cases involved an adult son (68.4%, n=26) or daughter (10.5%, n=4) killing their biological mother or father. In 15.7% (n=6) of cases, a mother or father killed their adult biological child. Family homicides in a sibling relationship were most commonly committed by brothers (91.7%, n=11), and brothers were also most commonly the deceased (83.3%, n=10).

There were 10 cases (14.7%) involving a step-family relationship and the homicide deceased was most commonly the step-parent (n=7) or step-sibling (n=3). In 13.2% of family homicides (n=9), the homicide offender and homicide deceased were not in an immediate or step-family relationship, and these cases primarily involved an in-law or extended family relationship.

Figure 8: Offender to deceased relationship of family homicides (adult deceased), 2006-07 to 2019-20



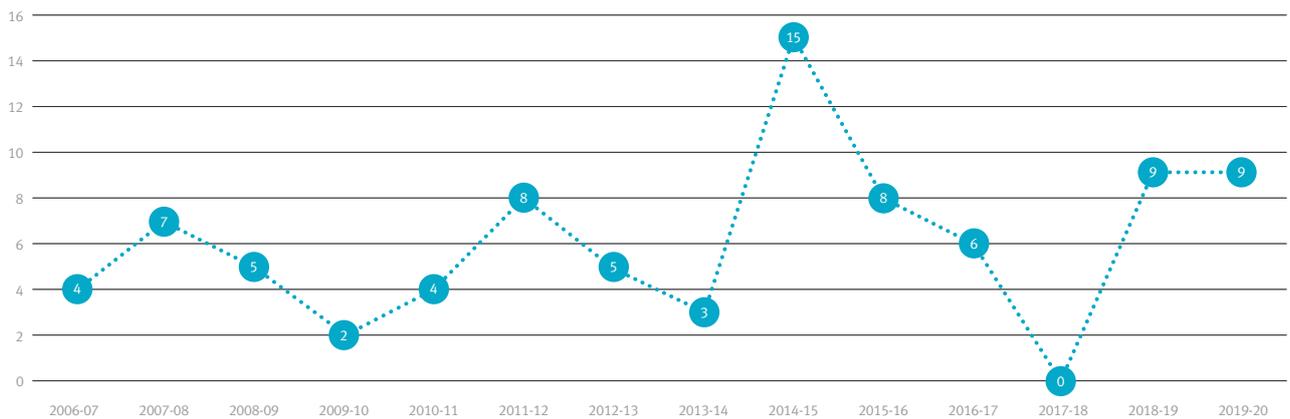
Filicides

Between 1 July 2006 and 30 June 2020, 85 children were killed by a parent or caregiver across 67 filicide events, representing almost one quarter (24.3%) of all domestic and family homicides in Queensland during this time. In the 2019-20 financial year alone, there were nine filicides, representing 32% of all domestic and family homicides in Queensland from 1 July 2019 to 30 June 2020.

Between 1 July 2006 and 30 June 2020, there were 53 single filicide events that featured one child being killed by a parent or caregiver.

There were nine multiple filicide events where another child was killed alongside the deceased child, and five filicide events where an adult was also killed (most commonly the mother of the child/ren). In total there were 78 filicide offenders and 85 filicide deceased.

Figure 9: Filicides in Queensland, 2006-07 to 2019-20



As outlined in Figure 10, filicide deceased were most commonly killed by a biological parent (74.1%), followed by a step-parent (16.5%). Approximately one-in-ten (9.4%) filicides involved the killing of a child by another family member who was in a caregiving role at the time of the child's death.

Figure 10: Filicides in Queensland by relationship status of the offender, 2006-07 to 2019-20.

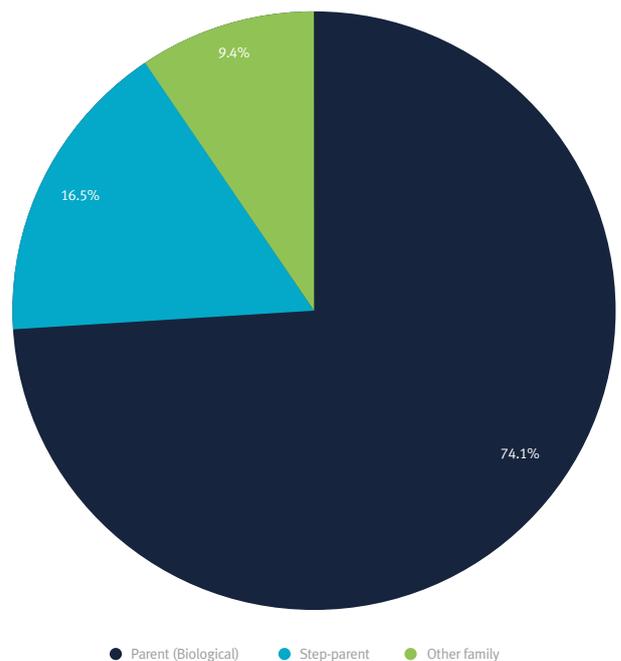


Figure 11: Filicide offenders by sex, 2006-07 to 2019-20

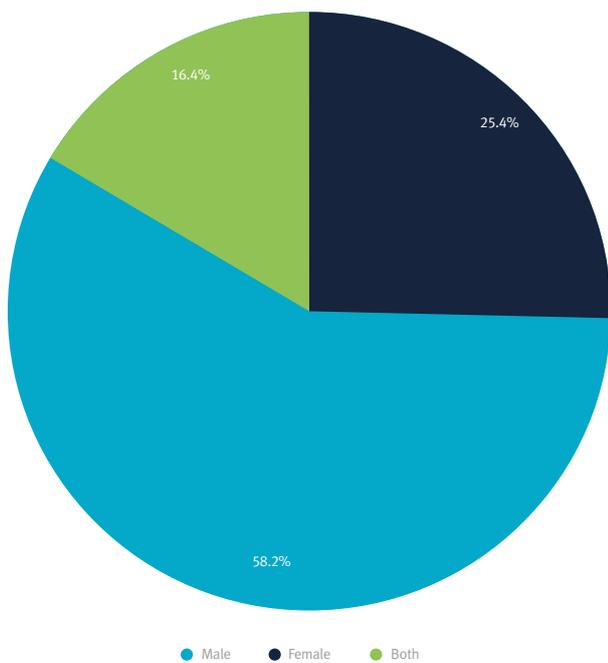
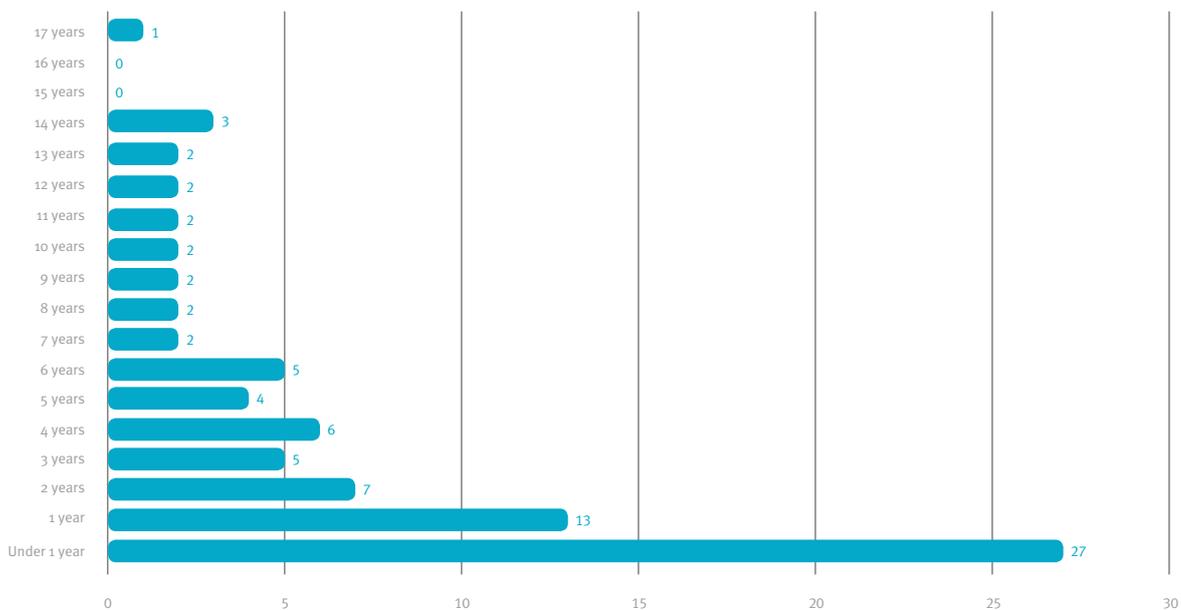


Figure 11 reflects that, of the 67 filicide events, 39 males were responsible for 44 filicide deaths and 17 females were responsible for 29 filicide deaths. There were 11 cases where a male and female were both identified as offenders, resulting in 12 filicide deaths.

Children in the first year of life were at greatest risk of filicide, with 31.7% of all filicides occurring in this high-risk period (Figure 12). There were three reported instances of neonaticide¹⁰ and 23 deaths involved a child six months or younger.

¹⁰ Neonaticide is the homicide of a child in its first 24 hours of life.

Figure 12: Age of filicide deceased, Queensland 2006-07 to 2019-20



Over 28.2% (n=24) of the filicide deceased were identified as Aboriginal and/or Torres Strait Islander, with an additional 10.5% (n=9) reported to be from culturally and linguistically diverse backgrounds.

A history of domestic and family violence between the parents and/or caregivers of the deceased child was established in 41 of the 67 filicide events (61.2%). In 29 out of 41 cases (70.7%), it was identified that the deceased child was exposed to domestic and family violence.

Of these 41 cases, the specific types of domestic and family violence were recorded for 30 cases. Physical violence only was identified in 11 cases (36.7%), and non-physical violence only was identified in four cases (13.3%). Both physical and non-physical violence was identified in 15 cases (50%).

Filicide-suicides

Between 2006-07 and 2019-20, there were 12 filicide-suicide events involving the homicide of a child by a parent or caregiver who subsequently suicided. These 12 filicide-suicide events involved 19 filicide deceased and 12 filicide offenders/suicide deceased. Of these, four offenders (33.3%) were female and eight (66.6%) offenders were male.

Eight filicide-suicide events involved the killing of one child and four events involved the killing of multiple children. In all but two cases, the homicide offender/suicide deceased was a biological parent. Of note, 50% (n=6) of the filicide-suicide events occurred in a public location and the remainder occurred at a private residence.

In three of the eight filicide-suicide events involving a male offender, the mother of the child/ren was also killed. In one filicide-suicide event, the homicide offender attempted to kill the mother of the child/ren. In five out of the eight filicide-suicide events perpetrated by a male offender, the mother of the deceased child/ren was the only surviving member of the immediate family.

Of the 19 filicide deceased, male children (52.6%, n=10) were only slightly more commonly the victim of a filicide-suicide than female children (47.4%, n=9). In 83.3% of filicide-suicide events, the deceased child/ren were exposed to domestic and family violence prior to their death.

In 67% (n=8) of filicide-suicide events, the filicide-suicide occurred during actual or pending separation between the deceased child/ren's parents. In 33% (n=4) of filicide-suicide events there was a protection order in place between the parents of the deceased child/ren.

Table 7: Filicide-suicide events by Queensland police district, 2006-07 to 2019-20

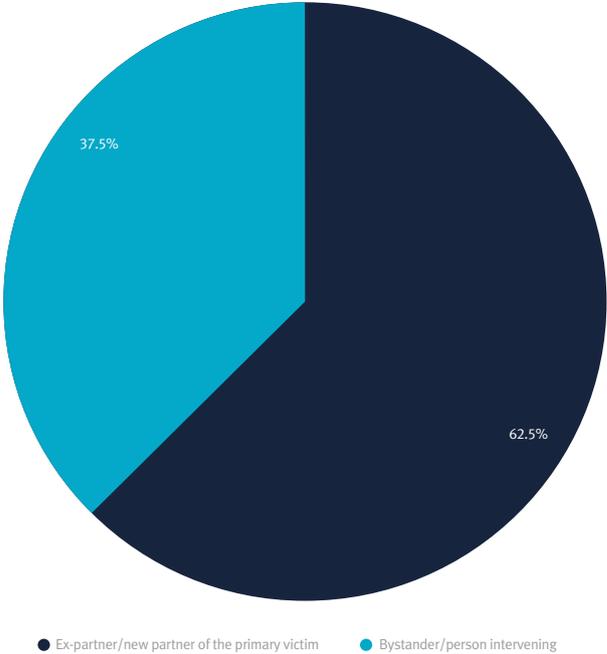
	Number of homicide-suicide events
Brisbane Region	4
North Brisbane	2
South Brisbane	2
South Eastern Region	2
Logan	1
Gold Coast	1
Southern Region	2
Ipswich	0
Darling Downs	1
South West	1
Moreton	0
Central Region	3
Sunshine Coast	1
Wide Bay Burnett	1
Capricornia	1
Mackay	0
Northern Region	1
Townsville	0
Mount Isa	1
Far North Queensland	0
Queensland	12

Collateral homicides

Between 2006-07 and 2019-20, there were 24 collateral homicides in Queensland. The deceased in collateral homicides were almost exclusively male (95.8%, n=23). All collateral homicide offenders were male, with one event involving multiple male offenders.

In 62.5% of cases (n=15), the homicide involved a male killing his ex-partner's new partner and in 37.5% of cases (n=9), the homicide involved the death of a bystander or a person intervening in an episode of domestic and family violence. In most instances, these were the deaths of people who were attempting to render aid to the domestic and family violence victim.

Figure 13: Collateral homicides by relationship of homicide offender and homicide deceased, 2006-07 to 2019-20



Apparent domestic and family violence suicides

According to section 91B of the *Coroners Act 2003*, 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.¹¹

Apparent domestic and family violence suicides include: perpetrator suicides, suicides of victims of domestic and family violence, and suicides of children exposed to domestic and family violence within the relationship of the child's parents or primary caregivers.

This database contains 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.¹²

Refinements to the case identification and data collection processes continued in 2019-20 which resulted in revised numbers of cases reported in previous reports.

From 1 July 2015 to 30 June 2020, there were 238 apparent domestic and family violence suicides recorded in Queensland. Broken down by financial year, this includes:

- » 29 apparent suicides in 2015-16;
- » 50 apparent suicides in 2016-17;
- » 40 apparent suicides in 2017-18;
- » 57 apparent suicides in 2018-19; and
- » 62 apparent suicides in 2019-20.

The vast majority of apparent domestic and family violence suicides occurred in the context of intimate partner violence, with small numbers reported for family violence (Figure 14).

Figure 14: Apparent domestic and family violence suicides by relationship type, 2015-16 to 2019-20



¹¹ In practice, the Board codes apparent suicides into the Queensland Domestic and Family Violence Suicide Database where there is an identified link between the person's apparent decision to end their life and the domestic and family violence context. Additional information can be obtained from the Board's procedural guidelines: <https://www.courts.qld.gov.au/courts/coroners-court/review-of-deaths-from-domestic-and-family-violence>

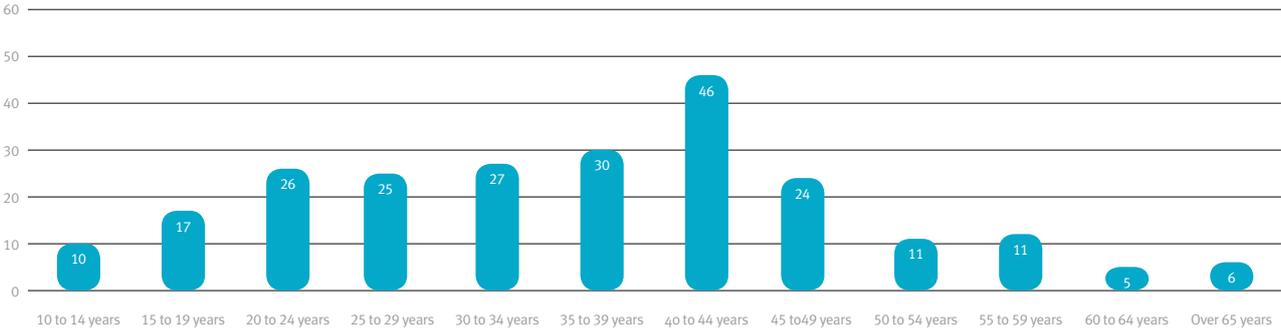
¹² The term 'apparent suicide' is used to refer to those cases where the death appears to be a suicide death and a coronial determination of suicide has not yet been made.

Between 2015-16 and 2019-20, the number of child suicide deceased named on protection orders¹³ has remained relatively consistent, with the exception of 2018-19 (see Table 8).

Table 8: Apparent domestic and family violence suicide, child exposed, 2015-16 to 2019-20

2015/16	2016/17	2017/18	2018/19	2019/20	Total
2	1	2	7	3	15

Figure 15: Age distribution of apparent domestic and family violence suicides, 2015-16 to 2019-20



¹³ Includes all relationship types (family and intimate partner).

Males were substantially over-represented in apparent domestic and family violence suicide cases, with a sex ratio of 3.4:1 identified. This is proportionate to the reported sex breakdown of suicides in the general population.¹⁴ The sex difference was higher in apparent suicide cases within intimate partner relationships (4.1:1), compared to those in family relationships.

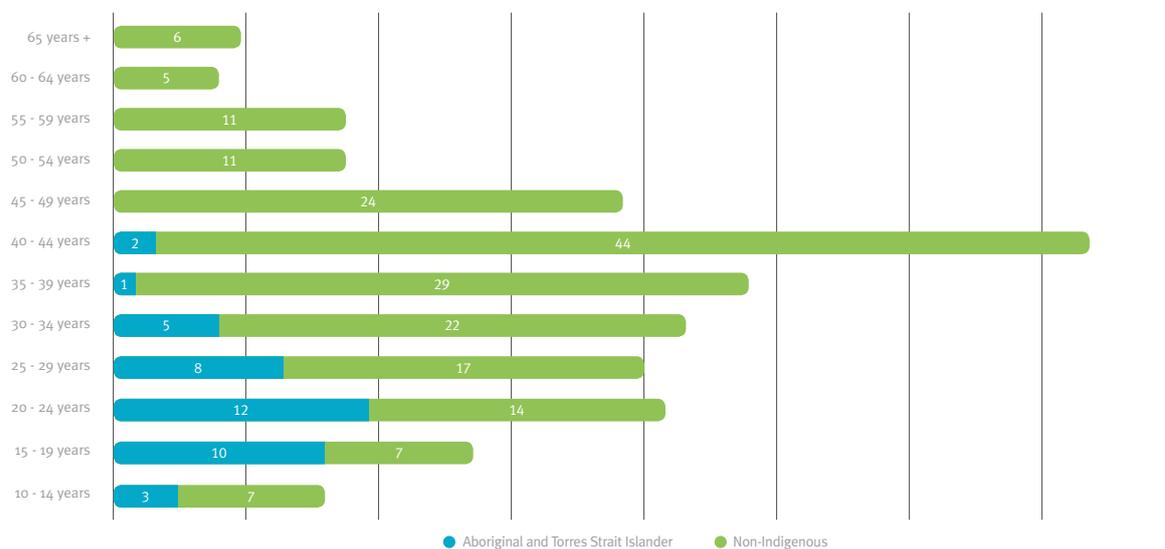
As shown in Figure 16, there was a peak in apparent domestic and family violence suicides in the 40 to 44 year age group (n=46), which is consistent with the general population trends for suicide. The average age of suicide deceased was 36.1 years, with an age range from 11 years to 76 years.

On average, females who died from apparent domestic and family violence suicide were younger than males (32.6 years compared to 37.1 years, respectively).

The average age of apparent domestic and family violence suicide for all non-Indigenous people from 2015-16 to 2019-20 was 38.7, compared to 23.6 for Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander females also died at a younger age compared to Aboriginal and Torres Strait Islander males (21.5 years and 24.4 years, respectively).

Figure 16: Apparent domestic and family violence suicides by Aboriginal and Torres Strait Islander, non-Indigenous status, 2015-16 to 2019-20



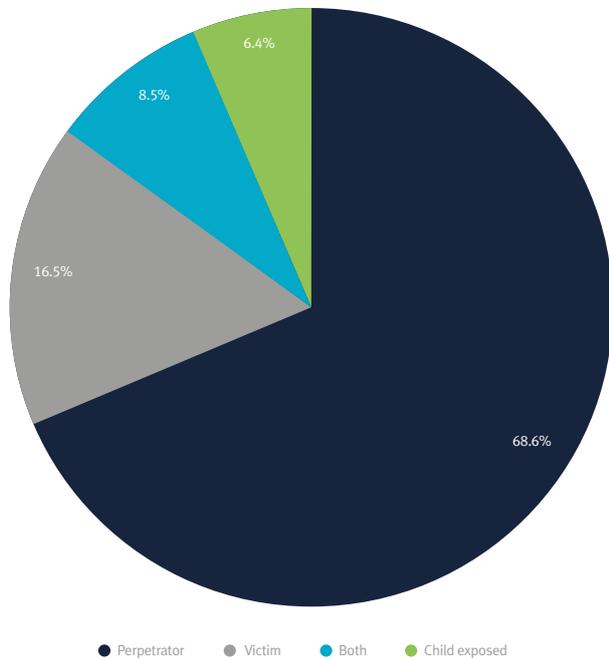
People from culturally and linguistically diverse backgrounds made up 8.4% (n=20) of apparent domestic and family violence suicides. The average age of apparent domestic and family violence suicide among this cohort was 40.8 years. There were more male (n=13, 65.0%) than female apparent suicides (n=7, 35.0%) (see Figure 17) among people from culturally and linguistically diverse backgrounds.

Figure 17: Apparent domestic and family violence suicides of culturally and linguistically diverse deceased by sex, 2015-16 to 2019-20



¹⁴ Australian Bureau of Statistics. (2020). *Causes of Death Australia: Statistics on the number of deaths, by sex, selected age groups, and cause of death classified to the International Classification of Diseases (ICD)*. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-suicides-key-characteristics>

Figure 18: Domestic and family violence role in apparent suicides, 2015-16 to 2019-20



In apparent domestic and family violence suicides, perpetrators were more likely to suicide than victims of domestic and family violence (Figure 18).

Children and young people exposed to domestic and family violence

Between 2015-16 and 2019-20, 13 children and young people (aged 12 to 17 years) exposed to domestic and family violence in the household prior to their death, died by apparent suicide. Aboriginal and Torres Strait Islander children and young people accounted for just over one-half (n=7, 53.8%) of this group.

Adverse childhood experiences (exposure to multiple forms of abuse, and household dysfunction during childhood, and its long term cumulative effects)¹⁵ were common among all children and young people who died by apparent domestic and family violence suicide, including homelessness, bullying, harmful substance use, sexual abuse, and neglect.

Over two-thirds (n=9, 69.2%) of children and young people in this cohort experienced mental health issues,¹⁶ and 23.1% (n=3) were children with a disability. The majority of children and young people had some form of contact with child safety services prior to their death (n=10, 76.9%).

¹⁵ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4): 245- 258. DOI:[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

¹⁶ Formally diagnosed or in the opinion of family and friends.

Geographical location of apparent domestic and family violence suicides

Apparent domestic and family violence suicides occurred in all police districts in Queensland, with similar numbers reported in each of the Queensland Police Service Regions (Table 9). The highest number of apparent domestic and family violence suicides was recorded for Southern Region, with eight apparent suicides occurring in Ipswich district in 2019-20 alone.

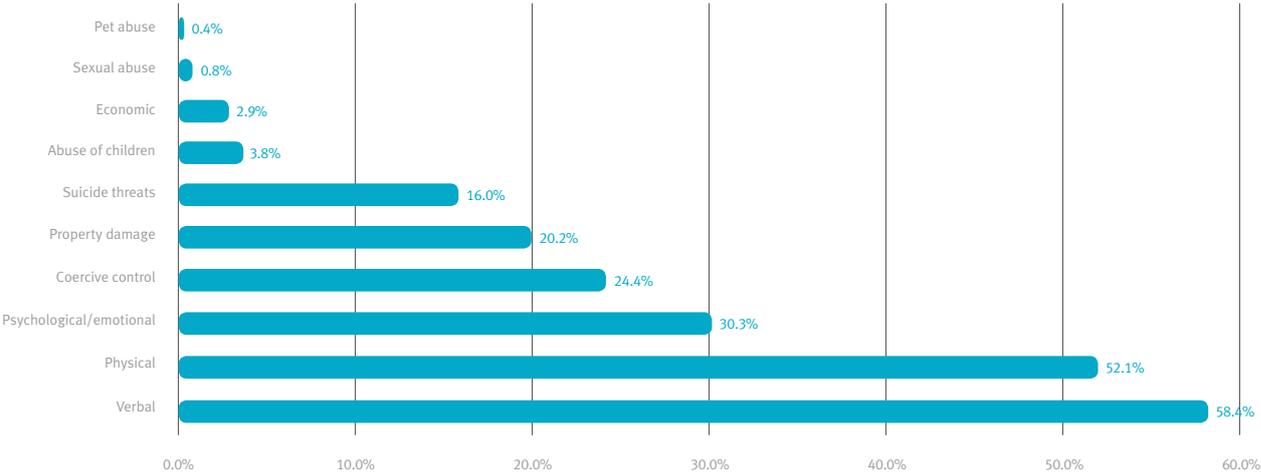
Table 9: Apparent domestic and family violence suicides by Queensland police district, 2015-16 to 2019-20

	Number of apparent suicide events
Brisbane Region	40
North Brisbane	19
South Brisbane	21
South Eastern Region	45
Logan	15
Gold Coast	30
Southern Region	61
Ipswich	18
Darling Downs	18
South West	7
Moreton	18
Central Region	45
Sunshine Coast	6
Wide Bay Burnett	14
Capricornia	16
Mackay	9
Northern Region	47
Townsville	18
Mount Isa	4
Far North Queensland	25
Queensland	238

Forms of domestic and family violence

Forms of violence experienced within the domestic and family violence relationship were identifiable in 209 (87.8%) of the 238 apparent domestic and family violence suicide cases. As depicted in Figure 19, verbal (58.4%) and physical (52.1%) abuse were the most reported forms of domestic and family violence.¹⁷

Figure 19: Forms of domestic and family violence, apparent suicide cases, 2015-16 to 2019-20



For apparent domestic and family violence suicides in intimate partner relationships (n=207), the approximate duration of the domestic and family violence relationship was identifiable for 139 cases.

In the majority of these cases, relationships were over 10 years (32.4%, n=45), followed by relationships lasting in duration between one to four years (27.3%, n=38) and five to 10 years (24.5%, n=34). Fewer cases involved relationships under 12 months (15.8%, n=22).

¹⁷ Coercive control is associated with lethal risk in some lethality measures, and is likely to be under-identified in this sample.

Forms of violence across each of the different relationship lengths were mostly similar, with verbal and physical abuse the most common (see Figure 20).¹⁸ Sexual abuse and suicide threats occurred more often in relatively new relationships, compared to longer-term relationships.

Figure 20: Forms of domestic and family violence, apparent suicides, by length of intimate partner relationship, 2015-16 to 2019-20

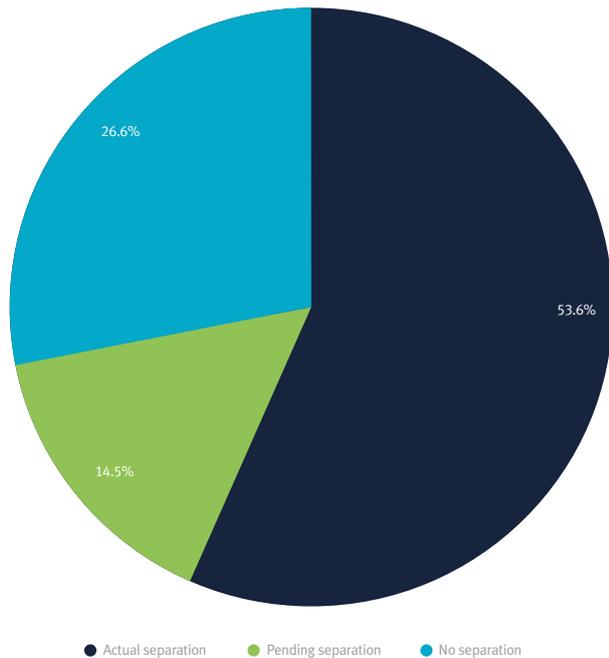


¹⁸ Data based on forms of violence where approximate duration of intimate partner relationship is known.

Separation and escalation of violence

In apparent domestic and family violence suicides in intimate partner relationships (n=207), actual (n=111, 53.6%) or pending (n=30, 14.5%) separation was a feature in the majority of cases between 2015-16 and 2019-20 (see Figure 21). In just over a quarter of cases (n=55, 26.6%) separation was not a feature and in the remainder of cases the status of the relationship could not be established.

Figure 21: Separation status, apparent domestic and family violence suicides in intimate partner relationships, 2015-16 to 2019-20



In over one-third of all cases (39.1%, n=93) (including both family and intimate partner relationships), violence was known to be escalating in close proximity to the apparent suicide. Escalation of violence was shown to be higher among apparent domestic and family violence suicides involving intimate partner relationships (41.1%, n=85), compared to those involving family relationships (25.8%, n=8).

In intimate partner relationships, escalation of violence increased at different times depending on the separation status of the relationship (actual, pending or no separation) (see Figure 22). Escalation of violence was evident in 46.8% (n=52) of apparent domestic and family violence suicides involving actual separation. Within cases where separation was pending, escalation of violence was reported at a similar rate to escalation of violence involving actual separation (50%, n=15). In comparison, escalation of violence was present in only 30.9% (n=17) of cases where separation had not occurred.

Figure 22: Separation status and escalating violence, apparent domestic and family violence suicides in intimate partner relationships, 2015-16 to 2019-20



Protection orders and service system contact

In cases where the status of protection orders could be established, 72.1% (n=150) of these cases had a protection order in place. Where the deceased was male, they were more likely to be recorded as a respondent on a protection order than as an aggrieved (Table 10). In contrast, females were more likely to be listed as an aggrieved, rather than as a respondent.

A breach of protection order¹⁹ was recorded in 58.6% of cases.

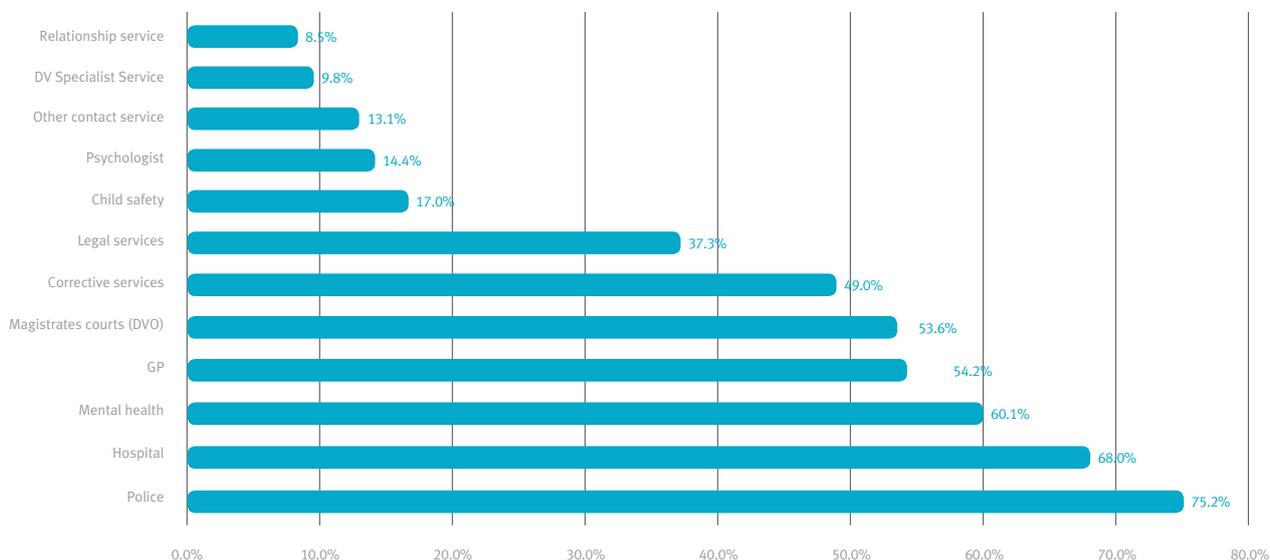
Table 10: Apparent domestic and family violence suicides, status of deceased on protection orders, 2015-16 to 2019-20

	Female	Male	Total
Respondent	3 (11.1%)	106 (86.2%)	109 (72.7%)
Aggrieved	18 (66.7%)	4 (3.3%)	22 (14.7%)
Cross orders	3 (11.1%)	10 (8.1%)	13 (8.7%)
Named person ²⁰	3 (11.1%)	3 (2.4%)	6 (4.0%)
Total	27 (100%)	123 (100%)	150 (100%)

A preliminary review of service system records was able to be completed, and a prior history of service system contact was identifiable in 153 of the 238 apparent suicide cases.

As shown in Figure 23, police had the highest level of contact accounting for 75.2% (n=115) of contact in apparent domestic and family violence suicides. There was also a high proportion of cases where the deceased had contact with hospitals, mental health services, court services and general practitioners.

Figure 23: Apparent domestic and family violence suicides, service system contact, 2015-16 to 2019-20

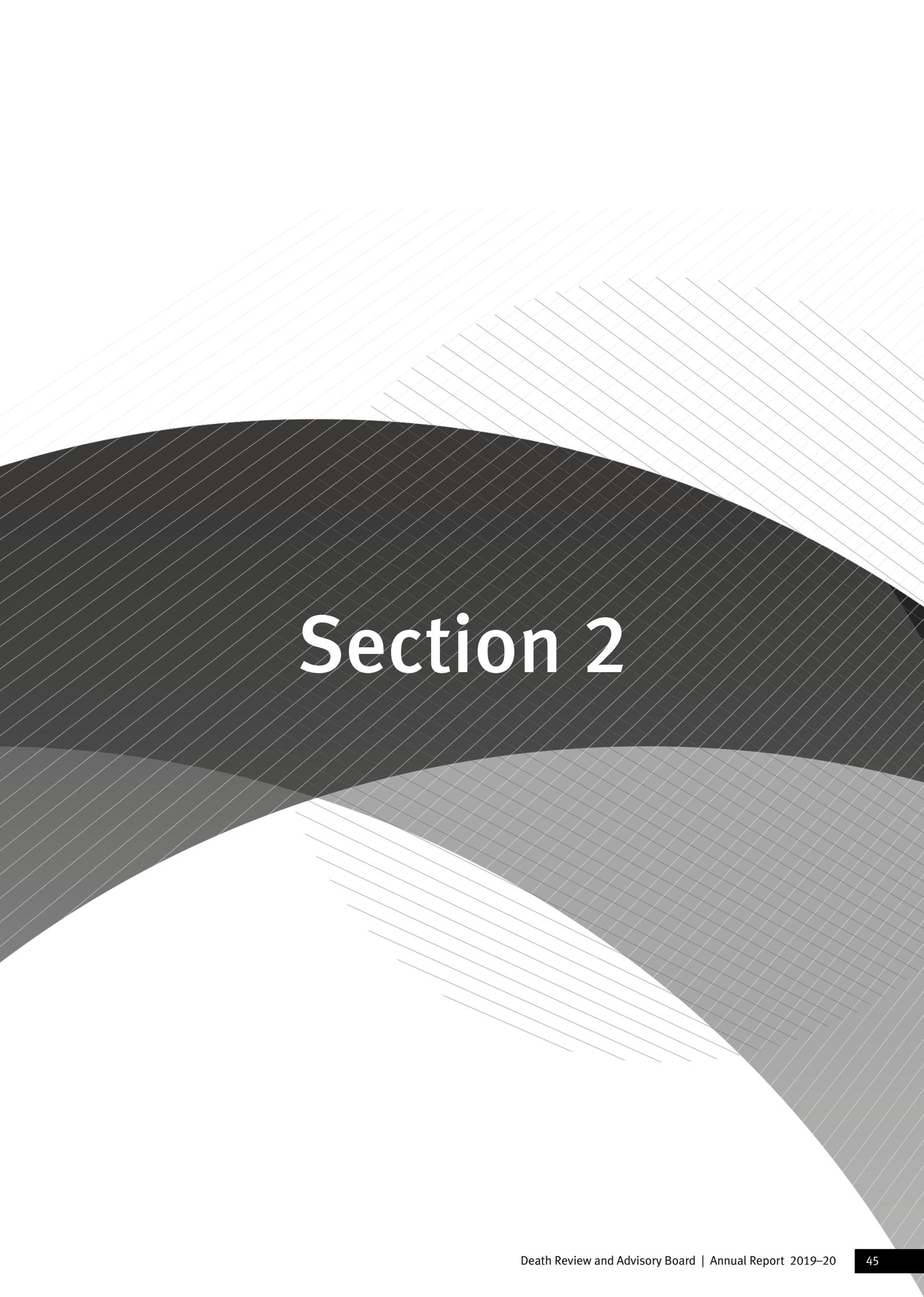


A history of mental health issues, either diagnosed or in the opinion family and friends, was identified in 63% (n=150) of the 238 cases. Depression was common among these cases. Of those cases with a documented history of mental health issues, 43.3% (n=150) had been subject to an emergency examination authority (previously named emergency examination orders) at some point.

Suicidal ideation (72.6%) and prior non-fatal suicidal acts (48.7%) were also common among those who died by apparent domestic and family violence suicide. A history of harmful substance use was identified in 56.7% of cases, with substance use at the time of the apparent domestic and family violence suicide evident in just under one-half of all cases (49.1%).

¹⁹ Based on history of domestic violence protection order breaches, where status of breach could be established.

²⁰ Named person means a person was named on a domestic and family violence protection order other than the aggrieved – i.e. a child of an aggrieved, a child who usually resides with an aggrieved, a relative of an aggrieved or an associate of an aggrieved.



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.

In this section, the Board explores the key themes and learnings identified over its first three years in operation. This includes the key issues in services system responses affecting victims of domestic and family violence (Chapter 3), their children (Chapter 4) and, finally, perpetrators of violence (Chapter 5).

Chapter 3: Recognising and responding to primary victims of domestic and family violence

Key findings

- » Across its first term, the Board continued to observe issues with the way in which services identified the person most in need of protection, regardless of whether the primary victim or primary perpetrator of violence was the deceased.
- » This was particularly apparent in cases where the primary victim had a history of complex trauma, harmful substance use, mental illness, or criminal offending and therefore did not present as an 'ideal victim'. These victims were more likely to be misidentified as the primary perpetrator of domestic and family violence or have their claims of domestic and family violence minimised or disregarded.
- » These cases demonstrate the need for greater understanding of how, when and why women may use violence and the impact of cumulative trauma and victimisation experienced by women that can persist throughout their life course.
- » The Board also reflected on the need for services to improve their understanding of the patterns of behaviour used by perpetrators of domestic and family violence to avoid detection and accountability for their violence.
- » It is of critical importance that the person most in need of protection, and the person most likely to inflict harm, are correctly identified at every point of contact with services who may be able to intervene.
- » Female perpetrated intimate partner homicides are rarely planned or premeditated and generally occur during an episode of domestic and family violence in which the female is the primary victim. As such, the Board again considered the legal defences available for women who kill an abusive partner and the potential for unintended consequences in some cases.

In its review of domestic and family violence deaths, the Board is required to consider the events leading up to the death, any interaction with and the effectiveness of any support or other services provided to the deceased person/s, and the person who caused the death; the general availability of these services; and any failures in systems or services that may have contributed to, or failed to prevent, the death.

As 2019-20 marked the first year of the Board's second term, the Board reviewed a small number of domestic and family violence deaths and examined the key themes and issues in the context of the findings identified in its reviews during its first three years in operation.

Throughout its first term, the Board continued to observe the disproportionate impact that domestic and family violence has on women and children in our community. The gendered nature of domestic and family violence was highlighted in the final report of the *Special Taskforce on Domestic and Family Violence in Queensland*, which reiterated that women and children of all ages are primary victims of domestic and family violence.

This chapter explores the Board's findings in relation to service system responses provided to primary victims of domestic and family violence, and the common issues and themes identified across the Board's case reviews, in the context of current research.

Within the context of this report, primary victim refers to the person who experienced domestic and family violence in the relevant relationship that preceded the death, and the person most in need of protection. This victim of violence was not always the homicide deceased and, on occasion, may have used violence themselves, although the motivating factors may have been different. As such, within this report, the primary victim of violence could be the homicide deceased, homicide offender, suicide deceased or surviving victim.

Similarly, a primary perpetrator is defined as the person most responsible for violence in the relevant relationship that preceded the domestic and family violence death. This is distinct from the actual fatality, as the primary perpetrator of violence was not always the homicide offender in the cases reviewed. Consequently, a perpetrator could be the homicide offender, homicide deceased, suicide deceased, or surviving perpetrator. The use of this term also recognises that a perpetrator of violence may be using abusive tactics against multiple persons at any given time.

According to data in the Queensland Domestic and Family Homicide Database, in intimate partner homicides involving a female deceased, the deceased was overwhelmingly identified as the primary victim of domestic and family violence (95%). While women do kill their male partners, where there is an identifiable history of domestic and family violence, almost all female intimate partner homicide offenders were the primary victims of violence in that relationship prior to the homicide event. In contrast, almost all male homicide offenders had a history of perpetrating intimate partner violence against the female deceased.

This is reflected in contemporary research which suggests that women rarely use violence in intimate partner relationships. Men are more likely to use violence to maintain control over a female partner, while women are more likely to use violence in self-defence and in the context of violence being perpetrated against them.²¹ This is known as violent resistance.

While the use of violent resistance towards an abuser may appear counter-intuitive to avoiding physical harm, victims may use violence as an active coping strategy.²² For Aboriginal and Torres Strait Islander women, violent resistance may be more likely to result in criminal charges, contributing to the increasing over-representation of Aboriginal and Torres Strait Islander women in the criminal justice system²³ and fear and distrust in relation to reporting family violence to police.²⁴

This highlights the need to equip service providers with the necessary skills to appropriately understand the gendered nature of domestic and family violence, how a prior history of victimisation and trauma may impact on presentation, and the impact of the misidentification of the person most in need of protection for vulnerable victims and their children.

Many of the issues explored throughout this chapter are also discussed in the systemic report of the deaths of 'George' and 'Jack', that will be published alongside this report.

Gendered realities of domestic and family violence

Domestic and family violence impacts people across all ages and sociodemographic groups, but disproportionately affects women and children.²⁵ It is important to note that domestic and family violence does not exclusively occur in heterosexual cisgender relationships,²⁶ and the Board has previously published on the impact of domestic and family violence on people of diverse sexual orientation, gender identity or intersex people (LGBTIQ+).

However, women are far more likely to experience violence from an intimate partner and with more severe impacts including serious injury, hospitalisation or death.²⁷ Violence against women rarely occurs in isolation and is best conceptualised as a pattern of abusive behaviour.²⁸ Violence can occur in a number of forms including emotional, psychological, sexual, financial and physical abuse, as well as a range of coercive controlling behaviours.²⁹

Coercive control describes a pattern of behaviour designed to induce fear, intimidation and submission in a victim. Coercive control often includes physical and sexual violence as well as insidious forms of non-physical abuse such as belittling, humiliating or threatening behaviour, restricting resources (financial abuse), and social isolation.

A core aspect of coercive control is that it is enabled and reinforced by structural and culturally accepted forms of gender inequality.³⁰ Therefore, understanding the dynamics that contribute to domestic and family violence, and *why* the characteristics, causes and outcomes of violence differ between men and women,³¹ requires a brief exploration of sex and gender concepts.³²

Sex commonly refers to the biological categories of 'male' and 'female', while gender refers to the social roles of men and women as a result of unequal power relationships and distribution of resources.³³ Gender inequality can have detrimental impacts on the lives of women, as unequal distribution of power constrains women's access to resources, impacting on their health and wellbeing.³⁴

21 DeKeseredy, W.S., & Dragiewicz, M. (2007). Understanding the complexities of feminist perspective on woman abuse: A commentary on Donald G. Dutton's rethinking domestic violence. *Violence Against Women*, 13(8), 874-884. <https://doi.org/10.1177/1077801207304806>.

22 Leone, J. M., Johnson, M. P., & Cohan, C. L. (2007). Victim help seeking: Differences between intimate terrorism and Situational couple violence. *Family Relations*, 56(5), 427-439. <https://doi.org/10.1111/j.1741-3729.2007.00471.x>.

23 Australian Law Reform Commission. (2017). *Pathways to Justice—Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples*. https://www.alrc.gov.au/wp-content/uploads/2019/08/final_report_133_amended1.pdf; Walters, A., & Longhurst, S. 2017. *Over-represented and overlooked: the crisis of Aboriginal and Torres Strait Islander women's growing over-imprisonment*. https://static1.squarespace.com/static/580025f66b8f5b2dabbe4291/t/59378aa91e5b6cbaa281d22/1496812234196/OverRepresented_online.pdf.

24 Australian Law Reform Commission. (2017). *Pathways to Justice—Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples*. https://www.alrc.gov.au/wp-content/uploads/2019/08/final_report_133_amended1.pdf.

25 Australian Institute of Health and Welfare. (2019). Family, domestic and sexual violence in Australia: Continuing the national story 2019. <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/table-of-contents>.

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

27 Cussen, T., & Bryant, W. (2015). *Domestic/family homicide in Australia*. Australian Institute of Criminology. <https://www.aic.gov.au/publications/rip/rip38>.

28 Meyer, S. (2011). Seeking help for intimate partner violence: Victims' experiences when approaching the criminal justice system for IPV-related support and protection in an Australian jurisdiction. *Feminist Criminology*, 6(4), 268-290. <https://doi.org/10.1177/1557085111414860>.

29 Ibid.

30 Ibid.

31 Dragiewicz. (2011). *Equality with a vengeance: Men's rights groups, battered women, and antifeminist backlash*. Northeastern University Press.

32 Sometimes used interchangeably, gender and sex are in fact separate concepts (Dragiewicz 2009). Sex refers to the biological categories of 'male' and 'female' and is a useful concept for comparing differences in men and women's experience of domestic and family violence: Dragiewicz. (2011). *Equality with a vengeance: Men's rights groups, battered women, and antifeminist backlash*. Northeastern University Press.

33 Ibid.

34 World Health Organization. (2020). *Gender: Definitions*. <https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions>.

While most men are not violent towards their female partners, those who do use violence are more likely to hold rigid and outdated views about gender roles. These men are more likely to support beliefs about men's dominance over women and legitimise the use of violence against women.³⁵

For example, in one case reviewed by the Board, the perpetrator refused to allow his wife to have a job outside of the home or access to any money, insisting that he was the primary provider. Family and community members did not recognise this as financial abuse, nor were they able to place this behaviour within the context of coercive control, mistakenly believing the perpetrator was simply 'looking after' his partner. Behind closed doors, the perpetrator was also committing other forms of violence against the victim, including repeatedly raping her, a form of sexual violence, as he considered it was his right as a husband.

Addressing community attitudes and beliefs that support or condone domestic and family violence is important as these attitudes reflect accepted societal cultures or values, and what is accepted at a societal level shapes experiences of violence at an individual level. This is reflected as one of the foundational elements of the Queensland Government's *Domestic and Family Violence Prevention Strategy 2016-2026* (the Strategy).

Under the Strategy the Queensland Government identified the need to work with community and corporate partners to deliver key initiatives to support cultural change in attitudes towards domestic and family violence. These initiatives include the 2018 'Do Something' bystander campaign and the work undertaken by the Department of Housing and Public Works and Department of Child Safety, Youth and Women to support sporting clubs in local communities to raise awareness and create safe environments for victims and children. The Queensland Government is also partnering with male leaders in sporting settings to challenge behaviours and change attitudes that excuse, minimise or condone violence against women.

The Board was pleased to learn of other initiatives that the Department of Child Safety, Youth and Women has led, including:

- » working with Queensland Health and the Department of Education to further embed initiatives aimed at increasing young people's understanding of healthy relationships;
- » partnering with the Department of Local Government, Racing and Multicultural Affairs to fund a domestic and family violence project officer at the Local Government Association Queensland to embed community programs contributing to cultural change; and
- » partnering with the Department of Employment, Small Business and Training to support the National Retail Association's Domestic and Family Violence Retail Support Hub project to target retail workplaces, focusing on the gendered nature of this workforce and their experiences of domestic and family violence.

While there is still more to be done, the Board is pleased that these initiatives convey strong messages to the community that domestic and family violence is a gendered issue, and that behaviours that support or condone violence against women are not tolerated in workplaces, sporting and other cultural organisations, or in our wider community.

35 Flood, M., & Peace, B. (2009). Factors Influencing Attitudes to Violence Against Women. *Trauma, Violence, & Abuse* 10(2), 125-142. <https://doi.org/10.1177/1524838009334131>.

Exploring the ‘ideal victim’

It is estimated that up to 63% of intimate partner violence is not reported to police.³⁶ The reasons for under-reporting are complex, but research suggests that women may be less likely to report episodes of domestic and family violence because of shame or embarrassment, not perceiving the behaviour as a crime, fear of the perpetrator, or fear of the (perceived) consequences of reporting the violence.³⁷

A lack of, or limited access to, formal services increases women's risk of future harm as the opportunity for intervention strategies and support is delayed, or not put in place at all. For example, women experiencing comorbidities or women with disabilities are less likely to be offered support and are more likely to cancel or drop out of follow-up appointments, placing them at risk of ongoing violence.³⁸

Studies show that women exposed to domestic and family violence are more likely to experience post-traumatic stress disorder,³⁹ self-harm,⁴⁰ and harmful substance use.⁴¹ Symptoms of complex trauma may present as ‘problems with mood regulation, impulse control, self-perception, attention, memory and somatic disorders’.⁴² Outwardly, women may express these symptoms through self-harm, suicidal behaviour, anger, despair, lack of self-efficacy, and other behaviours.⁴³

Across its first term, complex trauma was a consistent theme identified by the Board. While there is no consensus on how complex trauma is defined, this type of trauma is broadly understood to describe a person's exposure to multiple traumatic events, which negatively impacts on their health and wellbeing and places them at an increased risk of mental health issues and socioeconomic disadvantage.⁴⁴

In a number of cases considered by the Board, the primary victim had endured repeated victimisation and trauma throughout her life, including ongoing and extensive intimate partner violence, violence perpetrated by family members, or experiences of childhood sexual assault and abuse. These women were often reluctant to access formal support services, and the Board discussed whether this was due to a fear of receiving inappropriate or negative service responses.

Negative service experiences can occur across multiple areas, including the criminal justice system, health system,⁴⁵ child safety, and social services.⁴⁶ Research suggests that these negative experiences may include victim blaming, a failure by services to recognise different types of domestic and family violence, a lack of empathy or indifference by service providers, and violence against women not being taken seriously.⁴⁷

Regrettably, these issues were commonly identified by the Board in its reviews of domestic and family violence deaths, regardless of whether the primary victim or primary perpetrator of violence was the deceased. These themes were most prominent in cases where the primary victim did not present as an ‘ideal victim’, a term used to refer to people who are victimised and may also experience stigma as a result of added complex psycho-social issues such as harmful substance use, mental illness, a background of complex trauma, or a history of criminal offending.

Case example

Kylie, a young Aboriginal woman, killed her intimate partner, Julian, after an extensive history of domestic and family violence primarily perpetrated by Julian.

Throughout her life, Kylie had significant service system contact in relation to domestic and family violence victimisation, harmful substance use, mental health issues, homelessness, and unemployment.

Prior to the homicide, Julian took Kylie hostage and assaulted her after she attempted to end the relationship. Julian bit, kicked, punched, stabbed and non-lethally strangled Kylie, who sustained significant injuries. Kylie was seriously injured and had difficulty providing police an account of the violence at the scene. She was transported to hospital for treatment of her injuries.

However, in contravention of established procedures, the responding officers failed to commence an investigation or record police attendance at the scene. As a result, Kylie was left to manage her own safety and was further isolated from the support systems in place to protect her.

The Board were of the view that Kylie's experiences of domestic and family violence and physical abuse were minimised and not treated with sufficient seriousness as Kylie did not present as an ‘ideal victim’.

36 Cismaru, M., Gite, J., & Lavack, A.M. (2010) If the noise coming from next door were loud music, you'd do something about it. *Journal of Advertising*, 39(4), 69-82. <https://doi.org/10.2753/JOA0091-3367390405>.

37 Morgan, A., & Chadwick, H. (2009). *Key issues in domestic violence*. Australian Institute of Criminology. <https://www.aic.gov.au/sites/default/files/2020-05/rip07.pdf>.

38 Ibid.

39 Ferrari, G., Agnew-Davies, R., Bailey, J., Howard, L., Howarth, E., Peters, T.J., Sardinha, L., & Feder, G. (2014). Domestic violence and mental health: a cross-sectional survey of women seeking help from domestic violence support services. *Intimate Partner Violence and Mental Health*, 7(3), <https://doi.org/10.3402/gha.v7.25519>.

40 Sansone, R., Kenneth, E., & Wiederman, M.W. (2016). Self-harm behaviours among female perpetrators of intimate partner violence. *Partner Abuse*, 7(1), 44-54. <https://doi.org/10.1891/1946-6560.7.1.44>.

41 Haeseler, L.A. (2013). Women's coping experiences in the spectrum of domestic violence abuse. *Journal of Evidence-Based Social Work*, 10(1), 33-43. <https://doi.org/10.1080/15433714.2013.750551>.

42 Wall, L., Higgins, D., & Hunter, C. (2016). *Trauma-informed care in child/family welfare services*. <https://aifs.gov.au/cfca/publications/trauma-informed-care-child-family-welfare-services>.

43 Stathopoulos, M., & Quadara, A. (2014). *Women as offenders, women as victims: The role of corrections in supporting women with histories of sexual abuse*. Australian Institute of Family Studies. <https://aifs.gov.au/publications/women-offenders-women-victims>.

44 Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., Valencia, S., Monzon, B.M., & Noack-Lundberg, K. (2020). ‘A deep wound under my heart’: Constructions of complex trauma and implications for women's wellbeing and safety from violence. ANROWS. <https://www.anrows.org.au/wp-content/uploads/2020/05/Salter-RR-Complex-trauma.1.pdf>.

45 Spangaro, J., Herring, S., Koziol-McLain, J., Rutherford, A., Frail, M.A., & Zwi, A.B. (2016). ‘They aren't really black fellas but they are easy to talk to’: Factors which influence Australian Aboriginal women's decision to disclose intimate partner violence during pregnancy. *Midwifery*, 41, 79-88. <https://doi.org/10.1016/j.midw.2016.08.004>.

46 Holt, S. (2017). Domestic Violence and the Paradox of Post-Separation Mothering. *British Journal of Social Work*, 47, 2049-2067. <https://doi.org/10.1093/bjsw/bcw162>.

47 Ragusa, A.T. (2012). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support services. *Journal of Interpersonal Violence*, 28(4), 685-717. <https://doi.org/10.1177/0886260512455864>.

Across its first term, the Board noted that women who were not perceived to be the 'ideal victim' were more likely to have frequent and ongoing contact with government and non-government services. This contact involved a combination of:

- » psychosocial support for mental health issues or harmful substance use (often exacerbated by domestic and family violence);
- » criminal justice system responses to offending behaviour and/or domestic and family violence episodes; and
- » medical attention for physical, emotional or psychological injuries resulting from or related to domestic and family violence.

However, despite this frequent service system contact, these victims were more likely to be treated with hostility or to have their claims of domestic and family violence minimised or disregarded.

For example, in one case, the primary victim called police for help after the primary perpetrator had kidnapped her child and threatened to kill himself and the child if she did not return to the relationship. Police responded but ultimately assessed that the primary victim was making 'vexatious complaints' against her former partner. He then went on to kill his next partner's child.

The Board were of the view that, in this case, the woman's own criminal history and harmful substance use likely contributed to a deeply problematic perception that she was wasting police time.

Perpetrators of intimate partner violence often use techniques of neutralisation such as denial, justification, minimisation and blame to avoid responsibility for their actions. This means that abusive men may behave or present one way in public or in social situations to disguise their use of violence in private. Not only does this prevent others from detecting the abuse, but also acts to confuse or 'gaslight'⁴⁸ the victim, thereby further isolating them from support systems. For example, by creating a perception of the primary victim as 'crazy' or 'difficult', this may result in victims being seen as the 'problem'.

There is also evidence to suggest that some men may call the police first as a pre-emptive strike against their aggrieved partner,⁴⁹ particularly where cross-protection orders are in place. This tactic was used in several cases considered by the Board, including the primary perpetrator threatening to report false allegations about the primary victim to police to deter them from seeking help and to maintain dominance and control.

In these instances, primary victims who did not present as the 'ideal victim' were more likely to be misidentified as the primary perpetrator of domestic and family violence, even in cases where there was compelling evidence to the contrary. The misidentification of the primary victim as the primary perpetrator of domestic and family violence has detrimental effects on women's safety, access to assistance and support, and may also deter them from seeking help in future.^{50 51}

⁴⁸ Gaslighting is a form of emotional abuse that can cause a victim to question their own feelings, instincts or sanity, thereby breaking down a victim's ability to trust their own perceptions. There are a variety of gaslighting techniques that an abusive partner may use, such as by questioning the victim's memory of events, even when the victim remembers correctly.

⁴⁹ Hester, M. (2009). Who Does What to Whom? Gender and Domestic Violence Perpetrators Bristol: University of Bristol in association with the Northern Rock Foundation. *European Journal of Criminology*, 10(5), 1-19. <https://doi.org/10.1177%2F1477370813479078>.

⁵⁰ Reeves, E. (2020). Family violence, protection orders and systems abuse: views of legal practitioners, *Current Issues in Criminal Justice*, 32(1), 91-110. <https://doi.org/10.1080/10345329.2019.166581>.

⁵¹ No to Violence (2019). *NTV discussion paper: Predominant aggressor identification and victim misidentification*. <https://ntv.org.au/wp-content/uploads/2020/06/20191121-NTV-Discussion-Paper-Predominant-Aggressor-FINAL.pdf>.

Violent resistance

Violent resistance refers to violence used by female victims as a means of self-defence or self-protection. Simply leaving a violent relationship may seem an obvious solution to prevent further abuse; however, in many cases the risk of being hurt or killed is greatly increased when women make decisions to leave.^{52 53}

There is a wealth of research to suggest that post-separation violence tends to be more serious, more obsessive and more likely to lead to homicide than violence that occurs within an intact relationship,⁵⁴ highlighting the critical role of services to support victims of violence who choose to end an abusive relationship.

In one case considered by the Board, the primary victim openly admitted that she had used violence, with no attempt to minimise or excuse her use of violence within this context. She told police that if they would not do anything about her former partner's continued harassment of her (including breaking into her house and assaulting her) then she would have 'no choice but to take matters into her own hands'.

Research suggests that while self-defensive violence may be a resistance strategy for some abused women, it may also increase their vulnerability to acute injury.⁵⁵ This was observed by the Board across multiple case reviews involving female primary victims of violence sustaining significant physical injuries including broken ribs and bones, as well as severe head injuries, after using self-defensive violence. There was limited evidence to suggest that their male partners sustained any significant injuries during these episodes of violence, or that they received any medical treatment associated with these injuries.

Case example

Tricia, a woman in her 30s, died in an apparent suicide after enduring extreme acts of violence across multiple relationships.

This included Tricia being bitten, punched, slashed with a knife, assaulted while pregnant, having petrol poured over her, and multiple episodes of non-lethal strangulation. Tricia was hospitalised many times and, on one occasion, her injuries were considered life threatening.

During one episode of violence, Tricia was dragged across a room and repeatedly punched in the head by her partner. In the middle of the physical assault, Tricia used a makeshift weapon to defend herself.

While in hospital receiving treatment for the injuries she sustained from the perpetrator, Tricia was served with a protection order application by police, which listed her as the respondent. There was no evidence to suggest that the perpetrator required medical treatment, or that he sustained any significant injury.

The Board felt that Tricia was misidentified as the primary perpetrator of violence and that this was a compelling example of the violence used by victims in self-defence or self-protection.

In some circumstances, victims may also pre-emptively use violence to try and prevent what they see as an inevitable attack by their abusive male partner.⁵⁶ Research suggests that when women kill their abusive male partner, this (generally) occurs during a violent or threatening incident, indicating the homicide was not planned or premeditated.⁵⁷

Inconsistencies in service responses to victims highlight not only limitations in organisational policies and procedures, but also reveal deep-seated structural inequalities that entrap women in violence.⁵⁸ Deeply entrenched gender roles carry over into women's experience of violence, influencing interpretations of who is and is not deemed to be a victim. Gendered beliefs and constructions held by service providers may also influence perceptions about whether a woman is treated as a victim or perpetrator of domestic and family violence.⁵⁹

52 Hotton, T. (2001). Spousal Violence after Marital Separation [1999 data]. *Juristat: Canadian Centre for Justice Statistics*, 21(7), 1-18. [https://www.violenceresearch.ca/system/files/files/HOTTON%20\(2001\)%20SPOUSAL%20VIOLENCE%20AFTER%20MARITAL%20SEPARATION_o.pdf](https://www.violenceresearch.ca/system/files/files/HOTTON%20(2001)%20SPOUSAL%20VIOLENCE%20AFTER%20MARITAL%20SEPARATION_o.pdf).

53 Anderson, D.K., & Saunders, D.G. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving and psychological well-being. *Trauma, Violence and Abuse*, 4(2), 163-191. <https://doi.org/10.1177/1524838002250769>.

54 Johnson, H. & Hotton, T. (2003). Losing Control: Homicide Risk in Estranged and Intact Intimate Relationships. *Homicide Studies*, 7(1), 58-84. <https://doi.org/10.1177/1088767902239243>.

55 Mouzos, J., & Makkai, T. (2004). *Women's experiences of male violence: Findings from the Australian component of the international violence against women survey (IVAWS)*. Australian Institute of Criminology. <https://www.aic.gov.au/sites/default/files/2020-05/rppo56.pdf>.

56 Leone, J. M., Johnson, M. P., & Cohan, C. L. (2007). Victim help seeking: Differences between intimate terrorism and Situational couple violence. *Family Relations*, 56(5), 427-439. <https://www.jstor.org/stable/4541686>.

57 Jordan, C. E., Clark, J., Pritchard, A., & Chamigo, R. (2012). Lethal and other serious assaults: Disentangling gender and context. *Crime and Delinquency*, 58(3), 425-455. <https://doi.org/10.1177/0011128712436412>.

58 Ibid.

59 Melton, H.C., & Sillito, C.L. (2012). The role of gender in officially reported intimate partner abuse. *Journal of Interpersonal Violence*, 27(6), 1090-1111. <https://doi.org/10.1177/0886260511424498>.

Cultural context: Aboriginal and Torres Strait Islander victims

Aboriginal and Torres Strait Islander women are 35 times more likely to experience domestic and family violence compared to non-Indigenous women,⁶⁰ and are 31 times more likely to be hospitalised for assaults inflicted within a domestic and family violence setting than other women.⁶¹

When comparing hospitalisation rates within the Aboriginal and Torres Strait Islander community, 7% of Aboriginal and Torres Strait Islander men were found to be hospitalised as a result of domestic and family violence, compared to 41% for Aboriginal and Torres Strait Islander women.⁶² These findings show that Aboriginal and Torres Strait Islander women are disproportionately impacted by domestic and family violence and also experience more severe forms of violence.

Research also suggests that Aboriginal and Torres Strait Islander women are less likely to report domestic and family violence compared to non-Indigenous women.⁶³ In addition to the factors outlined earlier that contribute to underreporting of this type of abuse, Aboriginal and Torres Strait Islander women also experience additional barriers including discrimination, fear of child removal, mistrust of authorities, and culturally unsafe practices implemented by mainstream services.⁶⁴

Barriers to leaving violent relationships are heightened for many Aboriginal and Torres Strait Islander women, who are confronted by complex and interwoven historical, systemic and structural factors that are compounded when seeking help for domestic and family violence.⁶⁵ It is well established that present day barriers experienced by Aboriginal and Torres Strait Islander women are directly linked to the legacy of colonisation.^{66 67}

Reverberating through generations, the effects of trauma, disadvantage and marginalisation have resulted in increased exposure to poverty, mental illness, polysubstance abuse, and decreased access to education and employment opportunities. While these are factors that shape the experiences of many Aboriginal and Torres Strait Islander peoples, it is the combination of gender and racial discrimination that contributes to the complexity, severity and prevalence of violence experienced by Aboriginal and Torres Strait Islander women.

Alongside this report, the Board will publish a systemic report on the death of George, an Aboriginal male who was killed by his partner, Sarah, an Aboriginal woman also in her twenties. Sarah and George had been in a relationship for only a short time. However, during that time, Sarah experienced significant abuse involving severe sexual and physical violence, intimidation, and isolation by George.

Sarah reported the violence to police; however, they did not respond to George's violence with sufficient seriousness. On one occasion, Sarah was distressed and reported that George had punched her several times. George presented as calm and told police that Sarah often became physical during arguments and this caused him to defend himself. As a result, police made cross protection order applications that required both Sarah and George to be of good behaviour toward one another.

By describing the violence as mutual, George was able to actively diffuse accountability for his use of violence. The Board considered that, as the police appeared to lack an appropriate understanding of the dynamics of domestic and family violence, George was able to avoid accountability and consequences for his violence, while also stigmatising Sarah and isolating her from support systems.

Sarah's experience of domestic and family violence over her life course is an example of the barriers commonly experienced by many Aboriginal and Torres Strait Islander women. System records reflect that Sarah endured repeated victimisation and trauma throughout her life, including intimate partner violence and involvement or exposure to violence among her family relationships. Sarah's life was further marked by significant levels of marginalisation including unemployment, housing instability, harmful alcohol use, and a minor criminal history.

As discussed previously, violent resistance is sometimes used by women as a strategy for self-defence or self-protection. For Aboriginal and Torres Strait Islander women, violent resistance may be more likely to result in criminal charges, contributing to the increasing over-representation of Aboriginal and Torres Strait Islander women in the criminal justice system⁶⁸ and fear and distrust in relation to reporting family violence to police.⁶⁹

Factors contributing to family violence are complex and do not exist in isolation. Responding to family violence in Aboriginal and Torres Strait Islander communities requires understanding and recognition of ongoing racism (including structural racism and systemic discrimination) and intergenerational trauma that forms part of contemporary life for many communities.⁷⁰ This trauma comes from the fracturing of families and communities; dispossession of land and identity; the breaking down of language and culture; and social, economic and political marginalisation.⁷¹

The Board acknowledged the work currently being done in this area to provide more holistic and culturally appropriate service responses to domestic and family violence within Indigenous communities, such as through recent implementation of *Queensland's Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence (2019-2021)*.

60 Mitchell, L. (2011). *Domestic violence in Australia—an overview of the issues*. Parliament of Australia. https://www.aph.gov.au/about_parliament/parliamentary_departments/parliamentary_library/pubs/bn/2011-2012/dvaustralia.

61 Steering Committee for the Review of Government Service Provision. (2011). *Overcoming Disadvantage Key Indicators 2011 Report*. Productivity Commission. <https://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/2011/key-indicators-2011-report.pdf>.

62 Ibid.

63 Atkinson, C., Dudgeon, P., Bray, A., Ingram, S., McGlade, H., Rigney, C., Adamson, P., Longbottom, M., Torres-Carne, S., Hillan, L., Shepherdson, P., & Chan, S. (2018). *Changing the picture, background paper: Understanding violence against Aboriginal and Torres Strait Islander women and their children*. Our Watch. <https://d2bb010tdzqaq7.cloudfront.net/wp-content/uploads/sites/2/2020/09/20231756/Changing-the-picture-Part-1-AA.pdf>.

64 Braybrook, A. (2015). *Family violence in Aboriginal communities*. The Lookout. <https://www.thelookout.org.au/sites/default/files/Family-violence-in-Aboriginal-communities-FVPLS.pdf>.

65 SNAICC, National Family Violence Prevention Legal Services, NATSILS. (2017). *Strong Families, Safe Kids: Family Violence Response and Prevention for Aboriginal and Torres Strait Islander Children and Families*. http://natsils.org.au/portals/natsils/Strong_Families_Safe_Kids-Sep_2017.pdf?ver=2017-10-18-111427-643.

66 Ibid.

67 Braybrook, A. (2015). *Family violence in Aboriginal communities*. The Lookout. <https://www.thelookout.org.au/sites/default/files/Family-violence-in-Aboriginal-communities-FVPLS.pdf>.

68 Australian Law Reform Commission. (2017). *Pathways to Justice—Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples*. https://www.alrc.gov.au/wp-content/uploads/2019/08/final_report_1333_amended1.pdf.

69 Ibid.

70 Ibid.

71 Ibid.

This framework was developed in response to a prior recommendation of the Board⁷² and outlines strategies and actions to address domestic and family violence experienced by Aboriginal and Torres Strait Islander people through acknowledging:

- » that the nature of domestic and family violence experienced by Aboriginal and Torres Strait Islander people has different causes, including impacts of colonisation and inter-generational trauma, and requires a different approach from current mainstream domestic and family violence responses;
- » the need for strengths-based, locally-led, culturally informed and healing approaches; and
- » the need to work in partnership at all levels – individual, family, community, state and national to achieve change.

The inclusion of cultural change in reforms is a progressive transformation in domestic and family violence policy in Australia,⁷³ so too is the inclusion of Aboriginal and Torres Strait Islander voices, although more work is needed in this area. The Board recognises that ongoing changes must also be made at the structural or community level to address barriers that contribute to the misidentification of victims of domestic and family violence as perpetrators.

Recommendation 1:

That the Queensland Government review all domestic and family violence training delivered to frontline services who may come into contact with victims and their children or perpetrators of domestic and family violence, with a focus on identifying opportunities to embed trauma-awareness, and trauma-informed service delivery. This review should be informed by the learnings from the Board's systemic report of the deaths of 'George' and 'Jack' and contain dedicated modules on:

- a) *trauma awareness and trauma-informed practice;*
- b) *the gendered nature of domestic and family violence;*
- c) *common tactics used by perpetrators; and*
- d) *culturally appropriate service delivery.*

Misidentification of the person most in need of protection

In the 2016-17 and 2017-18 Annual Reports, the Board identified issues with the way in which services respond to victims who may themselves use violence. The *Domestic and Family Violence Protection Act 2012* (DFVPA) requires that consideration be given to the person most in need of protection in circumstances where there are mutual allegations of violence.⁷⁴ Consideration must also be given to whether a protection order is necessary or desirable.⁷⁵

It is of critical importance that the person most in need of protection, and the person most likely to inflict harm, are correctly identified at every point of contact with services who may be able to intervene. By the time victims of violence do seek support from services, such as police and the courts, to protect themselves and/or their children, it is highly likely they have endured abuse for an extended period of time and are desperately in need of support and protection.⁷⁶

Research suggests that when women do call police for help, this often occurs when they believe their life is in danger.⁷⁷ However, where the primary victim uses violent resistance, services do not always appropriately identify the person most in need of protection.

In Queensland, legislative amendments have occurred that were designed to improve criminal justice system responses to victims of domestic and family violence, through ensuring that consideration must be given to the identification of the person most in need of protection, and whether a protection order is necessary or desirable.

To determine the person most in need of protection, consideration may be given to the nature and severity of injuries by each party; the history of domestic and family violence; and which party has the potential to seriously injure the other party. In this regard, responding police officers require a working understanding of domestic and family violence to be able to detect underlying patterns of violence, beyond the presence of physical injuries, as well as the strategies that victims use to self-protect.

The implications of agencies not correctly identifying the person most in need of protection can be significant and increases the risks to the primary victim. Treating the primary victim of domestic and family violence as a perpetrator can deny victims access to appropriate support and undermine their confidence in the legal system, making victims reluctant to contact police for help in the future. The primary perpetrator may also feel that their behaviour has been validated which may reinforce further use of domestic and family violence.

⁷² Recommendation 20 of the 2016-17 Annual Report of the Domestic and Family Violence Death Review and Advisory Board.

⁷³ Kuskoff, E., & Parsell, C. (2020). Striving for Gender Equality: Representations of Gender in "Progressive" Domestic Violence Policy. *Violence against women*, 1-19. <https://doi.org/10.1177/1077801220909892>.

⁷⁴ Section 4(2)(d) of the *Domestic and Family Violence Protection Act 2012*.

⁷⁵ Section 37(1)(c) of the *Domestic and Family Violence Protection Act 2012*.

⁷⁶ Meyer, S. (2011). Seeking help for intimate partner violence: Victims' experiences when approaching the criminal justice system for IPV-related support and protection in an Australian jurisdiction. *Feminist Criminology*, 6(4), 268-290. <https://doi.org/10.1177/1557085111414860>.

⁷⁷ Barrett, B.J., & St Pierre, M. (2011) Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women* 17(1), 47-70. <https://doi.org/10.1177/1077801210394273>.

While there has been a reduction in the use of cross-orders in some jurisdictions, in many cases reviewed by the Board where there were conflicting or mutual allegations of abuse, police were more likely to apply for protection orders on both parties (cross-orders). The misidentification of women as perpetrators of domestic and family violence continues to be an issue that has detrimental effects on women's safety. The broader research suggests that women involved in cross applications are more likely to be the primary victim than the primary perpetrator of violence, and it is unlikely that both parties are mutual combatants.⁷⁸

In recognition of this, the Board previously recommended that 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.⁷⁹ In 2020, ANROWS finalised and published research that aimed to understand how the concept of the person most in need of protection is understood and applied by police and the court system when faced with ambiguity or mutual allegations of abuse.

According to the ANROWS research, cultural and organisational factors were identified as contributing to a failure within the criminal justice system to accurately recognise persons most in need of protection. Police have powerful discretionary powers in determining how domestic and family violence matters are dealt with, including whether a protection order is made and who the order protects. However, at a structural level, a lack of clarity in organisational guidelines, coupled with cultural factors, means that police often default to 'incident-based investigation approaches in domestic and family violence situations, rather than establishing context.'⁸⁰

ANROWS found that police often focus on single acts of violence without appropriate consideration or regard to the context in which the violence occurred. This incident-based approach contributes to the misidentification of primary victims as perpetrators and this issue is further exacerbated by gendered expectations of women, misperceptions of victim behaviour, and a lack of understanding in relation to violent resistance or self-defence.⁸¹

In one case reviewed by the Board, police attended more than a dozen domestic and family violence related occurrences. On four of these occasions, police identified that the primary victim had used violence, including an event where she was alleged to have stabbed her partner (and primary perpetrator) in the hand. Police responded by completing a protection order application listing the primary victim as the respondent and her partner the aggrieved.

However, the Board found that the primary victim's use of violence was not appropriately contextualised. Police records reflect that the primary perpetrator used more serious violence to exert dominance and control over the primary victim, including repeated episodes of assault, property damage (including arson), intimidation, and threats with weapons. A number of these episodes occurred in the presence of the primary victim's children or were in contravention of protection orders in place to protect her.

While the primary victim also used violence, her use of violence in the relationship was different in that it primarily related to name calling/verbal abuse or physical violence in retaliation, self-defence, or in defence of her children. Police records across this time suggest that she did not present as an 'ideal victim', which the Board felt impacted on the police response to allegations of domestic and family violence perpetrated against her. As discussed throughout this chapter, women's use of physical violence is far less severe than male violence and less likely to result in serious harm or injury.⁸²

The above case, and others like it that have been reviewed by the Board, reaffirm limitations identified in the ANROWS research. Further findings from ANROWS suggest that police have a propensity to focus on physical injuries alone, suggesting limitations in awareness and understanding of coercive control tactics. Furthermore, organisational guidelines were identified as contributing to a 'risk-adverse' culture among police, in part, prompting responding officers at domestic and family violence occurrences to make cross-applications.⁸³

When responding to domestic and family violence occurrences, police are required to follow the Domestic and Family Violence Protective Assessment Framework (DV-PAF) to assess domestic and family violence risk.⁸⁴ The DV-PAF is comprised of category one risk indicators (e.g. relationship separation) and category two risk indicators (e.g. harmful substance use), as well as professional judgement of the victim's perceived level of fear and risk. ANROWS noted that while the DV-PAF may be a useful tool to guide officers, it assumes that police have already appropriately identified the person most in need of protection.

As a result, an onus is placed on courts to determine the person most in need of protection. ANROWS found that there is a gap between the stated intention of the Queensland legislation and its practical application.⁸⁵ This is predominantly due to a lack of understanding around key concepts (such as the gendered nature of domestic and family violence, patterns of coercive control and violent resistance), organisational practices and culture and uncertainty about procedural expectations.⁸⁶

A lack of explicit guidance is apparent in relevant legislation, policy and guidelines. The inclusion of guidelines would be beneficial in assisting police and courts to identify patterns of coercive control and distinguish between the primary perpetrator and victim of violence. Understanding the intention and concepts linked to relevant legislation and policy is crucial to appropriate application of the law. The Board supports the findings of the ANROWS report and looks forward to monitoring police and court responses.

78 Ibid.

79 Recommendation 16 of the 2016-17 Annual Report of the Domestic and Family Violence Death Review and Advisory Board.

80 Nancarrow, H., Thomas, K., Ringland, V., & Modini, T. (2020). *Accurately identifying the "person most in need of protection" in domestic and family violence law* (Research report, 23/2020). Sydney: ANROWS. <https://zoian81kynqg38bl3j3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/10/Nancarrow-PMINOP-RR.3.pdf>.

81 Ibid.

82 Cussen, T., & Bryant, W. (2015). *Domestic/family homicide in Australia*. Research in Practice (38). Canberra: Australian Institute of Criminology.

83 Ibid.

84 Queensland Police Service. (2020). *Operational procedures manual issue 76 (Public edition): Chapter 9 – Domestic violence*. <https://www.police.qld.gov.au/sites/default/files/2020-06/OPM%20-%20Chapter%209%20-%20Domestic%20Violence.pdf>.

85 Nancarrow, H., Thomas, K., Ringland, V., & Modini, T. (2020). *Accurately identifying the "person most in need of protection" in domestic and family violence law* (Research report, 23/2020). Sydney: ANROWS. <https://zoian81kynqg38bl3j3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/10/Nancarrow-PMINOP-RR.3.pdf>.

86 For example, civil domestic and family violence law requires police to make decisions according to the balance of probabilities. Focus groups with police found that there is considerable confusion for front-line officers about applying this civil standard of proof when responding to civil domestic and family violence matters, versus the criminal standard of proof for criminal conduct (breaches of domestic and violence protection orders, assault or other criminal offences).

Defences available for killing for preservation in an abusive domestic relationship

In 2010, Queensland introduced a defence of killing for preservation in an abusive relationship. The amended legislation, (section 304B of the *Criminal Code 1899*), was designed to create a partial defence for victims of domestic and family violence who kill their abuser when 'motivated by fear, desperation and a belief that there is no other viable way of escaping the danger.'⁸⁷

It is apparent that the risks associated with utilising this defence are significant. A failure of this defence could result in a conviction of murder, which carries a mandatory life sentence in Queensland (including a minimum non-parole period of 20 years). By comparison, a plea to a lesser charge of manslaughter generally results in a sentence of six to eight years (with a non-parole period of about three to five years).

Of particular concern to the Board is that the risk of using this defence may disproportionately affect Aboriginal and Torres Strait Islander women who are victims of abuse. Indigenous women are over-represented as both deceased and offenders in intimate partner homicides.⁸⁸ Research also suggests that Aboriginal and Torres Strait Islander women experiencing domestic and family violence are more likely than non-Indigenous women to retaliate with physical force, in part due to reluctance to report violence to police and other services.⁸⁹

Overall, Aboriginal and Torres Strait Islander people are less likely to contest orders, and courts are more likely to grant orders to this group compared to non-Indigenous people.⁹⁰ Therefore, the risk of charges for contravening protection orders is higher for Aboriginal and Torres Strait Islander people than non-Indigenous people. In circumstances where Aboriginal and Torres Strait Islander victims of domestic and family violence kill their abuser, they may have a background of criminal convictions for domestic and family violence or a documented history of using violent resistance toward their abuser. This history may make it more difficult for domestic and family violence victims to successfully use this defence.

In 2019, the Board wrote to the Attorney-General to request that the Queensland Government consider an examination of the partial defence available to women who kill for preservation in an abusive domestic relationship and whether consideration should be given to expanding the defences available to women in these circumstances.

In response, the Attorney-General advised that the Queensland Government intends to consider the issues raised by the Board. Since then, the Board has reviewed several intimate partner homicides where women have killed their abusive intimate partners. Concerns remain that these women may only be afforded a partial defence when they kill for preservation in an abusive domestic relationship, and the Board looks forward to the government examining the issues raised.

87 Explanatory Notes, *Criminal Code (Abusive Domestic Violence Relationship Defence and Another Matter) Amendment Act 2010* (Qld).

88 Australian Domestic and Family Violence Death Review Network. (2018). *Data Report 2018*. New South Wales Domestic Violence Death Review Team. <https://apo.org.au/sites/default/files/resource-files/2018-05/apo-nid174811.pdf>.

89 Yeo, S. (1996). The recognition of Aboriginality by Australian criminal law. In Bird G, Martin G & Nielsen J (Eds.), *Majah: Indigenous peoples and the law*. Federation Press.

90 Ibid.

Chapter 4: The impact of domestic and family violence on children and young people

Key findings

- » Across its first term, the Board completed in-depth systemic reviews into the deaths of 15 children who were killed by a parent or caregiver, or who ended their lives in the context of exposure to domestic and family violence and cumulative harm.
- » In all but one case, the deceased children and their families were known to multiple services including police, child safety services, health and mental health services over the course of their lifetime.
- » Despite the presence of domestic and family violence and visibility to multiple services, the Board continued to observe issues across the service system in relation to the identification and responses to indicators of domestic and family violence, and the risk to children in this context.
- » These cases demonstrate the need to continue to strengthen the knowledge base of services to understand the immediate and cumulative impact of domestic and family violence on children, and the intersection between domestic and family violence and child protection practice.
- » Informal shared parenting arrangements in the context of domestic and family violence are unlikely to be made on an equal basis, as one person (the perpetrator) holds power and control over the other (the victim). It is clear from the cases reviewed by the Board that ongoing contact can be exploited by perpetrators of domestic and family violence to continue their control and abuse.
- » Current frameworks to ensure the safety of victims and their children who are separating from abusive and violent partners are fragmented, complex and challenging to navigate. National reforms that aim to improve the family law system remain a priority area of focus for the Board.

Since 2006, 85 children have been killed by a parent or caregiver in Queensland across 67 filicide events, representing almost one quarter (24.3%) of all domestic and family homicides in Queensland during this time.⁹¹ A further 14 children and young people have died by suicide after experiencing domestic and family violence or witnessing domestic and family violence in the home.⁹²

These deaths highlight the devastating social harm of domestic and family violence, the need to learn from these deaths, and to translate these learnings into action to prevent similar tragedies from occurring in the future.

Across its first term, The Board completed in-depth systemic reviews into the deaths of 15 children⁹³ who were killed by a parent or caregiver, or who ended their lives in the context of exposure to domestic and family violence and cumulative harm.

The Board was prompted to reflect on its prior findings and recommendations following several high-profile child deaths in Queensland in 2020. Sadly, many of the issues identified have been observed repeatedly by the Board.

Common case characteristics in child deaths reviewed by the Board include:

- » the child homicide victims were all aged between five months and seven years at the time of their death. In all cases the primary victim of domestic and family violence was identified as the deceased child's mother and the primary perpetrator was her current or former male partner.

- » in nine cases the child homicide victim died as a result of cumulative injuries inflicted by the perpetrator (and homicide offender) that were left untreated. Sadly, in many of these cases, medical evidence suggested that if appropriate medical treatment was sought sooner, the deceased children's injuries may have been survivable.
- » the families involved in each case had experiences of significant disadvantage including domestic and family violence, parental substance use, parental mental illness, financial stressors and unstable housing. In particular, the mothers of the deceased children were noted to have significant histories of childhood trauma and domestic and family violence victimisation.
- » in all but one case, 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. Each touchpoint with the system may have represented an opportunity for services to intervene and respond to these families to minimise risk to the victim and their children and, in some cases, to prevent the fatal outcome.
- » 11 of the deaths occurred between 2015 and 2019, 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)*.

⁹¹ 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.

⁹² Since 2015, domestic and family violence related suicides have been recorded in the Queensland Domestic and Family Violence Suicide Database.

⁹³ These cases do not represent all domestic and family violence related child deaths that have occurred across Queensland. These cases were chosen based on the extent of identifiable service system contact and the availability of relevant information.

As discussed throughout this chapter, in considering the deaths of children, the Board reiterated the need for services to move beyond a superficial approach to assessing the immediate risks to children and young people based on physical violence being directed at them.

Accurate assessment of risks to children should include an equivalent emphasis on their mental health and wellbeing in the context of exposure to domestic and family violence, even when they are not the primary victim of domestic and family violence in the family. Cumulative harm to children, including direct and indirect victimisation, should be part of the analysis.

This requires all services who may encounter perpetrators, victims or their children to have an appropriate understanding of domestic and family violence, including non-physical forms of abuse, and the risks to children in this context.

Children living with violence

For children, exposure to domestic and family violence has profound, traumatic and long-term effects. Living in a household where domestic and family violence is present can include children directly witnessing the violence, hearing the violence from behind closed doors, being forced to participate in the violence, defending a parent or caregiver, or being the victim of physical harm.⁹⁴ Further, children can be exposed to the aftermath of violent episodes, such as having to seek help and call emergency services or witnessing a parent be injured or arrested.⁹⁵

Young children and infants are particularly at risk in the context of domestic and family violence, as research suggests that children under five are at the greatest risk of filicide, and particularly those children under one year of age.⁹⁶ In nine filicide cases reviewed by the Board, the deceased child was aged under two years at the time of their death. Children aged under two represent 55% of all filicides in Queensland since 2006. As the Board and others have highlighted previously, it is clear that children in their first two years of life are particularly vulnerable to violence, abuse, and neglect.

At this age, children are at heightened risk because of their total dependence on their caregivers, lack of physical strength to defend themselves, lack of emotional maturity to know what their parents are doing to them is wrong, and inability to communicate.⁹⁷ As was evident in most filicide cases, the reliance of young children on their parents for care means that children may die from intentional acts, or failures to act, such as not seeking medical attention or providing adequate supervision.

As children age, their risk of physical harm decreases, partly as a result of waning dependence on caregivers and increasing involvement and visibility in the wider community outside the family home (e.g. school).^{98 99}

Therefore, it is critical that appropriate resources and supports are provided to families experiencing, or at risk of experiencing, domestic and family violence, particularly for families with children under the age of two.

The heightened risk to vulnerable children in the context of domestic and family violence is well established. In 2018, a report by the Queensland Sentencing Advisory Council identified that a history of domestic and family violence and involvement with child protection services were closely associated with the homicide of a child by a parent or caregiver.¹⁰⁰ The report also identified a close correlation between filicide and factors such as parental alcohol and substance use, mental illness and separation.¹⁰¹

The Council's report echoed the findings of the 2013 *Queensland Child Protection Commission of Inquiry* (the Commission), which noted the overlap between domestic and family violence and child protection and identified domestic and family violence as a risk factor for child abuse and neglect.

In 2017, a review by the Queensland Family and Child Commission recommended a revised and independent model for reviewing the deaths of children known to the child protection system.¹⁰² In 2020, the Queensland Government established the Child Death Review Board to identify opportunities to improve systems, legislation, policies and practices across the child protection system that help to protect children and prevent future deaths from occurring.

The Board welcomes this new model. In recognition of the similarities between the two death review mechanisms, the Secretariat began work with the Secretariat to the Child Death Review Board to develop a memorandum of understanding, with the view to share learnings arising from the deaths of children known to the child protection system and help prevent similar deaths from occurring in the future.

94 Richards, K. (2011). *Trends and issues in crime and criminal justice: Children's exposure to domestic violence in Australia*. Australian Institute of Criminology. <https://www.aic.gov.au/sites/default/files/2020-05/tandi419.pdf>.

95 Ibid.

96 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: 46-53. <https://doi.org/10.1016/j.forsciint.2013.12.019>

97 Crime and Misconduct Commission. (2013). Vulnerable victims: child homicide by parents. <https://www.ccc.qld.gov.au/sites/default/files/Docs/Publications/CMC/Bulletins%2Cseries-and-discussion-papers/Research-and-issues-paper-series/Research-and-issues-vulnerable-victims-child-homicide-by-parents-2013.pdf>.

98 Roach, J., & Bryant, R. (2015). Child homicide: generating victim and suspect risk profiles. *Journal of Criminal Psychology*, 5(3), 201-215. <https://doi.org/10.1108/JCP-04-2015-0013>.

99 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), 56-78. <https://doi.org/10.1177/1524838001002001004>

100 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, also identified that manslaughter convictions, which carry lesser sentences, are more likely in child homicide cases. Queensland Sentencing Advisory Council. (2018). *Sentencing for Criminal Offences Arising from the Death of a Child*. Queensland Government. https://www.sentencingcouncil.qld.gov.au/_data/assets/pdf_file/0005/587669/Sentencing-for-criminal-offences-arising-from-the-death-of-a-child-Final-report.pdf.

101 As highlighted in Chapter 3, separation is a high risk factor for future harm or homicide (for both adult victims and their children).

102 In 2016, the Queensland Premier asked the Queensland Family and Child Commission (QFCC) to oversee three reviews undertaken by the Department of Communities, Child Safety and Disability Services and by the Child Death Case Review Panel, and the investigation conducted by Queensland Health about services provided to Mason Jet Lee, a toddler who died in 2016 and was known to the child protection system. In March 2017, the QFCC released their findings in a report: *A systems review of an individual agencies findings following the death of a child*. The QFCC identified opportunities for the current death review system to be strengthened and improved and recommended that the Queensland Government consider a revised and independent model for reviewing the deaths of children known to the child protection system. The Government accepted this recommendation and on 1 July 2020, the *Child Death Review Legislation Amendment Act 2020* established the Child Death Review Board (CDRB).

Lasting impact of exposure to violence

While children may be at less risk of physical harm as they age, the significant and long-lasting impact of exposure to domestic and family violence must not be understated. Children witnessing or being exposed to domestic and family violence is increasingly recognised as a form of child abuse both in Australia and internationally.¹⁰³ Across its first term, the Board observed numerous cases where young children were exposed to domestic and family violence in childhood, and later went on to suicide in adolescence or adulthood.

If untreated, early traumatic experiences can have significant and long-lasting psychological, developmental and behavioural impacts. For example, children and young people exposed to domestic and family violence are at increased risk of physical and sexual abuse;¹⁰⁴ poverty; externalising behaviours (e.g. aggression) and internalising behaviours (e.g. low self-esteem, anxiety);¹⁰⁵ trauma-like responses (e.g. heightened fear, sleep problems and difficulty concentrating);¹⁰⁶ homelessness;¹⁰⁷ and serious health conditions including substance abuse and depression.¹⁰⁸ Early childhood trauma has also been linked to suicide¹⁰⁹ and it can increase the likelihood of perpetrating, or being victim of, violence within relationships later in life (as discussed in greater detail in Chapter 3).^{110 111}

These themes were apparent across the youth suicide cases, as each child had a history of direct experience or exposure to significant domestic and family violence throughout their childhood. There was also evidence of significant intergenerational and cyclical trauma, as well as entrenched disadvantage for the young people and their families. Early intervention is therefore of critical importance in responding to children's trauma effectively and breaking down cycles of violence that can continue throughout children's lives and into adulthood.

The young person in each case had a high level of service system contact and most had displayed indicators of self-harm or suicidal ideation. However, there was a distinct lack of early intervention or support provided to the young person to address underlying trauma in their life. Instead, service system responses were largely symptomatic and reactive. For example, in the case of one young person, she presented to a mental health service on multiple occasions for acute suicidality and chronic self-harm. However, she was not offered any ongoing support to help manage her self-harming behaviours or to meaningfully address her underlying trauma which included experiences of domestic and family violence and sexual abuse.

It was apparent that services, particularly child safety services and youth mental health services, did not always consider the impact of cumulative exposure to domestic and family violence and trauma on the young person or how this may have affected their emotional and psychological development. There was an overreliance by services on the chronological age of the young person as evidence of their safety on the basis that they could remove themselves from the abusive environment. In these cases, child safety services determined that the young person did not require statutory protection, but it is unclear what steps were taken to establish what (if any) supports were in place, or whether the young person was referred to any other service for support or to help address their underlying trauma.

For example, in one case, child safety services determined that a young person did not require protection as he had fled an abusive home. This was despite an awareness by child safety services that the young person was homeless, living in a paddock with no adult supervision, and was engaging in risk taking and dangerous activities such as harmful substance use.

In each of the youth suicide cases reviewed by the Board, the young person was Aboriginal. However, where this was identified, no attempts were made by services to provide culturally safe responses to the young person or referrals to culturally appropriate services. Aboriginal and Torres Strait Islander young people (mostly aged 15-17) account for over a quarter of the suicide deaths of children and young people in Australia,¹¹² highlighting the need for services to provide culturally informed responses which appropriately identify, recognise and respond to an individual's cultural needs.¹¹³

There is a need for services to move beyond a superficial approach to assessing the immediate risks to children and young people solely on the basis of physical harm. Accurate assessments of risk to children should include an equivalent emphasis on their mental health and wellbeing in the context of exposure to domestic and family violence, even when they do not directly witness or experience physical violence. However, not all services who work with children have a complete understanding of the impact of exposure to domestic and family violence on children, including the impact of non-physical forms of abuse.

103 Richards, K. (2011). *Trends and issues in crime and criminal justice: Children's exposure to domestic violence in Australia*. Australian Institute of Criminology. <https://www.aic.gov.au/sites/default/files/2020-05/tandi419.pdf>.

104 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. <https://doi.org/10.1016/j.chiabu.2008.02.004>.

105 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. <https://doi.org/10.1037/0022-006X.71.2.339>.

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

107 Campo, M. (2015). *Children's exposure to domestic and family violence: Key issues and responses*. Australian Institute of Family Studies. <https://aifs.gov.au/cfca/publications/childrens-exposure-domestic-and-family-violence>.

108 Richards, K. (2011). *Trends and issues in crime and criminal justice: Children's exposure to domestic violence in Australia*. Australian Institute of Criminology. <https://www.aic.gov.au/sites/default/files/2020-05/tandi419.pdf>.

109 Atkinson, C., Dudgeon, P., Bray, A., Ingram, S., McGlade, H., Rigney, C., Adamson, P., Longbottom, M., Torres-Carne, S., Hillan, L., Shepherdson, P., & Chan, S. (2018). *Changing the picture, background paper: Understanding violence against Aboriginal and Torres Strait Islander women and their children*. Our Watch. <https://d2b01otdzqaq7.cloudfront.net/wp-content/uploads/sites/2/2020/09/20231756/Changing-the-picture-Part-1-AA.pdf>.

110 Van de Weijer, S., Bijlleveld, C., & Blokland, A. (2014). The intergenerational transmission of violent offending. *Journal of Family Violence*, 29(2): 109-118. <https://psycnet.apa.org/doi/10.1007/s10896-013-9565-2>.

111 Fowler, D.R., Cantos, A.L., & Miller, S.A. (2016). Exposure to violence, typology, and recidivism in a probation sample of domestic violence perpetrators, *Child Abuse & Neglect*, 59, 66-77. <https://psycnet.apa.org/doi/10.1016/j.chiabu.2016.07.007>.

112 Australian Bureau of Statistics. (2019). *Causes of death, Australia: Statistics on the number of deaths, by sex, selected age groups, and cause of death classified to the International Classification of Diseases (ICD)*. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-suicide-in-aboriginal-and-torres-strait-islander-people>.

113 The literature establishes that Aboriginal and Torres Strait Islander suicide is different in character to non-Indigenous suicide, in part due to the underlying historical, cultural, political and economic context of Aboriginal and Torres Strait Islander people's lives in contemporary Australia. 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*. Australian Institute of Criminology. <http://crg.aic.gov.au/reports/tatz/>.

Case example

Heidi, an Aboriginal adolescent girl, died in an apparent suicide in the context of chronic exposure to domestic and family violence over many years.

Heidi's stepfather assaulted and non-lethally strangled Heidi's mother on a regular basis and he would also hold her against her will. Heidi's biological father also harmed Heidi's mother. Heidi and her siblings were often present during these episodes of violence and records indicate that Heidi would be particularly frightened. Heidi would often act protectively of her siblings and take them to a place of safety when her mother was being harmed.

As a result of her exposure to domestic and family violence, Heidi was involved with child safety services from a young age. She was also engaged with child mental health services following episodes of self-harm. However, the response of these services was superficial and symptomatic, focusing on Heidi's immediate risk of physical harm or self-injury.

The Board were of the view that no-one listened to Heidi's cries for help and that she did not receive the appropriate support to address her underlying trauma or to support her connection to culture.

In its 2017-18 Annual Report, the Board recommended that the Queensland Government consider what services and programs are available to support children who experience or witness domestic and family violence, with a focus on early intervention and prevention, as well as targeted services to respond to children who have experienced, or are experiencing, domestic and family violence.¹¹⁴

The Queensland Government accepted this recommendation in principle and the Department of Child Safety, Youth and Women are currently undertaking a review of service responses to children and young people impacted by domestic and family violence. The outcomes of this 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. The Board will continue to monitor the implementation of any future reforms with interest and reiterated the need for program or service developments to be trauma-informed and culturally safe.

The Board also recognised the significant suicide prevention agenda currently underway in Queensland and particularly welcomed commitments and actions under *Every Life: The Queensland Suicide Prevention Plan 2019 – 2029*, which focuses on the needs of Aboriginal and Torres Strait Islander people as well as children known to the child protection system.

This progress must be sustained across the service system to ensure that children with backgrounds of trauma and exposure to domestic and family violence receive the support and intervention they require to break down cycles of violence.

Perpetrator visibility and accountability in child protection practice

Each filicide case occurred in the context of domestic and family violence experienced by the deceased child's mother (the primary victim) and perpetrated by her current or former male partner (the primary perpetrator). In many cases, the death occurred in the context of prior police involvement for criminal child abuse and neglect before the death, and subsequent intervention by child safety services.

Despite the presence of domestic and family violence and visibility to multiple services, the Board continued to observe issues across the service system in relation to the identification and responses to indicators of domestic and family violence, and the risk to children in this context.

Service providers rarely acknowledged the presence of the paternal figure within the deceased child's life and as a result, early opportunities to improve parental capacity were often missed. This meant that responsibility for protecting the child was deflected to the female victim of violence with limited or no attempts to address the perpetrator's violent behaviour, or his ability to safely and effectively parent his child/ren.

In turn, this either minimised the severity of the domestic and family violence risk or rendered the risk to the primary victim and their child/ren invisible. For example, in one case child safety services perceived the perpetrator's high level of control over the victim to be a protective factor, which influenced their decision to return the infant to the care of her parents.

According to data from the Queensland Domestic and Family Homicide Database, contact with child safety services is significantly over-represented in filicide cases. Of filicides that occurred between 2011 and 2019 where there was an identifiable history of domestic and family violence, 88% of children and their families had prior contact with child safety services.

This demonstrates the need to continue 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, and the intersection between domestic and family violence and child protection practice.

Across the service system, frontline staff were less likely to recognise non-physical forms of abuse as an indicator of risk. Coercive and controlling behaviours, such as obsessiveness, sexual proprietariness, and attempts to isolate victims from social and service supports, were often overlooked as signs of domestic and family violence.

¹¹⁴ Recommendation 1 of the 2017-18 Annual Report of the Domestic and Family Violence Death Review and Advisory Board.

There were also numerous instances where service providers did not adequately assess or respond to a victim's direct disclosures of violence, as the perpetrator was perceived to be more 'credible' than the victim. For example, in one case a victim who had a history of harmful substance use was assessed by police to be less credible than the perpetrator despite the perpetrator's documented history of violence over many years.

The failure of services to properly identify, assess or respond to the role of the paternal figure (and primary perpetrator) created opportunities for these offenders to manipulate the system to maintain their power and control over the primary victim and the family unit.

For example, there was evidence across a number of cases that:

- » perpetrators attempted to discredit their current or former partner's capacity to care for the child/ren to services; and
- » perpetrators attempted to silence victims and discourage help-seeking with threats of statutory child removal.

These types of behaviours are forms of systems abuse¹¹⁵ commonly linked to coercive control. As demonstrated in these cases, this type of abuse can have tragic outcomes.

Systems abuse is a tactic used by perpetrators to gain advantage over, or to harass, intimidate, discredit, or otherwise control victims.¹¹⁶ Protective systems may unintentionally facilitate coercive controlling behaviours which trivialise or silence a victim's experiences of abuse or dissuade help-seeking attempts. While systems abuse was a common theme observed by the Board across a range of cases (e.g. intimate partner homicides), the impact of this was most evident in filicide cases.

In most filicide cases, the deceased child died as a result of cumulative injuries inflicted by the perpetrator (and homicide offender) over the course of several days that were left untreated. In many cases there was evidence that if appropriate medical treatment was sought sooner, the deceased children's injuries may have been survivable.

In some cases, the mother had attempted to seek medical treatment for their child prior to the death but were prevented from doing so by their abusive partner who threatened that child safety services would remove the child/ren if medical treatment was sought for the injured infant.

Case example

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

Before the death, Tristan's mother, Bridie, questioned suspicious injuries that Tristan had received while in Jonathon's care. Jonathon tightly controlled Bridie's contact with Tristan and engaged in gaslighting to deflect from her concerns.

On one occasion, Jonathon claimed that he had already sought medical treatment for Tristan and that the doctor advised the injuries were insignificant. Jonathon told Bridie that she was 'delusional' if she believed that she knew more than a doctor.

When Bridie eventually sought medical treatment for Tristan, Jonathon attempted to discredit her to clinicians at the hospital. For example, Jonathon actively prevented Bridie from being with Tristan by threatening to harm her other children if she were to stay at the hospital. He would also prevent Bridie from taking a change of clothes to hospital so that she could stay with Tristan overnight, but then berate Bridie in front of medical staff for 'forgetting' to bring a change of clothes.

As a result of Jonathon's abusive tactics, which were not identified by hospital staff, he was considered to be a supportive and positive protective factor for Tristan, while Bridie was perceived to be unprotective and absent.

The Board considered this was a compelling example of systems abuse, and the tactics used by perpetrators to discredit or otherwise control victims, with detrimental impacts on their 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. This highlights the need for those working in child protection to have an adequate understanding of the nature and dynamics of domestic and family violence, including non-physical forms of abuse.

The Board acknowledged that significant investment has been made to improve contemporary understanding and child protection practice relating to domestic and family violence, such as through the ongoing provision of Safe and Together training, an internationally recognised training program that maintains a strong focus on partnering with victims to keep themselves and their children safe, while also holding perpetrators accountable for their behaviour.

Since 2015, over 2000 child safety staff have received face-to-face training on the Safe and Together model. The department also employs a dedicated state-wide domestic and family violence Practice Leader to drive contemporary thinking and practice in the approach to managing domestic and family violence in child protection.

115 Douglas, H., & Fell, E. (2020). Malicious reports of child maltreatment as coercive control: Mothers and domestic and family violence. *Journal of Family Violence*, 35, 827-837. <https://doi.org/10.1007/s10896-019-00128-1>.

116 Douglas, H. (2017). Legal systems abuse and coercive control. *Criminology & Criminal Justice*, 18(1), 84-99. <https://doi.org/10.1177/1748895817728380>.

Post separation violence and the push for shared parenting

Post-separation violence and pressure to engage in shared parenting with domestic and family violence perpetrators are recurring themes identified by the Board in prior Annual Reports. Contrary to the common assumption that separation ends domestic violence, the Board's findings indicate that the threat of violence often escalates at the point of separation.¹¹⁷ Abuse can be more serious and more likely to lead to homicide as perpetrators perceive a loss of control of the primary victim and family unit.¹¹⁸

Coercive control actively involves children pre-separation and post-separation. In many of the filicide cases reviewed by the Board, the children's parents had recently separated or were in the process of separating. This is consistent with research suggesting that pending and recent separation is a key context for filicide.^{119 120}

Upon leaving violent relationships, victims of domestic and family violence can face substantial barriers when seeking to access the family law system to resolve matters relating to child custody and asset finalisation. There is an inherent power imbalance that impacts the ability for a victim to negotiate fairly with her abuser, and this may effectively deter victims from accessing the family law system. Victims also face the following additional barriers to seeking support through the family law system:

- » the family law process is expensive, and disputes are often protracted by delays caused by resource constraints and the conduct of parties who may be unwilling or unable to resolve matters quickly;¹²¹
- » the need for victims to provide evidence of their abuse and future risk of harm. It is well recognised that most episodes of domestic and family violence are not reported to services and the credibility of victim allegations may be brought into question when there is limited, documented evidence of abuse; and
- » if the court considers the evidence to be insufficient, or that protective orders are not necessary, there can be unintended consequences for victims and their children, such as the child/ren having increased contact with the abusive parent.¹²²

Therefore, in complex cases involving domestic and family violence, parenting arrangements are often established without formal oversight and with no corresponding opportunity for services to identify and respond to escalating domestic and family violence risk or harm to the victim or their child/ren.

In the vast majority of cases reviewed by the Board across its first term, victims demonstrated willingness to establish and adhere to informal shared parenting arrangements. Victims commonly expressed a desire to ensure that fathers continued to have access to their child/ren, even when it increased the adult victim's risk of harm.

Ongoing contact can be exploited by domestic and family violence perpetrators to continue their control and abuse. This was particularly evident in one case reviewed by the Board, where a victim was killed by her former partner when meeting to negotiate shared parenting arrangements.

Although the couple had been separated for several years prior to the homicide, there were multiple episodes of post-separation violence in relation to child custody arrangements put in place by the Family Court. Shortly before the homicide, the victim made a private application for a protection order stating that her ex-partner continued to be abusive and threatening and that she was afraid of him.

This case highlights the sustained risk of harm posed to victims of domestic and family violence and their children, even after years of separation, and the need to ensure that the broader family law system is aware of these dangers.

In addition to the threat of further violence or abuse, victims face many additional barriers when they decide to leave abusive relationships, including poverty and homelessness. Victims who have experienced violence need appropriate economic resources in order to provide for themselves and their children, achieve acceptable living standards, and maintain control over their lives.¹²³

As noted previously, when domestic and family violence is present in the relationship, there is an underlying dynamic of power and control which limits the ability of victims to have full autonomy in negotiating settlements with their abuser. This means that informal arrangements in the context of domestic and family violence are unlikely to be made on an equal basis, as one person (the perpetrator) holds power and control over the other (the victim). This highlights the critical role of service providers to help and support victims of domestic and family violence to navigate the service system post-separation.

In its 2018-19 Annual Report, the Board recommended a review of funding for family law legal aid and financial counselling services for victims of domestic and family violence.¹²⁴ The Queensland Government accepted this recommendation in part and advised that the Department of Justice and Attorney-General will work with Legal Aid Queensland to conduct an audit of activities, programs and funding utilised in the family law space, with a specific focus on property settlements in domestic and family violence cases.

The Board will continue to monitor the implementation of any reforms with interest. It is clear that, in the absence of financial security, a victim's capacity to leave a violent relationship is diminished and if they do decide to leave, victims may face homelessness, poverty and an inability to provide for themselves and their children.

117 DeKeseredy, W. S., Dragiewicz, M., & Schwartz, M. D. (2017). *Abusive endings: Separation and divorce violence against women*. University of California Press.

118 Johnson, H. & Hotton, T. (2003). Losing Control: Homicide Risk in Estranged and Intact Intimate Relationships. *Homicide Studies*, 7(1), 58-84. <https://doi.org/10.1177/1088767902239243>.

119 Bourget, D., & Gagne, P. (2005) Paternal filicide in Quebec. *Journal of the American Academy of Psychiatry and Law*, 33(3), 354-60. <http://jaapl.org/content/jaapl/33/3/354.full.pdf>.

120 Johnson, C. H. (2005). *Come with daddy: Child murder-suicide after family breakdown*. University of Western Australia Press.

121 Australian Law Reform Commission. (2019). *Family law for the future - an inquiry into the family law system: Summary report*. https://www.alrc.gov.au/wp-content/uploads/2019/08/alrc_report_135_summary_report_web_o.pdf.

122 Chisholm, R. (2009). *Family courts violence review*. Australian Government. <https://www.ag.gov.au/sites/default/files/2020-03/Family%20Courts%20Violence%20Review.pdf>

123 Cortis, N., & Bullen, J. (2016). *Domestic violence and women's economic security: Building Australia's capacity for prevention and redress: Final report*. ANROWS. <https://www.anrows.org.au/publication/domestic-violence-and-womens-economic-security-building-australias-capacity-for-prevention-and-redress-final-report/>

124 Recommendation 16 of the 2018-19 Annual Report of the Domestic and Family Violence Death Review and Advisory Board.

Family law system reform

The family law system in Australia is in a state of flux and there are a range of ongoing issues with the way the family law system identifies and responds to domestic and family violence. Victim's experiences through the system are further complicated by intersections between state and national legislative frameworks.

In 2017, at the request of the then Prime Minister, the Australian Law Reform Commission (ALRC) commenced an inquiry into the family law system. The aim of this inquiry was to develop necessary reforms to ensure the family law system meets the contemporary needs of families and effectively addresses domestic and family violence and child abuse.

The Board was pleased to make a submission to the ALRC in November 2018, calling for dedicated resourcing and training to ensure the family law system can appropriately identify, assess and flexibly respond to families where domestic and family violence is present.

In March 2019, the ALRC released the *Family Law for the Future: An Inquiry into the Family Law System Final Report*. The report found that the current system is not adequately assisting families to resolve family law disputes and children and victims of domestic and family violence are not consistently protected from harm. The ALRC report concluded that under the current system, 'children fall through the gaps between the family law courts, the child protection systems and the state and territory responses to domestic and family violence.'¹²⁵

Structural and systemic issues were identified due to the separation between the federal system that is responsible for parenting decisions, and state and territory systems that are mandated to respond to child protection and domestic and family violence.¹²⁶

To address these issues, the ALRC recommended integrated pathways to protect children and vulnerable parties, with a specific recommendation to consider how family law matters may be resolved by state and territory jurisdictions. The ALRC made 60 recommendations for reform, a number of which also made reference to enhancing victim and children's safety through improving consistency and information sharing in relation to domestic and family violence.

Regrettably, the Commonwealth Government is yet to respond to the recommendations made by the ALRC. Instead, in September 2019, the Prime Minister announced that the Joint Select Committee on Australia's Family Law System had been appointed to conduct a further inquiry into the family law system (the Family Law Inquiry). The Board noted that there have been recurrent inquiries into Australia's family law system that have not been acted upon.

While the Family Law Inquiry is yet to be finalised, the Board was concerned to see that some of the public commentary regarding the Family Law Inquiry, as well as its Interim Report, appear to promote dangerous myths about domestic and family violence; such as that there is an equivalency in the level of violence perpetrated by women and men, and that women may lie about domestic and family violence to gain an advantage in court proceedings. This may serve to embolden perpetrators and deter victims from seeking relief for domestic and family violence through the family law system. As discussed in Chapter 3, it is not in dispute that domestic and family violence overwhelmingly affects women and children¹²⁷ and that women are far more likely than men to experience violence from an intimate partner.¹²⁸

As noted by the Board previously, there are numerous cases where people known to the family law system have died in the context of domestic and family violence. In circumstances where children, young people and parents die in the context of the ongoing stressors of family law proceedings, the Board questioned how issues can be overcome by a system without a dedicated review function to facilitate learnings from these deaths.

The benefits of dedicated domestic and family violence death review mechanisms are well recognised. A 2016 report by the Australian Human Rights Commission highlighted the importance of domestic and family violence death review mechanisms in Australia, as state and territory death review teams have assisted law enforcement, judicial and social service agencies, as well as other public agencies to improve their responses to domestic and family violence across the country.¹²⁹

In its 2018-19 Annual Report, the Board recommended 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 federal family courts.¹³⁰ The proposed death review mechanism should be informed by research and the existing state-based death review mechanisms for investigating domestic and family violence related deaths and deaths of children known to the child protection system, including the systems that operate in Queensland.

125 Australian Law Reform Commission. (2019). *ALRC family law system review – final report: media release*. <https://www.alrc.gov.au/news/family-law-inquiry-final-report-released/>

126 Australian Law Reform Commission. (2019). *Family law for the future - an inquiry into the family law system: Summary report*. https://www.alrc.gov.au/wp-content/uploads/2019/08/alrc_report_135_summary_report_web_o.pdf

127 Australian Institute of Health and Welfare. (2019). *Family, domestic and sexual violence in Australia: Continuing the national story 2019*. <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/table-of-contents>

128 Cussen, T., & Bryant, W. (2015). *Domestic/family homicide in Australia*. Australian Institute of Criminology. <https://www.aic.gov.au/publications/rip/rip38>.

129 Australian Human Rights Commission. (2016). *A national system for domestic and family violence death review*. https://humanrights.gov.au/sites/default/files/document/publication/AHRC_2016_12_19_Expanding_DV_Death_Review.pdf.

130 Recommendation 4 of the 2018-19 Annual Report of the Domestic and Family Violence Death Review and Advisory Board.

In response to the Board's recommendation, the Queensland Government wrote to the Commonwealth Attorney-General about the proposal, including the prospect of further consideration by the Council of Attorneys-General. The letter also 'noted the importance of not duplicating the national domestic and family violence death review mechanism that already exists through the Australian Domestic and Family Violence Death Review Network (the Network).'¹³¹

The Board noted that there is currently no national domestic and family violence death review mechanism in Australia. However, through establishment of the Network in 2011, there has been positive work done to record domestic and family violence related data in a nationally consistent way. The Network represents a unique collaboration of state and territory death review mechanisms across Australia, supporting each other to record data consistently in order to enable a national understanding of these deaths.¹³²

The Board looks forward to any future reforms regarding the implementation of an independent and appropriately resourced death review mechanism within the federal family courts. In the interim, the Board was pleased to hear of the Lighthouse Project, a new approach to address domestic and family violence within the Family Court of Australia and Federal Circuit Court.

The Lighthouse Project aims to screen for, and case manage, new family law matters for domestic and family violence, child abuse and family safety risks. All cases identified as being high-risk will be referred to a dedicated court list focusing on early information gathering and intervention, through a judge-led support team with specialised training and experience working with high-risk families. The pilot is currently being implemented in the Brisbane, Adelaide and Parramatta registries of the courts and the Board will observe implementation of the Lighthouse Project with interest.

¹³¹ Implementation updates to the 2018-19 Annual Report of the Domestic and Family Violence Death Review and Advisory Board (Appendix E).

¹³² Australian Domestic and Family Violence Death Review Network. (2018). *Data Report 2018*. New South Wales Domestic Violence Death Review Team. <https://apo.org.au/sites/default/files/resource-files/2018-05/apo-nid174811.pdf>.

Chapter 5: Reflections on patterns of abuse, risk and harm

Key findings

- » Across the majority of the Board's case reviews, victims, perpetrators and their families had contact with a range of services for multiple, complex and co-occurring needs including domestic and family violence, mental illness, harmful substance use, and child protection concerns.
- » Despite visibility to multiple services, the Board continued to observe a fragmented approach to service provision, with multiple services working with a person or their family in isolation.
- » While legislative and policy instruments exist to share information to inform domestic and family violence risk, there was limited evidence of relevant information sharing to inform a thorough assessment of risk or to deliver holistic and integrated responses to co-occurring needs. As a result, service responses were largely symptomatic and reactive.
- » The Board continued to identify issues across the service system in relation to the identification and responses to indicators of domestic and family violence. It is essential for all services that may encounter perpetrators, victims or their children to have an appropriate understanding of domestic and family violence in order to identify, assess, refer and respond.
- » While considerable improvements have been made to respond to victims and their children and hold perpetrators to account, gaps remain in the way that services identify and respond to the primary perpetrator of violence.
- » To put an end to domestic and family violence in Queensland, we must focus our attention on the perpetrators responsible for this type of violence, at an earlier point and over the longer term. It is clear from the cases reviewed by the Board that there is a need to work together to prioritise the safety of victims and their children, and to hold perpetrators to account, at every point of contact with services and regardless of the level of risk.
- » Given the clear pattern of repetitive perpetration by a significant proportion of offenders, the Board questioned whether more could be done to manage high risk perpetrators of domestic and family violence by ensuring visibility of risk as they move across relationships or jurisdictions.

Since its establishment, the Board has been confronted by the volume of cases involving perpetrators of domestic and family violence who used significant and sustained violence toward multiple intimate partners over their life course. Patterns of extreme violence were apparent across cases, regardless of whether the perpetrator was the homicide offender, homicide deceased or suicide deceased. As seen in Chapter 4, the risk from these perpetrators extended to both the primary victim and their child/ren.

Since the *Special Taskforce on Domestic and Family Violence in Queensland*, significant work has been undertaken to address and respond to domestic and family violence, including commitments under:

- » the Third Action Plan of the *Queensland Domestic and Family Violence Prevention Strategy 2019-20 to 2021-22*;
- » *Queensland's plan to respond to domestic and family violence against people with disability*; and
- » *Queensland's Framework for Action: Reshaping our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence*.

These policies outline the core framework through which the Queensland Government aims to address domestic and family violence in our community. This is primarily through increasing protective supports for victims and their children, and by ensuring that systems are in place to appropriately sanction perpetrators and provide them with access to assistance to stop using violence. Specific actions include the specialist Domestic and Family Violence Court model, expanding perpetrator intervention programs, and the rollout of domestic and family violence perpetrator programs in correctional centres. The Board is pleased to see this work continue.

In almost all cases reviewed, the Board identified significant and sustained patterns of repetitive violence perpetrated across multiple relationships. However, in many of the cases reviewed by the Board, the perpetrator of violence had minimal contact with the criminal justice system and very rarely had they been imprisoned for domestic and family violence related offences.

Despite visibility to multiple services, the perpetrator's use of violence in one relationship was often viewed in isolation and non-physical forms of violence were not treated with sufficient seriousness. This meant that escalating patterns of violence often went unrecognised or undetected.

It is essential for frontline services to have an appropriate understanding of the nature and dynamics of domestic and family violence in order to identify, assess, refer and respond. However, no single agency is responsible for intervening and responding to domestic and family violence.

The Board discussed whether there is a need for a specific or dedicated whole-of-system strategy aimed at identifying and responding to all perpetrators of domestic and family violence, many of whom never come to the attention of the criminal justice system.

The Board also discussed whether there is a need for services to have access to additional options and resources to manage perpetrators with a clear pattern of repetitive violence across multiple relationships, which may increase surveillance and reduce the likelihood of future harm or lethality.

This chapter explores the opportunities that exist to ensure all points of the service system are equipped to identify domestic and family violence perpetrators and respond appropriately. This chapter further considers the health and criminal justice system responses to perpetrators of domestic and family violence, intervention programs, and mechanisms that are used to increase monitoring and surveillance of high risk and recidivist offenders in Queensland and other jurisdictions.

Throughout this chapter, the Board discusses risk assessment, screening and responses to indicators of heightened risk. However, this report acknowledges that risk varies over time and that there is a need to better understand and respond to these patterns of violence.

Acts of abuse are commonly considered across a spectrum of severity ranging from low to high, and at times, extreme risk. This report does not seek to quantify this terminology and recognises that there is significant work that needs to be undertaken to improve responses to perceived or actual risk within the context of domestic and family violence relationships.

Enhancing service system responsiveness

Research demonstrates that a past history of domestic and family violence is a strong predictor of future violence and lethal risk.¹³³ This highlights the need for routine screening and risk assessment across the service system to identify the presence of domestic and family violence, plan for the safety of victims and their children, and determine whether a perpetrator may present a risk of future harm to others.

There are a range of services that have an opportunity to identify domestic and family violence perpetration, including specialist support services, police, corrections, child protection services, health, and mental health services. While certain services may have a primary role in responding to domestic and family violence (e.g. specialist services) even where it may not be their only responsibility (e.g. police), other services, including health services, play a secondary role as gatekeepers who are in a critical position to identify abusive behaviour and act as a referral pathway to police and specialist supports.¹³⁴

Throughout Queensland and nationally, a range of screening and risk assessment tools are used by different agencies, many of which are not validated, and this contributes to inconsistent practice. To promote consistency, ANROWS recently finalised and published the *National Risk Assessment Principles for Domestic and Family Violence*,¹³⁵ which are intended to provide an overarching national understanding of risk assessment and management in the area of domestic and family violence. These principles highlight the need for services to identify and monitor domestic and family violence perpetrators, and to keep them firmly 'in view' in all interventions, in order to keep women and children safe.¹³⁶

In Australia, most screening and risk assessment tools were developed to be used with female victims of male perpetrated domestic and family violence, rather than to assess perpetrator behaviours.¹³⁷ Similarly, there is a lack of empirically based risk assessment tools that meaningfully predict risks to children in the context of domestic and family violence. Screening tools that can be used with perpetrators and children could help improve overall identification of risk. While the use of validated risk assessment tools is important, the Board found that services sometimes failed to identify significant indicators, like physical abuse, as indicative of domestic and family violence.

For example, in several cases considered by the Board, the perpetrator's use of physical violence toward their female partner was dismissed as a consequence of their mental health issues, and not considered in the context of domestic and family violence. In one filicide case, child safety services assessed that the perpetrator's high level of control over the child's mother was a protective factor as she had an underlying intellectual impairment.

Even where domestic and family violence risk indicators were identified, these were often not weighted appropriately. Indicators known to be associated with lethality, such as strangulation and sexual proprietariness, were not treated with sufficient seriousness.

For example, in one case, a victim (the homicide deceased) called police for assistance, reporting that her partner (the homicide offender) had physically assaulted and strangled her until she lost consciousness and control of her bladder and bowel function. The victim had difficulty providing an account of the violence at the scene, due to residual dizziness and shock. Police did not offer her any medical assistance and told her that she smelled and should shower as she was covered in urine and faeces. She was killed by her partner shortly thereafter.

These cases highlight the need for all services that may encounter perpetrators, victims or their children to have an understanding of domestic and family violence. It is essential that all services have an awareness or understanding of types and patterns of abusive behaviour, including those that are non-physical, in order to effectively identify, assess and respond to victims and perpetrators of violence.

¹³³ Toivonen, C., & Backhouse, C. (2018). National risk assessment principles for domestic and family violence: Companion resource. A summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence. https://apo.org.au/sites/default/files/resource-files/2018-07/apo-nid189371_6.pdf.

¹³⁴ Domestic and Family Violence Death Review and Advisory Board. (2018). 2017-18 Annual Report. https://www.courts.qld.gov.au/_data/assets/pdf_file/0003/586182/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2017-18.pdf.

¹³⁵ Toivonen, C., & Backhouse, C. (2018). National risk assessment principles for domestic and family violence: Companion resource. A summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence. https://apo.org.au/sites/default/files/resource-files/2018-07/apo-nid189371_6.pdf.

¹³⁶ Ibid.

¹³⁷ Ibid.

Risk screening and assessment in health settings

While all services have a role in identifying and responding to domestic and family violence perpetrators, the Board has regularly identified the importance of health services as a key point of intervention for those using or experiencing domestic and family violence.

Research has shown that abused women are more likely to have contact with general practitioners than non-abused women,¹³⁸ and that between 19-25% of women attending emergency departments have a history of domestic and family violence victimisation.¹³⁹ However, the extent of perpetrator contact within health settings is comparatively under-researched.

When perpetrators do access these services, they are unlikely to directly disclose domestic and family violence and instead may present for problems with anger, suicidal ideation or intent, or depression and anxiety.¹⁴⁰ Therefore, screening and identification of domestic and family violence in health settings is a crucial initial step for services to recognise and respond to indicators of risk.

During the current reporting period, the Board reviewed the death of Jack, who was killed by his partner, Sally, in the context of domestic and family violence. Jack was the primary perpetrator of domestic and family violence in his relationship with Sally and, in the two years before Jack's death, he had multiple contacts with health services in relation to mental health issues associated with his harmful substance use. This included presentations related to suicidal ideation and symptoms of psychosis or paranoia.

At various times, Jack also disclosed having a partner and carrying a knife for 'self-protection' (related to his paranoia). However, there was an absence of any domestic and family violence related screening or assessment, despite Jack being recorded as having a significant history of domestic and family violence perpetration as well as other violence outside of the home. The Board found that Jack's contact with public health services represented missed opportunities to identify and respond to his escalating domestic and family violence.

Like Jack's case, a large proportion of both victims and perpetrators in the cases reviewed by the Board had a previous history of contact with health services. This included contact with a range of clinical and non-clinical staff within hospital and health services, paramedics, general practitioners, counsellors, social workers, psychologists, and psychiatrists in the private and community sectors as well as the public health system. This contact was predominantly due to:

- » assault related injuries requiring medical intervention and treatment;
- » maternity related admissions; and
- » presentations associated with mental illness, harmful substance use, suicidal ideation/attempts or self-harm, or for relationship counselling and therapeutic support.

Despite victims and perpetrators presenting repeatedly to health and mental health services with risk factors strongly correlated with an increased risk of domestic and family violence, there appeared to be limited or no recognition of, and response to, these intersecting issues as potential indicators of domestic and family violence. There was also evidence of collusion in some cases, where clinicians failed to challenge or respond to disclosures from perpetrators in relation to their use of violence.

Across contact with health services, a lack of domestic and family violence literacy appeared to hinder screening and the application of risk assessment, thereby limiting the ability of health services to provide effective support, interventions or referrals to specialist services. Clinicians narrowly focused on the clinical components in front of them, without examining or identifying relevant domestic and family violence related risk factors.

For example, in one case the primary perpetrator of domestic and family violence engaged in self-harming behavior after the victim attempted to end the relationship. He was admitted to health services and, despite the perpetrator stating that he was self-harming to 'get his partner to notice him', the service response narrowly focused on addressing his medical needs arising from the self-inflicted injuries, and his treating team did not explore or consider the underlying context in which the self-harming behaviour occurred. In this case, the Board considered the response was symptomatic and a missed opportunity for services to intervene.

While self-harm and suicidal ideation/attempts may be indicative of significant emotional distress, they may also be used as a tactic of coercive control by a perpetrator towards a victim of domestic and family violence. Self-harming behaviour in the context of domestic and family violence is a high-risk indicator of lethality.

138 Plichta, SB. (1997). Violence, health and the use of health services. In: *Women's Health: health and care seeking behaviour*. Baltimore: John Hopkins University Press.

139 Bates, L., Redman, S., Brown, W., & Hancock L. (1995). Domestic violence experienced by women attending an accident and emergency department. *Australian Journal of Public Health*, 19(3), 293-299. <https://doi.org/10.1111/j.1753-6405.1995.tb00446.x>

140 Bartlett, T. S., Meyer, S., & Fitz-Gibbon, K. (2020, Apr 30). Family violence perpetrator screening and risk assessment. *Monash Gender and Family Violence Prevention Centre*. <https://doi.org/10.26180/5eaas7odb9a1e>.

Case example

Shane, a man in his 50s, took his own life after assaulting his former partner, Mary, stopping only when a third party intervened.

Shane exhibited coercive controlling behaviour toward Mary throughout their relationship, which significantly escalated after the relationship ended. This included damaging Mary's property, acts of stalking, verbal abuse and harassment, and acts of suicidal and self-harming behaviour. On one occasion, Shane broke into Mary's home and stabbed himself in front of her.

In the months before his death, Shane was engaged with a number of private and public mental health services in relation to his chronic suicidal ideation and self-harming behaviour. Shane disclosed that he engaged in self-harming behaviour to manipulate Mary into maintaining contact with him. He also disclosed that he hoped Mary would find him after acts of self-harm. However, mental health staff did not recognise these behaviours as a form of domestic and family violence or a risk factor for lethality. Shane's treating clinicians narrowly focused on addressing his immediate medical needs arising from the self-inflicted injuries.

This is a compelling example of the need for health and mental health services to have an understanding of domestic and family violence, including non-physical forms of abuse, and the link between suicidality and domestic and family violence.

In its 2016-17 Annual Report, the Board recommended that the Queensland Government:¹⁴¹

- » implement processes for 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; and
- » introduce mandatory training for staff who may come into contact with perpetrators, victims and their children to ensure that they have an adequate level of understanding of domestic and family violence and risk assessment.

The Queensland Government accepted these recommendations in principle. The Board was advised that, within public mental health services, routine screening for experiences of domestic and family violence now occurs through intake assessments, and as part of the Violence Risk Assessment and Management Framework (the Framework).

The Framework is a guiding document for the identification, assessment and management of mental health service consumers who may pose a risk of violence toward others. It provides a structured and standardised approach to risk assessment and management, whereby any elevation in the level of risk is met with comprehensive and specialised responses. These are positive steps forward; however, it is not clear to what extent screening for experiences of domestic and family violence also extends to the identification of those who perpetrate domestic and family violence.

Queensland Health also developed a toolkit of domestic and family violence resources to support health professionals understanding of, and responses to, domestic and family violence. While Queensland Health promotes the use of the toolkit resources among staff, accessing them is voluntary.¹⁴²

In addition to this work, in March 2020 Queensland Health dedicated \$2.07M to establish a state-wide domestic and family violence specialist workforce to build capacity within Hospital and Health Services to respond to suspicions and disclosures of domestic and family violence safely and appropriately.

The Board was pleased to learn of the significant work undertaken by the Queensland Government to embed domestic and family violence practice in public health settings. However, the Board considered whether these changes were sufficient, or whether more needed to be done to address the gaps in the system that the Board continues to identify.

While the Board does not contend that health practitioners should be experts in the area of domestic and family violence, it is essential for any service provider that may come into contact with perpetrators, victims and their children to have some understanding of the context and patterns of violence (particularly non-physical violence), its underlying motivations, and indicators of heightened lethality (such as suicide threats, strangulation or sexual proprietariness), in order to appropriately respond.

Recommendation 2:

That the Queensland Government consider, as a matter of priority, how domestic and family violence training can be delivered to all frontline Queensland Health workers, to effectively and sustainably build and maintain domestic and family violence literacy across the secondary and tertiary healthcare systems.

Recommendation 3:

That the Queensland Government, as a matter of priority, review and enhance domestic and family violence training and resources to ensure that all frontline Queensland Health workers, particularly those in the areas of sexual health, mental health and alcohol and other drug services, understand domestic and family violence perpetrator tactics, complex trauma presentations, and the link between suicidality and experiences of domestic and family violence.

¹⁴¹ Recommendations 2 and 7 of the 2016-17 Annual Report of the Domestic and Family Violence Death Review and Advisory Board.

¹⁴² During the current reporting period, Queensland Health advised the Board that an evaluation of the toolkit in 2019 found that the structure and content represented high quality learning supports for the health workforce and also identified a number of areas for review and update. This includes revisions regarding the safety and efficacy of screening, assessment and management of domestic and family violence risk within clinical environments.

As highlighted in the final report of the Special Taskforce, *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* there are many professions that have significant power and scope to intervene and respond to domestic and family violence, including those across health, policing, criminology, law, psychology and social work. However, there is limited education or training at a tertiary level to help and support emerging professionals to understand domestic and family violence before they enter these key sectors of the workforce.

The Special Taskforce recommended that the Queensland Government work with universities to identify suitable ways to incorporate into professional undergraduate courses, education and training on how to identify when domestic and family violence is occurring and how to appropriately intervene.¹⁴³

This recommendation was accepted; however, it does not appear that this recommendation was fully implemented as intended by the Special Taskforce¹⁴⁴ and the Board questioned whether more needed to be done to equip graduates with the necessary training and skills to understand domestic and family violence, and how to respond, before they enter key frontline sectors of the workforce.

Recommendation 4:

That the Queensland Government request that universities and peak professional bodies incorporate evidence-based domestic and family violence education into professional undergraduate courses in key frontline areas such as psychology, social work, law, criminology, and health.

Information sharing to support an effective response

Responding to domestic and family violence requires government, non-government and community groups to work together in a collaborative way so that perpetrators, victims and their children receive consistent, standardised and culturally informed service responses. Information sharing is critical to support the actions of frontline workers and coordinate service delivery between agencies, along with the use of common protocols, consistent risk assessment frameworks, and a common language for describing domestic and family violence related risk.

This was acknowledged by the Queensland Government in their response to the Special Taskforce's final report. Since then, the Queensland Government has commenced significant reforms to facilitate information sharing across agencies, and to establish integrated service system responses to identify and manage cases of high risk domestic and family violence.

A key recommendation of the Special Taskforce was the development and implementation of three integrated service response models.¹⁴⁵ Three pilot sites commenced in 2017 in Logan-Beenleigh, Mount Isa-Gulf and Cherbourg and there are now eight High Risk Teams (HRT) operating across Queensland. The HRTs consist of dedicated staff from both government and non-government agencies¹⁴⁶ who collaborate and share information to develop multi-agency safety plans to support victims and their children assessed to be at a high risk of serious harm or lethality.

To enhance the ability of services to work together and share information, amendments to the DFVPA were also introduced to enable prescribed government organisations, specialist domestic and family violence services, and support service providers, to exchange confidential information without consent to assess or manage serious domestic and family violence threats.¹⁴⁷ These provisions came into effect in 2017 and were designed to break down the siloes that existed between different services working with the same family, in order to support them to better assess and manage domestic and family violence risk.

However, the Board was concerned that these provisions appear to be underutilised by services. Across the majority of the Board's case reviews, victims, perpetrators and their families had contact with a range of services for multiple, complex and co-occurring needs including domestic and family violence, mental illness, substance use, and child protection concerns. However, there was limited evidence of relevant information sharing to inform a thorough assessment of risk, or to deliver holistic and integrated service responses to these co-occurring issues. Service responses were inherently siloed in their approach, with multiple services working with a person or their family in isolation.

¹⁴³ Recommendation 65 of the Special Taskforce on Domestic and Family Violence. (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*. Queensland Government. <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/about/not-now-not-ever-report>.

¹⁴⁴ The Queensland Government indicated that it worked with the Queensland College of Teachers, the non-state school sector and universities to include the requirement for all Queensland Initial Teacher Education Programs to include education and training on domestic and family violence as a mandatory component from January 2017. However, there is no reference to action taken regarding other university degrees outside of teaching.

¹⁴⁵ Recommendations 9, 74, 75, 76, 77, 78, 79, 80, 82 and 83 of the Special Taskforce on Domestic and Family Violence. (2015). *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland*. <https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/about/not-now-not-ever-report>.

¹⁴⁶ These agencies include the Queensland Police Service, Department of Child Safety Youth and Women, Queensland Corrective Services, Queensland Health, the Department of Housing and a specialist domestic and family violence service.

¹⁴⁷ The Department of Health and associated agencies, including public health services and public hospitals (Authorised Mental Health Services), and the Ambulance Service are prescribed agencies under the *Domestic and Family Violence Protection Act* (2012), as well as adult corrective services, youth justice services, child protection services, community services, court services, disability services and education.

Case example

Yasmin, a woman in her 30s, was killed by her estranged intimate partner, Zach.

In the years before the death, Zach had extensive service system contact in relation to mental illness, harmful substance use, and domestic and family violence perpetration. He had a history of perpetrating extreme acts of violence in prior relationships, including hostage taking, non-lethal strangulation, animal abuse, threats to kill, and stalking. However, Zach was rarely held accountable for his violence.

Zach also exhibited coercive controlling behaviours toward Yasmin, which escalated after she ended the relationship. This included acts of stalking, multiple episodes of assault, breaking into Yasmin's home, persistent verbal abuse and harassment, property damage, and threats to kill.

In the months before the death, Zach expressed homicidal ideation to multiple services, including police, support services and mental health services. However, services did not treat these disclosures with sufficient seriousness and failed to consider Zach's history of intimate partner violence in their assessments of his risk to Yasmin. This resulted in inadequate assessments of Zach's risk of harm, and a lack of integrated service responses to his use of domestic and family violence and co-occurring issues.

In the Board's view, there were multiple opportunities for services to intervene and respond to Zach's violence over a prolonged period. This case is a compelling example of the need for information sharing regarding assessment and management of risk, particularly in cases where perpetrators have a history of domestic and family violence, or there is other information to suggest an increased risk of harm.

Information sharing is of critical importance to effective risk management and safety planning as agencies often hold different information regarding the circumstances and relevant risk factors present in each case. It is only when this information is shared that the full picture of risk becomes known. This was illustrated in several cases where significant episodes of violence and indicators of lethal risk were evident to multiple services but not shared between agencies.

For example, in one case, the perpetrator had an extensive history of domestic and family violence across multiple intimate partner relationships. In the years prior to the fatality, the perpetrator had contact with multiple services in relation to domestic and family violence, mental health issues, and criminal offending including contact with police, court services, corrections, health and mental health services.

While there were some positive examples of proactive information sharing between agencies, this broke down as the perpetrator moved across relationships or jurisdictions and services appeared to 'start again' in their assessment of his risk. Overall, domestic and family violence remained invisible across various service system responses due to lack of information sharing to inform a thorough assessment of the perpetrator's risk.

The Board questioned why agencies may not be utilising Part 5A of the DFVPA as intended. The Board considered factors such as a lack of awareness or confidence in utilising these provisions, confusion around information sharing outside of HRT locations, or heightened apprehension and vigilance in relation to the release of confidential information following the recent Crime and Corruption Commission inquiry (Taskforce Flaxton) into corruption risks within correctional facilities.¹⁴⁸

The Board noted that Part 5A of the DFVPA was specifically introduced to enable particular entities to share information to assess and respond to domestic and family violence risk.¹⁴⁹ The DFVPA stipulates that whenever safe, possible and practicable, a person's consent should be obtained before information is shared; however, the safety, protection and wellbeing of victims and their families takes precedence over an individual's right to privacy.¹⁵⁰

The Board questioned whether more needed to be done to increase awareness and consistent use of the existing information sharing provisions in Part 5A of the DFVPA, by ensuring that all agencies empowered to share or receive information have internal guidelines, processes and procedures in place to support and promote the use of these provisions in relevant circumstances.

¹⁴⁸ Taskforce Flaxton identified a number of corruption risks within Queensland correctional facilities including misuse of information: Crime and Corruption Commission Queensland. (2018). Taskforce Flaxton: An examination of corruption risks and corruption in Queensland prisons. <http://www.ccc.qld.gov.au/publications/taskforce-flaxton>.

¹⁴⁹ The Queensland Cabinet and Ministerial Directory. (2016). *Domestic and family violence protection and other legislation amendment bill 2016*. Queensland Government. <https://cabinet.qld.gov.au/documents/2016/Aug/DFVBill/Attachments/ExNotes.PDF>.

¹⁵⁰ S169B *Domestic and Family Violence Prevention Act 2012* (Qld).

Recommendation 5:

That the Queensland Government increase the awareness and consistent use of the existing information sharing provisions in Part 5A of the Domestic and Family Violence Protection Act 2012 by all agencies empowered to share or receive information under the Act. The Queensland Government should:

- a) *ensure that all prescribed entities under the Act have internal guidelines, processes and procedures in place regarding the existing information sharing provisions to support and promote their use in relevant circumstances, and that the information sharing provisions are incorporated into existing training for frontline officers;*
- b) *explore opportunities to ensure that non-government organisations who are empowered to share or receive information under Part 5A of the Act have processes and procedures in place regarding information sharing;*
- c) *develop standardised processes and procedures, supported by relevant training, that can be provided to non-government organisations for adoption; and*
- d) *liaise with the relevant peak professional bodies of services who are empowered to share information under Part 5A of the Act, such as family lawyers, psychologists and GPs, and ask that they promote the use of these provisions to their membership, in appropriate circumstances.*

High Risk Teams

HRTs were established to improve service integration and collaboration in high risk cases of domestic and family violence. However, across its first term, the Board continued to observe a fragmented approach to service provision, including in locations where HRTs were known to be operating or where a high risk of harm had been identified.

In 2019, an independent evaluation of the HRT trial sites was completed by the Griffith Criminology Institute, Griffith University.¹⁵¹ The evaluation noted:

- » the common approach to assessing risk¹⁵² has developed differently than was intended and participating HRT agencies are assessing risk differently;
- » confusion about the separation of roles and responsibilities of HRTs and the broader integrated service system response;

- » confusion around information sharing outside of the role/ functions of HRTs, and a perception among many stakeholders that high risk teams are 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; and
- » there is a significant focus on improving victim safety, but this could be strengthened by a greater focus on perpetrators and holding them to account.

Ultimately, the evaluation concluded that 'the integrated service response and High Risk Team model is in a state of emerging practice' and that 'more needs to be done to consolidate and embed these reforms.'¹⁵³ This is consistent with the observations of the Board.

During the current reporting period, the Board received an update from the Department of Child Safety, Youth and Women in relation to the progress of the HRTs. The Board was pleased to hear of some success stories, though noted that HRTs are not available in all locations. Where they are in place, not all cases meet the threshold for referral as HRTs have a very specific purpose to intervene and respond to those victims assessed to be at serious risk of harm or fatality. This assessment is based on the information available to the referring agency at the time, which may not be a complete picture of the risk.

The Board also heard of examples of the HRTs seeing the same perpetrators over time as they move across relationships and jurisdictions. The Board was concerned that there are limited methods to monitor these recidivist perpetrators, particularly as they move outside of HRT locations or as matters are stepped down into the broader integrated service response.

It is clear from the cases reviewed by the Board that there is a need to work together to prioritise the safety of victims and their children, and to hold perpetrators to account, at every point of contact with services. In this way, earlier integrated service responses may be more effective at reducing domestic and family violence to limit the risk of future serious harm or lethality.

¹⁵¹ This review analysed the High Risk Team practices and outcomes in the initial three trial locations implemented in 2017 at Logan/Beenleigh, Mount Isa/Gulf and Cherbourg.

¹⁵² The High Risk Teams utilise the Common Risk and Safety Framework (CRSF), which was developed by ANROWS 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 CRSF is not an actuarial assessment, and 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.

¹⁵³ 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. <https://www.csyw.qld.gov.au/resources/campaign/end-violence/dfv-isr-evaluation-summary.pdf>.

Enforcement, safety and protection

In Australia and internationally, criminal justice system consequences are often seen as primary mechanisms through which perpetrators are held to account. Within the criminal justice system, perpetrator accountability can be operationalised in a number of ways, including through:

- » police responses to criminal acts of domestic and family violence, such as by arresting, charging and prosecuting perpetrators;
- » legal sanctions, including domestic and family violence protection orders and consequences for breaching these orders; and
- » court directed attendance at men's behavioural change programs.

This section will consider how perpetrators are identified and managed by various parts of the criminal justice system, specifically:

- » policing perpetrators of domestic and family violence;
- » perpetrator intervention programs;
- » supervision of high risk offenders; and
- » mechanisms to monitor high risk and recidivist perpetrators of domestic and family violence.

Policing perpetrators of domestic and family violence

Police play a critical role in responding to domestic and family violence. They are often one of the first points of system contact for perpetrators and victims, particularly during times of crisis. Police act as gatekeepers not only to the criminal justice system, but to health, child safety services and specialist support systems through provision of referrals.

Across the Board's case reviews, police overwhelmingly represented the most frequent point of service system contact, predominantly in relation to:

- » calls for service, or requests for information and advice by victims, other family members, or witnesses in relation to episodes of domestic and family violence that were occurring or had recently occurred; and
- » calls for service in relation to a range of other issues where there were indicators of domestic and family violence, including welfare checks or acts of self-harm.

In the vast majority of the Board's case reviews, regardless of the death type, there was evidence of coercive controlling abuse. However, this was less likely to be responded to by police unless reports of physical violence were concurrently made. Suicide threats or attempts, accusations of infidelity, harassing or threatening behaviour, and possessiveness were less likely to be recognised by police as possible indicators of domestic and family violence or lethal risk. This extended to the lack of identification of domestic and family violence where the threat or abuse was targeted at a third party (e.g. children) as a means to control the primary victim.

There were also many examples where police accepted, or placed more weight on, perpetrators' accounts of events when investigating allegations of domestic and family violence. This was particularly evident in cases where the perpetrator may have presented as charming or calm when engaging with police (or other first responders), or where the victim did not present as an 'ideal victim', a concept expanded upon in Chapter 3. For example, in one case police labelled the victim as 'hostile' because she was unwilling to provide a statement following an episode of violence.

In some cases, the history of domestic and family violence recorded by police was extensive, occurring across multiple intimate partner and family relationships. This information was invaluable in establishing patterns of violence perpetration and victimisation over time. However, the Board continued to observe assessments that ignored cumulative harm over time and repeated police callouts, even in those cases where there had been recent police contact.

Instead, each call for service was responded to in isolation, without consideration of the history of violence as reported by the victim or as identifiable on police records. This meant that, in many cases, police did not identify ongoing (and often escalating) patterns of behaviour. This created missed opportunities for services to provide protective support to victims and their children, hold perpetrators to account, and, in some cases, intervene earlier when intervention may have been more effective at reducing the risk of future harm or lethality.

Administrative evidence indicates that a small group of domestic and family violence perpetrators are responsible for a disproportionate number of police calls for service and for the most serious offending.¹⁵⁴ According to recent data provided by the Queensland Police Service (QPS), there were approximately 76,000 current protection orders in Queensland as at September 2020. Additional analysis identified that 319 offenders were subject to three or more orders, affecting 1,156 individual victims.

During the current reporting period, the Board was pleased to hear of Operation Sierra Alessa, a new focused deterrence trial undertaken by the QPS to monitor and manage these 319 high risk and recidivist perpetrators of domestic and family violence.

Focused deterrence is a policing lead, crime reduction strategy which aims to implement effective, short-term responses to domestic and family violence and reduce repeated calls for service.¹⁵⁵ While traditional approaches to policing domestic and family violence place a significant burden on victims to engage in help-seeking behaviour, focused deterrence models aim to proactively engage with perpetrators to ensure accountability and target domestic and family violence where the risk is highest.¹⁵⁶

The Operation Sierra Alessa trial was in operation for two months and aimed to proactively engage, monitor and disrupt the behaviours of those offenders subject to three or more protection orders in Queensland. As part of the operation, police undertook home visits, proactively reinforced protection orders, and promoted community-based support services to perpetrators and victims of violence. The operation is currently undergoing an evaluation, with preliminary findings suggesting:

- » of the perpetrators targeted, 79 were charged with 115 domestic and family violence related offences and 179 non-domestic and family violence related offences;

¹⁵⁴ Morgan, A., Boxall, H., Dowling, C., & Brown, R. (2020). *Policing repeat domestic violence: Would focused deterrence work in Australia?* Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi593>

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

- » 44 perpetrators were remanded in custody as a consequence of their offending behaviour (both domestic and family violence related, and non-domestic and family violence related); and
- » police made nine additional protection order applications to protect victims of domestic and family violence.

The Board was advised that key learnings from the pilot will contribute to the development of effective domestic and family violence prevention and intervention strategies undertaken by QPS.

Perpetrator intervention programs

Alongside criminal justice system consequences, the most common approach to perpetrator intervention is through group-based men's behavioural change programs.¹⁵⁷ Perpetrator intervention programs aim to prevent violence by changing attitudes and behaviours through a range of strategies including individual counselling, case management and group work.¹⁵⁸ Different approaches and methodologies are employed to achieve this aim including goal setting, solution focused approaches, counselling, behaviour change, narrative therapy, and anger management.

A significant challenge to achieving positive outcomes through such interventions is the perpetrator's motivation to change. Ultimately, interventions will not be successful if perpetrators do not believe that their behaviours need to change. However, accountability and responsibility do not necessarily align, as criminal justice system responses seek to hold perpetrators accountable regardless of whether offenders take responsibility for their violent behaviour.¹⁵⁹

Even if perpetrators have no desire to change and take responsibility for their violence, mandated attendance at men's behavioural change programs can still allow perpetrators to be kept in view, and permit agencies to share information to better assess and monitor risk to victims and their children.

In its final report, the Special Taskforce highlighted the importance of perpetrator interventions as part of an integrated service response to address domestic and family violence and recommended increasing access to perpetrator intervention initiatives. During the current reporting period, the Department of Child Safety, Youth and Women advised that, since 2015, the Queensland Government has made significant investments to develop and enhance the availability of perpetrator intervention programs. The Board acknowledged this significant investment; however, demand continues to outstrip supply, and the accessibility and availability of these programs continues to act as a barrier to engaging perpetrators in meaningful change.

Access to behavioural change programs remain limited, particularly in rural or remote areas where service provision is commonly impeded by a lack of resources, program availability, and the retention of qualified professional staff. There are often long waiting lists and, as a result, programs are generally prioritised for high risk and recidivist perpetrators of domestic and family violence. This creates missed opportunities for intervention with other perpetrators when risk is at a low or medium level, and where interventions may be more effective at reducing a perpetrator's risk of future harm or lethality.

The Board felt that issues with program availability and accessibility have likely been exacerbated by the COVID-19 pandemic and the Board reflected on the need for new and innovative ways to implement service delivery. Like many other sectors, specialist domestic and family violence services needed to act quickly during the initial stages of the COVID-19 restrictions to support service delivery and client engagement. A recent Queensland study found that across the domestic and family violence sector, practitioners developed a number of innovative strategies to address issues in service delivery including a shift to online counselling and online men's behaviour change programs.¹⁶⁰

Recommendation 6:

That the Queensland Government conduct a system-wide review of the impact of the responses to the COVID-19 pandemic on victims of domestic and family violence and consider maintaining any service delivery adaptations that have improved safety for victims and their children.

The Board has previously recommended that the Queensland Government conduct a feasibility study about the use of online men's behavioural change programs.¹⁶¹ The Queensland Government accepted this recommendation and the Department of Child Safety, Youth and Women are currently conducting and evaluating a perpetrator intervention pilot using an online model of delivery, which will include perpetrators who live in rural or remote locations in Queensland. The Board will continue to monitor the progress of these reforms with interest.

In addition to the current reforms in Queensland, the need for consistent and robust perpetrator interventions has also been recognised at a national level. In 2016 the Commonwealth Government commissioned ANROWS to implement a dedicated Perpetrator Interventions Research Stream, which is a priority of the *National Plan to Reduce Violence against Women and their Children 2010-2022*.¹⁶²

¹⁵⁷ Meyer, S., & Frost, A. (2019). *Domestic and family violence: A critical introduction to knowledge and practice*. Routledge.

¹⁵⁸ Vlasis, R., Ridley, S., Green, D., & Chung, D. (2017). *Family and domestic violence perpetrator programs: Issues paper of current and emerging trends, developments and expectations*. Stopping Family Violence. <http://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf>

¹⁵⁹ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Slater, M., Austen, S., O'Leary, P., Breckenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Watts, L., Wilkes-Gillan, S., Speyer, R., Mahoney, N., Anderson, S., & Bissett, T. (2020). *Improved accountability: The role of perpetrator intervention systems*. Australia's National Research Organisation for Women's Safety. <https://2oian8tkynqg38b133eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2020/06/Chung-RR-Improved-Accountability.pdf>

¹⁶⁰ Johnston, M., Davies, S., Morales, Y.R., Sharman, S., & True, J. (2020). *Mapping the impact of covid-19 in the Indo-Pacific region II: Women, peace, and security practitioner views*. Monash University. https://www.monash.edu/_data/assets/pdf_file/0005/2209496/COVID19-and-WPS-Research-Brief_FINAL.pdf

¹⁶¹ Recommendation 12 of the 2017-18 Annual Report of the Domestic and Family Violence Death Review and Advisory Board.

¹⁶² Department of Social Services. (2010). *National plan to reduce violence against women and their children: including the first three-year action plan*. Council of Australian Governments. https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf

In June 2020, ANROWS finalised and published their research. With respect to men's behavioural change programs, ANROWS found that:

- » men's behavioural change programs play a key role in supporting men to reduce their use of violence, but high expectations are placed on these programs. Often, practitioners only have relatively short periods of time in which to address and change behaviour that may be highly entrenched;
- » responding to diversity¹⁶³ remains a challenge;
- » the role of men's behavioural change programs to monitor risk and provide supports to victims is often undervalued; and
- » there are limited and inconsistent consequences for men who disengage from programs or otherwise breach orders.¹⁶⁴

These findings are consistent with prior observations made by the Board. In particular, the Board noted the lack of culturally appropriate programs, and the need for culturally safe and suitable interventions for Aboriginal and Torres Strait Islander people that acknowledge the significant impact of intergenerational trauma on families and communities.

ANROWS made several key recommendations for policy makers in this area:

- » that perpetrators be assessed for suitability for referral to a men's behavioural change program before mandating attendance;
- » to trial a national minimum data set for men's behavioural change programs. This will enable the creation of a national database to support an evidence-informed approach to future program development;
- » group-based programs are not suitable for all perpetrators, and the delivery of group-based programs is not viable in some locations, including rural and remote areas. Therefore, consideration must be given to refer offenders to other forms of perpetrator interventions beyond group-based men's behavioural change programs; and
- » prioritise adapting perpetrator responses so that systems are better able to engage and work with diverse perpetrators and circumstances.

In its discussions on this topic, the Board emphasised that participation in an intervention program alone should not be considered to reduce the risk of future offending in and of itself. Perpetrator intervention programs are one part of a broader service system response to holding perpetrators accountable for their behaviour and to help reduce the harm to vulnerable victims and their children.

Supervision of high risk offenders

In numerous cases considered by the Board, the perpetrator had a reported history of domestic and family violence and in over two-thirds of cases, this resulted in a protection order being issued. The recorded history of domestic and family violence was extensive in some cases, occurring across multiple intimate partner or family relationships and with escalating frequency and severity over time.

For example, in one case the perpetrator had a documented history of domestic and family violence involving at least five intimate partners spanning over a decade. He frequently breached protection orders with multiple partners over a sustained period and for serious acts of violence including physical assaults, non-lethal strangulation, verbal and emotional abuse, and threats to kill his partner, their children and pets. He was rarely held to account for his behaviours, as each act of violence was responded to in isolation, rather than as a pattern of escalating risk. The Board considered that this perpetrator displayed an ongoing pattern of high risk domestic and family violence, including multiple indicators of lethality across relationships, and that he represented a sustained and extreme risk to his intimate partners.

In the years prior to the fatality, the perpetrator had contact with multiple services in relation to domestic and family violence, mental health issues, and criminal offending including contact with police, court services, corrections, health and mental health services. Overall, services failed to examine his past use of violence in prior relationships and to consider this in the context of the risk he represented to current partners or their children. While his extensive history of domestic and family violence was visible to services over time, there were also indications that his history was less visible as he moved across jurisdictions.

Given the clear pattern of repetitive perpetration for some offenders, the Board questioned whether more could be done to manage high risk and recidivist perpetrators of domestic and family violence by ensuring visibility of risk as they move across relationships or jurisdictions. Ensuring processes are in place to better identify perpetrators when they re-present to services or cross jurisdictions may provide an opportunity for agencies to more swiftly respond if it is apparent that the perpetrator has entered a new relationship or has ongoing contact with children and other potential victims. This may improve protective outcomes for potential victims and their children and facilitate earlier intervention.

Such processes need to account for circumstances where a perpetrator may have been incarcerated or moved interstate, as these factors alone may not be sufficient to break the cycle of domestic and family violence perpetration. During the current reporting period, the Board reviewed two cases where the perpetrator attempted to contact their victim from a Queensland correctional centre, despite the presence of a protection order which listed either their current or former partner as the aggrieved.

¹⁶³ Diversity includes perpetrators from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse backgrounds, regional and remote areas, LGBTIQ communities, and perpetrators who misuse alcohol and other drugs. This also includes different types of perpetration including intimate partner violence and, for example, sibling sexual abuse.

¹⁶⁴ Chung, D., Upton-Davis, K., Cordier, R., Campbell, E., Wong, T., Slater, M., Austen, S., O'Leary, P., Breckenridge, J., Vlasis, R., Green, D., Pracilio, A., Young, A., Gore, A., Watts, L., Wilkes-Gillan, S., Speyer, R., Mahoney, N., Anderson, S., & Bissett, T. (2020). *Improved accountability: The role of perpetrator intervention systems*. Australia's National Research Organisation for Women's Safety. <https://zoian8kynqg38b1313eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2020/06/Chung-RR-Improved-Accountability.pdf>

In both cases, the perpetrator had a documented history of domestic and family violence known to Queensland Corrective Services (QCS). In one case, the perpetrator's history of violence was extensive, and he spent various periods of time in custody or subject to community-based supervision for domestic and family violence related offences perpetrated against multiple intimate partners.

While in custody (for non-domestic and family violence related offences), both perpetrators requested to call their victim but denied that a protection order was in place and listed the victim as a 'friend'.¹⁶⁵ There is no indication that corrections staff took any steps to confirm the presence of a protection order or to verify the information provided by the perpetrator in either case. The Board was concerned that procedures to ensure that perpetrators were not contacting their victims from Queensland correctional centres were so easily circumvented in these cases.

Recommendation 7:

That the Queensland Government review the mechanisms through which prisoners subject to a domestic and family violence protection order may contravene these orders while in custody in Queensland correctional centres, such as through the Prisoner Telephone System, mail and visits, with a view to identifying and addressing existing gaps that allow this to occur.

During the current reporting period, the Board was pleased to hear of initiatives that QCS are undertaking within Community Corrections to better identify and respond to perpetrators of domestic and family violence. This includes the introduction of an automated warning flag on their system to enable staff to readily identify any past or current protection order to inform risk assessment and ensure that perpetrators remain visible throughout all areas of the correctional system. Community Corrections also advised the Board that they work actively with specialist domestic and family violence support services to ensure that unintended consequences are, as much as possible, a guiding consideration for all decisions that they take during case management, including when taking contravention action for an offender.

The work of Community Corrections is positive and yet, there are many perpetrators of domestic and family violence who repeatedly encounter the criminal justice system and are never charged or sentenced. There are also many perpetrators who have limited or no criminal history, and whose violence does not come to the attention of police. Recognising and adequately responding to these perpetrators remains a significant gap in Queensland.

Mechanisms for monitoring high risk offenders

There are strategies in place in Queensland and other jurisdictions to monitor high risk and dangerous offenders for non-domestic and family violence offending, primarily through:

- » indefinite sentencing;
- » continuing detention orders; and/or
- » post-supervision orders.

In all Australian jurisdictions, indefinite sentencing may be imposed if an offender has committed a serious sexual or violent offence, and the court believes that the offender poses a serious danger to the community. In Queensland, an application for an indefinite sentence can only be made with the consent of the Attorney-General and cannot be made until an offender is convicted of a qualifying offence such as murder, manslaughter or rape.¹⁶⁶ As a result, indefinite sentencing is only applicable to domestic and family violence related offences of comparable severity.

Continuing detention orders are also in operation in Queensland, as well as in Victoria, New South Wales and Western Australia for high risk sexual offenders. Generally, for an order to be made, an offender must be assessed to be an unacceptable risk of committing a serious sexual offence if no such order were to be issued.

In Queensland, the *Dangerous Prisoner (Sexual Offender) Act (DPSOA) 2003* is in operation to monitor offenders convicted of serious sexual offences. QCS is responsible for managing offenders who have been sentenced under DPSOA orders, including offenders in prison and the community.¹⁶⁷

Risk assessment is a key component of the DPSOA scheme, and specialised actuarial and dynamic risk assessment tools for sexual offending are administered by specialist staff, prior to an independent psychiatric assessment being conducted. Matters are then referred, through Crown Law, to the Attorney-General for consideration and are heard in the Supreme Court of Queensland where an additional two independent psychiatric assessments are completed. All DPSOA orders are annually reviewed by the Supreme Court of Queensland.

¹⁶⁵ Under section 134 of the *Corrective Services Act 2006*, it is an offence for a prisoner to provide false or misleading information to an official (such as a corrective services officer).

¹⁶⁶ A qualifying offence means an indictable offence against a provision of the *Criminal Code 1899* mentioned in Schedule 2, or counselling, procuring or attempting to commit a relevant code provision (s162, *Penalties and Sentences Act 1992*). These offences include: murder, manslaughter, attempt to murder, unlawful striking causing death, torture, acts intended to cause grievous bodily harm and other malicious acts, as well as a range of child sexual offences and general sexual offences (e.g. rape, sexual assault). Part 10 of the *Penalties and Sentences Act 1992* pertains to indefinite sentences.

¹⁶⁷ Management strategies utilised by Queensland Corrective Services include electronic monitoring; restrictions on use of technology; regular monitoring of phones and computers; restrictions regarding where they can reside, and who they can reside with; curfews; high levels of supervision with trained case managers; ongoing risk assessment; and attendance at group-based programs.

Indefinite sentencing and post-supervision schemes are resource intensive and rely on robust assessment processes. There is a strong evidence base for actuarial and dynamic risk assessment for sexual offenders, but research has identified the need to explore perpetrator-focused risk assessment in greater detail,¹⁶⁸ which may limit the implementation of similar schemes for domestic and family violence perpetrators. These approaches are further complicated within the context of domestic and family violence, given the known underreporting of this type of abuse.

In some jurisdictions, mechanisms to monitor high risk domestic and family violence offenders have been enacted through enhancing legislative powers that initially focused on high risk sexual offenders. For example, New South Wales was the first jurisdiction in Australia to extend indefinite sentencing schemes to include high risk violent offenders.¹⁶⁹

However, concerns have been raised in relation to these legislative amendments, particularly due to the challenges in adequately assessing for risk of violence in a diverse cohort of violent offenders who may not share identifiable commonalities, including types of offending behaviour (e.g. differences between domestic and family violence and other types of violent offending).¹⁷⁰

Other jurisdictions have developed schemes designed to deal with anti-social behaviour more broadly. For example, in the United Kingdom (UK), Criminal Behaviour Orders (CBO) are available on conviction for any offence by any criminal court. The court may make a CBO against an offender if:

- » the court is satisfied, beyond reasonable doubt, that the offender has engaged in behaviour that caused, or was likely to cause, harassment, alarm or distress to any person; and
- » that the court considers making the order will help in preventing the offender from engaging in such behaviour.¹⁷¹

CBOs may prohibit offenders from doing anything described in the order (a prohibition) and/or require offenders to do anything described in the order (a requirement). While this order was not exclusively designed for domestic and family violence related offending, there is a precedent in the UK for the use of CBOs for perpetrators of domestic and family violence.

Western Australia has recently undertaken significant legislative reforms to address domestic and family violence in a holistic way. On 25 June 2020, the Western Australian Parliament passed the *Family Violence Legislation Reform Act 2019* which introduced:

- » a new offence of non-lethal strangulation;¹⁷²
- » a new offence of persistent family violence;¹⁷³
- » new aggravated penalties for offences in the context of domestic and family violence;¹⁷⁴
- » a declaration of a 'serial family violence offender';
- » jury directions to counter stereotypes about domestic and family violence;
- » amendments to admissible evidence to include the nature and dynamics of domestic and family violence;¹⁷⁵ and
- » the requirement for police to record every domestic and family violence incident.

168 Bartlett, T. S., Meyer, S., & Fitz-Gibbon, K. (2020, Apr 30). Family violence perpetrator screening and risk assessment. *Monash Gender and Family Violence Prevention Centre*. <https://doi.org/10.26180/5ea570db9a1e>

169 *Crime (Serious Sex Offenders) Amendment Act 2013* extended the regime of post-sentence preventative detention and supervision to high risk violent offenders. As a result, the existent legislation was altered from *Crimes (Serious Sex Offenders) Act 2006* to *Crimes (High Risk Offenders) Act 2006*.

170 Tulich, T. (2015). Post-sentence preventative detection and extended supervision of high-risk offenders in New South Wales. *University of New South Wales Law Journal*, 38(2). <http://classic.austlii.edu.au/au/journals/UNSWLawJl/2015/29.html>

171 Crown Prosecution Service. (2017). *Criminal Behaviour Orders*. <https://www.cps.gov.uk/legal-guidance/criminal-behaviour-orders>

172 The Western Australian *Criminal Code* was amended to include the offence of 'Suffocation and strangulation' (s. 298). Under the changes, the offence is committed if a person 'unlawfully impedes another person's normal breathing, blood circulation, or both, by manually, or using any aid a) blocking, completely or partially, another person's nose, mouth or both; or b) applying pressure on, or to, another person's neck.' According to the explanatory notes for the Bill, the offence was drafted in such a way so as to overcome the difficulties identified in other Australian jurisdictions where strangulation offences have been interpreted by the courts as requiring the complete stopping of a person's breathing. This offence also differs from offences in other Australian jurisdictions in that the definition does not include reference to the consent of the victim.

173 A person is deemed to persistently engage in family violence if they commit an act of family violence on 3 or more occasions, each of which is on a different day. These acts must have occurred within a period not exceeding 10 years and be acts committed against the same person.

174 The Act introduces a circumstance of aggravation for offences that commonly occur in circumstances of family violence, including deprivation of liberty, threats and criminal damage. This excludes adolescent perpetrators of family violence as it was recognised that the dynamics of a child offending against family members is different to offending in an adult intimate partner or familial relationship.

175 The *Family Violence Legislation Reform Act 2019* introduces the ability for Judges to provide jury directions in cases involving family violence. The jury directions may include: that family violence is not limited to physical abuse, that domestic and family violence may include a complex range of behaviours that keep a person subordinate, isolated, controlled, monitored, deprived of freedom, frightened, humiliated and powerless to resist violence; that it is not uncommon for victims to stay with an abusive partner; and that it is not uncommon for victims not to tell anyone of the abuse, including the police, and that, in fact, doing these things may lead to an increased risk of violence.

The purpose of these reforms is to improve the safety of victims, ensure perpetrator accountability, and reduce trauma on victims when navigating the criminal justice system.

Many of these reforms are unique to the Australian context, including the declaration of a serial family violence offender. The declaration is discretionary and applies to offences perpetrated against a single partner, or multiple or successive partners, and includes prescribed offences committed in other jurisdictions.¹⁷⁶ This definition ensures that the entirety of a perpetrator's known domestic and family violence criminal history can be put before a court when considering a declaration. The following standard restrictions apply:

- » a declared offender is disqualified from holding a firearms or explosives license;
- » a declared offender may be subject to electronic monitoring; and
- » if a declared offender commits a further domestic and family violence offence there will be a presumption against bail, and if the declared offender receives bail the court must consider home detention with electronic monitoring.

Recommendation 8:

That the Queensland Government ask a suitable body, such as the Queensland Sentencing Advisory Council or the Queensland Law Reform Commission, to examine and provide advice on options to improve supervision and monitoring of high risk and recidivist perpetrators of domestic and family violence.

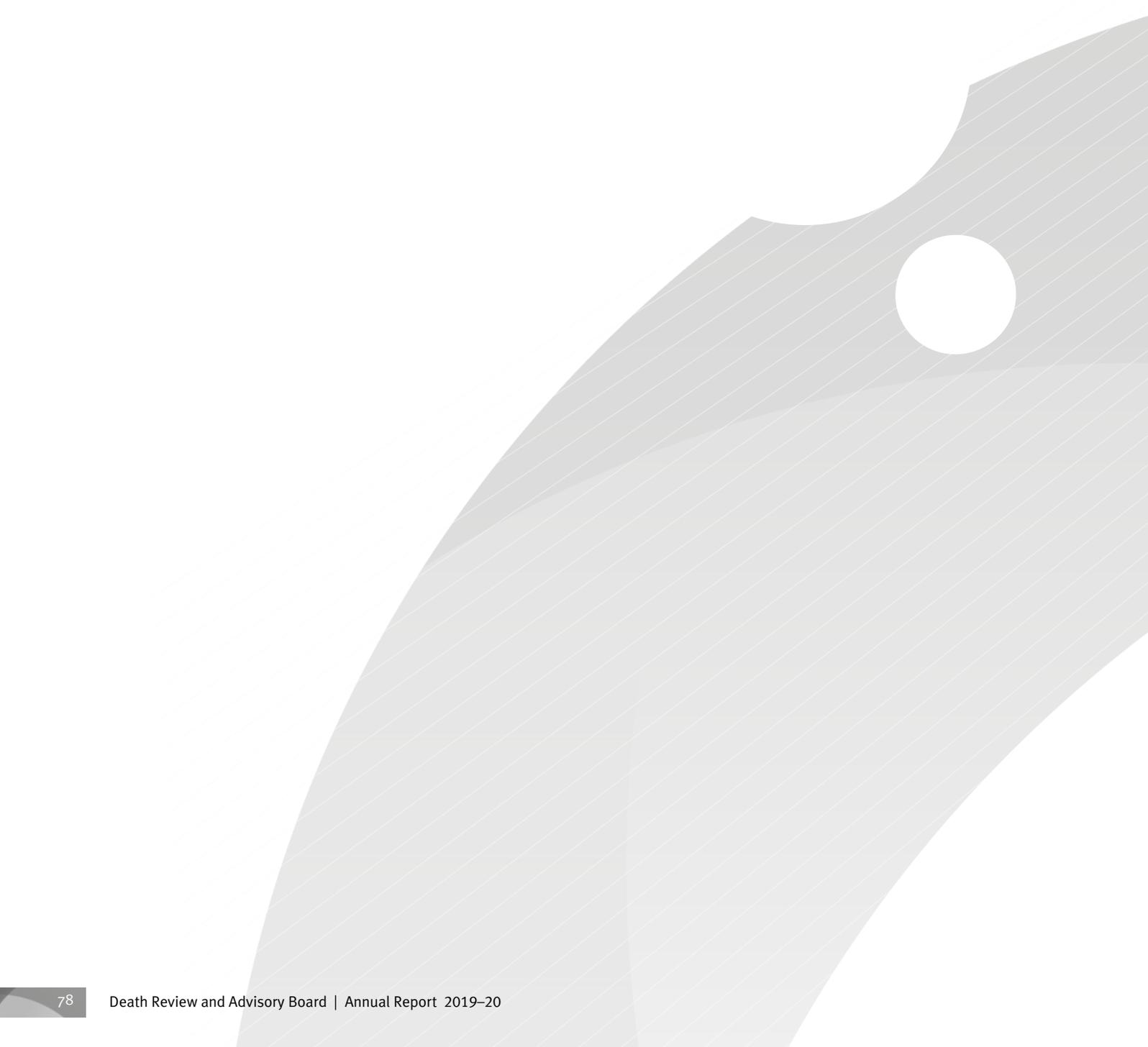
This should include consideration of civil supervision and monitoring schemes that are in place in comparable jurisdictions and post-supervision schemes that exist in Queensland for other types of offenders (such as for those convicted of serious sexual offences).

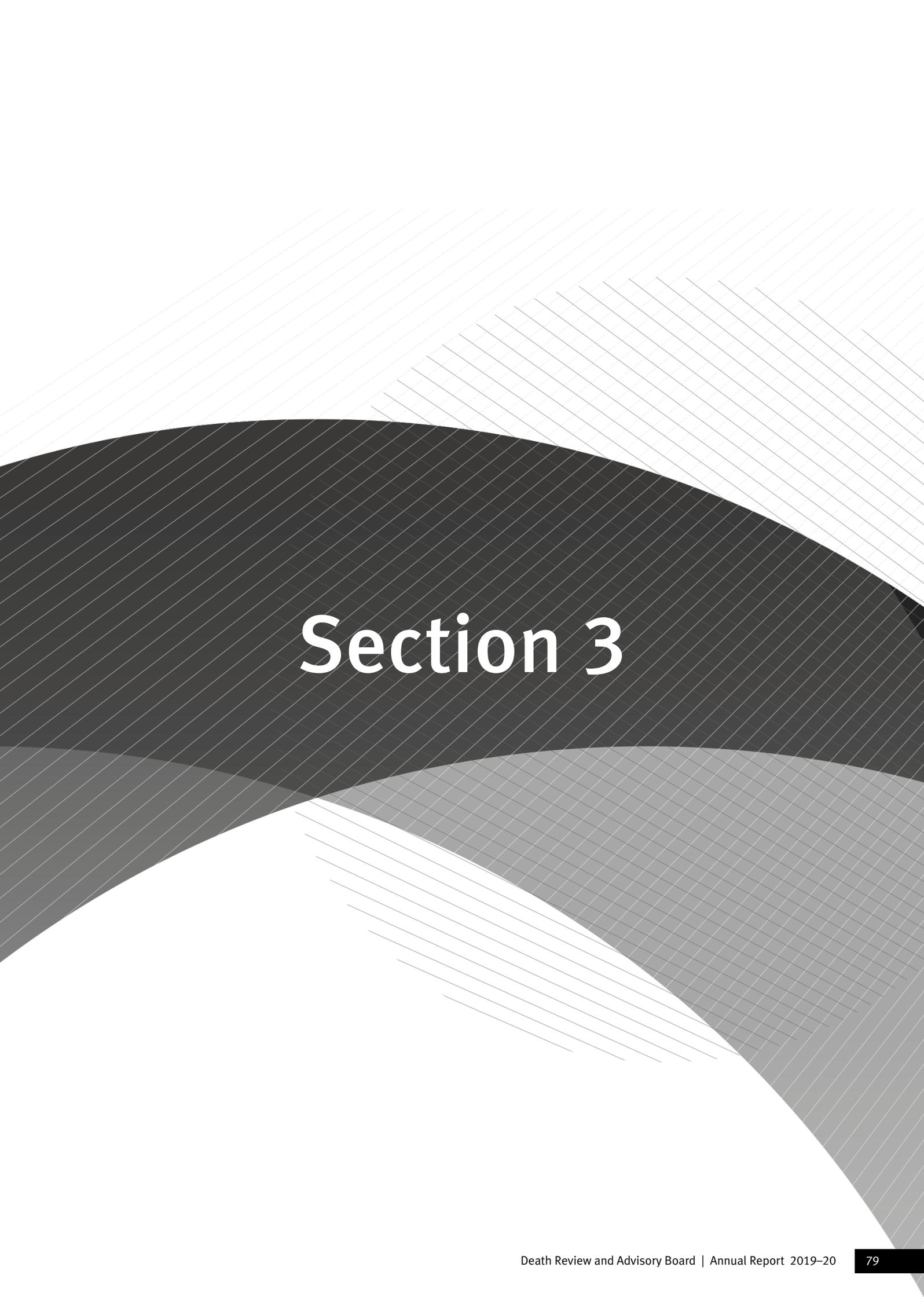
Recommendation 9:

That the Queensland Government develop a standalone, system-wide strategy for responding to all perpetrators of domestic and family violence, regardless of their level of risk, with a focus on early detection, intervention, accountability and prevention. Any strategy should:

- a) *consider the need for legislative and policy reforms to enhance mechanisms to hold perpetrators to account across a range of government and non-government services, including specialist domestic and family violence services, police, court services, corrections, child protection services and public and private health and mental health services;*
- b) *include measures to support early intervention, prevention and the accessibility and availability of perpetrator intervention programs and other programs or services to address co-occurring issues such as mental health, harmful substance use and/or homelessness;*
- c) *be informed by research and the outcome of advice referred to in Recommendation 8; and*
- d) *be developed in consultation with specialist support services, Elders and Aboriginal and Torres Strait Islander communities, and other stakeholders, to ensure there are no unintended consequences.*

¹⁷⁶ Consistent with the scope of the new offence of persistent family violence in the Western Australian Criminal Code, the declaration also applies to prescribed offences committed against a victim with whom the offender is in a designated family relationship.





Section 3

This section contains details regarding the remuneration of Board Members as per Queensland Government guidelines and reporting requirements (Appendix A). The data coding forms used by the Board to collate data in relation to lethality risk factors are also included (Appendix B), and a glossary of terms (Appendix C). The Government response to the 2018-19 Annual Report is also included (Appendix D), as well as implementation updates to the Board's recommendations in the 2018-19 Annual Report (Appendix E), 2017-18 Annual Report (Appendix F) and 2016-17 Annual Report (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 2019-20, the Board met on six occasions, including two case review meetings, one facilitated discussion meeting and three annual report preparation meetings that incorporated expert presentations. A total of five cases featuring seven 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	5			
Deputy Chair	A/Prof Kathleen Baird	6	\$4500		\$2550
Member	Dr Silke Meyer ¹⁷⁷	3	\$4500		\$1500
Member	Betty Taylor	4	\$4500		\$1590
Member	Mark Walters ¹⁷⁸	1	\$4500		\$600
Member	Angela Lynch	6	\$4500		\$2805
Member	Barbara Shaw	5			
Member	Angela Moy ¹⁷⁹	3			
Member	Molly Dragiewicz ¹⁸⁰	3	\$4500		\$900
Member	Keryn Ruska	3			
Member	Natalie Parker ¹⁸¹	2			
Member	Dr Jeanette Young ¹⁸²	1			
Member	Dr Peter Martin	5			
Member	Brian Codd	2			
No. scheduled meetings/sessions	<i>Six (inclusive of two case review meetings, one facilitated discussion meeting and three annual report planning meetings with presentations from expert speakers)</i>				
Total out of pocket expenses	\$2166.85				

¹⁷⁷ Dr Silke Meyer's position with the Board ended in October 2019

¹⁷⁸ Mark Walters' position with the Board ended in October 2019

¹⁷⁹ Angela Moy was appointed to the Board in February 2020

¹⁸⁰ Molly Dragiewicz was appointed to the Board in February 2020

¹⁸¹ Natalie Parker's position with the Board ended in October 2019

¹⁸² Dr Jeanette Young was excused from attending meetings of the Board due to her responsibility for responding to the COVID-19 pandemic and sent a proxy to each meeting in 2020.

Appendix B – Intimate Partner Homicide Lethality Risk Factor Form

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 – 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*.

ANROWS: Australian National Research Organisation for Women's Safety.

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.¹⁸³ 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.

Cross-orders: where two protection orders have been made by the same court or by different courts, and a person named as a respondent in one of the protection orders (the first protection order) is named as the aggrieved in the other protection order (the second protection order).

Cumulative harm/trauma: harm experienced by a person as a result of a series or pattern of harmful events and experiences that may have occurred in the past or are ongoing.

Cyclical trauma: the intergenerational transmission of trauma and victimisation.

Deceased: the person/s who died.

DCSYW: Department of Child Safety, Youth and Women.

DFVPA 2012: *Domestic and Family Violence Protection Act 2012*.

DV-PAF: the Domestic and Family Violence Protective Assessment Framework is a decision making framework employed by the Queensland Police Service to assist officers in assessing the protective needs of an aggrieved person and determining the required response. This is based on the identification of risk factors and an assessment of the aggrieved's level of fear.

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.

Domestic and family violence literacy: the awareness or understanding of types and patterns of abusive behaviours, including abusive behaviours that are non-physical. Domestic and family violence literacy is essential for services to appropriately interpret and understand the complexity of domestic and family violence.

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.

¹⁸³ Johnson, M.P. (2008). *A Typology of Domestic Violence: Intimate terrorism, violent resistance and situational violence*. Boston, USA: University Press of New England.

Exposed to domestic violence: a child or young person is exposed to domestic and family violence if the child or young person 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 parent or caregiver.

Financial 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.

Generalist services: services not specifically designed for, but in the course of their business, may be required to respond to issues associated with domestic and family violence (e.g. health, mental health, criminal justice, child safety, psychologists, general practitioners, and alcohol and other drug treatment services).

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.

Ideal victim: a term used to refer to people who are victimised and may also experience stigma as a result of added complex psycho-social issues such as harmful substance use, mental illness, a background of complex trauma or a history of criminal offending.

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.

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.¹⁸⁴

Person most in need of protection: The *Domestic and Family Violence Protection Act 2012* requires that consideration be given to the person most in need of protection in circumstances where there are mutual allegations of violence.

¹⁸⁴ 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 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.

Private health practitioner: general practitioners, psychologist, psychiatrist etc.

Protection order: as defined by Part 3 of the *Domestic and Family Violence Protection Act 2012*, a domestic violence protection order is an official document issued by the court that stipulates conditions imposed against a respondent with the intent to stop threats or acts of domestic and family violence.

QCS: Queensland Corrective Services.

QFCC: Queensland Family and Child Commission.

QH: Queensland Health.

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*¹⁸⁵, 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.

Reporting period: 2019-20 financial year.

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.

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.¹⁸⁶

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.

Service system: a term used to refer to all services and agencies that play a role in identifying and responding to domestic and family violence including health and mental health services, child protective services, police, corrections, court services, housing services, and specialist services.

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 in Queensland: 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.

¹⁸⁵ Queensland Child Protection Commission of Inquiry. (2013). *Taking Responsibility: A roadmap for Queensland Child Protection*. Brisbane: Author.

¹⁸⁶ Department of Human Services. (2012). *Family Violence: Risk assessment and risk management framework and practice guides 1-3*. Melbourne: Author.

Specialist services: services designed to provide frontline support and resources to individuals affected by domestic and family violence (e.g. victim services, women's refuges, perpetrator intervention programs).

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.

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.

Victim blaming: where the victim of a crime, or other negative act/s, is perceived to be partially or entirely at fault for their victimisation.

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 D – Government’s Response to the Domestic and Family Violence Death Review and Advisory Board 2018-19 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 (DFV)-related deaths (including suicides) to identify patterns, trends and risk factors and make recommendations to improve legislation, policies, practices and services to prevent, or reduce the likelihood of, future DFV-related deaths.

The 2018-19 Annual Report is the Board’s third report and made **16 recommendations** based on the review of 24 DFV related homicides and suicides. The Board examined the impact of DFV on vulnerable populations, including children, young people, people from priority populations, and those who are socially and geographically isolated.

The Government supports the intent of the Board’s recommendations that seek to enhance the system response to DFV through extending upon current and planned activities with regard to:

- » better supporting and meeting the needs of young mothers and families impacted by DFV through integrated, trauma-informed responses and a greater focus on early intervention;
- » embedding a focus on the impact of cumulative harm and intergenerational trauma on victims of DFV and their children;
- » strengthening DFV risk assessment tools to ensure they specifically assess risks to children and also include cultural considerations for Aboriginal and/or Torres Strait Islander people;
- » increasing awareness of intimate partner violence as experienced by older people and strengthening the relationships and referral pathways between elder abuse and DFV support services;
- » improving service accessibility for lesbian, gay, bisexual, transgender, intersex, queer or other related identities (LGBTIQ+) people experiencing DFV; and
- » strengthening the operation of the *Domestic and Family Violence Protection Act 2012* (DFVP Act) as it relates to financial matters.

The Palaszczuk Government has committed \$328.9 million to support the Government’s 10-year reform agenda under the *Domestic and Family Violence Prevention Strategy 2016 – 2026* (the Strategy). While much has been achieved since 2015, deaths that occur in the context of DFV – which the Board notes are among the most preventable deaths – continue to occur in Queensland at an unacceptable rate and are a reminder that there is still more to be done to prevent and respond to DFV incidents.

The Board’s recommendations align with the broad policy outline of the Government’s *Third Action Plan (2019-20 to 2021-22)* (Third Action Plan) of the Strategy, which sets out the actions to be implemented in the coming years under the three foundational elements of reform: changing community attitudes and behaviours, integrating service responses; and strengthening justice system responses. The actions in the Third Action Plan also respond to evidence provided in the Board’s earlier annual reports.

The Government continues to meet the needs of young mothers and families through integrated early intervention services, including further investment in specialist DFV workers in Community Controlled Aboriginal and Torres Strait Islander Family Wellbeing Services, a focus on supporting women experiencing or at risk of DFV through the pregnancy and post-natal period, and through the establishment of eight High Risk Teams across the state to support people at high risk of harm due to DFV. This aligns with Government priorities which provide broader support for families, such as through *Supporting Families Changing Futures 2019-2023*, which seeks to enhance and strengthen cross-agency responses to address the wide-ranging needs of families, children and young people experiencing heightened risk of harm.

To support families and communities to break the cycle of intergenerational trauma and violence, compulsory respectful relationships education is being implemented through the curriculum in Queensland state schools. Greater awareness about DFV in the community is also being enhanced through delivery of a new communication and engagement response, including ensuring high visibility of support services. Launched in May 2019, the DFV support portal (www.qld.gov.au/domesticviolence) now combines all relevant information in one place.

A major focus of the 2018-19 Annual Report is the vulnerable sectors of the community that face particular challenges in terms of DFV awareness and service provision – such as older people and the LGBTIQ+ community. The Queensland Government continues to deliver successful elder abuse awareness campaigns that support people to understand the signs of elder abuse and help make it stop.

Further, through the Queensland LGBTI Roundtable (comprised of members of the Queensland LGBTIQ+ community as well as senior government officers), Government departments have ensured that DFV awareness training is inclusive of LGBTIQ+ individuals, particularly in relation to operation of the courts, hospitals and police. A new statewide campaign directly addressing DFV in the Queensland LGBTIQ+ community launched in December 2018 and ran throughout 2019. The campaign aimed to help raise awareness of DFV within the LGBTIQ community and remove stigmas around reporting violence and accessing support services. It included information and advice on the types of abuse that are unique to the LGBTIQ+ community and dispelled some of the common misconceptions about support options.

While the DFVP Act currently deals with economic abuse as a form of DFV – such as coercing a person to relinquish control over assets or income or removing or keeping a person's property without the person's consent – the Board believes that the DFVP Act should be amended to allow a court to impose a condition in relation to financial arrangements as part of a Domestic Violence Order (DVO). The DFVP Act currently provides a broad discretion for courts to impose any conditions deemed necessary to protect aggrieved person/s. Work will be undertaken to identify potential legislative and non-legislative solutions including promotion of the existing provisions that are available to address economic barriers.

The Government has implemented many initiatives – including some which overlap with Board recommendations – aimed towards ensuring that doctors and other health professionals, police and lawyers are trained to identify women and children at immediate risk of violence. These include DFV toolkits for public and private health professionals and specialist DFV training and education and awareness products for officers working within the justice system.

The newly-established Domestic and Family Violence Prevention Council (the Council) oversees the Strategy, and will also consider reports provided to the Council from the Board and provide advice as required.

The Queensland Government acknowledges the important work of the Board and its continued role in supporting Government's commitment to ending the cycle of 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 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 (DFV).</p> <p>Funded services should incorporate key elements, including, but not limited to:</p> <ul style="list-style-type: none"> » 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. <p>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.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>The Queensland Government recognises the additional vulnerability of young mothers and their families experiencing, or at risk of experiencing DFV and has acted to increase the availability, accessibility and integration of services, taking into account additional vulnerabilities and complexities.</p> <p>This includes:</p> <ul style="list-style-type: none"> » Specialist DFV workers have been integrated in mainstream family support services, (Family and Child Connect, and Intensive Family Support) and are also being embedded in Community Controlled Aboriginal and Torres Strait Islander Family Wellbeing Services to strengthen multi-disciplinary service integration and accessibility to DFV support when required by Aboriginal and Torres Strait Islander families. » The Queensland Government has established eight DFV High Risk Teams in locations across the state to bring together representatives of key government agencies and specialist DFV organisations to support people at high risk of harm from DFV. They include Aboriginal and Torres Strait Islander Senior Project Officers to provide a cultural connector role for advice and referrals and supporting prevention and early intervention. » The ability of midwives to support and refer all women experiencing DFV during pregnancy has been improved in response to recommendations in the <i>Not Now, Not Ever</i> report and recommendations in previous DFV Death Review and Advisory Board Annual Reports. This has included comprehensive training of midwives to screen for, respond to and refer women experiencing DFV, recruitment of an additional 100 midwives across Queensland public maternity units, and through the First 1,000 Days project. The First 1,000 Days project aims to improve continuity of carer models across pregnancy, labour and birth, postnatal and early parenting to the child's second birthday. » The <i>Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025</i> was launched in November 2019. The Strategy and implementation plan focus on developing and strengthening meaningful partnerships; co-design of services; providing care that is culturally safe and woman-centred; and increasing the Aboriginal and Torres Strait Islander workforce in maternity services. » Queensland's plan to respond to DFV against people with a disability is building on the DFV reforms already underway in Queensland to further drive improvements to services, systems and data to increase awareness of, and better respond to, people with disability impacted by DFV. » The Department of Aboriginal and Torres Strait Islander Partnerships is working with Children's Health Queensland to facilitate the co-design of the right@home program in Caboolture to ensure the program is culturally sensitive and accessible to the Aboriginal and Torres Strait Islander community. The right@home program is a home visitation service focused on early intervention to support children and families at risk of exposure to adverse childhood experiences and trauma.

Recommendations	Lead Agency	Response
<p>Recommendation 2</p> <p>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.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept in principle</p> <p>The Queensland Government recognises the importance of prevention and integration across service responses to DFV, aimed at breaking existing cycles of intergenerational trauma and violence, and ensuring young people understand the importance of healthy relationships.</p> <p>The Queensland Government has sought to improve access to information about DFV through the development of a new website providing a single point of access to all relevant information, designed in a way to best meet the needs of the community (www.qld.gov.au/domesticviolence). The Queensland Government has also supported increased public awareness of domestic and family violence through a number of DFV awareness campaigns, and by supporting national campaigns including those targeted at young people and families.</p> <p>Delivery of this recommendation will also be supported through the ongoing implementation of compulsory respectful relationships education through the curriculum and ensuring quality programs are delivered.</p>
<p>Recommendation 3</p> <p>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 DFV.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept in principle</p> <p>The Department of Child Safety, Youth and Women is leading the ongoing development and validation of a Common Risk and Safety Framework (CRASF). CRASF is a common tiered approach to risk assessment and management and safety action planning for use across the government and non-government sectors. Following a three-year trial and evaluation, CRASF is currently under review and this process will include consideration of the evidence base regarding assessing risk to children exposed to DFV, as well as victim feedback regarding their experiences of DFV, the response through the CRASF model, what worked well and what could be done differently.</p> <p>Partner agencies will continue to support this work through participation in the Integrated Service Response Working Group with a view to the eventual implementation of CRASF across the DFV service system in Queensland, reflective of local co-designed approaches to integrated services delivery.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 4</p> <p>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.</p> <p>The proposed death review mechanism should be informed by research and the existing state-based death review mechanisms of DFV 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:</p> <ul style="list-style-type: none"> » 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 DFV related risk. 	<p>Department of Justice and Attorney-General</p>	<p>Accept in principle</p> <p>Government supports in principle the establishment of a national death review mechanism with a targeted focus on deaths of children and parents known to the family court system, noting the importance of avoiding duplication with the work of the Australian Domestic and Family Violence Death Review Network. The Council of Attorneys-General (CAG) is considered the more appropriate forum to progress this proposal.</p> <p>The Queensland Attorney-General will write to the Commonwealth Attorney-General, who has jurisdictional responsibility for the Family and Federal Circuit Courts, noting key elements of the proposal included in the recommendation and suggesting he raise the issue for consideration by the CAG.</p> <p>Queensland will expand its existing death review mechanism for children connected to the child protection system with commencement of the <i>Child Death Review Legislation Amendment Act 2020</i>. On commencement, the new independent Child Death Review Board may, where appropriate, coordinate its reviews with reviews of domestic and family violence-related deaths carried out by the Domestic and Family Violence Death Review and Advisory Board.</p>
<p>Recommendation 5</p> <p>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 DFV is flagged as 'high risk' which triggers a commensurate response.</p>	<p>Queensland Police Service</p>	<p>Accept</p> <p>Queensland Police Records and Information Management Exchange (QPRIME) currently provides capability for a person or address to be flagged, alerting police to consider flagged details in any response. The QPRIME flag function fulfils Recommendation 5 of the Board. Queensland Police Service will continue to support current policy that escalates the persons potential of risk when relationship breakdown; financial pressures; significant life event (suicide/death in family/job loss/bullying); previous suicide attempt; and domestic violence related are identified..</p>

Recommendations	Lead Agency	Response
<p>Recommendation 6</p> <p>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:</p> <ul style="list-style-type: none"> » 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. 	<p>Department of Child Safety, Youth and Women</p>	<p>Accept in Principle</p> <p>The Queensland Government has a strong commitment to addressing DFV in collaboration with Aboriginal and Torres Strait Islander communities, demonstrated through the development of Queensland's <i>Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence</i>. The Framework recognises the impact of intergenerational trauma as a key contributor to social issues in Aboriginal and Torres Strait Islander communities.</p> <p>The Queensland Government has invested in 33 Aboriginal and Torres Strait Islander Family Wellbeing Services across the state, to work with Indigenous families experiencing complex social issues such as DFV, to enhance their capacity to care for and nurture their children.</p> <p>The Government has committed additional investment in the services to enhance their capacity to offer a holistic response to the diverse needs of families. This includes the creation of 31 Youth and Family Worker roles across the state, and the establishment of DFV specialists in five of the services.</p> <p>In addition to its investment in Aboriginal and Torres Strait Islander support, DCSYW invests in 44 Intensive Family Support services that seek to address the complex family issues that contribute to involvement in the child protection system. The services support families regarding both the immediate practical problems affecting them, as well as the underlying impacts of trauma that render families vulnerable.</p> <p>The Department of Child Safety, Youth and Women is trialing two evidence-based models that have the capacity to better position services to address unhelpful family dynamics and contribute to long term strengthening of relationships. These models are currently subject to an independent evaluation.</p> <p>Regional staff of the Department of Aboriginal and Torres Strait Islander Partnerships participate in local level, cross-agency engagement to provide input to the development of local community- based responses, initiatives and strategies.</p> <p>The Department of Aboriginal and Torres Strait Islander Partnerships engages with the Department of Child Safety, Youth and Women and Queensland's First Children and Families Board to provide input to responses for children and young people in families affected by DFV.</p>
<p>Recommendation 7</p> <p>That the Queensland Government (Department of Child Safety, Youth and Women, Department of Health, and Queensland Police Service) review existing DFV risk assessment tools to ensure they are inclusive of cultural considerations.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>The Department of Child Safety, Youth and Women is leading the ongoing development and validation of a Common Risk and Safety Framework (CRASF). CRASF is a common tiered approach to risk assessment and management and safety action planning for use across the government and non-government sectors. Following a three-year trial and evaluation, CRASF is currently under review and this process will include incorporation of cultural considerations.</p> <p>Partner agencies will continue to support this work through participation in the Integrated Service Response Working Group with a view to the eventual implementation of CRASF across the DFV service system in Queensland, reflective of local co-designed approaches to integrated services delivery.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 8</p> <p>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.</p>	<p>Queensland Health</p>	<p>Accept</p> <p>Queensland Health is implementing a number of projects that are informed by the findings of an in-depth qualitative analysis of system factors related to the clinical care received by Aboriginal and Torres Strait Islander people who had a contact with a Queensland Health service prior to a suspected suicide death. This includes:</p> <ul style="list-style-type: none"> » Development and implementation of a culturally informed child and youth suicide prevention pathway as part of the Zero Suicide in Healthcare Multi-site Collaborative. This work will guide pathways developed in Hospital and Health Services across the state. » A Queensland Aboriginal and Islander Health Council (QAIHC) project will trial culturally appropriate suicide risk screening and assessment practices and care pathways for Aboriginal and Torres Strait Islander people experiencing a suicidal crisis, for implementation within Community Controlled Health Services models of care. » These projects align with the ‘Developing culturally capable mental health services’ result area in the Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021.
<p>Recommendation 9</p> <p>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.</p> <p>The Queensland Government should also explore opportunities to strengthen and clarify the referral pathways between elder abuse and DFV support services and promote the accessibility of specialist support services for older people experiencing intimate partner violence in any future elder abuse awareness campaigns.</p>	<p>Department of Communities, Disability Services and Seniors</p>	<p>Accept</p> <p>The Department of Communities, Disability Services and Seniors will work with the Department of Child Safety, Youth and Women in the development of new DFV awareness campaigns where appropriate to ensure intimate partner violence as experienced by older people is better understood in the context of DFV and as distinct from elder abuse.</p> <p>The Department of Child Safety, Youth and Women and the Department of Communities, Disability Services and Seniors will also work together to ensure best practice service responses to older people experiencing intimate partner violence. This will include consideration of how best to embed appropriate content in capacity and capability building initiatives and strengthen referral pathways between elder abuse and DFV services.</p>
<p>Recommendation 10</p> <p>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 DFV. This research should inform the development of strategies to increase service engagement and utilisation.</p>	<p>Department of Communities, Disability Services and Seniors</p>	<p>Accept</p> <p>A range of work has already been undertaken to support service accessibility and engagement for people who identify as LGBTIQ+. The Department of Communities, Disability Services, Department of Child Safety, Youth and Women and Department of Justice and Attorney-General will continue to work together to optimise the use of existing research with consideration of potential further research to support increases in service engagement and utilisation.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 11</p> <p>That Queensland Government agencies review their DFV training and associated resources to ensure materials are appropriate and inclusive for LGBTIQ+ communities.</p>	<p>Department of Communities, Disability Services and Seniors</p>	<p>Accept</p> <p>The LGBTI Roundtable, managed and coordinated by the Department of Communities, Disability Services and Seniors, plays an important role in ensuring policies, programs and services delivered by Queensland Government agencies are inclusive of and responsive to the needs of LGBTI communities, individuals and their families.</p> <p>DFV awareness training was raised as an issue by members at a Roundtable meeting in 2019. Following this, the Director-General of the Department of Communities, Disability Services and Seniors wrote to Queensland Health, Department of Justice and Attorney-General and Queensland Police Service highlighting the importance of DFV awareness training for court, hospital staff and police officers.</p> <p>All agencies provided a response advising of their current and future awareness training and their commitment to support LGBTI individuals and their families in DFV situations. This included the development of a toolkit to raise awareness of the rates of DFV in same-sex relationships and highlight barriers to disclosing DFV for LGBTI people. A suite of educational and training resources has also been developed by agencies to improve understanding about LGBTI communities and raise awareness of support and referral services available for those experiencing DFV.</p> <p>The Public Service Commission will provide support to government agencies through a multi-agency approach.</p>
<p>Recommendation 12</p> <p>That government funded and other organisations that currently provide support services for victims and their children, and perpetrators of DFV, review how their services are promoted and branded to ensure they are inclusive and accessible for LGBTIQ+ people where appropriate.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>Accept in principle</p> <p>Organisations funded by the Queensland Government to provide DFV services are required to be accessible to all, in accordance with the current investment specifications.</p> <p>The Queensland Government will further explore if any additional mechanisms are required to ensure DFV organisations in Queensland are inclusive and accessible for LGBTIQ+ clients.</p>
<p>Recommendation 13</p> <p>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 DFV.</p>	<p>Department of Communities, Disability Services and Seniors and Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>The Queensland Government is committed to changing community attitudes and behaviours regarding DFV including through the Third Action Plan's Foundational element one, which includes key actions around engaging communities through working with local leaders.</p> <p>The Department of Communities, Disability Services and Seniors and Department of Child Safety, Youth and Women will work collaboratively to identify opportunities within existing service responses and resources to support awareness raising and local community action to reduce the incidence and impact of DFV in rural, regional and remote areas.</p> <p>This will include working with funded services to identify existing awareness raising initiatives, understand community need and exploring the role of peak services.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 14</p> <p>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 DFV.</p>	<p>Department of Child Safety, Youth and Women</p> <p>and</p> <p>Department of Housing and Public Works</p>	<p>Accept</p> <p>The Queensland Government is committed to working with corporate and community organisations through the Third Action Plan, including the establishment of a Corporate and Community Engagement Framework that will guide ongoing partnerships with businesses and community organisations to raise awareness, challenge behaviours and change attitudes that excuse, minimize or condone violence.</p> <p>The Department of Child Safety, Youth and Women is supporting the implementation of this recommendation by facilitating DFV organisations across the state to make connections and partnerships with sporting organisations to help create safer homes, workplaces and communities for those impacted by DFV in Queensland.</p> <p>This includes engaging with a variety of sporting clubs throughout Queensland, such as National Rugby League, AFL Queensland, Rugby Union, Netball Queensland, Soccer Queensland, Judo Queensland and Clubs Queensland, who are all on a different stage of their journey addressing DFV.</p> <p>Many of these sporting organisations are raising awareness within their clubs and workplaces through new policies and social media campaigns, with some engaging with the DFV sector to raise funds for domestic violence charities, and bystander education for their staff and employees.</p> <p>The Department of Housing and Public Works is promoting good behaviour in sport through the inclusion of a Special Condition requiring funded State level organisations to develop and implement:</p> <ul style="list-style-type: none"> » strategies, policies and practices promoting good behaviour in sport, including the provision of education and training opportunities to staff, volunteers and service users; and » a complaints management process for complaints made in relation to inappropriate behaviour towards minors. <p>The Department of Housing and Public Works also provides Promotion of Play by the Rules training and resources.</p>

Recommendations	Lead Agency	Response
<p>Recommendation 15</p> <p>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:</p> <ul style="list-style-type: none"> » 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. 	<p>Department of Child Safety, Youth and Women</p>	<p>Accept</p> <p>The <i>Domestic and Family Violence Protection Act 2012</i> currently provides a broad discretion for courts to impose any conditions deemed necessary to protect aggrieved person/s. Work will be undertaken by the Department of Child Safety, Youth and Women and the Department of Justice and Attorney-General to identify potential legislative and non-legislative solutions that meet the intent of this recommendation. This will include promotion of the existing provisions that are available to address economic barriers and intersection with the family law system.</p> <p>The Department of Housing and Public Works will be undertaking work to address the economic barriers that victims face by increasing access to safe, secure housing. This includes the expansion of flexible assistance packages, head leasing and capacity building in housing service centres to support clients experiencing DFV.</p>
<p>Recommendation 16</p> <p>That the Attorney-General propose a review of funding for family law legal aid and financial counselling services for victims of DFV. This should include consideration of the need for specialist legal aid and legal assistance services that focus on financial and property settlements where DFV is present.</p>	<p>Department of Justice and Attorney-General</p>	<p>Accept in principle</p> <p>As matters pertaining to family law and the Family Court are a Commonwealth responsibility, the Queensland Attorney-General will write to the Commonwealth Attorney-General requesting he consider a review of family law legal aid for victims of domestic and family violence, with a particular focus on the need for assistance in financial and property settlement matters.</p> <p>In addition, the Department of Justice and Attorney-General will work with Legal Aid Queensland to conduct a desktop audit of activities, programs and funding utilisation in the family law space, specifically focused on property settlements in DFV cases.</p> <p>The Department of Communities, Disability Services and Seniors, in conjunction with the Department of Child Safety, Youth and Women and Department of Justice and Attorney-General, will also undertake a scan of current State and Federal financial counselling services with a focus on any services that provide specific support to people experiencing DFV, including a scan (collated by the Department of Child Safety, Youth and Women) of financial products provided by financial institutions to support people experiencing DFV.</p>

Appendix E – Queensland Government’s implementation updates to recommendations arising from the *Domestic and Family Violence Death Review and Advisory Board 2018-19 Annual Report*

Recommendations	Lead Agency	Implementation update
<p>Recommendation 1</p> <p>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.</p> <p>Funded services should incorporate key elements, including, but not limited to:</p> <ul style="list-style-type: none"> » 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. <p>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.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Queensland Government has increased the availability, accessibility and integration of services for young mothers including:</p> <ul style="list-style-type: none"> » integrating specialist domestic and family violence workers into mainstream family support services (Family and Child Connect, and Intensive Family Support) to strengthen multi-disciplinary service integration and accessibility to domestic and family violence support » establishing eight domestic and family violence high risk teams across the state comprised of representatives of a range of government agencies as well as specialist domestic and family violence organisations to support people at high risk of domestic and family violence. Aboriginal and Torres Strait Islander senior project officers provide a cultural connector role for advice and referrals and supporting prevention and early intervention » improving the ability of midwives to support and refer all women experiencing domestic and family violence during pregnancy according to recommendations in the Not Now, Not Ever report and previous Domestic and Family Violence Death Review and Advisory Board (the board) annual reports. Comprehensive training has been provided to midwives to screen for, respond to and refer women experiencing domestic and family violence, an additional 100 midwives have been recruited across Queensland public maternity units, and through the First 1,000 Days project. The First 1,000 Days project aims to improve access to continuity of carer models across pregnancy, labour and birth, postnatal and early parenting to the child’s second birthday implementing Queensland’s plan to respond to domestic and family violence against people with a disability, building on the domestic and family violence reforms already underway in Queensland to further drive improvements to services, systems and data to increase awareness of, and better respond to, people with disability impacted by domestic and family violence » Children’s Health Queensland, with support from the Department of Aboriginal and Torres Strait Islander Partnerships is engaging with Aboriginal and Torres Strait Islander communities to co-design the right@home program in Caboolture to ensure the program is culturally sensitive and accessible. The right@home program is a home visitation service focused on early intervention to support children and families at risk of exposure to adverse childhood experiences and trauma



Recommendations	Lead Agency	Implementation update
		<ul style="list-style-type: none"> » establishing regional child youth and family committees and local level alliances across the state to promote the integration of responses to children and families » developing and launching the Queensland's <i>Framework for Action to Reshape our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence</i> in response to Recommendation 20 of the board's annual report 2016-17. The framework, launched in May 2019, aims to ensure Aboriginal and Torres Strait Islander perspectives are considered across all responses to domestic and family violence. <p>The Department of Child Safety, Youth and Women is continuing to deliver a range of responses to ensure families receive holistic responses that address their multiple needs, and responses are informed by an understanding of trauma including:</p> <ul style="list-style-type: none"> » two Young Parents Programs delivered by Micah, Young Mothers for Young Women and Caboolture Young Mothers for Young Women established in 2017/18, the latter of which includes a nurse/midwife role » two health home visiting programs operating in South East Queensland, one piloting the right@home program in Logan, that assist new parents experiencing heightened risk of harm from domestic and family violence, including screening for domestic and family violence » specialist domestic and family violence practitioner roles within family support services, including new investment in specialist domestic and family violence workers in five Aboriginal and Torres Strait Islander family wellbeing services. <p>Specialist domestic and family violence worker roles will be embedded within community-controlled organisations delivering the Aboriginal and Torres Strait Islander family wellbeing services to provide a culturally sensitive response to domestic and family violence when required by Aboriginal and Torres Strait Islander families. The locations for the initial trial of this initiative are the Gold Coast, Toowoomba, Rockhampton, Bowen and Townsville.</p> <p>Work will continue on the implementation of the 2019-21 action plan to support Queensland's <i>Framework for Action to Reshape our Approach to Aboriginal and Torres Strait Islander Domestic and Family Violence</i>, led by the Department of Child Safety, Youth and Women in collaboration with the Department of Aboriginal and Torres Strait Islander Partnerships .</p> <p>The career pathways and models of care across the First 1,000 Days Project has been initiated to support women undertaking midwifery-based care during pregnancy. An evaluation of the project will be undertaken at the mid-year review. Based on the outcome of this review, the initiative will be considered for further funding.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 2</p> <p>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.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted in principle.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Queensland Government recognises the importance of prevention and integration across service responses to domestic and family violence aimed at breaking existing cycles of intergenerational trauma and violence, and ensuring young people understand the importance of healthy relationships.</p> <p>Respectful relationships education is implemented in all Queensland state schools. This will continue to be delivered through strengthening implementation of the curriculum and ensuring the quality of programs delivered.</p> <p>The Department of Child Safety, Youth and Women will continue to roll out public awareness raising messages, promote the domestic and family violence information portal, strengthen integrated service responses and include accessibility and integration as key themes in the new practice standards for the domestic and family violence sector (which commenced on 1 July 2020).</p>
<p>Recommendation 3</p> <p>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.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted in principle.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>A multi-agency work plan has been developed to strengthen Queensland's integrated service response to domestic and family violence, in response to findings from the evaluation of the integrated service response trial completed in 2019. The revision and validation of the Domestic and Family Violence Common Risk and Safety Framework (the framework) is a key action of the multi-agency work plan.</p> <p>The Department of Child Safety, Youth and Women will explore options to revise and validate the framework, ensuring the framework is evidence-based and inclusive of priority populations such as children, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, people with disability and LGBTIQ people.</p> <p>This work will be supported by partner agencies through their participation and implementation of the integrated service response working group and multi-agency work plan, with a view to the eventual statewide implementation of the framework across the domestic and family violence service system in Queensland, reflective of local co-designed approaches to integrated services delivery.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 4</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> » 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. 	<p>Department of Justice and Attorney-General</p>	<p>The recommendation is accepted in principle.</p> <p>On 3 October 2020 the Attorney-General and Minister for Justice and Leader of the House responded:</p> <p>On 1 September 2020, the Attorney-General and Minister for Justice wrote to the Commonwealth Attorney-General, providing copies of the Domestic and Family Violence Death Review and Advisory Board's (the board) report and Queensland Government response and outlining the board's key findings related to this recommendation.</p> <p>This included 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 and, as a result, it is unlikely the Family Court system is made aware of the death of a child subject to an order and is therefore unable to reflect and make subsequent improvements in service delivery. The letter also noted the importance of not duplicating the national domestic and family violence death review mechanism that already exists through the Australian Domestic and Family Violence Death Review Network.</p> <p>The Attorney-General welcomed the Commonwealth Attorney-General's thoughts on the board's recommendation, including the prospect of further consideration by the Council of Attorneys-General.</p> <p>As explained in the Queensland Government's response to this recommendation, the Council of Attorneys-General is considered the more appropriate forum to progress this proposal as the Commonwealth Attorney-General is responsible for the Family and Federal Circuit Courts.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 6</p> <p>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:</p> <ul style="list-style-type: none"> » 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. 	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted in principle.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Queensland Government has a strong commitment to addressing domestic and family violence in collaboration with Aboriginal and Torres Strait Islander communities, demonstrated through the development of <i>Queensland's Framework for Action – Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence</i> (the framework). The framework recognises the impact of intergenerational trauma as a key contributor to social issues in Aboriginal and Torres Strait Islander communities.</p> <p>The government has invested in 33 Aboriginal and Torres Strait Islander family wellbeing services across the state, to undertake trauma-informed work with Indigenous families experiencing complex social issues such as domestic and family violence, to enhance their capacity to care for and nurture their children.</p> <p>The government has committed additional investment in the services to enhance their capacity to offer a holistic response to the diverse needs of families. This includes the creation of 31 youth and family worker roles across the state, and the establishment of specialist domestic and family violence worker roles to provide a culturally sensitive response to domestic and family violence when required by Aboriginal and Torres Strait Islander families in five of the family wellbeing services in high priority locations.</p> <p>In addition to its investment in Aboriginal and Torres Strait Islander support, the Department of Child Safety, Youth and Women invests in 43 intensive family support services that seek to address the complex family issues that contribute to involvement in the child protection system. The services support families regarding both the immediate practical problems affecting them, as well as the underlying impacts of trauma that render families vulnerable.</p> <p>Independent reports evaluating the trial of two evidence-based models are close to finalisation. Learnings will enhance the capacity of secondary family support services to address unhelpful family dynamics and contribute to long term strengthening of relationships.</p> <p>Evaluation of the Aboriginal and Torres Strait Islander family wellbeing services, including the impact of the new specialist domestic and family violence positions is due to commence shortly.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 7</p> <p>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.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>A multi-agency work plan has been developed to strengthen Queensland's integrated service response to domestic and family violence, in response to findings from the evaluation of the integrated service response trial completed in 2019. The revision and validation of the domestic and family violence common risk and safety framework (the framework) is a key action of the multi-agency work plan.</p> <p>The Department of Child Safety, Youth and Women will explore options to revise and validate the framework, ensuring the framework is evidence-based and inclusive of priority populations such as children, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse people, people with disability and LGBTIQ people. This work will be supported by partner agencies through their participation and implementation of the integrated service response working group and multi-agency work plan, with a view to the eventual state-wide implementation of the framework across the to domestic and family violence service system in Queensland, reflective of local co-designed approaches to integrated services delivery.</p>
<p>Recommendation 9</p> <p>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.</p> <p>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.</p>	<p>Department of Communities, Disability Services and Seniors</p>	<p>The recommendation is accepted.</p> <p>On 23 September 2020 the Minister for Communities and Minister for Disability Services and Seniors responded:</p> <p>Key stakeholders for consultation were identified, and stakeholder discussions commenced with a focus on opportunities to build capacity and capability for the domestic and family violence sector to ensure appropriate service responses are available and accessible for older people experiencing intimate partner violence.</p> <p>A literature review and cross-jurisdictional analysis of responses and interventions for older people experiencing intimate partner violence is being undertaken by the Department of Communities, Disability Services and Seniors (the department). This preliminary work explores a variety of modes to build awareness about intimate partner violence experienced by older people, and explores available referral pathways to appropriate support services. The department will continue to consult with stakeholders in collaboration with the Department of Child Safety, Youth and Women to support domestic and family violence services to build service capacity, and recognise and respond appropriately to older people experiencing intimate partner violence.</p> <p>Messaging and awareness-raising resources will be developed to promote the incidence of intimate partner violence experienced by older people as distinct from elder abuse.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 10</p> <p>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.</p>	<p>Department of Communities, Disability Services and Seniors</p>	<p>The recommendation is accepted.</p> <p>On 23 September 2020 the Minister for Communities and Minister for Disability Services and Seniors responded: Improving accessibility and engagement with domestic and family violence services for people who identify as lesbian, gay, bisexual, transgender, intersex, queer or other related identities (LGBTIQ+) is a priority for the Department of Communities, Disability Services and Seniors (the department).</p> <p>This work will build on existing evidence, advice provided by members of the LGBTI roundtable, and previous awareness-raising activities to identify whether further research is needed. The department commenced work with support from the Department of Child Safety, Youth and Women and the Department of Justice and Attorney- General to identify key stakeholders for consultation to identify gaps in service accessibility and engagement.</p> <p>The department, with support from Department of Child Safety, Youth and Women and the Department of Justice and Attorney-General, will commence consultation with stakeholders including those who work directly with LGBTIQ+ experiencing domestic and family violence. Existing resources will be leveraged and the need to enhance service accessibility and engagement will be further investigated to ensure support for LGBTIQ+ people to access domestic and family violence services.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 11</p> <p>Queensland Government agencies review their domestic and family violence training and associated resources to ensure materials are appropriate and inclusive for LGBTIQ+ communities.</p>	<p>Department of Communities, Disability Services and Seniors</p>	<p>The recommendation is accepted.</p> <p>On 23 September 2020 the Minister for Communities and Minister for Disability Services and Seniors responded:</p> <p>In 2019, the LGBTI roundtable, facilitated by the Department of Communities, Disability Services and Seniors (the department), raised the issue of domestic and family violence awareness training for government agencies. The department's director-general contacted Queensland Health, the Department of Justice and Attorney-General and Queensland Police Service highlighting the importance of awareness among court, hospital staff and police officers, about domestic and family violence experienced by lesbian, gay, bisexual, transgender, intersex, queer or other related identities (LGBTIQ+).</p> <p>Agencies responded with advice about their current and future awareness training and their commitment to supporting LGBTIQ+ individuals and their families experiencing DFV. Responses included:</p> <ul style="list-style-type: none"> » development of a domestic and family violence toolkit of resources supported by a suite of face-to-face and eLearning modules. The toolkit resources focused on building knowledge about the nature, dynamics and impacts of domestic and family violence and using sensitive inquiry to respond and make appropriate referrals for LGBTIQ+ people » promotion of an LGBTIQ+ domestic and family violence website providing information, resources and safety planning tips » inclusive training materials that support the needs of LGBTIQ+ people in domestic and family violence court proceedings » procedures for ensuring the safety of LGBTIQ+ people attending specialist domestic and family violence courts to ensure their support through the court process » educational resources to improve understanding about key domestic and family violence and other issues facing LGBTIQ+ communities » collaborative research to understand the attitudes, perceptions and beliefs of prosecutors relevant to domestic and family violence in LGBTIQ+ communities. <p>The LGBTI roundtable plays a key role in ensuring policies, programs and services delivered by the Queensland Government agencies are inclusive of, and responsive to, the needs of LGBTIQ+ communities.</p> <p>Recommendation 11 is completed, however the department will continue to engage routinely with the LGBTI roundtable to raise awareness of domestic and family violence in LGBTIQ+ communities, identify gaps in domestic and family violence service accessibility and engagement, and leverage opportunities to recognise survivors and support LGBTIQ+ people in abusive relationships.</p> <p>This work is supported by the Public Service Commission which provides ongoing, business as usual support to government agencies to ensure domestic and family violence workplace responses and resources are appropriate for a range of cohorts, including LGBTIQ+.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 12</p> <p>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.</p>	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted in principle.</p> <p>On 1 October 2020 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 a project to implement the government response to this recommendation. The research phase of the project is complete. This included surveying existing research on</p> <p>LGBTIQ+ people's experiences with the domestic and family violence service system, reviewing the department's allocation of available funding and exploring contracts with service providers to identify possible improvements, and undertaking a review of how domestic and family violence services are currently promoting themselves when it comes to LGBTIQ+ inclusion.</p> <p>The second phase of the project, scheduled for late 2020 and early 2021, will include consultation with domestic and family violence and LGBTIQ+ services and advocacy organisations. This consultation will focus on identifying domestic and family violence services' current attitudes, policies and practices when it comes to providing support to LGBTIQ+ people, and identifying challenges for LGBTIQ+ people seeking to access services. Once consultation is complete, the department will develop potential solutions and next steps to address challenges and improve inclusive practices.</p>
<p>Recommendation 13</p> <p>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.</p>	<p>Department of Child Safety, Youth and Women and Department of Communities, Disability Services and Seniors</p>	<p>The recommendation is accepted.</p> <p>On 23 September 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence, and the Minister for Communities and Minister for Disability Services and Seniors responded:</p> <p>The Department of Child Safety, Youth and Women and the Department of Communities, Disability Services and Seniors are working together to identify and engage with domestic and family violence services in rural, regional and remote areas with a high incidence of domestic and family violence. This work includes a review of the specific contexts of domestic and family violence in these areas, and exploration of creative responses to domestic and family violence using existing resources in local communities.</p> <p>The Department of Child Safety, Youth and Women and the Department of Communities, Disability Services and Seniors will work together to develop a plan to engage rural, regional and remote communities to support development of community-led strategies to help drive local community action to reduce incidence and impacts of domestic and family violence.</p>

Recommendations	Lead Agency	Implementation update
<p>Recommendation 15</p> <p>The Queensland Government review the operation of the <i>Domestic and Family Violence Protection Act 2012</i> to strengthen the ability of the court to impose conditions within a protection order with respect to financial arrangements. Any review should consider:</p> <ul style="list-style-type: none"> » 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. 	<p>Department of Child Safety, Youth and Women</p>	<p>The recommendation is accepted in principle.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p><i>The Domestic and Family Violence Protection Act 2012</i> provides a broad discretion for courts to impose any conditions considered necessary or desirable to protect aggrieved persons from domestic and family violence.</p> <p>The Department of Housing and Public Works service offering has been enhanced to support customers to resolve housing needs with flexible assistance that includes addressing the economic barriers that victims face in leaving an abusive relationship by increasing access to safe, secure housing.</p> <p>The Department of Child Safety, Youth and Women will work with the Department of Justice and Attorney-General will identify potential legislative and non-legislative solutions that meet the intent of this recommendation. This may include jurisdictional analysis of legislation in other jurisdictions and consideration of existing provisions that are available to address economic barriers and consideration of the intersection with the family law system. The Department of Child Safety, Youth and Women and Department of Justice and Attorney-General will work together to understand the extent to which courts are exercising existing jurisdiction in respect of financial arrangements of parties in domestic and family violence proceedings.</p>
<p>Recommendation 16</p> <p>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.</p>	<p>Department of Justice and Attorney-General</p>	<p>The recommendation is accepted in principle.</p> <p>On 3 October 2020 the Attorney-General and Minister for Justice and Leader of the House responded:</p> <p>The Queensland Attorney-General wrote to the Commonwealth Attorney-General requesting he consider a review of family law legal aid for victims of domestic and family violence, with a particular focus on the need for assistance in financial and property settlement matters.</p> <p>The Department of Justice and Attorney-General is working with Legal Aid Queensland to conduct a desktop audit of activities, programs and funding utilisation in the family law area, specifically focused on property settlements in domestic and family violence cases.</p> <p>The Department of Communities, Disability Services and Seniors – in conjunction with Department of Child Safety, Youth and Women and the Department of Justice and Attorney-General – commenced work on a scan of financial products provided by financial institutions to support people experiencing domestic and family violence.</p>

Appendix F – Queensland Government’s implementation updates to recommendations arising from the *Domestic and Family Violence Death Review and Advisory Board 2017-18 Annual Report*

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted in principle.</p> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>A literature review and jurisdictional analysis was commenced to identify evidence informed practice across the continuum of responses – from prevention through to therapeutic and recovery focused interventions.</p> <p>Exploration of current investment will be undertaken to identify perceived investment gaps and opportunities. This will include consultation with specialist domestic and family violence services as well as examining service delivery to children and young people delivered through family support agencies.</p> <p>A focus of this exploration will be good practice in responding to the needs of Aboriginal and Torres Strait Islander children and young people who have experienced domestic and family violence.</p> <p>It will also include interventions for children and young people who are victims of domestic and family violence as well as young people who are using violence towards partners or family members.</p> <p>On 18 August 2020 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 will engage the Centre for Domestic and Family Violence Research, through Central Queensland University, to map existing responses to children and young people impacted by domestic and family violence, explore the strengths of existing responses and identify service gaps.</p> <p>The review will specifically focus on responses commissioned through the department and will explore evidence informed approaches across the continuum of responses – from prevention through to therapeutic and recovery focused interventions. The review will involve consultation with specialist domestic and family violence services, family support agencies and other relevant stakeholders.</p> <p>A focus of this exploration is good practice in responding to the needs of Aboriginal and Torres Strait Islander children and young people who have experienced domestic and family violence.</p> <p>It also includes interventions for children and young people who are victims of domestic and family violence as well as young people who are using violence towards partners or family members.</p> <p>The review commenced in July 2020 and conclude in December 2020.</p>



Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted.</p> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women commissioned a state-wide Workforce Capacity and Capability Building Service for the domestic, family and sexual violence sector. A number of priority areas are identified for this service including but not limited to:</p> <ul style="list-style-type: none"> » working with Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) cohorts » working with Aboriginal and Torres Strait Island women and families » women with disabilities » working with priority groups e.g. refugees and lesbian, gay, bisexual, transgender, intersex and » queer (LGBTIQ+) » engagement with persons using violence » vicarious trauma » trauma and children » person-centred practice. <p>These priority service areas will work to enhance responses to people experiencing domestic and family violence including working with people from CALD backgrounds.</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>The recommendation is accepted.</p> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</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 commissioned the development of revised contemporary, evidence-based practice standards for the DFV sector, which includes a focus on appropriate responses for victims and perpetrators from CALD backgrounds.</p> <p>The Department of Child Safety, Youth and Women has undertaken a project to develop information resources for people from CALD backgrounds to help them seek assistance and support for domestic and family violence. The project has been undertaken in stages:</p> <ul style="list-style-type: none"> » Stage 1: primary and secondary research with DFV victims and specialist DFV service providers to identify and analyse the information needs and preferences of, and cultural considerations for communication with, DFV victims from CALD backgrounds and to formulate recommendations for the development of culturally and linguistically appropriate printed information resources for CALD victims. » Stage 2: Based on the findings and recommendations of stage 1, develop content for the printed resources to ensure DFV victims from CALD backgrounds have access to easy to read, accurate, culturally sensitive information about DFV and how to access support/assistance.

Recommendations	Lead Agency	Implementation update
		<ul style="list-style-type: none"> » Stage 3: Market test the draft resources with the target audience and make recommendations to refine the resources based on the results of market testing. » Stage 4: Translation of resource content into the required languages. » Stage 5: Creation of culturally appropriate content and design of resources informed by the stage 1 research. This includes translation of the content, market testing and typesetting. » Stage 6: Production of resources, distribution and promotion. A pilot of the CALD DFV resources has commenced in Logan. <p>After the conclusion of the CALD DFV resources pilot, an evaluation will be undertaken to gauge the effectiveness of the resources and to inform the plan for the roll out of the resources for the remainder of the state.</p> <p>On 18 August 2020 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 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. These standards were published in early 2019 and came into effect from 1 July 2020.</p> <p>DCSYW has undertaken a project to develop information resources for people from CALD backgrounds to help them seek assistance and support for domestic and family violence. Following extensive research and testing in the design phase, these resources are due to be released in mid-2020.</p> <p>An evaluation will be undertaken to gauge the effectiveness of the resources. The new Practice Standards came into effect from 1 July 2020.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>Contemporary, evidence-based practice standards for the domestic and family violence sector to ensure high quality service delivery across Queensland, including responses for victims and perpetrators from culturally and linguistically diverse backgrounds, were published on 1 July 2020.</p> <p>Also in July 2020, domestic and family violence information resources were released for people from culturally and linguistically diverse backgrounds to help them seek assistance and support for domestic and family violence.</p> <p>The resources are translated into 29 languages and are available on the End Domestic and Family Violence website. The domestic and family violence cultural and linguistically diverse roundtable was established in April 2020, building partnerships between agencies, the cultural and linguistically diverse community, and specialist services.</p>

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted in principle.</p> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women has appointed the Healing Foundation, in partnership with</p> <p>Australia’s National Research Organisation for Women’s Safety (ANROWS) to establish a Workforce Capacity and Capability Building Service for the domestic, family and sexual violence sector. A number of priority professional development areas have been identified for this service, including training and professional development to strengthen responses for people from culturally and linguistically diverse (CALD) backgrounds experiencing domestic and family violence (DFV),</p> <p>The Department of Child Safety, Youth and Women has commissioned the development of revised, contemporary practice standards which will consider the needs of culturally and linguistically diverse groups.</p> <p>The department 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 following implementation of practice standards and Workforce Capacity and Capability Building Service. On 18 August 2020 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 appointed the Healing Foundation, in partnership with Australia’s National Research Organisation for Women’s Safety (ANROWS) to establish WorkUP Queensland, a workforce capacity and capability building service for the domestic, family and sexual violence sector. A number of priority professional development areas have been identified for this service, including training and professional development to strengthen responses for people from culturally and linguistically diverse (CALD) backgrounds experiencing DFV, which commenced rollout in late 2019, and will be progressively implemented over the course of the five year contract.</p> <p>DCSYW commissioned the development of revised, contemporary practice standards which will consider the needs of culturally and linguistically diverse groups. These standards were published in early 2019 and came into effect on 1 July 2020.</p> <p>The department 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 following implementation of practice standards and the workforce capacity and capability building service.</p>

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted.</p> <p>On 28 October 2019 the Minister for Health and Minister for Ambulance Services and the Minister for Police and Minister for Corrective Services responded:</p> <p>Queensland Health and the Queensland Police Service met to discuss moving forward with this recommendation and invited the Department of Justice and Attorney General to participate in a working group. The working group is scheduled to convene in late 2019.</p> <p>On 24 April 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services, and the Minister for Police and Minister for Corrective Services responded:</p> <p>Representatives from Queensland Health and Queensland Police held initial discussions to plan the approach to implement this recommendation. An inter-agency working group will be convened, and a representative from the Office of the Director of Public Prosecutions agreed to participate in the working group. The working group will meet in the near future to further progress implementation of the recommendation.</p> <p>The working group will focus on:</p> <ul style="list-style-type: none"> » monitoring 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 settings » considering 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 Queensland legislation » considering existing methods for gathering forensic evidence and consult with key stakeholders to identify possible improvements.

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted.</p> <p>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health's toolkit of resources for the health workforce was reviewed and updated in 2018 to be inclusive of information about the signs, symptoms and risk indicators of non-lethal strangulation. Following a review of evidence, <i>A health response to non-lethal strangulation</i> factsheet and flowchart was developed and published. As part of the outcomes of a recent process evaluation, Queensland Health's training modules are currently being updated to include evidence-based information about recognising and responding to non-lethal strangulation. A communications plan will be developed to promote the toolkit across Queensland Health's workforce.</p> <p>The Queensland Ambulance Service, in partnership with the Red Rose Foundation, developed and implemented an internal education package supporting frontline staff specifically to identify clinical features of non-lethal strangulation, as well as provide guidance in the appropriate management, documentation and referral options that can be offered to patients. Since implementation in April 2019, this training package has been delivered by the Queensland Ambulance Service Education Centre via the Quarter Four, Tier One Training Program to a total of 3,687 frontline officers statewide (as at 8 August 2019 and continues to be delivered to all frontline staff).</p> <p>Queensland Ambulance Service staff are also provided with the Queensland Ambulance Service employee assistance programs Priority One and Optum which provide staff support and counselling services, in addition to direct line managers for debriefing challenging situations and experiences.</p>

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted.</p> <p>On 21 January 2020 the Minister for Police and Minister for Corrective Services responded:</p> <p>The Queensland Police Service continues to invest in training, education and professional development opportunities for members that promote best practice policing strategies in response to domestic and family violence, particularly non-lethal strangulation.</p> <p>The Queensland Police Service:</p> <ul style="list-style-type: none"> » offered further opportunities to members to attend strangulation prevention training, delivered by the internationally renowned Training Institute on Strangulation Prevention from San Diego. The aim of the training is to build an in-house knowledge and skill base to help embed a uniformed, best practice response during investigations » enhanced existing training products to assist police with appropriate communications skills to build rapport with victims (and other persons coming in to contact with police at times of crisis or intervention) » continued to offer access to professional development opportunities, such as the Queensland University of Technology Graduate Certificate in Domestic Violence and trialling the appropriateness of the Central Queensland University Graduate Certificate in Domestic Violence, where members learn about risk assessment tools in actual cases and the impact of domestic violence on victims, carers and the community. <p>Ongoing evaluation of training programs is part of the service's normal business operations for continuous improvement. In building strong leadership within the organisation related to domestic and family violence prevention, the inaugural domestic and family violence specialist course was delivered in February 2019.</p> <p>Refinements were made to the course content, with two further courses delivered in July and October 2019. This course includes a module related to non-lethal strangulation within a domestic violence context.</p>

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted.</p> <p>On 28 October 2019 the Minister for Health and Minister for Ambulance Services and the Minister for Police and Minister for Corrective Services responded:</p> <p>The Queensland Police Service commenced drafting a memorandum of understanding that will outline the roles and responsibilities of both the Queensland Police Service and Queensland Health in relation to the provision, usage, storage and disposal of data associated with emergency department, hospital admission and death registration data.</p> <p>On 24 April 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services, and the Minister for Police and Minister for Corrective Services responded:</p> <p>Queensland Health and the Queensland Police Service are developing a memorandum of understanding outlining the roles and responsibilities of both agencies in relation to the provision, usage, storage and disposal of data associated with emergency department, hospital admission and death registration data.</p> <p>Queensland Health and Queensland Police Service will continue to work together to finalise the memorandum of understanding and implement the data-linkage project, which will enable a more complete identification of the number of people who experience a strangulation related to DFV in Queensland.</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>The recommendation is accepted in principle.</p> <p>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health contacted the Royal Australian College of General Practitioners (RACGP) to discuss the work of the DFV Death Review and Advisory Board and how to increase general practitioners' knowledge of non-lethal strangulation in DFV.</p> <p>On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded:</p> <p>In January 2020, the director-general of Queensland Health contacted RACGP to discuss the work of the Domestic and Family Violence Death Review and Advisory Board, information about the publicly available Queensland Health DFV toolkit, the importance of ensuring that general practitioners have knowledge of non-lethal strangulation in DFV and to encourage RACGP to include information about non-lethal strangulation in continuing professional development training and in the upcoming review of the RACGP White Book - <i>Abuse and violence: Working with patients in general practice</i>.</p>

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted in principle.</p> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women commenced investigating domestic and family violence (DFV) training options for professional generalist services through:</p> <ul style="list-style-type: none"> » exploration of best practice approaches to DFV training in generalist services through literature review and jurisdictional scan » exploration of what DFV training is currently available to generalist services in Queensland through consultation with DFV support services and general services » assessment of currently available training to establish appropriateness, applicability and fit for generalist services in Queensland including any opportunities for leverage off existing training delivery. <p>The Department of Child Safety, Youth and Women will develop an options paper that will focus on how to respond to perpetrators, maintain the safety of victims and their children, and align with the National Outcome Standards for Perpetrator Intervention Programs.</p> <p>On 18 August 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>DCSYW continued investigating existing training options that support development of knowledge and skills in responding appropriately to perpetrators of DFV coming into contact with generalist services and private practitioners. This has included consultation with a range of key stakeholders including government, the DFV sector and generalist services and private practitioner sectors regarding training options available and desired outcomes. Further consultation on identified training options with stakeholders to ensure they are relevant and fit-for-purpose for the generalist services and private practitioner cohorts, and abide by relevant practice standards, whilst considering alignment with the National Standards for Perpetrator Intervention Programs. The most suitable training options identified will then be communicated with generalist services and private practitioners for their information, as identified relevant training opportunities for their staff. This will be achieved by the next reporting period and will then consider this recommendation implemented.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p>

Recommendations	Lead Agency	Implementation update
		<p>Following research and consultation with peak bodies and key organisations representing professionals from generalist services, a number of training options that meet the specific needs of these professionals were identified. All identified options are:</p> <ul style="list-style-type: none"> » existing training packages specifically targeted to non-specialist domestic and family violence workers who are working with perpetrators » delivered by providers with recognised expertise who are accredited, or funded and subsidised, by state or federal governments <p>and</p> <ul style="list-style-type: none"> » reflect the findings of the needs analysis undertaken as part of this project. <p>A fact sheet that outlines recommended training options available to community services workers and private practitioners working with perpetrators of domestic and family violence has been developed and is now available on the End Domestic and Family Violence website.</p> <p>The fact sheet also includes broader guidance for organisations and practitioners, highlighting the role they play in keeping victims of domestic and family violence safe.</p> <p>The director-general of the Department of Child Safety, Youth and Women wrote to relevant peak bodies and key organisations, as well as the Domestic and Family Violence Prevention Council, to advise them of the fact sheet and encourage them to share it broadly among their member organisations, networks and workers. The fact sheet was also shared with members of the domestic and family violence corporate roundtable.</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>The recommendation is accepted.</p> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women explored the use of alternative interventions while perpetrators wait to attend men's behaviour change programs. This has included convening innovation workshops with relevant stakeholders and experts from the domestic and family violence sector aimed at identifying innovative ways to engage perpetrators while they wait to attend a perpetrator intervention.</p> <p>Potential opportunities identified encompass both digital and non-digital solutions and are currently being considered to inform future policy and planning for perpetrator intervention reforms.</p>

Recommendations	Lead Agency	Implementation update
<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>The recommendation is accepted.</p> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women undertook a cross-jurisdictional analysis of Australian and international current and planned use of online interventions, including attendance at international online programs. This identified the effectiveness, suitability and best practice of online men's behaviour programs. The Department of Child Safety, Youth and Women is currently exploring options for a perpetrator intervention pilot using an online mode of delivery to target perpetrators who live in rural/remote locations in Queensland. The opportunities identified will inform future policy and planning for perpetrator intervention reforms.</p>
<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>The recommendation is accepted in principle.</p> <p>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</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 general practitioner and primary health care service delivery, placing primary health networks outside of the jurisdiction of Queensland Health.</p> <p>Queensland Health policy staff are liaising with Brisbane South Primary Health Network. Brisbane South Primary Health Network has independently developed and is delivering an innovative new program to support primary care to enhance service responses to people who are experiencing DFV, and to improve outcomes for individuals and families. Brisbane South Primary Health Network's Recognise, Respond, Refer (RRR) program incorporates workforce capacity building to improve DFV knowledge and skills of primary health clinicians, and a system integration function designed to bring primary care into the DFV service system. Federal funding to roll the model out to a further four primary health networks regions was announced in March 2019.</p> <p>In late 2019 Queensland Health will explore opportunities and forums to provide information to primary health networks about ongoing DFV service system reform work, including findings from the DFV Death Review and Advisory Board.</p> <p>On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded:</p> <p>The Department of Health has been liaising with Brisbane South Primary Health Network and considering opportunities to present to a statewide joint primary health networks/hospital and health service forum regarding Brisbane South Primary Health Network's innovative Recognise, Respond, Refer program.</p> <p>Queensland Health will continue to liaise with Brisbane South Primary Health Network to support their Recognise, Response, Refer program.</p>

Appendix G – Queensland Government’s implementation updates to recommendations arising from the *Domestic and Family Violence Death Review and Advisory Board 2016-17 Annual Report*

Recommendations	Lead 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> <ul style="list-style-type: none"> a. 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 b. referral pathways to relevant support services, and be used to inform a comprehensive safety and risk management plan for individual clients c. 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> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women has delivered the following suicide awareness and suicide intervention skills training to workers from the domestic and family violence sector, including women’s shelters across the state:</p> <ul style="list-style-type: none"> » Ten suicide awareness (safeTALK) workshops were delivered to 214 participants from 53 domestic and family violence women’s shelters and support services. Participants reported immediate value to their support work through the application of the training in relation to identification of warning signs and application of the safeTALK (Tell, Ask, Listen and KeepSafe) model.

Recommendations	Lead Agency	Implementation update
		<p>» A further ten suicide intervention skills training (Applied Suicide Intervention Skills Training - ASIST) workshops were delivered to 253 participants from 67 organisations working with women, children and young people experiencing domestic and family violence.</p> <p>» Two workshop packages were delivered on the Indigenous Network Suicide Intervention Skills Training (INSIST) program, developed by LivingWorks Education Australia Pty Ltd and the University of Queensland, providing a culturally-adapted wrap-around module of ASIST. One hundred and thirty-two participants completed the INSIST training. This training has resulted in participants reporting being prepared and more confident to help a person at risk of suicide.</p> <p>Preliminary consultation regarding the Suicide Prevention Framework commenced at these workshops to inform the scope and planning for the development of a Suicide Prevention Framework.</p> <p>Further consultation to inform the development of the Suicide Prevention Framework is in progress.</p> <p>On 18 August 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>Suicide awareness and suicide intervention skills training was delivered to workers from the DFV sector, including women's shelters throughout 2019. During training, participants provided preliminary feedback regarding current suicide prevention practices in their organisations.</p> <p>A suicide prevention framework (inclusive of risk screening, assessment and referral pathways) for implementation in DFV services is being developed, and further consultation with key stakeholders is underway.</p> <p>Careful consideration and further consultation will occur through each stage of the development of the suicide prevention framework to ensure it is empirically supported and fit for purpose. Implementation of the framework is expected to occur in late 2020.</p> <p>On 1 October 2020 the Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence responded:</p> <p>The Queensland Government developed a draft suicide prevention framework that includes advice for domestic violence practitioners about suicide risk screening, assessment and referral pathways.</p> <p>The framework is being released for consultation with members of the mental health and domestic and family violence sectors.</p> <p>Following consultation and the incorporation of feedback, the framework will be finalised. Implementation approaches for the framework are currently being considered and implementation is expected to occur by early 2021.</p>

Recommendations	Lead 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>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>A process evaluation of the DFV toolkit of resources for the health workforce found that the current structure and content of the toolkit represent high quality learning supports for the health workforce and identified a number of content areas for review and update. The evidence regarding the safety and efficacy of screening, assessment and managing DFV risk in clinical environments has been considered and the toolkit resources are being updated to guide practice in this area. The updated toolkit will be published and supported by a communications plan to promote use of the toolkit across the workforce.</p> <p>On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded:</p> <p>In 2019, Queensland Health's DFV toolkit of resources for the health workforce was revised, and the updated resources were published online in April 2020.</p> <p>Reflecting the <i>National Risk Assessment Principles for domestic and family violence</i>, the revised toolkit provides evidence-based information to support health professionals' understanding of DFV risk, guide their use of sensitive enquiry for basic risk screening and make referrals to specialist workers for ongoing risk assessment and management.</p> <p>A communication plan was developed to promote further implementation of the toolkit across Queensland Health throughout 2020 and 2021.</p>

Recommendations	Lead Agency	Implementation update
<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>	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 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>	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>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>
<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 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>

Recommendations	Lead Agency	Implementation update
<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>	<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 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>

Recommendations	Lead Agency	Implementation update
<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>	<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 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> <p>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>The maternity models of care decision making framework (DMF) and its associated toolkit are currently being developed into an online tool and is expected to be available by the end of 2019. The online tool will enable easier access to these resources by hospital and health services.</p> <p>A scoping project to improve care across the first 1,000 days has been completed. The Career Pathways and Models of Care across the first 1,000 Days project is now entering its next phase and further work is being undertaken to implement continuity-of-carer models to meet local context, community need and services for women, children and families. This is a five-year project to secure, integrate and evaluate outcomes of care by midwives and nurses with child and family health qualifications to one of four identified models to capture the majority of families' circumstances.</p> <p>The government is committed to enhancing the delivery of maternity and post-natal care for all families. Funding to recruit another 100 midwives has now been allocated to all hospital and health services and they are currently recruiting to those midwifery positions within their maternity services.</p> <p>Queensland Health will identify an appropriate hospital and health service to lead and implement recommendations from phase 1 of the first 1000 days project.</p> <p>On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded: Work continues to enable online access to the maternity models of care decision making framework. The framework is now online and available to all hospital and health services.</p> <p>The career pathways and models of care across the first 1,000 days project is being implemented in collaboration with Children's Health Queensland Hospital and Health Service to improve continuity of carer models across pregnancy, labour and birth, postnatal and early parenting to the child's second birthday.</p>

Recommendations	Lead Agency	Implementation update
		<p>Four hospital and health services nominated to participate in the models of care implementation and evaluation in seven sites throughout Queensland representing a diverse range of contexts across metropolitan, regional and rural areas.</p> <p>All four hospital and health services elected to commence the integrated midwifery and child health nurse model. Four hospital and health services nominated seven midwives and two nurses (nine candidates) to undertake the graduate child health certificate course commencing 2020.</p> <p>A project manager is assisting hospital and health services to implement the models of care and career pathways and will coordinate the evaluation. A workgroup meets once a month to ensure participating hospital and health services are supported through the process.</p> <p>The state government commitment to recruit another 100 midwives across Queensland public maternity units is finalised, with all hospital and health services recruiting to their allocation of additional midwifery positions.</p> <p>Queensland Health will implement a communication strategy to promote the online Maternity Models of Care Decision-Making Framework more broadly across hospital and health services.</p>

Recommendations	Lead 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>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health is finalising the Growing Deadly Families: An Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025. The strategy aims to improve partnerships and leadership, continuity of care/carer and embed Indigenous workforce and support into maternity services. Queensland Health will work with hospitals and health services and the non-government sector to implement, embed and strengthen maternity services for</p> <p>Aboriginal and Torres Strait Islander babies and their mothers. A plan outlining Queensland Health's approach to</p> <p>implementation of the strategy is currently in development. The strategy is scheduled for release in late 2019. On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded: The Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025 (the strategy) was launched in November 2019 by the Hon Steven Miles MP, Minister for Health and Minister for</p> <p>Ambulance Services, at the Statewide Maternity and Neonatal Clinical Network's maternity services forum.</p> <p>The initial implementation plan for the strategy has been developed and was endorsed in January 2020. The strategy and the implementation plan focus on: developing and strengthening meaningful partnerships; co-design of services; providing care that is culturally safe and woman-centred; and increasing the Aboriginal and Torres Strait Islander workforce in maternity services.</p> <p>Implementation is occurring over 2 phases; phase 1 is scoping and planning during 2020-2021, phase 2 is implementation and review during 2022-2025. Services that achieved scoping and planning with community agreement will begin phase 2 prior to 2022.</p> <p>The Growing Deadly Families Implementation Oversight Committee will be established in February 2020 and have a significant role in leading the implementation of the strategy.</p>

Recommendations	Lead Agency	Implementation update
<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>
<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>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health is continuing plans to develop a 42-bed alcohol and other drug residential rehabilitation and treatment facility in Rockhampton.</p> <p>On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded:</p> <p>Queensland Health engaged a non-government provider to deliver the new services which are being established in Rockhampton, including a day program for young people.</p> <p>Queensland Health is continuing to work with other agencies and consider the needs and service models for high-risk or vulnerable parents as part ongoing treatment service planning.</p>

Recommendations	Lead Agency	Implementation update
<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> <p>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>In 2019 Queensland Health developed an information guide that provides information and resources to clinicians that will enhance their capacity to support consumers, their families, and carers who have been identified as being at risk of violence, including DFV. The information guide will be released for use by clinicians in late 2019.</p> <p>The Queensland Centre for Mental Health Learning has reviewed the Queensland Health training program QC9 critical components of risk assessment and management. The review focused on the delivery of more detailed and contemporary content regarding screening for the identification and management of risk, including risk relating to DFV, in consumers of mental health and alcohol and other drugs services. The reviewed training program is being piloted prior to release.</p> <p>On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded:</p> <p>The Queensland Centre for Mental Health Learning completed a review of the Queensland Health training program QC9 Critical Components of Risk Assessment and Management. The review included a focus on the delivery of more detailed and contemporary content regarding screening for the identification of risk, including risk relating to DFV, for consumers of mental health and alcohol and other drugs services. The updated training program is in the final stages of the approval process.</p> <p>Queensland Health will communicate with funded non-government mental health alcohol and other drugs services regarding the availability of training programs designed to support the health service system to respond appropriately to domestic and family violence.</p>

Recommendations	Lead 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 <i>Domestic and Family Violence Prevention Act 2012</i> 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>

Recommendations	Lead Agency	Implementation update
		<p>On 28 October 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>QH and DCSYW responses</p> <p>The Department of Child Safety, Youth and Women has appointed the Healing Foundation, in partnership with Australia's National Research Organisation for Women's Safety (ANROWS) to establish a workforce capacity and capability building service for the domestic, family and sexual violence sector. A number of priority professional development areas have been identified for this service, including mental health, information sharing, and collaboration/partnership brokering, which have been progressively rolled out from late 2019.</p> <p>The trial of an Integrated Service Response (ISR) model in Logan/Beenleigh, Mount Isa/Gulf and Cherbourg has concluded, with all three ISR locations and the additional five funded high risk teams now transitioning to a 'business as usual' approach to responding to imminent high risk cases of domestic and family violence. The evaluation of the ISR trial, completed by the Griffith Criminology Institute (Griffith University), found the trial demonstrated emerging practice at this point in time and made six suggestions for strengthening the model and improving practice.</p> <p>Improvements to the model, such as refinements to the Common Risk and Safety Framework and risk assessment tools that better support priority population groups, will be ongoing and in line with the evaluation findings.</p> <p>Department of Child Safety, Youth and Women has participated in the Safe and Together Addressing Complexity (STACY) research study which builds practitioner and systemic capacity to work across services where there is an intersection between child protections, domestic and family violence (DFV) and mental health and alcohol and drug use. This study by Professor Cathy Humphreys applies the Safe and Together (Mandel) framework and involved staff training and a Community of Practice.</p> <p>A process evaluation of Queensland Health's DFV Toolkit of Resources for the health workforce (the Toolkit) found that the current structure and content of the toolkit represent high quality learning supports for the health workforce and identified a number of content areas for review and update. Some content areas targeted for update include DFV</p> <p>and people with disability, and additional information to increase cultural safety and usefulness for people working with Aboriginal and Torres Strait Islander individuals and communities. The updated Toolkit will be published and supported by a communications plan to promote use of the Toolkit across the workforce, including Queensland Health's mental health and drug and alcohol services.</p>

Recommendations	Lead 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> <p>On 28 October 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 Department of Child Safety, Youth and Women and Queensland Health developed a communication strategy identifying relevant professional membership bodies for inclusion in communications to promote the importance of domestic and family violence training for registered health and community practitioners coming into contact with victims and their children or perpetrators of domestic and family violence.</p> <p>The collaborative approach included identifying common messaging for communication across membership bodies regarding service system reform and the role of the Death Review and Advisory Board. Key messaging relevant to each professional group was agreed upon.</p> <p>On 22 May 2020 the Deputy Premier and 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>In February 2020, the Directors-General of Queensland Health and the Department of Child Safety, Youth and Women wrote to relevant peak professional bodies to encourage them to develop and promote continuing professional development training for their members to raise awareness of domestic and family violence. Where relevant, peak professional bodies were made aware of their ability to access the content of Queensland Health's DFV toolkit of resources as a starting point for the development of targeted professional training for their respective members.</p>

Recommendations	Lead 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

Recommendations	Lead Agency	Implementation update
		<ul style="list-style-type: none"> » the QPS continues to review training packages to ensure they are contemporary and reflective of emerging trends. The QPS has: <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>

Recommendations	Lead 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>On 27 October 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 have formed an interagency implementation team and undertaken an exploration of existing court support options and research regarding alternate support options available for victims of domestic and family violence in criminal proceedings.</p> <p>The interagency implementation team will identify options to provide consistent court support across Queensland including the identification of opportunities to leverage existing court support options for Aboriginal people and Torres Strait Islander people, people from culturally and linguistically diverse communities, and other groups in the community that may be more vulnerable to domestic and family violence or face additional barriers when accessing the justice system, including people with disability, the elderly, people who identify as LGBTIQ+, young people and children, and people from rural and remote areas.</p> <p>On 18 August 2020 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 and Leader of the House responded:</p> <p>The interagency implementation team identified three potential service delivery models to provide consistent court support across Queensland to victims of domestic and family violence in criminal proceedings. A targeted consultation process was conducted with government and non-government stakeholders. The implementation team identified the advantages and risks associated with each model and is preparing resource costings. A draft options paper outlining these models is currently being reviewed by participating agencies.</p> <p>The draft options paper will be finalised and presented to the Recommendation 12 Project Board for their consideration.</p>

Recommendations	Lead Agency	Implementation update
<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>The <i>Child safety practice manual</i> (CSPM) 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> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women is enhancing domestic and family violence (DFV) 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>The <i>Child safety practice</i> manual was updated to include additional privacy and safety considerations when working with both individuals who have perpetrated DFV and those who have been impacted by DFV.</p> <p>The Child Protection Joint Response Teams (CPJRT) trial on the Gold Coast, Toowoomba and Townsville was evaluated and will be rolled-out state-wide by February 2020. The CPJRT facilitate joint investigations between DCSYW and QPS.</p> <p>An independent evaluation of the CPJRT trial by Griffith University was finalised in February 2019. The recommendations and evaluation report informed the decision by DCSYW and QPS to implement CPJRT state-wide. The rollout commenced in August 2019 and will occur in three stages.</p> <p>The state-wide rollout of CPJRT is a joint action with QPS in <i>Supporting Families Changing Futures 2019-2023 - The Queensland Government's plan for helping Queensland children, young people, parents and families experiencing vulnerability</i>, a five-year whole-of-government strategy for the final stage of the 10-year child and family reform program.</p>

Recommendations	Lead 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 <i>Domestic and Family Violence Prevention Act 2012</i> (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>On 28 October 2019 the Minister for Health and Minister for Ambulance Services responded:</p> <p>Hospital and health services continue to participate in the ISR and HRT initiatives using the common risk and safety framework and collaborated with agency partners in the recent evaluation of ISR and HRT trials in Logan/Beenleigh, Mt Isa and Cherbourg.</p> <p>As noted in the implementation update on recommendation 2(a) above, the evidence regarding the safety and efficacy of DFV screening and assessment in clinical environments was recently considered as a part of a process review of the toolkit, and resources are being updated to guide practice in this area. The updated toolkit will be published and supported by a communications plan to promote use of the toolkit across the workforce.</p> <p>Following consideration of the final report of the evaluation of the ISR and HRT trials, Queensland Health will continue to work with partner agencies to further develop the trial approach to identifying and monitoring high risk victims, perpetrators and their children in the service system.</p> <p>On 22 May 2020 the Deputy Premier and Minister for Health and Minister for Ambulance Services responded:</p> <p>In 2019, Queensland Health's DFV toolkit of resources for the health workforce was revised, and the updated resources were published online in April 2020. Reflecting the National Risk Assessment Principles for domestic and family violence, the revised toolkit provides evidence-based information to support health workers'/clinicians' understanding of DFV risk, guide their use of sensitive enquiry for basic risk screening and make referrals to specialist workers for ongoing risk assessment and management. A communications plan to promote the toolkit across Queensland Health will be implemented through 2020 and 2021.</p> <p>In 2020, the Department of Health will undertake policy analysis to identify evidence-based mechanisms that assist practitioners to identify persons experiencing DFV or high risk families who have presented previously.</p>

Recommendations	Lead Agency	Implementation update
<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.
<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>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>ANROWS commenced a study that will build on existing research and evidence base identifying how best to respond to the misidentification of domestic and family violence victims/perpetrators where there are mutual allegations of violence and abuse.</p>

Recommendations	Lead Agency	Implementation update
<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</p> <p>and</p> <p>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 <i>Child Protection (Offender Reporting and Other Prohibition Order) Act 2004</i> 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>On 21 January 2020 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>DCSYW and QPS conducted an information sharing trial where four child safety officers were placed in QPS headquarters to assist with information sharing requests from Child Safety to QPS.</p> <p>The trial, which ended on 30 September 2019, was successful in streamlining information sharing between the department and QPS. To improve timeliness of access to information, an external self-service portal is being established to provide child safety officers access to key QPS data sets.</p>

Recommendations	Lead Agency	Implementation update
		<p>The QPS is working to broaden the scope of the <i>Child Protection (Offender Reporting and Other Prohibition Order) Act 2004</i> to include other offences of violence relating to children.</p> <p>On 18 August 2020 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 Self Service of Document Retrieved (SSoDR) Portal — jointly funded by the QPS and DCSYW — provides approved child safety staff direct access to Queensland criminal history reports and domestic violence information. Use of the SSoDR Portal commenced across the state from 20 January 2020, following a four-week period of use by the Child Safety After Hours Service Centre.</p> <p>DCSYW and QPS will monitor use of the SSoDR portal as a mechanism for timely access to relevant criminal history information.</p> <p>The QPS continues to work on broadening the scope of the <i>Child Protection (Offender Reporting and Other Prohibition Order) Act 2004</i> to include other offences of violence relating to children.</p> <p>On 2 October 2020 the Minister for Police and Minister for Corrective Services responded:</p> <p>The Queensland Police Service circulated a discussion paper on the amendments to the <i>Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004</i> and the <i>Police Powers and Responsibilities Act 2000</i> to key government stakeholders in December 2019 for consultation.</p> <p>The Queensland Police Service is considering the feedback and will examine the legislation to ensure the proposals are consistent with government and community expectations. The Queensland Police Service will continue to work with these key stakeholders to progress the legislation amendments.</p>

Recommendations	Lead Agency	Implementation update
<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> <p>On 2 December 2019 the Director of Public Prosecutions and the Minister for Police and Minister for Corrective Services responded:</p> <p>The QPS has employed a legal officer within Child Protection Offender Registry to assist in the drafting and application of Offender Reporting Orders. These orders allow for conditions to be placed on offenders regarding their behaviours and interaction with children. These orders are placed on offenders who have committed a serious offence against a child which is not specifically covered by the <i>Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004</i>.</p> <p>The QPS legal officer will liaise with the Office of the Director of Public Prosecutions to provide assistance and advice in the applications of Offender Reporting Orders before a court. This supports the training the QPS previously delivered to the Office of the Director of Public Prosecutions.</p>

Recommendations	Lead 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</p>

Recommendations	Lead Agency	Implementation update
		<p>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> <p>On 6 July 2020 the Minister for Child safety, Youth and Women, Minister for the Prevention of Domestic Violence and Minister for Youth Justice responded:</p> <p>The Department of Child Safety, Youth and Women established a reference group of representatives from FaCC, IFS and DFV 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, including:</p> <ul style="list-style-type: none"> » Developing a range of resources, including fact sheets and domestic and family violence best practice principles for use by both sectors. » Training in the Common Risk Assessment and Safety Framework in select FaCC and IFS sites. The Common Risk and Safety Framework was developed for use by government and nongovernment community services agencies in relation to recognising, assessing and responding to domestic and family violence. The framework articulates a shared understanding, language and common approach to domestic and family violence risk and safety action planning, including common minimum standards and approaches. » Training for FaCC, IFS and DFV services in the Safe and Together model. This model provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and wellbeing of children. <p>In May 2019, the Department of Child Safety, Youth and Women launched an online portal to improve access to information about domestic and family violence. This new portal includes a section titled 'I want to help someone' which provides information for people worried that someone they know may be experiencing domestic and family violence.</p>

Recommendations	Lead 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>

Recommendations	Lead 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>		



Domestic and Family Violence
Death Review and Advisory Board

2019–20 Annual Report