

DOMESTIC AND FAMILY VIOLENCE AND FIRE RELATED INJURIES AND DEATHS: LITERATURE REVIEW

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Introduction

This literature review explores fire-related injuries and fatalities in the context of domestic and family violence (DFV). It focuses on prevalence data and literature in Australia and identifies the limitations of existing studies and available data. It examines the issue of underreporting, which may result from medical professionals misidentifying intentional burn injuries as accidental, or from victim-survivors choosing not to disclose violence due to fear, coercion, ongoing abuse or reasons underpinning the need to maintain an ongoing relationship with the perpetrator.

This review provides insights into the characteristics of both victims and perpetrators regarding fire-related DFV incidents. It also considers the nature of intentional burn injuries, including severity, required medical interventions, and length of hospital stays, highlighting the potential for medical professionals to identify non-accidental injuries through these indicators. Additionally, it explores how the threat or use of fire is employed as a tactic of fear and control within DFV contexts.

Drawing on existing literature and available coronial inquest data, this review identifies potential risk indicators for fire-related DFV injuries, while acknowledging the limitations of current data. Finally, it offers recommendations to reduce risk and improve responses to fire-related injuries and fatalities in DFV contexts, including broader recommendations based on a country study of India, where high rates of DFV-related fire injuries and fatalities, alongside extensive research, provide valuable lessons for enhancing prevention and intervention efforts.

Prevalence

This section presents data on burn-related threats and violence in Australia, highlighting the limited availability of data, particularly regarding the use of fire in DFV incidents. The proportion of women who experience suspected burn-related violence is likely underestimated. Existing research indicates that for many women admitted to burn centres the source of their burns is not clear. Additionally, medical professionals may misidentify fire-related injuries as accidental due to a lack of awareness or understanding of the broader context of DFV. Further, women may attend burn centres with the perpetrator who may provide an accident narrative.

Burn-Related Threats and Violence in Australia: Prevalence Data

A 2024 report by the Australian Institute of Health and Welfare (AIHW) recorded 232 homicide incidents between July 2022 and June 2023, with fire used in three cases.¹ The report also highlighted that nearly half of female homicide victims (49%, n=34) were killed by a current or former intimate partner, 17% (n=12) by another family member, 10% (n=7) were parents of the offender, and 4% (n=3) were children of the offender.² The AIHW also reported 119 thermal burn-related deaths in 2020–21, two-thirds caused by fire, smoke, and flames, though no information on violence was included.³ An earlier AIHW report on hospitalised burn

¹ Miles, H., & Bricknell, S. (2024). *Homicide in Australia 2022–23*. Australian Institute of Criminology, 15. <https://doi.org/10.52922/sr77420>.

² Miles, H., & Bricknell, S. (2024). *Homicide in Australia 2022–23*. Australian Institute of Criminology, 20. <https://doi.org/10.52922/sr77420>.

³ Australian Institute of Health and Welfare. (2023) *Injury in Australia: Thermal Causes*. AIHW | Australian Government. <https://www.aihw.gov.au/reports/injury/thermal-causes>.

injuries in 2013–14 found that of 386 women hospitalised with burns due to ‘other external causes,’ 6% (n=23) had injuries identified as assault.⁴

Another research report on DFV-related filicides identified one fire/heat-related death among 85 cases.⁵

Recent data from the Australian Productivity Commission showed that in 2021–22 the annual fire death rate was 5.0 deaths per million people (129 fire deaths), while 2,192 people were hospitalised for fire injury.⁶ In this period ‘accidental’ residential fires were more common in major cities (83.0 per 100,000 households) than remote and very remote areas (67.2 and 38.4 per 100,000 households respectively), and higher rate in low socio-economic areas (96.0 per 100,000 households respectively) compared to high socio-economic areas (63.2 per 100,000 households respectively).⁷ Smoke alarms operated in 64.6% of cases, but in other cases were not present (23.8%), did not operate (5.9%), or the fire was too small to activate the smoke alarm (5.8%).⁸ This report does not report on the relationship between fire injury and death and DFV.⁹

The NSW Death Review and Family Violence Review Team (DVDRT) annual reports from 2019–23 reveal that in 2021–23, five women and one man died by fire-related death. In 2019–21, the NSW DVDRT reported four women and one man died by fire-related homicide.¹⁰

Queensland’s Domestic and Family Violence Death Review and Advisory Board Annual Report 2023–24 identified increased use of arson in the context of DFV. This underscored the

⁴ Australian Institute of Health and Welfare: Pointer, S. & Tovell, A. (2016) *Hospitalised Burn Injuries Australia 2013–14*. Injury Research and Statistics Series no. 102. Cat. no. INJCAT 178. Canberra: AIHW, 46.

<https://www.aihw.gov.au/getmedia/aa910281-ad80-4963-808e-c41bc7191039/20432.pdf?v=20230605182042&inline=true>

⁵ Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety. (2024). *Australian Domestic and Family Violence Death Review Network Data Report: Filicides in a Domestic and Family Violence Context 2010–2018* (1st ed.; Research report, 06/2024). ANROWS. https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2024/07/26154830/Filicide_DFV.pdf

⁶ Productivity Commission. (2024). *Report on Government Services 2024: Emergency Management (Part D)*. Steering Committee for the Review of Government Service Provision: Commonwealth of Australia, 27, 29. <https://www.pc.gov.au/ongoing/report-on-government-services/2024/data-downloads/rogs-2024-partd-overview-and-sections.pdf>

⁷ Productivity Commission. (2024). *Report on Government Services 2024: Emergency Management (Part D)*. Steering Committee for the Review of Government Service Provision: Commonwealth of Australia, 20. <https://www.pc.gov.au/ongoing/report-on-government-services/2024/data-downloads/rogs-2024-partd-overview-and-sections.pdf>

⁸ Productivity Commission. (2024). *Report on Government Services 2024: Emergency Management (Part D)*. Steering Committee for the Review of Government Service Provision: Commonwealth of Australia, 22. <https://www.pc.gov.au/ongoing/report-on-government-services/2024/data-downloads/rogs-2024-partd-overview-and-sections.pdf>

⁹ Productivity Commission. (2024). *Report on Government Services 2024: Emergency Management (Part D)*. Steering Committee for the Review of Government Service Provision: Commonwealth of Australia, 22. <https://www.pc.gov.au/ongoing/report-on-government-services/2024/data-downloads/rogs-2024-partd-overview-and-sections.pdf>

¹⁰ NSW Domestic Violence Death Review Team. (2022) *Report 2019-2021*. Sydney: NSW Government. https://coroners.nsw.gov.au/documents/reports/2019-2021_DVDRT_Report.pdf

limited research and apparent increase in arson in intimate partner homicides in Queensland, citing this as a potential area for future inquiry in 2024–25.¹¹

Despite the limited academic research on fire-related injuries and fatalities in the context of DFV, recent Australian studies offer some valuable insights. One study analysed data from the Burns Registry of Australia and New Zealand, focusing on women over 18 admitted to burn centres between 2009 and 2022. Of 6,262 women meeting the study criteria, 2.5% reported burns from suspected violence.¹² Another 2023 study examining data from the Australian and New Zealand Burns Registry (2010–19) on petrol burn admissions for individuals over 16 years showed 2,838 cases (348 women and 2,485 men).¹³ This study found that women were more likely than men to suffer burns due to assault or deliberate self-harm.¹⁴

An earlier study conducted at Australian hospitals in the Northern Territory examined burn injuries in the context of DFV. Of 712 burn injury admissions, 16 cases (1.4%) were identified as domestic violence incidents involving intimate partners, and 12 cases (1.6%) were classified as family violence incidents involving other family members. Scald burns were the most frequently reported. All DFV-related burn cases involved Aboriginal and Torres Strait Islander victims.¹⁵

Western Australia Royal Perth Hospital burns registry (2004–2012) identified that of 2,234 burn injuries, 1% (n=25) accounted for burn injury assault hospitalisations. Of the 25 burn injury assault cases, 52% (n=13) were identified as male and 48% (n=12) were identified as female.¹⁶

Between 2012 and 2024, Australia's *Counting Dead Women* project has estimated 30 deaths involving fire-related violence. While this source needs to be treated with caution as it is based largely on media reports, 17 of the perpetrators were identified as the victim's current or ex-intimate partner.¹⁷

Between 2010–14 Death Review Network data analysed by Australia's National Research Organisation for Women's Safety (ANROWS), found that of 121 male perpetrated homicides, three (1.3%) were heat or fire related.¹⁸

¹¹ Domestic and Family Violence Death Review and Advisory Board. (2024). *Annual Report 2023–24*. Queensland Government, 32.

https://www.coronerscourt.qld.gov.au/data/assets/pdf_file/0010/809056/dfvdrab-annual-report-23-24-final.pdf

¹² Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025). Burn violence against women in Australia: The tip of the iceberg from Australian burn centres. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

¹³ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1165. <https://doi.org/10.1093/jbcr/irad008>.

¹⁴ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1162. <https://doi.org/10.1093/jbcr/irad008>.

¹⁵ Murphy, L. Read, D. Brennan, M. & McDermott, K. (2019). Burn Injury as a Result of Interpersonal Violence in the Northern Territory Top End, *Burns* 45(5), 1199–1204. <https://doi.org/10.1016/j.burns.2019.01.013>.

¹⁶ O'Halloran, E. Duke, J. Rea, S. & Wood, F. (2013). In the Media: Burns as a Method of Assault, *Burns* 39(6), 1313, <https://doi.org/10.1016/j.burns.2013.03.004>.

¹⁷ Destroy The Joint. (2024). *Counting Dead Women Australia*. <https://www.facebook.com/profile.php?id=100063733051461>. (Viewed 5-December 2024).

¹⁸ Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety. (2022). *Australian Domestic and Family Violence Death Review Network Data Report: Intimate Partner Violence Homicides 2010–2018* (2nd ed.); Research report 03/2022, ANROWS,

In 2024, the Victorian Sentencing Advisory Council identified 138 people were sentenced in the higher courts for a principal offence of arson in 2018–19 to 2022–23. In five cases (3.6%), the offender was also charged with contravening a family violence order.¹⁹

International research found that of 54,523 women admitted to US and Canadian burn centres, 956 (2%) sustained burns through intentional violence.²⁰

Existing research presents an incomplete understanding of burn-related violence in Australia. While national datasets offer valuable data on burn-related injuries and deaths, they do not capture the connection to DFV and it is not possible to identify prevalence with confidence. Incorporating information about this link into future reporting would be a significant step forward.

Underreporting and Barriers to Reporting DFV-Related Fire Injuries and Death

Singer et al. highlighted several limitations in their Australian study, noting that the true prevalence DFV-related fire injuries and death may be underestimated due to several possible reasons including women's reluctance to disclose violence, treating specialists' lack of training in DFV, and uncertainty about the cause of burns, including in the context where death has occurred. Cases of undetermined intent (n=35) and suspected self-harm were excluded, despite prior research indicating potential links between burn injuries and violence. Correlations between prior intimate partner violence (IPV) exposure, and subsequent self-harm have been identified in both burn-specific and broader violence literature, suggesting IPV may contribute to self-inflicted burn injuries. Additionally, men may inflict self-harm burn injuries to prevent female partners from leaving²¹ or may be killed by the fire (accidentally or by suicide) also complicating the picture.

Similarly, a US study using data from the ABA burn registry²² identified several factors contributing to likely underreporting. This included the exclusion of women whose injuries involved suspected arson or were self-inflicted, despite the latter potentially being a result of violence previously perpetrated against them. The authors acknowledged that misclassification bias may also occur due to variability in how clinicians and data collectors across burn centres record information in medical records and registries. Additionally, the data in this US study excluded women who die before admission to burn centres or who are never transferred to a burn centre.²³

30. <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2022/02/21133950/ADFVDRN-ANROWS-Data-Report-Update.pdf>

¹⁹ Sentencing Advisory Council. (2024). *Sentencing Snapshot 287: Sentencing Trends for Arson in the Higher Courts of Victoria 2018-19 to 2022-23*. Sentencing Advisory Council: Victoria State Government, 8. https://www.sentencingcouncil.vic.gov.au/sites/default/files/2024-09/snapshot_287_arson_0.pdf

²⁰ Wayne, C. Singer, Y. Malic, C. Baselice, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings From the ABA Burn Registry. *Journal of Burn Care & Research* 45(6), 1435. <https://doi.org/10.1093/jbcr/irae148>.

²¹ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

²² The ABA is the peak professional body for burns care in the United States.

²³ Wayne, C. Singer, Y. Malic, C. Baselice, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings From the ABA Burn Registry. *Journal of Burn Care & Research* 45(6), 1442. <https://doi.org/10.1093/jbcr/irae148>.

Other research indicates that burn injuries are often attributed to accidents by women unwilling or unable to disclose violence, or who may experience pressure from a perpetrator.²⁴ In the US, Wayne et al. found that only 2% of women admitted to burn centres reported burn-related violence, a figure likely underestimated due to the sensitive nature of such violence and the significant barriers to disclosure.²⁵

Another potential barrier to reporting may be the tendency for perpetrators to accompany burn victims to the hospital, which could deter reporting due to ongoing fear of the abuser. A lack of DFV training and awareness of risk indicators amongst medical personnel may also contribute to misclassification of injury and death. This warrants further investigation in future research.

Demographics and Fire Injury/Threat Characteristics

Research indicates that women are more likely to experience burns from suspected violence than men, with victims often younger than those presenting with accidental burns. Studies on burn-related violence highlight the significant role of intimate partners and family members as perpetrators.

Victims of Fire-Related Violence

Data from the Burns Registry of Australia and New Zealand showed that women were more likely to have burns from assault (8.7%) compared to men (2.4%).²⁶ A 2019 study from the Northern Territory Burn Centre showed that 16.4% of women compared to 4.9% of men were admitted with assault-related burn injuries. Women also had a 2.9 higher relative risk than men of being admitted with assault burns.²⁷ IPV burn victims were 2.3 times more likely to be women than those with non-IPV burns and 17 times more likely to be Indigenous.²⁸ Women were also more likely to suffer burns due to assault or deliberate self-harm (19%) than men (6.9%).²⁹

One Australian study found that a greater proportion of women with burn-related violence had pre-existing mental health, drug, or alcohol conditions, which may have contributed to their injury. They were also from the most disadvantaged socioeconomic quintiles and resided in remote or very remote areas.³⁰

²⁴ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

²⁵ Wayne, C. Singer, Y. Malic, C. Baselice, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings From the ABA Burn Registry. *Journal of Burn Care & Research* 45(6), 1439. <https://doi.org/10.1093/jbcr/irae148>.

²⁶ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1165. <https://doi.org/10.1093/jbcr/irad008>.

²⁷ Murphy, L. Read, D. Brennan, M. & McDermott, K. (2019). Burn Injury as a Result of Interpersonal Violence in the Northern Territory Top End, *Burns* 45(5), 1199–1204. <https://doi.org/10.1016/j.burns.2019.01.013>.

²⁸ Ibid.

²⁹ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1163. <https://doi.org/10.1093/jbcr/irad008>.

³⁰ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

Data from the 2021–22 ABS Personal Safety Survey that showed the prevalence of IPV was highest among young women and decreased with age.³¹ This may be similar in the DFV burns context, with another Australian study finding that women with burns from suspected violence were younger, with a median age of 36 years compared to 43 years for other burn victims.³²

These Australian and New Zealand findings are consistent with international research on burn-related violence. For example, a US study found that women who experienced burn violence were significantly younger than women who experienced accidental burns (36 vs 47 years).³³ A higher proportion of women who experienced burn-related violence were Black/African American, compared to those who experienced accidental injuries. There was also a higher percentage who sustained burn violence with a previous history of psychiatric disorders, substance use and/or smoking compared to those in the accidental injury group.³⁴

Another review of burn-related violence in low- and middle-income countries (LMIC) found that burn-related violence was greatest for women aged between 21 to 30 years, followed by 15 to 20 years.³⁵ This study also found that women with limited or no literacy, who were financially dependent on their partner or family, and who live in rural areas and are in the first seven years of marriage, are at potentially at higher risk of burn related violence.³⁶

People Who Use Fire-Related Violence

In a study by Singer et al., women's current or ex-partners were identified as the main perpetrators regarding burn violence (42% of cases), followed by family members (12% of cases).³⁷ Australia's *Counting Dead Women* project,³⁸ since its inception in 2012, has documented 30 women whose deaths were linked to fire-related violence, revealing that at least 63% (19 of 30) were killed by their current or former partner.³⁹ Additionally, research by Murphy et al. shows that 7.4% of burn service admissions were interpersonal violence related,

³¹ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

³² Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

³³ Wayne, C. Singer, Y. Malic, C. Baseline, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings From the ABA Burn Registry. *Journal of Burn Care & Research* 45(6), 1437. <https://doi.org/10.1093/jbcr/irae148>.

³⁴ Wayne, C. Singer, Y. Malic, C. Baseline, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings From the ABA

³⁵ Kornhaber, R. Pan, R. Cleary, M. Hungerford, C. & Malic, C. (2023) Violence by Burning Against Women and Girls: An Integrative Review, *Trauma, Violence, & Abuse* 24(2), 1070. <https://doi.org/10.1177/15248380211048445>.

³⁶ Kornhaber, R. Pan, R. Cleary, M. Hungerford, C. & Malic, C. (2023) Violence by Burning Against Women and Girls: An Integrative Review, *Trauma, Violence, & Abuse* 24(2), 1074. <https://doi.org/10.1177/15248380211048445>.

³⁷ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

³⁸ Australia's Counting Dead Women project maintains a continually updated register of media reports to track women killed by violence. However, this may not provide an accurate representation of all violence-related deaths, as it relies on publicly available media sources and may miss cases not reported or covered by the media.

³⁹ Destroy The Joint. (2024). *Counting Dead Women Australia*. <https://www.facebook.com/profile.php?id=100063733051461>. (Viewed 5-December 2024).

with 53% of those cases classified as DFV.⁴⁰ A recent review of 49 successfully prosecuted cases where fire was used, or threatened to be used, found the victim was an adult female in 39 cases. Usually, the victim was the offender's current or ex-partner.⁴¹

Similar trends are observed internationally. A US study by Wayne et al. identified spouses and family members as the primary perpetrators of burn violence, followed by strangers or acquaintances.⁴² In LMICs, an integrative review found that in eight of 15 studies, intimate partners were the most common perpetrators of burn violence against women, followed by family members.⁴³

Further research regarding understanding under-reporting and non-disclosure may indicate even higher numbers of burn injuries are perpetrated by intimate partners or former intimate partners which is an area for future research.

Features of Fire Injury or Threats of Fire

Research reveals that burn-related violence against women often results in more severe injuries, particularly in cases involving suspected violence. In DFV contexts, threats involving fire are notably effective in instilling fear and exerting control over victims.

Characteristics of Burn-Related Injury

A recent Australian study found that women with burns from suspected violence sustained greater proportions of flame burns (38.1% vs 25.3%), burns accelerated through the use of petrol (80% vs 38%), injuries involving their head (42.3% vs 16.4%), and a higher mortality rate (4.5% vs 1.5%).⁴⁴ Additionally, women with suspected violence-related burns were more likely to have injuries to their face, head, chest and/or abdomen, suggesting that women were facing the perpetrator when the burn occurred.⁴⁵ Women with injuries from suspected violence had more severe burns (higher total body surface area (TBSA) %) compared with women with unintentional burns and usually accelerants, most commonly petrol, were involved in the spread of fire.⁴⁶

Other studies in the Australian and New Zealand context have observed similar trends. Savage et al. found that matches and lighters were used in 17% of petrol burns to females compared to

⁴⁰ Murphy, L. Read, D. Brennan, M. & McDermott, K. (2019). Burn Injury as a Result of Interpersonal Violence in the Northern Territory Top End, *Burns* 45(5), 1199–1204. <https://doi.org/10.1016/j.burns.2019.01.013>.

⁴¹ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 7. <https://doi.org/10.1080/10345329.2022.2095794>.

⁴² Wayne, C. Singer, Y. Malic, C. Baseline, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings from the ABA Burn Registry. *Journal of Burn Care & Research* 45(6), 1435. <https://doi.org/10.1093/jbcr/iraf148>.

⁴³ Kornhaber, R. Pan, R. Cleary, M. Hungerford, C. & Malic, C. (2023) Violence by Burning Against Women and Girls: An Integrative Review, *Trauma, Violence, & Abuse* 24(2), 1074. <https://doi.org/10.1177/15248380211048445>.

⁴⁴ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

⁴⁵ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

⁴⁶ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

8.1% of men.⁴⁷ Women admitted with assault-related petrol burns had more severe burns in terms of size, and required a longer hospital stay than men admitted with assault burns. The TBSA affected by burns was higher for women than men (10% vs 8%), and women were more likely to be admitted to intensive care units (ICU), require escharotomies⁴⁸ and have longer hospital stays.⁴⁹ The mortality rate for women was more than double that of men (5.8% vs 2.3%).⁵⁰

Another study conducted at a Western Australian adult burn centre found that all fire assault victims were burned by either thermal (including flame) or scald agents, with a high rate of intubation (24%) and ICU admission (one in three cases) observed amongst fire assaults.⁵¹ The six assault cases undergoing intubation were severe burns, median TBSA 50%, most commonly affecting the face, head and torso, half of these cases had inhalational injuries and also required escharotomies.⁵²

In the international context, flame burns were the more common burn-related violence incidents and caused the most severe injuries.⁵³ The use of kerosene as an accelerant was also noted in five LMIC studies, with resulting burns being more extensive and associated with higher mortality rates compared to acid-related burns.⁵⁴

Singer et al. identified that women with burns from suspected violence were less likely to be discharged home than those with unintentional burns, indicating a possible need for more intensive treatment due to burn severity or a desire to go to a ‘safe place’ or shelter.⁵⁵ A greater proportion of women with burn injuries from suspected assault-related burns also discharged themselves against medical advice.⁵⁶ This urge to return home quickly may relate to dynamics of control and fear, however, further research is needed to examine this potential correlation. More research with burn survivors about their reasons for decisions on discharge is needed.

⁴⁷ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1165. <https://doi.org/10.1093/jbcr/irad008>.

⁴⁸ An escharotomy is a surgical procedure used to treat full-thickness circumferential burns.

⁴⁹ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1162-3. <https://doi.org/10.1093/jbcr/irad008>.

⁵⁰ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1162. <https://doi.org/10.1093/jbcr/irad008>.

⁵¹ O’Halloran, E. Duke, J. Rea, S. & Wood, F. (2013). In the Media: Burns as a Method of Assault, *Burns* 39(6), 1313, <https://doi.org/10.1016/j.burns.2013.03.004>.

⁵² O’Halloran, E. Duke, J. Rea, S. & Wood, F. (2013). In the Media: Burns as a Method of Assault, *Burns* 39(6), 1313, <https://doi.org/10.1016/j.burns.2013.03.004>.

⁵³ Kornhaber, R. Pan, R. Cleary, M. Hungerford, C. & Malic, C. (2023) Violence by Burning Against Women and Girls: An Integrative Review, *Trauma, Violence, & Abuse* 24(2), 1063-1077. <https://doi.org/10.1177/15248380211048445>.

⁵⁴ Kornhaber, R. Pan, R. Cleary, M. Hungerford, C. & Malic, C. (2023) Violence by Burning Against Women and Girls: An Integrative Review, *Trauma, Violence, & Abuse* 24(2), 1071. <https://doi.org/10.1177/15248380211048445>.

⁵⁵ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

⁵⁶ Singer, Y. Tracy, L. Malic, C. Martin, L. Gabbe, B. & Douglas, H. (2025) Burn Violence against Women in Australia the Tip of the Iceberg from Australian. *Journal of Burn Care & Research*, <https://doi.org/10.1093/jbcr/iraf081>

Threats of Fire as Tactic of Fear

A 2021 study involving interviews with 17 DFV non-government service providers explored perceptions of fire-related threats. Service providers revealed various forms of fire-related threats, including verbal threats, use of accelerants, and implicit threats and interviewees referenced cases reported in the media. This study revealed that victim awareness of the consequences of fire, as seen in the media, heightened their fear. Interviewees described a range of perpetrator behaviour, including targeting property, such as homes and cars, as well as victims themselves, with some also threatening children, pets, or service providers. Interviewees reported that behaviours like leaving fuel around the house or flicking lighters can seem innocuous without an understanding of the context of the relationship but are experienced as deeply threatening in the context of on-going abuse.⁵⁷

Some interviewees in the 2021 study believed these threats had become more common in the two years preceding interview, positing that this was potentially due to 'copycat' behaviour following high-profile cases, which also heightened fear among victims.⁵⁸ Interviewees also noted the accessibility and ease of making fire-related threats, particularly given the difficulty of obtaining firearms. They also highlighted how these threats could be concealed or explained away.⁵⁹

Another study examining 49 legal cases involving fire-related DFV offences identified six cases where the offender doused the victim, threatened to set her alight, but did not ignite the victim, either by choice, equipment failure, or intervention from third parties.⁶⁰ The author suggests that such fire-related acts and threats may be part of a perpetrator's tactics of control over a victim.

There is no systematic data collected in Australia documenting fire used as a threat or actual cause for death in the context of DFV separate from generalised 'threats to kill'. To better understand the frequency in which threats to kill by fire occur, specification for these threats could be included in the police and DFV risk assessments. To establish a national prevalence rate for monitoring over time, the question could be added to the Australian Personal Safety survey.

Copycat events

'Copycat crime' has been used to describe imitative crime influenced by the media and may be inspired by a publicised event⁶¹ that directly links two events together.⁶² It is challenging to track media exposure and know when an event is directly linked. Individuals may be

⁵⁷ Lelliott, J. & Wallis, R. (2023). Threats of Fire in the Context of Domestic and Family Violence: Views on Prevalence, Forms and Contexts from Service Providers in Queensland, *Current Issues in Criminal Justice* 35(2), 234–48. <https://doi.org/10.1080/10345329.2022.2161844>.

⁵⁸ Lelliott, J. & Wallis, R. (2023). Threats of Fire in the Context of Domestic and Family Violence: Views on Prevalence, Forms and Contexts from Service Providers in Queensland, *Current Issues in Criminal Justice* 35(2), 239. <https://doi.org/10.1080/10345329.2022.2161844>.

⁵⁹ Lelliott, J. & Wallis, R. (2023). Threats of Fire in the Context of Domestic and Family Violence: Views on Prevalence, Forms and Contexts from Service Providers in Queensland, *Current Issues in Criminal Justice* 35(2), 243. <https://doi.org/10.1080/10345329.2022.2161844>.

⁶⁰ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 14. <https://doi.org/10.1080/10345329.2022.2095794>.

⁶¹ Helfgott, J.B. (2008). *Criminal behavior: Theories, typologies, and criminal justice*. Thousand Oaks, CA: Sage

⁶² Surette, R. (1998). *Media, crime, and criminal justice: Images and realities*. Belmont, CA: Wadsworth.

directly or indirectly influenced, and cases can be characterised as copycats when they are not.⁶³ While it is estimated that about a quarter of criminal offenders are inspired by media reporting or popular culture (e.g., video games), media exposure is among a range of causative factors and the specific role of media exposure cannot be isolated.⁶⁴

While there is strong evidence of the ‘contagion’ or copycat effect related to high-profile media reporting on suicides⁶⁵ and emerging evidence linked to terrorism events,⁶⁶ there is no evidence about high profile media reporting of fire-related DFV and increased incidents. Nevertheless, there are clear guidelines for responsible reporting of DFV in the media.⁶⁷ Following these recommendations is likely to decrease the likelihood that fire-related DFV events are sensationalised in a way which encourages copycat events. This is an area for further research.

Potential Risk Indicators

More evidence is needed in the Australian context to establish risk indicators for fire-related injuries and deaths. However, existing research involving very small samples tentatively suggests potential risk indicators, including separation or perceived impending separation between partners and mental health issues, particularly depression, as well as substance misuse.

Separation between partners: Douglas identified that in two-thirds of legal cases (n=33), the fire-related incident occurred in circumstances where the victim ended or planned to end the relationship, aligning with previous research that indicates separation can be a risk for serious harm and death.⁶⁸ Moreover, in the cases she analysed judges observed that male perpetrators often used fire threats to maintain control through intimidation.⁶⁹ Similarly, interviews with DFV service providers revealed that fire threats usually occurred when women sought to leave their relationship or escape the control of their partner.⁷⁰

Co-occurrence of mental health and substance misuse: In the small sample of legal cases reviewed, Douglas found a correlation between offender mental health conditions, such as

⁶³ Surette, R. (1998). *Media, crime, and criminal justice: Images and realities*. Belmont, CA: Wadsworth.

⁶⁴ Clarke, R.V. (2004). Technology, criminology, and crime science. *European Journal on Criminal Policy and Research*, 10(1), 55–63.

⁶⁵ Colman I. Responsible reporting to prevent suicide contagion. *CMAJ*. 2018 Jul 30;190(30):E898-E899. doi: 10.1503/cmaj.180900.

⁶⁶ Miller, V, Hayward KJ (2019) ‘I Did My Bit’: Terrorism, Tarde and the Vehicle Ramming Attack as an Imitative Event, *The British Journal of Criminology*, 59(1),1–23, <https://doi.org/10.1093/bjc/azy017>; Kupper, J., Karoli, TC, Wing, D; Hurt, M. Schumacher, M., & Meloy, R. (2022) The Contagion and Copycat Effect in Transnational Far-right Terrorism: An Analysis of Language Evidence, *Perspectives on Terrorism*, 16(4); 4-26 <https://pt.icct.nl/article/contagion-and-copycat-effect-transnational-far-right-terrorism-analysis-language-evidence?#>.

⁶⁷ Our Watch. (2019) *How to Report on Violence Against Women and Their Children*. <https://assets.ourwatch.org.au/assets/Media-resources/National-reporting-guidelines.pdf>

⁶⁸ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 8. <https://doi.org/10.1080/10345329.2022.2095794>.

⁶⁹ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 9. <https://doi.org/10.1080/10345329.2022.2095794>.

⁷⁰ Lelliott, J. & Wallis, R. (2023). Threats of Fire in the Context of Domestic and Family Violence: Views on Prevalence, Forms and Contexts from Service Providers in Queensland, *Current Issues in Criminal Justice* 35(2), 242. <https://doi.org/10.1080/10345329.2022.2161844>.

depression, and co-occurring issues including suicidal ideation, substance abuse, and anxiety.⁷¹ In one US study, women who experienced burn-related violence had more pre-existing mental health and substance use issues than those with accidental burns.⁷²

Pattern of coercive control: Fire-related acts and threats are commonly used by offenders as a tactic to maintain control over the victim.⁷³ Explicit threats, which are typical in coercive and controlling relationships, align with Stark's conceptualisation of coercive control.⁷⁴ Interviewees in Lelliott and Wallis found that threats of fire typically occurred in the context of escalating domestic violence, with perpetrators employing other coercive behaviours before making fire-related threats.⁷⁵

The available research involves small samples, and further research is recommended with larger samples to examine potential risk factors.

Risk Management and Responses

There is a paucity of evidence tracking the effectiveness of prevention measures to reduce the incidents and severity of fire-related DFV injury and fatalities. However, some recommendations in the literature provide an important starting point.

Risk identification and management: In the context of burn-related violence against women, research highlights the importance of risk identification and management through collaboration, assessment tools, and targeted prevention strategies. In the US context, Wayne et al. highlight the potential for their research to aid identifying women at high risk of burn violence or developing burn-specific risk assessment tools, which could be employed by specialist clinicians in burn centres.⁷⁶ Savage et al. propose that the global burns community could collaborate with women's safety, violence prevention and self-harm organisations to raise awareness of petrol-related violence and self-harm experienced by women.⁷⁷

Protective measures: Others propose individual measures that could allow victims to protect themselves and their property from fire. For example, in Cheshire, England fire and rescue services work with police and other agencies to provide enhanced home fire safety checks for

⁷¹ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 13-14. <https://doi.org/10.1080/10345329.2022.2095794>.

⁷² Wayne, C. Singer, Y. Malic, C. Baselice, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings from the ABA Burn Registry. *Journal of Burn Care & Research* 45(6), 1441. <https://doi.org/10.1093/jbcr/irae148>.

⁷³ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 13. <https://doi.org/10.1080/10345329.2022.2095794>.

⁷⁴ Stark, E. (2007). *Coercive Control: How Men Entrap Women in Personal Life.*, New York, NY, US: Oxford University Press.

⁷⁵ Lelliott, J. & Wallis, R. (2023). Threats of Fire in the Context of Domestic and Family Violence: Views on Prevalence, Forms and Contexts from Service Providers in Queensland, *Current Issues in Criminal Justice* 35(2), 242. <https://doi.org/10.1080/10345329.2022.2161844>.

⁷⁶ Wayne, C. Singer, Y. Malic, C. Baselice, H. Bernal, N. (2024). Burn-Related Violence Against Women in the United States: Findings from the ABA Burn Registry. *Journal of Burn Care & Research* 45(6), 1441-2. <https://doi.org/10.1093/jbcr/irae148>.

⁷⁷ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1167. <https://doi.org/10.1093/jbcr/irad008>.

DFV victims. Advice and support measures such as the installation and checking of smoke alarms, letterbox security devices, and window alarms may enhance victim safety.⁷⁸

Training for first responders: Additionally, training for first responders—including firefighters, police, and medical personnel—on recognising DFV in fire-related incidents could help to ensure proper documentation, referrals, and support for victims.⁷⁹ For example, in the United Kingdom the *Police, Crime, Sentencing and Courts Act 2022* puts a duty on specified authorities to build a public health approach to understanding the drivers and impacts of serious violence (including assault and domestic abuse), with a focus on prevention and early intervention. This includes collaboration and planning between Police, Probation, Youth Offending Teams, Fire and Rescue, Health and Local Authorities.⁸⁰

Burns first aid: Effective and immediate burns first aid plays a crucial role in reducing the incidence and severity of burn-related injuries and can save lives, particularly in regional and remote areas where first aid may be delayed or overlooked. As with other thermal burns, the primary first aid priority is to cool the injured area with running water, which can help salvage damaged tissue and prevent further injury.⁸¹

Previous Coronial Inquest Recommendations

Since 2012, Australia's *Counting Dead Women* project has estimated 30 deaths involving fire-related violence. Caution must be applied to this data as some of it is based on media reports. We note that 26 cases involved DFV, with 17 of the perpetrators identified as the victim's current or ex-intimate partner. A further eight cases involved family violence, and with one these involving self-immolation by a woman. A further case involved self-immolation by suicide.⁸² Of these cases, 18 related criminal court case files or coronial inquest reports were analysed. For the remaining cases, media reports were scanned.

Only three included recommendations very broadly related to fire response. These are discussed below.

One recommendation called for the establishment and resourcing of a Family Violence Advocate service for women and families, modelled on the UK Domestic Advocate position.⁸³ This inquest also proposed amending the Police Manual, operating instructions, and the Code of Practice for Family Violence Investigations to mandate that officers completing Family Violence Reports (L17 forms) review previous L17s for the same offender and consult prior authors to ensure risk information is shared.

⁷⁸ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 16. <https://doi.org/10.1080/10345329.2022.2095794>.

⁷⁹ Douglas, H. (2023). The Use of Fire and Threats to Burn in the Context of Domestic and Family Violence and Coercive Control, *Current Issues in Criminal Justice* 35(1), 16. <https://doi.org/10.1080/10345329.2022.2095794>.

⁸⁰ Cheshire Fire and Rescue Service. (2024). *Cheshire Serious Violence Strategy 2024-2029* https://www.cheshirefire.gov.uk/downloads/documents/your_service/key_information/20240124_-_serious_violence_strategy_v3.pdf

⁸¹ Savage, N. Doherty, Z. Singer, Y. Menezes, H. Cleland, H. & Goldie, S. (2023). A Review of Petrol Burns in Australia and New Zealand. *Journal of Burn Care & Research* 44(5), 1167. <https://doi.org/10.1093/jbcr/irad008>.

⁸² Destroy The Joint. (2024). *Counting Dead Women Australia*. <https://www.facebook.com/profile.php?id=100063733051461>. (Viewed 5-December 2024).

⁸³ Gray, I. (2015). *Findings into Inquest into the Death of: Sargun Ragi* (2012/4184). Coroners Court of Victoria. https://www.coronerscourt.vic.gov.au/sites/default/files/2018-12/sargunragi_418412.pdf

Another inquest highlighted the influence of paranoia, delusions, and psychological decline resulting from a medical condition and the refusal of treatment. Recommendations from this inquest emphasized the need to improve communication between clinicians, patients, and supporting family members when assessing decision-making capacity beyond treatment refusal. It also underscored the importance of documenting and communicating specific requests for decision-making assessments to relevant family members, clarifying when such assessments are limited to treatment refusal decisions.⁸⁴

A case involving suicide and self-immolation urged Child Protection practitioners to use the MARAM framework for risk assessment, risk ratings, and management plans during family violence investigation, with continuous reviews during investigations. The inquest also recommended consultation with co-located specialist family violence workers or senior Child Protection Practitioners, including consideration of referrals to the Risk Assessment Management Panel (RAMP) for serious risk factors.⁸⁵

India Case Study

We provide a brief case study of the response to DFV related fire injury and death in India as there has been significant work undertaken to respond to this issue in that country. We have focussed on system responses put in place in India to respond to this issue that may be practicable in the Australian context.

Prevalence and Underreporting

Burn injuries are a significant public health issue in India, which bears one of the highest global burdens of burn-related morbidity and mortality. Each year, burn injuries cause approximately 300,000 deaths worldwide, with 95% occurring in developing countries. In India, burns are the second-most common injury after road accidents, resulting in an estimated 7 million cases annually, including 700,000 hospitalisations and 140,000 fatalities.⁸⁶ Women are disproportionately affected, with 91,000 burn-related deaths annually.⁸⁷ In 2019, fire, heat, or hot substances caused 23,000 deaths and over 1.5 million disability-adjusted life years (DALYs).⁸⁸ A study examining intentional and non-intentional burns in India included interviews with n=60 women admitted to burn wards. Based on the women's responses this study found that all cases occurred in domestic settings, with 52% classified as intentional 47%

⁸⁴ Spanos, P. A. (2019). *Findings into Death Without Inquest: Emma Gertrude Weideman*. Coroners Court of Victoria. https://www.coronerscourt.vic.gov.au/sites/default/files/Form%2038-Finding_COR%202019%20006767_20230525.pdf

⁸⁵ Cain, J. (2018). *Findings into Death Without Inquest: KSI*. Coroners Court of Victoria. https://www.coronerscourt.vic.gov.au/sites/default/files/Form%2038-Finding_COR%202018%20000588_20240117_deidentified%20FINAL_0.pdf

⁸⁶ Bhate-Deosthali, P. & Lingam, L. (2016). Gendered Pattern of Burn Injuries in India: A Neglected Health Issue, *Reproductive Health Matters* 24(47), 96. <https://doi.org/10.1016/j.rhm.2016.05.004>.

⁸⁷ Bhate-Deosthali, P. & Lingam, L. (2016). Gendered Pattern of Burn Injuries in India: A Neglected Health Issue, *Reproductive Health Matters* 24(47), 96. <https://doi.org/10.1016/j.rhm.2016.05.004>.

⁸⁸ Keshri, V, R. Abimbola, S. Parveen, S. Brijesh, M, Roy, M. P. (2023). Navigating Health Systems for Burn Care: Patient Journeys and Delays in Uttar Pradesh, India, *Burns* 49(7), 1746. <https://doi.org/10.1016/j.burns.2023.03.009>.

suicides, 5% homicide attempts).⁸⁹ However, three of the interviewed patients said their burns were homicidal attempts, while hospital records recorded these cases as accidents.⁹⁰

Burn injuries are also significantly underreported, mirroring trends observed in Australia and other countries. Studies indicate that 28%–62% of burns initially classified as accidental were later reclassified as intentional or self-inflicted.⁹¹ Underreporting is sometimes linked to fear of legal consequences, social stigma, and pressure from family members to avoid police involvement and victims also report being afraid of repercussions from perpetrators, and the potential impact on their children, such as homelessness. Moreover, laws requiring hospitals to report cases of intentional burns can delay admission to treatment, which may also contribute to underreporting.⁹²

Response Issues

Timely and adequate medical care remains a major challenge for burn victims in India. Barriers to treatment include inadequate infrastructure, financial constraints, referral delays, and a shortage of specialised health providers.⁹³ India has only 1,339 specialised burn beds, with just 300 in ICUs, disproportionately affecting rural patients who may live hours away from the nearest burn facility.⁹⁴ Delays in treatment are further compounded by limited public awareness, ineffective first-aid practices, and reluctance to seek care due to concerns over legal and social repercussions.⁹⁵

Enhancing Response

National initiatives, such as the National Programme for Prevention of Burn Injuries (NPPBI), aim to improve burn prevention, treatment, and data collection, yet their impact remains limited.⁹⁶ Scholars such as Keshri et al. advocate for integrating burn triage and referral into primary and secondary healthcare and expanding free treatment programs.⁹⁷

⁸⁹ Natarajan, M. (2014). Differences between Intentional and Non-Intentional Burns in India: Implications for Prevention, *Burns* 40(5), 1036. <https://doi.org/10.1016/j.burns.2013.12.002>.

⁹⁰ Natarajan, M. (2014). Differences between Intentional and Non-Intentional Burns in India: Implications for Prevention, *Burns* 40(5), 1037. <https://doi.org/10.1016/j.burns.2013.12.002>.

⁹¹ Bhate-Deosthali, P. & Lingam, L. (2016). Gendered Pattern of Burn Injuries in India: A Neglected Health Issue, *Reproductive Health Matters* 24(47), 96-103. <https://doi.org/10.1016/j.rhm.2016.05.004>.

⁹² Natarajan, M. (2014). Differences between Intentional and Non-Intentional Burns in India: Implications for Prevention, *Burns* 40(5), 1037. <https://doi.org/10.1016/j.burns.2013.12.002>.

⁹³ Keshri, V, R. Abimbola, S. Parveen, S. Brijesh, M, Roy, M. P. (2023). Navigating Health Systems for Burn Care: Patient Journeys and Delays in Uttar Pradesh, India, *Burns* 49(7), 1746, 1752. <https://doi.org/10.1016/j.burns.2023.03.009>.

⁹⁴ Keshri, V, R. Abimbola, S. Parveen, S. Brijesh, M, Roy, M. P. (2023). Navigating Health Systems for Burn Care: Patient Journeys and Delays in Uttar Pradesh, India, *Burns* 49(7), 1746.

<https://doi.org/10.1016/j.burns.2023.03.009>; Singh, A. (2018). Burns Management in India: The Way Ahead, *Indian Journal of Burns* 26(1), 3. https://doi.org/10.4103/ijb.ijb_2_19; Ranganathan, K. Mouch, C. Chung, M. Mathews, I. Caderna, P. (2020). Geospatial Mapping as a Guide for Resource Allocation Among Burn Centers in India, *Journal of Burn Care & Research* 41(4), 853–58. <https://doi.org/10.1093/jbcr/irz210>.

⁹⁵ Keshri, V, R. Abimbola, S. Parveen, S. Brijesh, M, Roy, M. P. (2023). Navigating Health Systems for Burn Care: Patient Journeys and Delays in Uttar Pradesh, India, *Burns* 49(7), 1752.

<https://doi.org/10.1016/j.burns.2023.03.009>; Natarajan, M. (2014). Differences between Intentional and Non-Intentional Burns in India: Implications for Prevention, *Burns* 40(5), 1037.

<https://doi.org/10.1016/j.burns.2013.12.002>.

⁹⁶ Bhate-Deosthali, P. & Lingam, L. (2016). Gendered Pattern of Burn Injuries in India: A Neglected Health Issue, *Reproductive Health Matters* 24(47), 96-103. <https://doi.org/10.1016/j.rhm.2016.05.004>.

⁹⁷ Keshri, V, R. Abimbola, S. Parveen, S. Brijesh, M, Roy, M. P. (2023). Navigating Health Systems for Burn Care: Patient Journeys and Delays in Uttar Pradesh, India, *Burns* 49(7), 1752.

<https://doi.org/10.1016/j.burns.2023.03.009>.

Community-based interventions include public health campaigns and fire prevention initiatives, have shown promise in reducing burn incidence and improving treatment outcomes. Strengthening intersectoral collaboration between health, education, and social welfare sectors could further enhance rehabilitation and support for burn survivors.⁹⁸

One promising example of a community-based intervention showed that the regionalisation of burn care and intensification of fire prevention initiatives led to a reduction in incidents of death and hospitalisation resulting from burns.⁹⁹ The effectiveness of the program was measured by increased compliance to cooling of burn wounds by application of cold water, following participation in the program, which was attributed a significant reduction of percentage of major burns.¹⁰⁰

⁹⁸ Keshri, V, R. Abimbola, S. Parveen, S. Brijesh, M, Roy, M. P. (2023). Navigating Health Systems for Burn Care: Patient Journeys and Delays in Uttar Pradesh, India, *Burns* 49(7), 1753. <https://doi.org/10.1016/j.burns.2023.03.009>.

⁹⁹ Sarma, B. Choudhury, K. & Sarma, D. (2021). Experience with Burn Prevention Program in North Eastern India, *Medical Research Archives* 9(7), 12. <https://doi.org/10.1136/ip.6.4.259-a>; Clark, D. Dainiak, C. & Reeder, S. (2000). Decreasing Incidence of Burn Injury in a Rural State, *Injury Prevention* 6(4), 259–62, <https://doi.org/10.1136/ip.6.4.259-a>.

¹⁰⁰ Sarma, B. Choudhury, K. & Sarma, D. (2021). Experience with Burn Prevention Program in North Eastern India, *Medical Research Archives* 9(7), 1-18. <https://doi.org/10.1136/ip.6.4.259-a>.

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