Domestic and Family Violence
Death Review and Advisory Board

Intimate partner sexual violence case review:

System issue report

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 domestic and family violence deaths do not go unnoticed, unexamined or forgotten.

Acknowledgment of Country

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future. We acknowledge the stories, traditions and living cultures of Aboriginal peoples and Torres Strait Islander peoples on this land and commit to building a brighter future together.

We recognise and celebrate the unique and continuing position of Aboriginal and Torres Strait Islander peoples in Australia's history, culture and future, and acknowledge their ongoing strength, resilience and wisdom. We are working to translate this recognition into fair, safe and inclusive practices, policies and services for Aboriginal and Torres Strait Islander peoples.

Caution: *This report presents findings on sexual violence. The report also contains references to the violence experienced by people, particularly women, who have died.*

Aboriginal and Torres Strait Islander peoples should be aware that this report contains information about Aboriginal deceased persons and Torres Strait Islander deceased persons.

People may find parts of this content confronting or distressing. Recommended support services include: 1800RESPECT (1800 737 732), Lifeline (13 11 14) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

Glossary and acronyms

Term	Meaning
Common-law	When two adults live together in a marriage-like relationship but are not legally married. This is also known as a de facto relationship.[1]
Deceased	The person/s who died.
DFVDRAB	Domestic and Family Violence Death Review and Advisory Board.
Filicide	Filicide is the killing of a child by a parent or parent equivalent.
Homicide offender	The person whose actions, or inaction, caused the person (the deceased) to die, also known as the person using violence (PUV).
Intimate Partner Sexual Violence (IPSV)	Intimate partner sexual violence (IPSV) refers to sexual violence which occurs within an intimate partner relationship (current or former). Broadly, IPSV encompasses a broad range of sexually based violence that includes but is not limited to: • Sexual assault, or rape as defined under Section 349 of the *Criminal Code Act 1899* (Qld).[2] • Sexual coercion used to manipulate a person into unwanted sexual penetration, or other sexual acts. • Sexual abuse, including the use of emotionally manipulative tactics aimed at controlling a women's sexuality, sexual health or image-based abuse. • Forced sexual activity, or physical violence that occurs within the sexual realm of a relationship, including forced non-penetrative sexual contact such as fondling, using or threatening to harm the primary victim's sexual organ (i.e. cutting a breast with a knife), and sexual violence with masturbation (i.e. being held down and masturbated on or forcing assistance in masturbation).

[1] *Family Law Act 1975* (Cth), section 4AA.

[2] *(1) Any person who rapes another person is guilty of a crime. Maximum penalty—life imprisonment.*
(2) A person rapes another person if—
(a) the person engages in penile intercourse with the other person without the other person's consent; or
(b) the person penetrates the vulva, vagina or anus of the other person to any extent with a thing or a part of the person's body that is not a penis without the other person's consent; or
(c) the person penetrates the mouth of the other person to any extent with the person's penis without the other person's consent.
(3) For this section, a child under the age of 12 years is incapable of giving consent.
(4) The Penalties and Sentences Act 1992, section 161Q states a circumstance of aggravation for an offence against this section.
(5) An indictment charging an offence against this section with the circumstance of aggravation stated in the Penalties and Sentences Act 1992, section 161Q may not be presented without the consent of a Crown Law Officer.

Term	Meaning
	• Sexual jealousy.
Person Using Violence (PUV)	The person who was the aggressor in the relationship prior to the death and who used abusive tactics, including sexual violence, to control the victim.
Primary Victim (PV)	The person who was subjected to domestic and family violence, including sexual violence, in a relevant relationship prior to the death.
Reproductive coercion	This refers to behaviours that interfere with women's reproductive autonomy, typically involving attempts to control when and under what circumstances they become pregnant, as well as controlling pregnancy outcomes.[3]

[3] Boxall, H., & Morgan, A. (2021). *Intimate partner violence during the COVID-19 pandemic: A survey of women in Australia* (11; Special Report). ANROWS. https://www.aic.gov.au/publications/special/special-11

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Introduction

This report describes the Domestic and Family Violence Death Review Board's (the Board) analysis of domestic and family violence (DFV) deaths involving intimate partner sexual violence and/or sexual jealousy (IPSV).

In its 2020–21 Annual Report, the Board noted that prior forced sexual acts and assaults during sex are recognised lethality indicators (a warning sign or predictor of harm) in relationships characterised by domestic and family violence. The Board found that in the 92 intimate partner homicides that occurred in Queensland between 2011 and 2018, more than 15% included evidence of this lethality indicator. It also found that sexual jealousy was evident in 49% of reviewed cases of intimate partner homicides in Queensland and was among the most prevalent lethality risk indicators. The Board noted a high level of service contact was found in both intimate partner homicides (76%) and domestic and family violence suicides (89%).[4]

The Board reported on the devastating impacts of intimate partner sexual violence on victims. This group is more likely to experience depression and show higher rates of suicidal behaviour.[5] Those exposed to intimate partner sexual violence are also at heightened risk of homicide.[6] Drawing on the Board's findings, the Women's Safety and Justice Taskforce's (the Taskforce) second report identified the need for greater service system leadership and coordination.[7] In particular, the Taskforce noted the need to better understand how sexual violence in the context of domestic and family violence is being responded to across the service and criminal justice systems.[8]

The Taskforce noted just over a third (35%) of victims of sexual assault in Queensland in 2020 were recorded as family and domestic violence-related assaults[9] and that perpetrators of domestic and family violence frequently use sexual violence to intimidate, control and harm women.[10] As such, the Taskforce acknowledged that it is likely that the number of reports received by services about sexual violence in intimate partner relationships does not reflect the full picture.[11]

[4] Domestic and Family Violence Death Review and Advisory Board (2021). *2020–21 Annual Report*. https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0009/753318/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2021-22.pdf

[5] Australia's National Research Organisation for Women's Safety (2019). *Intimate partner sexual violence: Research synthesis* (2nd Ed). https://www.anrows.org.au/publication/intimate-partner-sexual-violence-research-synthesis/

[6] Australia's National Research Organisation for Women's Safety (2019). *Intimate partner sexual violence: Research synthesis* (2nd Ed). https://www.anrows.org.au/publication/intimate-partner-sexual-violence-research-synthesis/

[7] Women's Safety and Justice Taskforce (2022). *Hear Her Voice: Report 2, Volume 1.* https://www.womenstaskforce.qld.gov.au/__data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf

[8] Women's Safety and Justice Taskforce (2022). *Hear Her Voice: Report 2, Volume 1.* https://www.womenstaskforce.qld.gov.au/__data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf

[9] Women's Safety and Justice Taskforce (2022). *Hear Her Voice: Report 2, Volume 1.* https://www.womenstaskforce.qld.gov.au/__data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf

[10] Women's Safety and Justice Taskforce (2021). *Hear Her Voice: Report 1, Volume 1.* https://www.womenstaskforce.qld.gov.au/__data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf

[11] Women's Safety and Justice Taskforce (2022). *Hear Her Voice: Report 2, Volume 1.* https://www.womenstaskforce.qld.gov.au/__data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf

Acknowledging the Board's knowledge and expertise in examining the circumstances of domestic and family violence deaths, the Taskforce recommended (Recommendation 17) the Board undertake a focused review of cases involving sexual violence to further enhance understanding in this area:[12]

> *'The [Deputy] State Coroner as chair of the Domestic and Family Violence Death Review and Advisory Board (the Board) consider the Board undertaking a one-off specific topic review of relevant past cases of domestic and family violence related deaths involving sexual violence, to examine and report matters within the Board's purpose and functions related to sexual violence within the context of domestic and family violence.'*

Literature scan

National and international research have long recognised the intersection of DFV and IPSV[13]. Like most forms of gender-based violence, IPSV disproportionately affects women. As such, throughout this section gendered language will be used, where women will be identified as the primary victim (PV) of IPSV, and men will be referred to as the persons using violence (PUV). It is also acknowledged that IPSV in the context of DFV can also include harm towards children and other family members. However, this literature scan (and the case reviews) focused on the experiences of adults within a current or former intimate relationship. Finally, it is important to highlight that IPSV occurs in all forms of intimate partner relationships. As such, risk factors for DFV-related death and IPSV can differ depending on several individual factors, such as a person's sexual orientation, gender, sex, cultural background, religion and disability.

Results from the Australian Bureau of Statistics' *Personal Safety Survey, 2021–22* indicate that one in five (22%) Australian women have experienced sexual assault since the age of 15 years, and 5.5% have experienced sexual threat. More than one in four (27%) Australian women experienced violence, economic and/or emotional abuse by a cohabiting partner, including 17% who experienced physical and/or sexual assault. Women who identified as gay, lesbian, bisexual or who used a different term such as asexual, pansexual or queer were more likely to have experienced sexual violence (13%) than women who identified as heterosexual (2.4%). For both groups, 98% of those who experienced sexual violence in the last two years experienced it by a male perpetrator.[14]

17%

of Australian women have experienced physical and/or sexual assault by a co-habiting partner.[15]

[12] Women's Safety and Justice Taskforce (2022). *Hear Her Voice: Report 2, Volume 1.* https://www.womenstaskforce.qld.gov.au/__data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf

[13] Russell, D. E. H. (1982). *Rape in marriage.* Collier Books.

[14] Australian Bureau of Statistics. (2023). *Personal Safety, Australia – Sexual violence.* https://www.abs.gov.au/statistics/people/crime-and-justice/sexual-violence/latest-release

[15] Australian Bureau of Statistics. (2023). *Personal Safety, Australia.* https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22

Despite the significant attention given to sexual violence perpetrated by strangers, studies consistently show that women are more likely to be sexually assaulted by someone they know, primarily a male intimate partner or ex-partner.[16]

For example, in a recent survey of 10,000 women in Australia who had ever been in a relationship, 7.6% reported that they had been subjected to IPSV by their current or most recent intimate partner. The most common form of IPSV was being forced to take part in sexual activity against their will (4.9%), followed by forcing the respondent to have sex without a condom or taking off a condom during sex ('stealthing'; 3.0%) and taking an intimate or sexual picture or video of them without their consent (image-based sexual abuse; 2.8%). Reproductive coercion was reported by 2.3% of respondents.[17]

Many of the characteristics of IPSV mirror those of other forms of physical DFV. For victims, their experiences of IPSV may be accompanied by physical violence, psychological abuse and threats, as well as controlling, monitoring or stalking behaviours.

It is widely understood that IPSV and DFV co-occur. Among women who have been physically assaulted by their partner, between 26.2% and 68% had experienced partner rape/sexual assault, with between 30% and 75% experiencing sexual victimisation (i.e. the range of actions from sexual coercion through to sexual assault). Some research indicates between 64% and 100% of women who indicated that they were raped by their partner also reported that they were physically abused by them.[18]

Although these statistics are confronting, they likely underestimate the true prevalence of IPSV given the stigma associated with IPSV, issues in identifying IPSV,[19] pervasive cultural norms and differing ways in which IPSV is defined, both in the literature and operationally.[20]

Defining intimate partner sexual violence

Sexual violence is an umbrella term consisting of a range of acts of a sexual nature including performing sexual acts in front of a person, forcing someone to watch pornography and sexual penetration without consent. The Australian Government Department of Social Services adopts a similar definition, as stated in the *National Plan to Reduce Violence against Women and their Children 2022–2023*:[21]

> **Sexual violence includes – but is not limited to – sexual assault, rape, sexual harassment, stalking and image-based abuse. It occurs within intimate relationships, and between people who are dating, friends, acquaintances, and strangers.**

[16] Australian Bureau of Statistics. (2023). *Personal Safety, Australia.* https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22

[17] Boxall, H., & Morgan, A. (2021). *Intimate partner violence during the COVID-19 pandemic: A survey of women in Australia* (11; Special Report). ANROWS. https://www.aic.gov.au/publications/special/special-11

[18] Tarzia, L. (2020). "It went to the very heart of who I was as a woman": The invisible impacts of intimate partner sexual violence. *Qualitative Health Research*, *31*(2), 287–297. https://doi.org/10.1177/1049732320967659

[19] Cox, P. (2015). *Sexual assault and domestic violence in the context of co-occurrence and re-victimisation: State of knowledge paper* (ANROWS Landscapes, 13/2015). Sydney, NSW: ANROWS. https://www.anrows.org.au/publication/sexual-assault-and-domestic-violence-in-the-context-of-co-occurrence-and-re-victimisation-state-of-knowledge-paper/

[20] Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2012). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma, Violence, & Abuse*, *14*(2), 133–167. https://doi.org/10.1177/1524838012470031

[21] Department of Social Services. (2022). *National Plan to End Violence against Women and Children 2022–2032: Ending gender-based violence in one generation* (p. 22). https://www.dss.gov.au/sites/default/files/documents/10_2023/national-plan-end-violence-against-women-and-children-2022-2032.pdf

IPSV refers to sexual violence by a current or former intimate partner. As the above definitions of sexual violence are narrow and do not allow for comprehensive analysis of victim-survivors' experience, this report uses a broader definition of IPSV. Drawing upon Bagwell-Gray et al.'s taxonomy of IPSV, this report uses the categories sexual assault, sexual coercion, sexual abuse, and forced sexual activity.[22] The report also uses the category sexual jealousy since this is a known lethality risk factor and has been identified as a motive for intimate partner homicide. Examples of sexual jealousy can include the offender believing the victim has been involved in an affair or due to PUV possessiveness of the victim particularly when wanting to leave the relationship.[23]

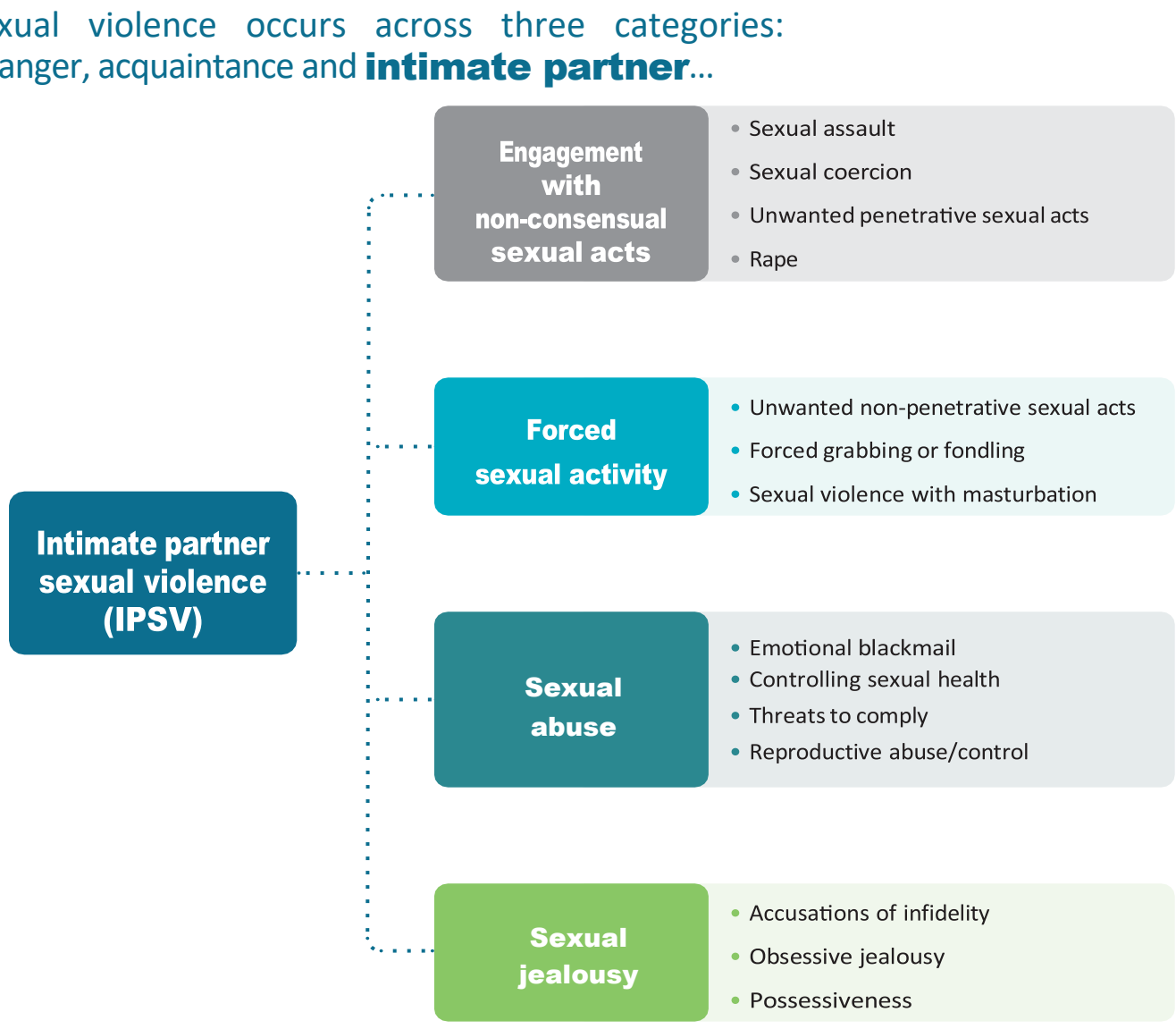

Figure 1: Types of sexual violence. [24]

[22] Bagwell-Gray, M. E. (2019). Women's experiences of sexual violence in intimate relationships: Applying a new taxonomy. *Journal of Interpersonal Violence*, *36*(13–14), 13–39. https://doi.org/10.1177/0886260519827667

[23] Campbell, J. C., Glass, N., Sharps, P., Laughon, K., & Bloom, T. (2007). Intimate partner homicide: Review and implication of research and policy. *Trauma, Violence, & Abuse*, *8*(3), 246–269. https://doi.org/10.1177/1524838007303505

[24] Adapted from: Bagwell-Gray, M. E. (2019). Women's Experiences of Sexual Violence in Intimate Relationships: Applying a new taxonomy. Journal of Interpersonal Violence, 36(13–14), 13–39. https://doi.org/10.1177/0886260519827667

Intimate partner sexual assault

Intimate partner sexual assault refers to penetrative sexual activity—that is, oral, anal, vaginal sexual assault or sexual assault with an object. It also refers to unwanted penetrative sexual acts while the victim is unconscious or otherwise unable to give consent, such as being asleep or under the influence of alcohol or other drugs.[25] Types of sexual assault include forced sex, marital rape or intimate partner rape. It also refers to sexual activities using actual physical force, such as being held or pinned down, or threats of such force, such as threatening beatings for refusing sex.

Sexual coercion

Intimate partner sexual coercion differs from intimate partner sexual assault in that unwanted sexual penetration occurs through manipulative tactics, and emotional and psychological control or threats rather than physical force. Demands and threats can be explicit or implicit. Compared with intimate partner sexual assault, non-consent outside of the context of physical force may be more difficult to identify, particularly if a woman submits to coercive sexual tactics to avoid negative consequences of refusing sex, or if she believes having sex with her spouse or partner is her obligation.[26] It is reported that women experiencing sexual coercion often feel like they do not have a choice in whether or not to have sex.[27] In a recent mixed-model study involving online surveys and qualitative interviews with over 1,100 victim-survivors of DFV and/or IPSV, the most commonly reported experience of IPSV was feeling forced to have unwanted sex with a partner due to fear (69.4%).[28]

Studies indicate victim-survivors often do not recognise being pressured into agreeing to sexual acts or to participating in sexual activity more often than desired as sexual harm. In cases of sexual coercion, consent frequently becomes complicated and blurred in conjunction with the broader patterns of coercive control.[29] Sexual coercion may also predict the frequency and severity of sexual assault where sexual coercion has been associated with an increased risk of fatal strangulation among women experiencing DFV.[30]

Sexual abuse

Intimate partner sexual abuse may resemble sexual coercion in that the abusive partners use non-physical, emotionally manipulative tactics to achieve their goal of sexual dominance and control. However, sexual abuse differs from sexual coercion in that rather than coercing sexual penetration,

[25] Bagwell-Gray, M. E. (2019). Women's experiences of sexual violence in intimate relationships: Applying a new taxonomy. *Journal of Interpersonal Violence*, *36*(13–14), 13–39. https://doi.org/10.1177/0886260519827667

[26] Bagwell-Gray, M. E. (2019). Women's experiences of sexual violence in intimate relationships: Applying a new taxonomy. *Journal of Interpersonal Violence*, *36*(13–14), 13–39. https://doi.org/10.1177/0886260519827667

[27] Logan, T. K., Walker, R., & Cole, J. (2015). Silenced suffering: The need for a better understanding of partner sexual violence. *Trauma, Violence, & Abuse*, *16*(2), 111–135. https://doi.org/10.1177/1524838013517560

[28] Hegarty, K., McKenzie, M., McLindon, E., Addison, M., Valpied, J., Hameed, M., Kyei-Onanjiri, M., Baloch, S., Diemer, K., & Tarzia, L. (2022). *"I just felt like I was running around in a circle": Listening to the voices of victims and perpetrators to transform responses to intimate partner violence* (Research report, 22/2022). Sydney, NSW: ANROWS. https://www.anrows.org.au/publication/i-just-felt-like-i-was-running-around-in-a-circle-listening-to-the-voices-of-victims-and-perpetrators-to-transform-responses-to-intimate-partner-violence/

[29] Hamilton, G., Ridgway, A., Powell, A., & Heydon, G. (2023). *Family violence and sexual harm*. RMIT University. https://doi.org/10.25439/rmt.24208758.v1

[30] Smith, E. J., Bailey, B. A., & Cascio, A. (2023). Sexual coercion, intimate partner violence, and homicide: A scoping literature review. *Trauma, Violence, & Abuse*. https://doi.org/10.1177/15248380221150474

tactics are aimed at controlling women's sexuality, sexual health and sex-related decision-making in the relationship, for example reproductive coercion.

Often the PUV uses gaslighting and other psychologically manipulative tactics to deny sexual violence has taken place, making women question their sanity and sense of reality. Further, psychologically abusive tactics such as emotional blackmail, guilt, freezing out and threats are used to compel women to acquiesce to unwanted sex.

Evidence from a recent study indicate women who reported experiencing reproductive abuse were nearly three times more likely to report experiencing DFV, including physical and other forms of sexual violence and threats of violence, than women who did not report reproductive coercion. Moreover, reproductive abuse may indirectly increase the risk of future victimisation through the increased probability of pregnancy, which is widely regarded as a high-risk time for onset or increased severity and frequency of DFV.[31]

Forced sexual activity

Forced sexual activity involves physically violent acts that are within the sexual realm of a relationship, but do not include penetrative sexual activity. Types of intimate partner forced sexual activity include unwanted, non-penetrative sexual contact (e.g. physically forced grabbing, fondling or kissing in a sexual way), physical violence that co-occurs during otherwise consensual sex; physical violence geared toward a sexual organ (e.g. cutting a breast with a knife) and sexual violence with masturbation (e.g. being held down and masturbated on or forcing assistance in masturbation).

Sexual jealousy

Sexual jealousy occurs when one partner suspects and/or accuses the other partner of sexual infidelity, where in many cases, there is presence of an indication of obsessive jealousy and possessiveness by the PUV towards his partner or ex-partner either during the relationship and/or in the lead up to the death.

In a review of homicide cases in Victoria involving DFV, possessiveness and a sense of 'ownership' of the victim appears to have been a factor in 29 cases (57%) where the victim was killed after she had separated or attempted to separate from the offender. In six cases (11%) the homicide appears to have occurred in the context of the accused's jealousy or possessiveness, even though there was no evidence the victim had expressed an intention to separate or evidence of infidelity was present. In these cases, the accused expressed jealousy because his partner was talking to another man, or said he suspected his partner was having an affair. In three cases the PUV killed other men who were perceived to be a threat to the relationship (6% of cases).[32]

[31] Smith, E. J., Bailey, B. A., & Cascio, A. (2023). Sexual coercion, intimate partner violence, and homicide: A scoping literature review. *Trauma, Violence, & Abuse*. https://doi.org/10.1177/15248380221150474

[32] Tyson, D., & McKenzie, M. (2016). Out of character? Legal responses in intimate partner homicides by men in Victoria 2005–2014. http://dx.doi.org/10.13140/RG.2.2.12455.96167

When intimate partner sexual violence is likely to occur

Similar to DFV, IPSV incidents primarily occur in private. When violence is witnessed, it is usually by people known to both the PUV and victim (e.g., family and friends). Research indicates that IPSV frequently occurs in the context of violent arguments (i.e. forced sexual activity after a violent argument)[33] and out of fear to prevent violent escalation and repercussions of sexual refusal.[34] Several studies found that relationship conflict predicted IPSV generally, including victimisation of partners and non-partners, suggesting that both behaviours may be associated with a combative approach to interactions with women.[35] In a study of intimate partner violence perpetrated by men who had been court-ordered to attend men's behaviour change programs in the United States, almost all (98.2%) of those arrested for physically assaulting their partner were sexually violent towards her. This further highlights the high rates of combined non-sexual physical violence, psychological abuse, emotional abuse and IPSV.[36]

Outcomes of intimate partner sexual violence

As with all forms of gender-based violence, IPSV is associated with numerous adverse outcomes for the women who experience it and for their children. This includes an elevated risk of experiencing feelings of shame as well as Post Traumatic Stress Disorder, depression, problematic substance use and suicidality compared with exposure to other forms of interpersonal violence.[37] IPSV victimisation is also associated with higher risk of physical and sexual health consequences such as sexually transmitted infections, pregnancy (possibly unintended), specific physical injuries and death by homicide.[38]

Research has also consistently found that victims of IPSV are at greater risk for physical injury and homicide.[39] In a recent meta-analysis of 17 intimate partner homicide studies, 19 risk factors for male perpetrated intimate partner homicide were identified, with rape of the victim/forced penetrative sex found to be the fourth strongest risk factor. Presence of sexual jealousy was found to be the ninth strongest risk factor.[40]

Very little research has explored the pathways linking IPSV and intimate partner homicide. However, several studies have identified that women subjected to IPSV often also experience other forms of

[33] Logan, T. K., Walker, R., & Cole, J. (2015). Silenced suffering: The need for a better understanding of partner sexual violence. *Trauma, Violence, & Abuse*, *16*(2), 111–135. https://doi.org/10.1177/1524838013517560

[34] Hamilton, G., Ridgway, A., Powell, A. & Heydon, G. (2023). *Family violence and sexual harm: Research report*. RMIT University. https://rmit.figshare.com/articles/report/Family_Violence_and_Sexual_Harm/24208758/1?file=42488655

[35] Tharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma, Violence, & Abuse*, *14*(2), 133–167. https://doi.org/10.1177/1524838012470031

[36] Basile, K. C., & Hall, J. E. (2011). Intimate Partner Violence Perpetration by Court-Ordered Men: Distinctions and Intersections Among Physical Violence, Sexual Violence, Psychological Abuse, and Stalking. *Journal of Interpersonal Violence*, *26(2),* 230-253. https://doi.org/10.1177/0886260510362896

[37] Vatnar, S.K.B., Bjørkly, S. (2008). An interactional perspective of intimate partner violence: An in-depth semi-structured Interview of a representative sample of help-seeking women. *Journal of Family Violence, 23*, 265–279. https://doi.org/10.1007/s10896-007-9150-7

[38] McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I., & Smith, S. (2005). Intimate partner sexual assault against women and associated victim substance use, suicidality, and risk factors for femicide. *Issues in mental health nursing*, *26*(9), 953–967. https://doi.org/10.1080/01612840500248262

[39] Spencer, C. M., & Stith, S. M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, Violence, & Abuse*, *21*(3), 527–540. https://doi.org/10.1177/1524838018781101; Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health, 93*(7), 1089–1097. https://doi.org/10.2105/ajph.93.7.1089

[40] Spencer, C. M., & Stith, S. M. (2020). Risk factors for male perpetration and female victimization of intimate partner homicide: A meta-analysis. *Trauma, violence & abuse*, *21*(3), 527–540. https://doi.org/10.1177/1524838018781101

abusive behaviours that are also linked to homicide. For example, within a sample of approximately 60 female victim-survivors of intimate partner violence, a larger proportion of women subjected to forced sex also reported that their partner had injured them and/or made serious threats against them, compared with women who had not been subjected to forced sex.[41] As such, IPSV may form part of overall patterns of violence and abuse which increase the risk of lethal forms of violence.

Relative to other forms of intimate partner violence, IPSV is more likely to be perpetrated by men who adhere to traditional gender norms, and who experience higher levels of distress when they believe they are not living up to these internalised standards of masculinity.[42] For example, a recent Australian study of 10,000 women found that women who were the primary breadwinner within their relationship were more likely to be subjected to IPSV, compared with women who were not the primary breadwinner or whose earning capacity was commensurate to their partner's. In explaining these findings, the authors suggested 'in situations where women are not financially dependent on their partners, or may themselves be the primary breadwinner, men may use violence as a means of establishing control within their relationships, and mitigating any feelings of inadequacy they may have.' [43] Research conducted by Tarzia hypothesised that men use IPSV as a means of dealing with feelings of 'fragile masculinity', whereby IPSV 'can be understood as the aggressive sexual conquest of women, who then become sexual property to whom a man is entitled to unlimited access'.[44]

Certainly, several studies have suggested that IPSV is demonstrative or symptomatic of perpetrator's feelings of entitlement over victims, which may in turn lead to increased homicide risk when this entitlement and control is challenged.[45]

In a study of legal responses to intimate partner homicide perpetrated by men in Victoria between 2005 and 2018, in six of the 51 cases reviewed, the homicide appeared to have occurred in the context of the accused's jealousy or possessiveness, even though there was no evidence the accused's partner had expressed an intention to separate. Three of these men killed other men they perceived to be a threat to the relationship. In some instances, it appears that accusations of infidelity were used as a way of controlling the woman's contact with others. Threats to kill a partner are also more common in relationships that include IPSV than in other abusive relationships.[46] This is supported by other research which has found that a significant proportion of women subjected to IPSV described the violence as

[41] Logan, T. K., Cole, J. R., & Shannon, L. A. (2007). A mixed-methods examination of sexual coercion and degradation among women in violent relationships who do and do not report forced sex. *Violence and Victims*, *22*(1), 71–94. https://connect.springerpub.com/content/sgrvv/22/1/71

[42] Tarzia, L. (2021). Toward an ecological understanding of intimate partner sexual violence. *Journal of Interpersonal Violence*, *36*(23–24), 11704–11727. https://doi.org/10.1177/0886260519900298

[43] Morgan, A., & Boxall, H. (2022). *Economic insecurity and intimate partner violence in Australia during the COVID-19 pandemic* (02/2022; Research Report). ANROWS. https://www.aic.gov.au/publications/special/special-12

[44] Tarzia, L. (2021). Toward an ecological understanding of intimate partner sexual violence. *Journal of Interpersonal Violence*, *36*(23–24), 11704–11727. https://doi.org/10.1177/0886260519900298

[45] Boxall, H., Doherty, L., Lawler, S., Franks, C., & Bricknell, S. (2022). *The "Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia* (4; Research Report). ANROWS; Monckton Smith, J. (2020). Intimate partner femicide: Using Foucauldian analysis to track an eight stage progression to homicide. *Violence against Women*, *26*(11), 1267–1285. https://doi.org/10.1177/1077801219863876

[46] Tyson, D., & McKenzie, M. (2016). *Out of character? Legal responses in intimate partner homicides by men in Victoria 2005–2014.* http://dx.doi.org/10.13140/RG.2.2.12455.96167

motivated by a desire for control over them, and that the level of violence they experienced escalated when they challenged their partner in some way.[47]

Finally, IPSV may be linked to homicide as it can effectively entrap victims in abusive relationships. Research has documented reproductive coercion occurring in abusive relationships, such as tampering with, destroying or hiding the victim's contraceptives, or lying or tampering with their own (e.g. taking off a condom during sex). This emerging research has focused on the role of reproductive coercion in 'tying' the victim to the perpetrator through shared biological children.[48] Certainly, a large body of research has identified that a significant structural barrier women face when attempting to leave abusive relationships is concerns about the safety of their children.

Further, some female victim-survivors have reported that perpetrators of abuse have purposefully given them sexually transmitted infections (STIs) and diseases as a way of entrapping them within relationships. In these situations, perpetrators are described as attempting to force their partner to remain in relationships with them because 'no one else will have them' due to their stigma associated with STIs.[49] Relatedly, women subjected to IPSV report that during incidents of sexual violence their partner may degrade or humiliate them by making derogatory comments about their appearance, their sexual performance, or make unfavourable comparisons with former lovers.[50] These forms of abuse can undermine victim's self-esteem and in turn entrap them in relationships.

Under-reporting of intimate partner sexual violence

Most women and girls who have experienced IPSV will not report it to police. Further, victims of IPSV are less likely to seek help than victims of other forms of DFV. In the Australian Bureau of Statistics' *Personal Safety Survey, 2021–22*, less than 20% of women who experienced sexual violence that constituted a criminal offence contacted the police. This means that an estimated 80% of victim–survivors do not report sexual violence victimisation.[51]

The literature scan identified that reluctance to report IPSV and/or seek help is likely due to:

1. **Community norms and myths:** Prevailing community understandings of what constitutes 'real rape' significantly influences how victims, PUVs and bystanders perceive experiences of sexual assault.
2. **Recognition challenges:** IPSV victim-survivors may struggle to recognise what is happening to them as being IPSV.

[47] Logan, T. K., Cole, J. R., & Shannon, L. A. (2007). A mixed-methods examination of sexual coercion and degradation among women in violent relationships who do and do not report forced sex. *Violence and Victims*, *22*(1), 71–94. https://connect.springerpub.com/content/sgrvv/22/1/71

[48] Grace, K. T., Decker, M. R., Alexander, K. A., Campbell, J., Miller, E., Perrin, N., & Glass, N. (2020). Reproductive coercion, intimate partner violence, and unintended pregnancy among Latina women. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520922363;. Tarzia, L., & McKenzie, M. (2023). *Reproductive coercion and abuse in intimate relationships: Understanding perpetrator motivations and overlaps with coercive control* (2023110291). Preprints. https://doi.org/10.20944/preprints202311.0291.v1

[49] Boxall, H. (2023). *Reimagining desistance from male-perpetrated intimate partner violence: The role and experiences of female victim-survivors*. Springer Nature.

[50] Logan, T. K., Cole, J. R., & Shannon, L. A. (2007). A mixed-methods examination of sexual coercion and degradation among women in violent relationships who do and do not report forced sex. *Violence and Victims*, *22*(1), 71–94. https://connect.springerpub.com/content/sgrvv/22/1/71

[51] Australian Bureau of Statistics. (2023). *Personal Safety, Australia*.

3. **Mistrust in systems and system responses:** Limited access to services, negative experiences with police and legal systems and concerns about giving evidence against a PUV create challenges for disclosing IPSV.

Community attitudes and myths

Several studies have identified a range of incorrect beliefs about sexual assault that continue to be widely held in the community. These norms, and subsequent reluctance to talk about sexual violence more generally, can lead to IPSV within abusive relationships becoming normalised.

Societal myths about 'real rape' and cultural norms about DFV as 'private' matters continue to strongly influence individual and social responses to IPSV. Often referred to as rape myths or the 'real rape' script, these myths provide a very narrow definition of what constitutes 'real' or 'legitimate' rape.[52] These myths and attitudes incorrectly stereotype 'real rape' as being committed by a 'deviant perpetrator,' often a stranger, against an unsuspecting, 'genuine victim,' in a dark, secluded area, often using physical violence, force or the threat of a weapon in the attack.[53]

The myth that 'real rape' is perpetrated by a deviant stranger contradicts the empirical evidence from both Australia and overseas, where most sexual assaults are perpetrated by an intimate partner or someone else known to the victim. Men's motivations for perpetration can be linked to broader ideas about sex, masculinity and relationships. These ideas can be understood as individual psychological traits, and as socially or culturally structured norms.

This places intimate partner rape in a social context, which is also linked to the difficulty that women face in gaining recognition and acknowledgement that rape by a partner is 'real rape.'[54] Men who rape their partners often use this as part of a strategy to avoid the consequences of their actions, drawing on this social discourse to claim that coercive or violent sexualised behaviour cannot be rape when committed by a husband against his wife.[55]

Further, contrary to the myth that 'real rape' results in physical injury because of the attack or the fightback from 'genuine victims,' most sexual assaults do not result in bruising or other physical injury. Other widespread rape myths include:

- sexual relations (even violent or coerced relations) between partners are a private matter
- rape occurs between strangers
- rape is physically violent
- a victim fights back

[52] Bagwell-Gray, M. E. (2019). Women's experiences of sexual violence in intimate relationships: Applying a new taxonomy. *Journal of Interpersonal Violence, 36*(13–14), 13–39. https://doi.org/10.1177/0886260519827667

[53] Clark, H., & Quadara, A. (2010). *Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge (*Research Report No. 18). Melbourne: Australian Institute of Family Studies.

[54] Clark, H., & Quadara, A. (2010). *Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge (*Research Report No. 18). Melbourne: Australian Institute of Family Studies.

[55] Jewkes, R. (2012). *Rape perpetration: A review*. Pretoria, Sexual Violence Research Initiative.

- sex is a wifely duty.[56]

Recognition challenges

Many victims hesitate to discuss their experiences even with close confidants. Research shows that only about half of those who report experiencing forced sex label that experience as a rape or an assault. That percentage is even smaller for those forced to have sex by a partner. It is possible that sexual violence in abusive relationships becomes normalised for women, in part, because it is the norm to not talk about sex, especially sexual violence. It may be indicative of how abusers shift the boundaries of what is normal and acceptable in relationships, to the point their victims are no longer able to recognise the behaviour as abusive.[57]

Research shows that identifying and defining these forms of behaviour pose difficulties for victim–survivors. Views of sexual assault specifically rape as taking place between a victim and stranger cloud a victim's ability to recognise acts between intimate partners as either sexual assault or rape.[58] This leads to victims' diminishing and differentiating their experiences from those that they would ordinarily consider sexual assault or rape.[59]

These challenges in recognising IPSV perpetuate the belief that sexual coercion is not a crime and reinforces the assumption of consent in intimate partner relationships, contributing to the under-reporting of IPSV.

Assumptions about consent, especially in the context of prior consensual sex, create challenges in victims' ability to differentiate consensual acts from coercion and assault.[60] The static view of consent in long-term relationships complicates understanding of sexual violence, where consent provided for previous sexual encounters can be used to mistrust allegations of sexual assault.[61]

Mistrust in system and system responses

In addition to perpetuating community attitudes and challenges in recognising violent behaviours, limited access to services, negative experiences with police and legal systems, and concerns about giving evidence against a PUV create challenges for disclosing IPSV. A recent study of 1,100 victim–survivors of DFV and/or IPSV found the three most common barriers to help-seeking were shame (63%), lack of awareness of services (62%) and concerns about confidentiality (50%). The mistrust in seeking

[56] Logan, T. K., Walker, R., & Cole, J. (2015). Silenced suffering: The need for a better understanding of partner sexual violence. *Trauma, Violence, & Abuse, 16*(2), 111–135. https://doi.org/10.1177/1524838013517560

[57] Eriksson, L., Mazerolle, P., & McPhedran, S. (2022). Giving voice to the silenced victims: A qualitative study of intimate partner femicide. *Trends & Issues in Crime and Criminal Justice, 645,* 1–13. https://doi.org/10.52922/ti78498

[58] Cox, P. (2015). *Sexual assault and domestic violence in the context of co-occurrence and re-victimisation: State of knowledge paper* (ANROWS Landscapes, 13/2015). Sydney, NSW: ANROWS.

[59] Clark, H., & Quadara, A. (2010). *Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge (*Research Report No. 18). Melbourne: Australian Institute of Family Studies.

[60] Clark, H., & Quadara, A. (2010). *Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge (*Research Report No. 18). Melbourne: Australian Institute of Family Studies.

[61] Logan, T. K., Walker, R., & Cole, J. (2015). Silenced suffering: The need for a better understanding of partner sexual violence. *Trauma, Violence, & Abuse, 16*(2), 111–135. https://doi.org/10.1177/1524838013517560

support for IPSV is higher with victim-survivors with intersecting needs, such as Aboriginal and Torres Strait Islander peoples and those who are from culturally and linguistically diverse backgrounds.[62]

Mistrust in the criminal justice system is common among victims, with concerns about retaliation, a sense of responsibility for the PUV's welfare, and fear of social stigma hindering reporting. In a study exploring justice system experiences of complainants of sexual offence matters, interviewed participants shared a range of reasons why they were reluctant to report IPSV perpetrated by someone with whom they had an existing relationship. Examples included participants feeling responsible for the welfare of their perpetrator, particularly when they were a current or former intimate partner or family member. Other examples included considerations around wider systemic or legal processes, including one participant who described being raped by her former partner just prior to family law negotiations. This participant did not want the police response to impede the property settlement. More generally, participants felt they would be stigmatised by their wider circle of family and friends for reporting the offence.[63]

Aboriginal and Torres Strait Islander perspectives

It is well documented that Aboriginal and Torres Strait Islander women and girls are disproportionately affected by the prevalence and severity of DFV perpetrated by men against women in Australia. Alarmingly, Aboriginal and Torres Strait Islander women and girls are more likely to experience IPSV than any other population group,[64] with over 90% of victims not reporting IPSV to services.[65] A recent study found that 9 of the 10 Aboriginal women participating had experienced IPSV, with frequent forced sexual intercourse in the preceding six months. Results also showed 7 women indicated that they had been subjected to potentially lethal violence, which included threats to kill, attempts of strangulation and threats with a weapon.[66]

It is important to highlight that violence against women is not a traditional part of Aboriginal and Torres Strait Islander culture. However, social and cultural marginalisation of Aboriginal and Torres Strait Islander peoples, affecting communities, families and individuals along with regional, rural or remote living, further exacerbates the impact of IPSV on Aboriginal and Torres Strait Islander women. The pervasive, ongoing impacts of colonisation, dispossession and transgenerational trauma continue to shape Aboriginal and Torres Strait Islander women's experiences and community members' reactions to it, including help-seeking decisions and opportunities, and level of trust in and access to adequate culturally sensitive support services.

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[62] Hegarty, K., McKenzie, M., McLindon, E., Addison, M., Valpied, J., Hameed, M., Kyei-Onanjiri, M., Baloch, S., Diemer, K., & Tarzia, L. (2022). *"I just felt like I was running around in a circle": Listening to the voices of victims and perpetrators to transform responses to intimate partner violence* (Research report, 22/2022). Sydney, NSW: ANROWS.

[63] NSW Department of Communities and Justice. (2023). *"This is my story. It's your case, but it's my story"*. KPMG in partnership with RMIT University Centre for Innovative Justice.

[64] Guggisberg, M. (2018). Aboriginal women's experiences with intimate partner sexual violence and the dangerous lives they live as a result of victimization. *Journal of Aggression, Maltreatment & Trauma*, *28*(2), 186–204. https://doi.org/10.1080/10926771.2018.1508106

[65] Prentice, K., Blair, B., & O'Mullan, C. (2016). Sexual and family violence: Overcoming barriers to service access for Aboriginal and Torres Strait Islander clients. *Australian Social Work*, *70*(2), 241–252. https://doi.org/10.1080/0312407x.2016.1187184

[66] Australian Institute of Health and Welfare. (2019). *Family, domestic and sexual violence in Australia: Continuing the national story*, Cat. No FDV 3. Canberra, Australian Institute of Health and Welfare.

A recent study found that Aboriginal and Torres Strait Islander women's experiences of help-seeking for DFV are complicated by the close-knit nature of regional Aboriginal communities and community expectations.[67] The study also found that women felt supported when connected to their communities. The loss of this support and connection when fleeing DFV often led women to return to secure community connections even if this meant returning to unsafe family or intimate partner relationships. The study also found that family connectedness and lines of communication in regional settings further limit victim-survivors' ability to hide from an abusive current or ex-partner when they decide to leave or seek temporary respite. As such, the risk of retributive violence was seen as particularly high where extended family felt that the victim–survivor was to blame for criminal justice actions taken against the PUV.

These experiences are consistent with other research suggesting that regional community life can complicate help-seeking and disclosures of DFV in general and create additional barriers for Aboriginal and Torres Strait Islander women whose communities are already affected by over-incarceration,[68] which has a flow-on effect on community separation and trauma.[69]

Adding to the difficulties in identifying and reporting IPSV described previously in this literature scan, sexual violence has been identified as a taboo subject in Aboriginal and Torres Strait Islander communities. Furthermore, there is a strong belief that Aboriginal and Torres Strait Islander women ought to protect men in the community by not speaking about sexual violence.[70]

Case review methodology

Data source

The Domestic and Family Violence Death Review Unit (DFVDRU) provides support to coroners investigating DFV-related deaths and deaths of children known to the child protection system prior to their deaths. The DFVDRU provides secretariat support to the DFVDRAB and maintains working databases of all DFV-related homicides and suicides that occur within Queensland. Information captured in these databases includes, but is not limited to, the demographic characteristics and relationship dynamics of the deceased and the victim/perpetrator, contact with service systems prior to death, DFV homicide lethality indicators and other risk factors (such as mental health, substance abuse and suicidal ideation). This case review relied on a mixture of qualitative and quantitative datasets, including coronial investigation data maintained by the DFVDRU, as well as coronial reports including inquest and non-inquest findings for cases occurring between 2011 and 2021. No new requests for information were submitted to supplement existing data.

[67] Meyer, S., & Stambe, R. (2020). Indigenous women's experiences of domestic and family violence, help-seeking and recovery in regional Queensland. *Australian Journal of Social Issues*, *56*(3), 443–458. https://doi.org/10.1002/ajs4.128

[68] Blagg, H., Williams, E., Cummings, E., Hovane, V., Torres, M. & Woodley, K. N. (2018). *Innovative models in addressing violence against Indigenous women*. Darwin, Australia, Charles Darwin University.

[69] Cripps, K. (2007). Indigenous family violence: From emergency measures to committed long-term action. *Australian Indigenous Law Review, 11*, 6–18. http://classic.austlii.edu.au/au/journals/AUIndigLawRw/2007/34.pdf

[70] Prentice, K., Blair, B., & O'Mullan, C. (2016). Sexual and family violence: Overcoming barriers to service access for Aboriginal and Torres Strait Islander clients. *Australian Social Work*, *70*(2), 241–252. https://doi.org/10.1080/0312407x.2016.1187184

Case selection process

The first step in the case selection process involved identifying cases in the Queensland Domestic and Family Violence Homicide Database and Queensland Domestic and Family Violence Suicide Database where sexual violence and/or sexual jealousy lethality indicators were found to be present.[71] Cases from 2011 to 2021 were included for the purposes of screening.

These cases were screened to determine whether there was sufficient information about the characteristics of the case, the nature of IPSV the primary victim (PV) was subjected to, and service system contact to provide a meaningful overview of the experience of sexual violence. This process identified 21 DFV homicide cases (involving 30 deaths) and 14 suicide cases (involving 20 deaths) where there was evidence of IPSV perpetrated against the PV.

In cases involving Aboriginal and Torres Strait Islander peoples, service system contact in response to IPSV was limited or not present. These cases were included in the review based on the availability of formal and informal reports of IPSV and DFV. In many cases, PVs who identified as Aboriginal and Torres Strait Islanders were subjected to significant and often extreme levels of violence, including IPSV, by the PUV.

Coding framework

Key characteristics of each case were extracted, including the demographic characteristics of the deceased and homicide offender, the deceased/perpetrator relationship, and identification of the PUV (DFV and IPSV). The context and circumstances of deaths were summarised, including information about any criminal proceedings. The DFV context was also summarised, noting whether formal or informal reports were made, court orders were in place, and evidence of domestic violence lethality indicators for the homicide cases.[72] A summary table of known service system contact was prepared for the PVs and PUVs (excluding nine deaths that were classified either collateral death or apparent filicide).

The IPSV context was summarised in terms of the types of sexual violence experienced, and whether this was known before or after death. Available information about the frequency and context in which IPSV occurred was described, along with system responses (by agency). Finally, a table summarising the evidence of IPSV risk factors was prepared. The risk factors were identified in the literature scan.

Limitations of approach

Four of the cases were open at time of data extraction and analysis,[73] meaning it is possible additional relevant information will be gathered that was not able to be included in this case review. This case review was also limited by the reliance on information collected for the purposes of coronial investigations. A large body of research has documented the significant barriers to reporting IPSV, to both informal (e.g. family members) and formal supports (e.g. police). This includes internalised shame

[71] Although these indicators were established for homicides, they have also been coded in the suicide database.
[72] Lack of evidence of domestic violence lethality indicators does not indicate they were not present, only that there was no evidence in the available documents.
[73] One of these cases was subsequently closed during the review period.

related to experiences of IPSV, perceptions that the behaviours are not serious or will be minimised by others, and the inability of victim-survivors to recognise sexual behaviours as abusive.[74] Victim–survivors may not define sexual behaviours as abusive in situations where they acquiesce to sexual acts with their partner as a safety strategy. Due to the barriers to disclosing IPSV, it is likely that even in cases where IPSV was reported, the full extent of this violence is likely not documented.

It is acknowledged that an in-depth review of PV and PUV interactions with service providers would be beneficial, however this fell outside the scope of this review. The current data set identifies whether a service was accessed by a PV or PUV but not when, at what location or in what capacity. This may be an area for a future investigation.

Records available for suicide cases were less extensive than those for homicide cases, including records about relationships (and DFV and IPSV in them), even when it was noted that DFV and IPSV were linked to the suicide. As a result, the frequency, nature and severity of IPSV has likely been underestimated in the cases reviewed. The information available may not fully reflect individuals' experiences.

However, these limitations are outweighed by the value of the available information and the need to develop better understanding of IPSV in DFV-related deaths. As many cases as possible have been included to present a comprehensive picture of IPSV in DFV-related deaths.

Case sample included in the review

Across the sample, seven primary case types were identified. Figure 2 provides an overview of the cases included in the review.

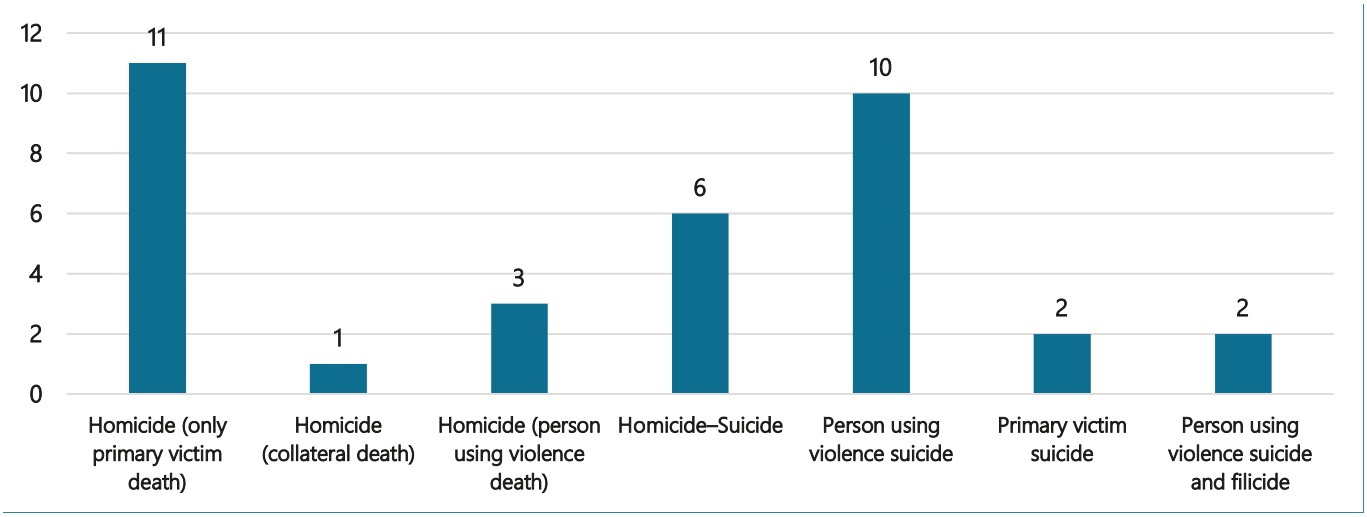

Figure 2: Reviewed domestic and family violence cases involving Intimate partner sexual violence, 2011–2021.

[74] Lynch, K. R., Golding, J. M., Jewell, J. A., Lippert, A., & Wasarhaley, N. E. (2019). "She Is his girlfriend—I believe this Is a different situation": Gender differences in perceptions of the legality of intimate partner rape. *Journal of Family Violence, 34*(3), 213–230. https://doi.org/10.1007/s10896-018-0006-0; Tarzia, L. (2021). Toward an ecological understanding of intimate partner sexual violence. *Journal of Interpersonal Violence, 36*(23–24), 11704–11727. https://doi.org/10.1177/0886260519900298

Most of the case types were either homicide of the PV of IPSV or suicide of the PUV. Figures 3 and 4 describe the characteristics of the deceased, by their PV status.

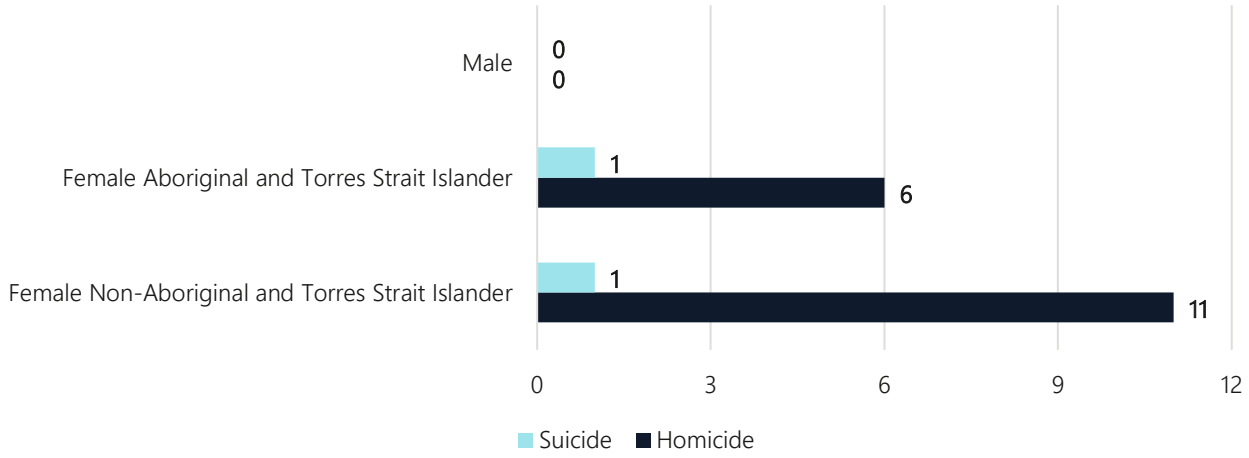

Figure 3: Primary victim of IPSV deceased by homicide or suicide, by gender and Aboriginal and Torres Strait Islander identity, 2011–2021.

All the PVs of IPSV were female, with 7 identifying as Aboriginal and Torres Strait Islander peoples. All the PUVs were male, with 3 identifying as Aboriginal and Torres Strait Islander peoples.

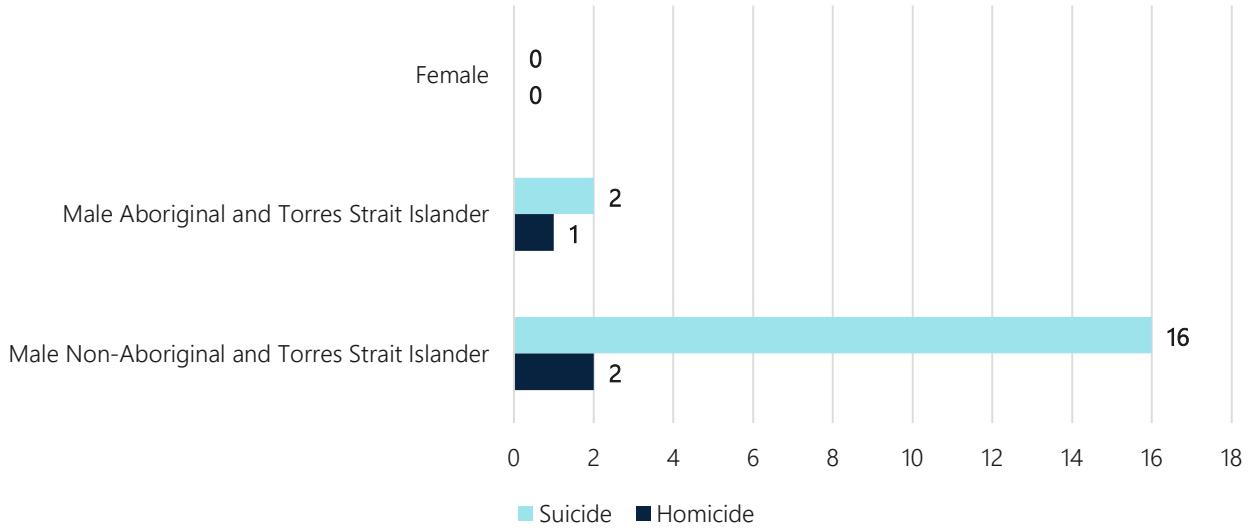

Figure 4: Person using violence deceased by homicide or suicide, by gender and Aboriginal and Torres Strait Islander identity, 2011–2021.

Case characteristics

The following tables provide information about the case characteristics, including demographics and lethality indicators. Table 1 describes the case characteristics of the deceased person in IPSV-related DFV deaths. It shows that 81% of deceased people were female and 19% were male.

Table 1: Demographic characteristics of deceased persons in IPSV-related DFV deaths, 2011–2021.

Demographic characteristics of deceased persons in IPSV-related DFV deaths	Homicide		Suicide	
	n	%	n	%
Deceased	**21**	**-**	**20***	**-**
Primary victim of DFV status				
Primary victim of DFV	17	81%	2	10%
Not primary victim of DFV	4	19%	18	90%
Gender				
Male	4	19%	18	90%
Female	17	81%	2	10%
Age range				
18–25 years	3	14%	6	30%
26–35 years	5	24%	2	10%
36–45 years	9	43%	7	35%
46–55 years	2	9.5%	3	15%
56–65 years	0	0%	1	5%
66+ years	2	9.5%	1	5%
Aboriginal and Torres Strait Islander identity				
Identified as Aboriginal/Torres Strait Islander	7	33%	17	85%
Did not identify as Aboriginal/Torres Strait Islander	14	67%	3	15%
CALD				
Yes	1	5%	1	5%
No	20	95%	19	95%

**This table includes all deceased persons, such as those who ended their own life in the context of a Homicide-Suicide.*

Table 2 describes the case characteristics of homicide offender in IPS-related DFV deaths.

Table 2: Demographic characteristics of homicide offenders in IPSV-related DFV deaths, 2011–2021.

Demographic characteristics of homicide offenders in IPSV-related DFV deaths	n	%
DFV homicide offender	21	-
Gender		
Male	19	90%
Female	2	10%
Age range		
18–25 years	4	19%
26–35 years	3	14%
36–45 years	6	29%
46–55 years	4	19%
56–65 years	1	5%
66+years	3	14%
Aboriginal and Torres Strait Islander identity		
Identified as Aboriginal/Torres Strait Islander	6	29%
Did not identify as Aboriginal/Torres Strait Islander	15	71%
CALD		
Yes	1	5%
No	20	95%

Table 2 shows men were the perpetrator in 90% of IPSV-related DFV homicides and suicides. The most common age range for deceased persons in IPSV homicides and suicides was 36–45 years.

Table 3 describes the prevalence of homicide lethality indicators.

Table 3: Prevalence of homicide lethality indicators, 2011–2021.

Homicide lethality indicators	n	%
History of DFV	21	100%
History of IPSV	21	100%
Prior threats to kill the victim	17	81%
Perpetrator history of violence outside of the family	14	67%
Prior threats to suicide by perpetrator	13	62%
Prior threats with a weapon	12	57%
Prior assault with a weapon	10	48%
Prior suicide attempts by perpetrator	8	38%

Table 3 shows the lethality indicators that were most prevalent across the 21 homicide cases reviewed. On average, approximately 20 lethality indicators could be identified in each homicide case.

Review findings

The Board noted similarities between the characteristics of the cases reviewed and the existing research evidence. Case reviews can promote deeper understanding of higher-level research findings as well as highlighting the extreme violence and trauma experienced by victims.

The Board remains committed to keeping victims at the centre of its work, and for this reason, describes its case review findings in the following order:

- Victim experiences
- Victim relationship with PUVs
- Systems and services contacts.

Nature of intimate partner sexual violence and broader patterns of abuse

The most common type of sexual violence in the cases reviewed was sexual jealousy (28 of the 35 cases, 80%), followed by sexual assault (25 of the 35 cases, 71%), sexual coercion (15 of the 35 cases, 43%), and sexual abuse (13 of the 35 cases, 37%). Forced sexual activity was the least common type of sexual violence reported (7 of the 35 cases, 20%).

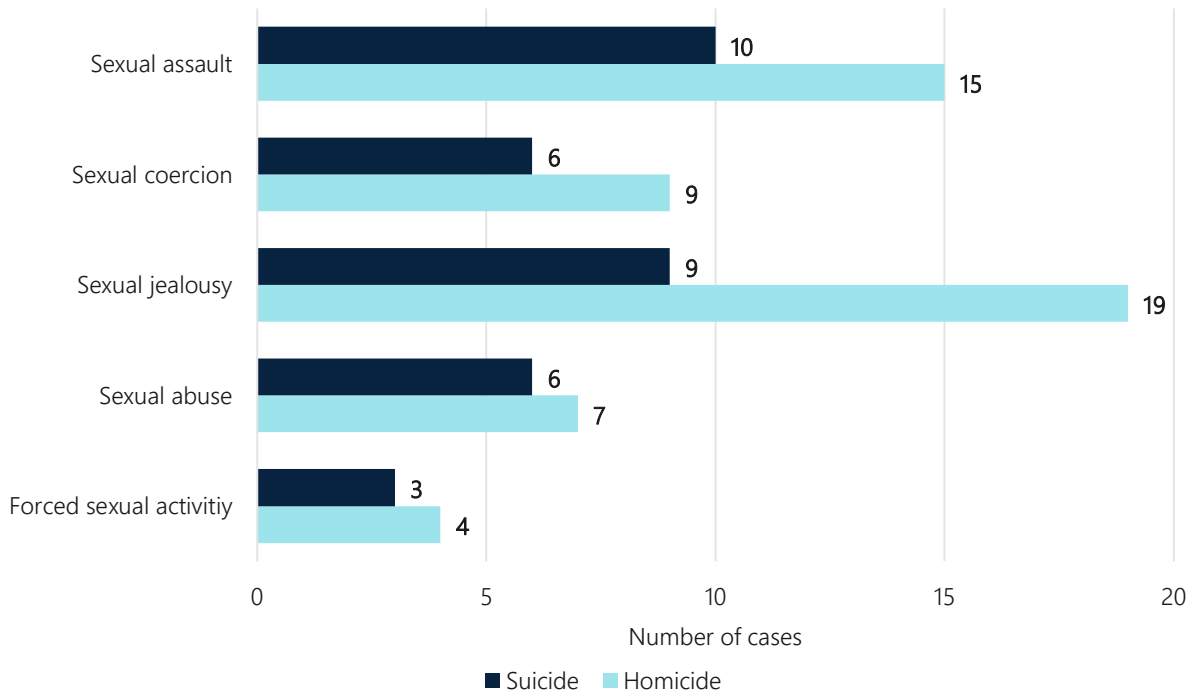

Figure 4: Types of sexual violence identified in cases, by homicide and suicide, 2011–2021.[75]

PUVs expressed sexual jealousy through possessive and obsessive behaviours toward the PV and making accusations of infidelity. Sexual jealousy often led to an escalation of violence. PUVs demonstrating extreme levels of sexual jealousy often isolated the PVs from others and closely monitored their interactions. Sexual jealousy was also found to intensify during actual or pending separation, with PUVs increasing the frequency and/or severity of violence against the PV. Violence also escalated when the PUVs' perceived sense of 'ownership' of the PV was threatened, or they felt rejected by the PV in some way, such as when PVs declined sex.

Sexual coercion involved the use of explicit and implicit threats by the PUV to coerce the PV into sex. Specific tactics varied between cases but included threats to harm themselves, the PVs or their loved ones, or to suicide.

There was evidence of rape during relationships and post-separation. PVs would actively manage threats of escalating violence and violence against their children by submitting to unwanted sex with the PUV.

Some cases involved image-based abuse, and the exertion of dominance and control over sexuality, sexual health and reproductive decision-making. There was evidence of gender-inequitable attitudes held by PUVs, and they would threaten PVs if their expectations were not met.

[75] The types of sexual violence in this figure are described in Figure 1 earlier in this report.

IPSV was not an isolated occurrence. IPSV was frequently described as being persistent throughout the life of the relationship. This was reflected in statements made by friends and family members after the lethal violence, in the disclosures PVs made to friends, family and formal services, prior to the lethal violence.

This important finding highlights that IPSV could be an early risk factor for future violence, potential homicide or suicide risk, as it occurs throughout the relationship, not just in the immediate period prior to the lethal violence.

Co-occurrence of IPSV with other forms of abuse

IPSV frequently co-occurred with other forms of DFV. For example, PVs were strangled, punched and verbally and emotionally abused during sexual assaults by the PUV. Climates of fear were created through persistent and ongoing acts of violence.

Disadvantage and marginalisation were observed, as most of the PVs who identified as Aboriginal and Torres Strait Islander peoples. who lived in geographically isolated areas at the time of their deaths. Two of these PVs were experiencing homelessness, rendering them largely invisible to services.

Disclosure of intimate partner sexual violence

In two thirds of cases, IPSV had been formally disclosed to a service provider prior to the death. In 10 of the 21 homicide cases (48%), the PV had disclosed their experiences of IPSV to family members and/or friends. This was higher than reporting to formal support services, such as the police or DFV services. Formal reporting was identified in 13 of the 14 suicide cases (93%), although some complaints were subsequently withdrawn due to fear of repercussions from the PUV, or the perception that the complaint would not be believed.

A consistent theme across all cases was that PVs did not always report the full extent of IPSV during initial interactions with services. It often took multiple engagements with services for PVs to disclose the IPSV they were experiencing.

Under-reporting of DFV, including IPSV affects all PVs. However, the case reviews highlighted multiple barriers to reporting among PVs who identified as Aboriginal and Torres Strait Islander. This included mistrust of police or systems, fear of retribution from the PUV and their family, and concern for the PUV being sent to prison, harming themselves or suiciding.

Contact with DFV and sexual violence support services was more prevalent among PVs who did not identify as Aboriginal and Torres Strait Islander. This difference may be explained by lack of services in more remote areas where the PVs who identified as Aboriginal and Torres Strait Islanders were residing,

generalised system mistrust, or concerns about confidentiality if services are provided by individuals who may have an existing relationship with the PV or PUV.[76]

Context within which homicide/suicide occurred

Separation

Half of the PVs in the homicide cases (10 of the 21 cases) were separated from the PUV at the time of the homicide and there was evidence that another five PVs (24%) were intending to separate. Table 4 describes the relationship characteristics at the time of the lethal violence. All 12 PUV suicides occurred post-separation, and seven of these deaths (58%) occurred within six months of separation. In cases where PVs had commenced a new relationship, the PUVs often demonstrated extreme levels of sexual jealousy and threatened to kill both their ex-partner (the PV) and the PV's new partner. Separation appears to have contributed to both the escalation of IPSV and threats of homicide and suicide.

Table 4: Relationship characteristics at time of lethal violence, 2011–2021.

Relationship characteristics at time of lethal violence	n	%
Status		
Separated	10	48%
PV considering/planning separation	5	24%
PV re-partnered		
Yes	8	38%
No	13	62%
Children		
Yes	14	66%
No	6	29%
Unknown	1	5%

Contact with mental health services by persons using violence

In many cases, the PUV had previously been in contact mental health services. In a third of the cases where a PUV suicided, the PUV had been in contact with mental health services just prior to the suicide. Mental health services were often sought to help the PUV adjust to the breakdown of their relationship. In one case, 'adjustment difficulties' were used to explain the use of violence. PUVs often blamed the PVs for their self-harming and suicidal behaviour despite being the abuser in the relationship. This often resulted in PUVs expressing their belief they were the 'true' victim of the situation. This is consistent with

[76] Langton et al. (2020). *Improving family violence legal and support services for Aboriginal and Torres Strait Islander peoples: Key findings and future directions Regional and cross-border experiences in Albury–Wodonga and Mildura* (Research to Policy & Practice No. 25–26). ANROWS. (p. 70).

research highlighting the role of offender grievance in lethal violence. This grievance is usually related to a separation or perceived challenge to their control and contributes to a strong sense of victimhood and persecution by others.[77]

Suicide and suicidal ideation of persons using violence

It was not possible to differentiate between expressed suicidal ideation as a manipulation tactic (to keep the PV in the relationship and subject to ongoing and/or escalating violence) and PUVs experiencing genuine emotional distress. The prevalence of alcohol and other drug use (which may reflect dependency and/or self-medication) may have further complicated this issue.

Critically, the review highlighted that suicide and homicide cases were very similar with respect to:

- the characteristics of PUVs
- the situational preconditions leading up to the lethal violence
- the nature of abuse within the relationship, including IPSV.

As such, it was unclear why in some cases the PUV suicided rather than killing the PV.

We acknowledge there is limited research analysing differences between these two cohorts. Acknowledging the similarities between the homicide and suicide cases and insights from the literature, possible motivations for suicide over homicide include:

- using suicide as a 'weapon' to punish the PV (e.g. for wanting to/actually leaving the relationship, non-compliance with sexual demands)
- avoiding accountability for violence
- changing the narrative (framing the homicide or suicide as a response to the PUV's perceived ongoing victimisation).

Charges of sexual assault against the persons using violence

In a small number of cases across the homicide and suicide sub-samples, the PUV had been charged with sexual offences in the lead up to their use of lethal violence. For example, in one case, the PUV had been charged with multiple sexual offences against children in the weeks preceding his suicide, while in another case the PUV had been charged with sexually assaulting the PV.

Co-occurrence of IPSV with other lethality risk factors

Risk factors for homicide (such as IPSV, DFV, and suicide ideation) typically occur in clusters as part of an overall pattern of controlling and violent behaviours. Critically, many of the factors included in the above sections are lethality risk factors that have been identified in the literature. This includes the PUV

[77] Cooper, A. J., Pathé, M. T., & McEwan, T. E. (2022). The role of grievance in fatal family violence and implications for the construct of lone actor grievance-fuelled violence. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.1057719

having a diagnosed or suspected mental health issue, using illicit substances, self-harming or making threats to do so, and recent separation.

The Ontario Domestic Violence Death Review Committee identified 39 factors prominent in intimate partner homicides. These 'lethality indicators' were coded for the 21 homicide cases. Lack of evidence of domestic violence lethality indicators does not indicate that they were not present in the case, only that there was no evidence in the documents available for this review. That is, the presence of lethality indicators is likely under-estimated.

Across the 21 homicide cases, there was evidence of 419 lethality indicators, with the number of indicators per case ranging from 9 to 28. Three lethality risk indicators were excluded from further analysis—forced sexual acts [n=15] and sexual jealousy [n=19] were excluded as these indicators were used to select cases for review; history of DFV was excluded as it applied to all cases in this sample.

Figure 5 shows the most common domestic violence lethality indicators across the 21 cases. The most prominent lethality indicator was the victim's intuitive sense of fear of the perpetrator (n=20), and the least prominent was the PUV being unemployed (n=11).

In almost all cases there was evidence that the PV feared the PUV. There was evidence of coercive control in most cases. Isolating the victim and controlling daily activities were among the most common lethality indicators. There was evidence of misogynistic attitudes held by the PUV in two thirds of cases, a risk factor also identified in the literature scan.

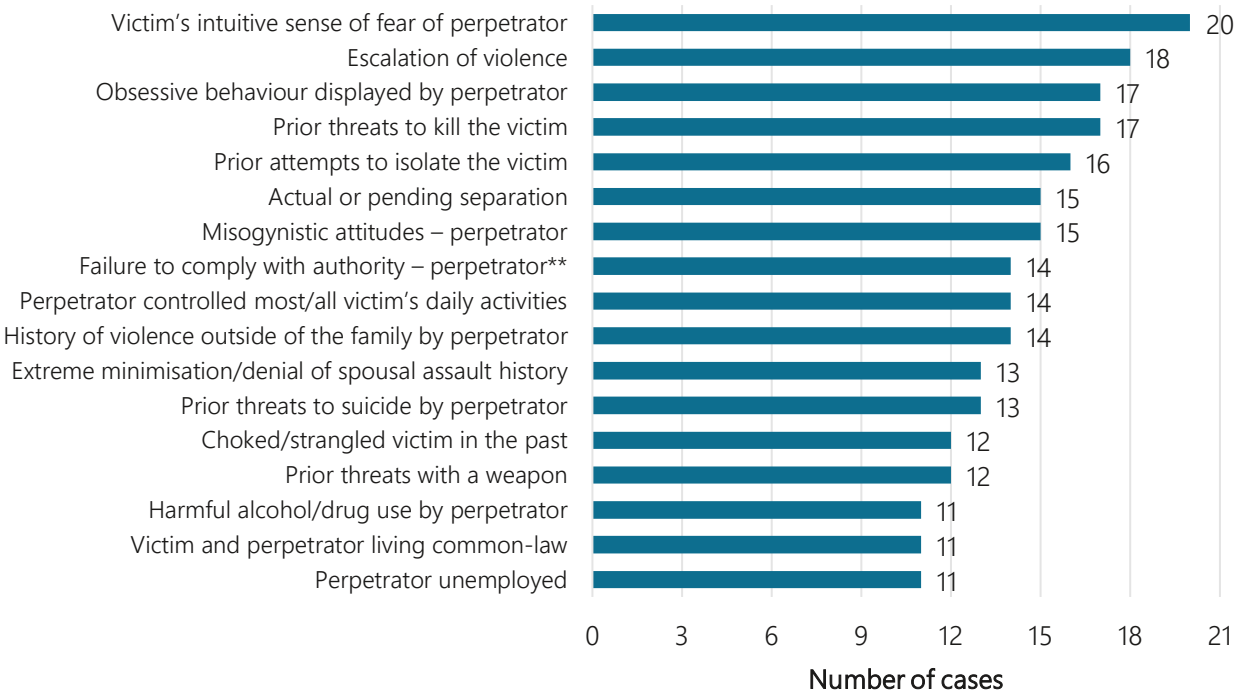

Figure 5: Case review lethality indicators identified*, 2011–2021.

** Three lethality risk indicators were excluded from further analysis—forced sexual acts [n=15] and sexual jealousy [n=19] were excluded as these indicators were used to select cases for review; history of DFV was excluded as it applied to all cases in this sample.*
***Failure to comply with authority lethality indicator relates to the PUVs violation of family, civil or criminal court orders.*

Primary victims' experiences engaging with systems and services

In many of the cases reviewed, it did not appear that services had responded to disclosures of IPSV made by PVs, or prioritised responses to other issues (e.g. physical violence) over asking further questions about, and responding to the trauma caused by IPSV.

The review identified missed opportunities for services to further investigate or screen for IPSV. For example, one case had extensive history of DFV, including significant physical, emotional, psychological, sexual jealousy and verbal abuse. Despite evidence that services (e.g. health services) were aware the PV was experiencing DFV, and had given birth to eight children over a relatively short period of time (including four within four years), it did not appear services enquired about possible IPSV or provided referrals to sexual violence services.

The Board also noted the focus on safety planning for PVs, and cases where PVs had their children removed by child protection systems due to the ongoing risk of DFV by the PUV. There was less information in the records about perpetrator accountability and protecting PVs through interventions targeting the behaviour of PUVs. It is unclear what proportion of current men's behaviour change programs address IPSV.

Attempts by PVs to seek help did not always result in a validating response. Analysis of two PVs suicide cases suggested that prior to their deaths, their reports of DFV and IPSV were minimised or discredited

by formal services and informal supports. In both cases, the PVs presented with complex and intersecting needs which appeared to create barriers for responding to their concerns and led to them being misidentified as the PUV. A particular challenge in these cases was an apparent lack of understanding of the intersections between DFV (including IPSV), mental health, problematic substance use, suicidality and self-harm.

There was evidence to suggest that threats to kill or suicide were not recognised as high-risk indicators or responded to accordingly. The literature and these case reviews have highlighted the significance of sexual jealousy and sexual coercion in terms of risk, but it is important that service providers responding to IPSV do so appropriately and in a trauma-informed way. There is some siloing of DFV and IPSV services in Queensland despite the significant overlap in these types of violence. The Australian Bureau of Statistics (ABS) has reported that 40% of all reported sexual assaults in Queensland in 2023 occurred in the context of DFV. Aboriginal and Torres Strait Islander peoples were disproportionately represented with 34–48% of their reported sexual assaults occurring in the context of DFV.[78] This means service providers may be working with PVs but lack the skills and training to respond appropriately to IPSV.

Several issues were identified that could be impacting system responses:

1. Professional responses to disclosures of sexual abuse shape PVs' experiences, recovery and future engagement with services and systems. Interaction with an interviewer influences:
    - narrative accounts of what happened
    - nature of engagement with professionals and others
    - willingness to seek help in response to future violent incidents
    - willingness to pursue legal action

    Therefore, it is important that professionals are skilled in interviewing PVs of sexual assault as part of systems' responses to DFV.

2. Professionals must understand that victims are highly unlikely to volunteer information about rape and other forms of sexual violence and abuse in the first moments of a conversation. Professionals need to build rapport and ask multiple specific questions about sexual abuse and violence when investigating DFV cases. It is best practice to build rapport first, offer the opportunity to have a support person in attendance, ask more than once about these issues, use behaviourally specific prompts and leave time to respond to open ended questions.

[78] Australian Bureau of Statistics (2024). *Recorded Crime – Victims, Queensland*. https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/latest-release#queensland

The research and cases reviewed in this report show that reports of sexual abuse and violence are normally delayed, especially when the perpetrator is known to the victim or lives with them. Delayed reporting is therefore the expected pathway for reporting of sexual violence and should not be seen as an indication of reduced credibility.

3. Disclosure of sexual abuse and violence after ongoing attempts by the PV to manage their safety within the relationship over a prolonged period (e.g. delayed disclosure) indicates a significant change of circumstances has occurred. This may appear as an escalation of threat by the PUV (e.g., Monckton-Smith, 2020). A PV's decision to disclose after ongoing IPSV should signal a high and escalating risk.

4. PVs engage in multiple strategies to actively manage threats from the PUV in the context of DFV. This can include acquiescing to sexual demands to de-escalate risks. This should not be confused with consent which is freely agreed.

Opportunities

The Board identified five areas for improvement opportunities during this review.

1. Relevant risk assessment that includes more nuanced measures of IPSV.

Professionals' failure to directly screen for sexual violence and abuse with behaviourally specific and open-ended questions is a systems gap that can and should be rectified.

There is a need for questions about IPSV to be included in all DFV-related risk assessment tools and frameworks used by frontline service providers who have contact with both victim–survivors of DFV and PUVs. Professionals in the DFV sector, particularly those from health and sexual violence services have an opportunity to identify and address high-risk DFV and IPSV and specific training in DFV and IPSV for health practitioners working in the sexual violence sector would be beneficial.

This would support the identification of IPSV within abusive relationships, in turn facilitating the identification of high-risk matters. The various DFV risk assessment tools and frameworks used by frontline agencies in Australia do currently include items related to IPSV. However, this is primarily limited to a single question about whether the PUV has used sexual violence against the PV, particularly sexual assault or rape.[79] The findings of this review and broader research demonstrate that although many PVs do experience sexual assault, other forms of IPSV are also common within relationships. This

[79] In Queensland, the Domestic and Family Violence Common Risk and Safety Framework includes a DFV risk assessment tool for use by specialist DFV practitioners, selected government workers, and other professionals with a role in responding to DFV. The tool has one question to explicitly capture information on IPSV: "Has the PUV ever forced the victim-survivor to participate in sexual acts when they did not consent? Note presence of intimidation, threats, force, being asleep and/or persistent and relentless demands for sex" (p. 25). However, it also incidentally captures data on other forms of IPSV under the banner of coercive control: "Has the PUV ever deprived the victim-survivor of bodily autonomy? (e.g.: controlled personal appearance, refused to have safe sex)" (p. 25), and "Shared or threatened to share pictures or other content of the victim-survivor against their will (revenge porn)?" (p. 26).

includes image-based sexual abuse, reproductive coercion, and sexual coercion. Many of these behaviours may not be easily identifiable by the PV as sexual abuse, particularly if they use sexual acts as a safety strategy to avoid the escalation of abuse within the relationship. The PUV may have manipulated their partner into believing that they are entitled to have sex with them, and that the behaviours are a normal and expected part of intimate relationships. This was certainly present in the current review, with many PVs disclosing that they engaged in sex acts to appease their partner, protect their children, or to avoid future violence.

Further, the terms 'rape' or 'sexual assault' could be confronting for victim–survivors, and lead to denial and minimisation. This is supported by studies demonstrating victim–survivors of rape are less likely to label perpetrator behaviours as rape if they were in a relationship with the perpetrator.[80]

It is well established that open-ended and behavioural questions are the most accurate way to investigate, understand and assess the nature and impact of sexual abuse. Accordingly, using single question items are not best practice for identifying IPSV when assessing DFV cases. While legal or emotive terms such as rape may be used when interviewing, depending on the purpose, these need to be used in conjunction with open-ended and behaviourally specific questions to elicit adequate information to understand the case.

Current risk assessment tools and frameworks used in Queensland should be reviewed to identify the adequacy and appropriateness of questions related to IPSV, as well as supporting guidelines for practitioners to ask these questions. Resources that could be used to guide such a review and the development of interviewing guidelines include:

- Archambault, J. & Lonsway, K.A. (2020). Interviewing the victim: Techniques based on the realistic dynamics of sexual assault. End Violence Against Women International. https://evawintl.org/wp-content/uploads/Module-6_Interviewing-the-Victim-8.20.2020.pdf
- IACP's Sexual Assault Incident Reports Investigative Strategies https://www.theiacp.org/sites/default/files/all/s/SexualAssaultGuidelines.pdf; and
- IACP's Successful Trauma Informed Victim Interviewing guide https://www.theiacp.org/sites/default/files/2020-06/Final%20Design%20Successful%20Trauma%20Informed%20Victim%20Interviewing.pdf

The Queensland Government's *Broadening the Focus: Queensland's strategy to strengthen responses to people who use domestic and family violence 2024 to 2028*[81] strategy articulates the importance of equipping practitioners and services to identify, respond and refer PUV to services. The inclusion of

[80] Kahn, A. S., Jackson, J., Kully, C., Badger, K., & Halvorsen, J. (2003). Calling it rape: Differences in experiences of women who do or do not label their sexual assault as rape. *Psychology of Women Quarterly*, *27*(3), 233–242. https://doi.org/10.1111/1471-6402.00103

[81] Queensland Government (2024). *Broadening the Focus: Queensland's strategy to strengthen responses to people who use domestic and family violence 2024 to 2028*. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/fad6a8d8-b3be-47ad-a6d9-5ba181f28c05/strengthen-responses-to-people-using-dfv-strategy-202428.pdf?ETag=6c5d47e721a38ac636f12e0051cf1579

IPSV, sexual violence and sexual respect into training, assessments and interventions for PUV should be emphasised in this strategy. [82]

2. Place-based and culturally relevant community education on IPSV.

There is evidence that community awareness of DFV and IPSV has not improved, despite decades of research and case review findings that are consistent with those described in this report. This is also recognised in Queensland's *Broadening the Focus* strategy, noting community awareness about DFV as a priority.[83] The inclusion of IPSV in this campaign would be crucial.

In most cases reviewed, friends and family members of PVs were aware of the IPSV occurring and research reviewed during the literature scan identified there are incorrect assumptions about sexual violence within the general population. Widespread misconceptions about sexual violence include that it's mostly perpetrated by strangers, that men cannot rape their intimate partners if they've had consensual sex before, that rape includes physical force and violence, and that women report sexual violence immediately. These misconceptions can inhibit the ability for both PVs and professionals to recognise IPSV. Language used to describe IPSV (e.g. words such as rape) creates difficulties recognising IPSV when it occurs.

As marital rape was only criminalised relatively recently in Queensland (1989), it is likely that rape is still understood as something committed by violent strangers, not an intimate partner. This is an issue for the community but also for PVs describing their experiences. The case reviews and experience of Board members indicates that some PVs will answer 'no' when asked if they have been raped, but will answer 'yes' when asked about their experience in a different way, such as 'have you ever had sex when you didn't want to?' This is a significant and ongoing challenge.

This case review highlights the need for community awareness and education campaigns to improve understanding and knowledge of IPSV. However, these campaigns should be underpinned by a public health model and be co-designed with local community groups and organisations to ensure they are relevant and resonate with the local community. Examples include involving local community members to participate in these campaigns and using language consistent with that of the local community.

3. Accessible and linked datasets to identify IPSV.

The findings of this review data demonstrate that information sharing and integration across systems in contact with PVs and PUVs is crucial for preventing DFV-related homicide and suicide. This reaffirms the findings of other comparable reviews and inquiries.

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[82] Queensland Government (2024). *Broadening the Focus: Queensland's strategy to strengthen responses to people who use domestic and family violence 2024 to 2028*. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/fad6a8d8-b3be-47ad-a6d9-5ba181f28c05/strengthen-responses-to-people-using-dfv-strategy-202428.pdf?ETag=6c5d47e721a38ac636f12e0051cf1579

[83] Queensland Government (2024). *Broadening the Focus: Queensland's strategy to strengthen responses to people who use domestic and family violence 2024 to 2028*. https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/fad6a8d8-b3be-47ad-a6d9-5ba181f28c05/strengthen-responses-to-people-using-dfv-strategy-202428.pdf?ETag=6c5d47e721a38ac636f12e0051cf1579

Health practitioners in particular hold a crucial piece of the puzzle. When health data is inaccessible or missing, it can be a barrier to preventing violence.

In Queensland, there is a significant technological gap between health services using the Integrated Electronic Medical Record (ieMR) which contains the substantive health record, and health services using a mismatch of systems, including paper-based health records. Hospitals with paper-based records, typically regional, rural and remote health services, do not have a unifying alert system for DFV or IPSV. Additionally, as the paper-based health record cannot leave the main campus and must stay with the patient, community and services located off-site or in specialised areas within the hospital do not have access to all the information generated. Meaningful, timely information sharing in such situations is simply not possible. The Queensland coroners have recurrently noted the negative impact of multiple system use and lack of adequate sharing across many forms of harm.

Paper-based and dispersed health information also severely hampers the provision of timely medical records and statements to police and other areas of the criminal justice system. Gathering information is labour intensive and difficult to achieve in a health system already stretched for staffing. In short, meaningful, timely information sharing can only be achieved with a unified electronic medical record, currently limited to large hospitals in Queensland.

Information about injuries in Queensland can be recorded by the type of physical injury with which a patient presents to the emergency department or the injury with which they are admitted to hospital. Current injury data records the classification of diseases, injury and related health problems by the type of injury for a patient admission to hospital in accordance with ICD-10-AM codes – X85-Y09 [Assault]. Different codes generate different levels of funding through the Hospital and Health Service funding and purchasing guidelines.[84] However, ICD records illness and injury but not the context in which they occurred. Domestic abuse is not an ICD diagnosis (although physical and sexual abuse are).

Hospitals using ieMR initially use a similar data set called Systematized Nomenclature of Medicine Clinical Terms (SNOWMED CT-AU), which is then mapped to the ICD-10-AM codes for funding purposes. Currently, there is no agreement between hospitals on how codes are mapped, and the codes related to DFV are often unmapped and, if used, generate no funding. This has resulted in hospitals devoting resources to reclassifying diagnoses away from DFV codes in order to generate funding for the services provided.

The Queensland Injury Surveillance Unit (QISU) collects data and provides statistical information about how injuries occur (such as domestic abuse or workplace injury). This information is generated by a limited number of hospitals who use the Emergency Department Information System (EDIS) and not ieMR. The accuracy of the data depends on triage nurses' identification of the presentation as being injury-related and a patient's willingness to disclose information about how it occurred. Further

[84] Queensland Health (2024). *Hospital and Health funding and purchasing guidelines 2023-24.* https://www.publications.qld.gov.au/dataset/service-agreements-for-hhs-hospital-and-health-services-supporting-documents/resource/c8b19f98-6a34-4db7-a660-1e60391e4325

opportunities for data collection exist later in a patient's hospital-based care, but it rarely occurs. DVF presentations with sexual violence, deterioration in illness, intoxication, distress or mental health impacts are not captured by this system. The QISU data represents a small subsection of the information that could be obtained using diagnosis information. However, this depends on DFV-related diagnoses being made funded and usable.

While emergency department presentations and hospital admissions provide opportunities to identify PVs who have experienced IPSV and to conduct in-depth risk assessment and/or referral, General Practitioners (GPs) and community nurses also have a role to play. GPs and community nurses also have a role to play. Within the current review there was a high level of mental health issues among PUVs – these men were more likely to access GPs and community nurses for these issues, creating opportunities to identify IPSV and high-risk DFV that may escalate to homicide or suicide.

Again, this is not a new finding or recommendation, with various studies and reviews noting the importance of health services detecting and responding to high-risk cases. Further, studies have demonstrated that men who use DFV are likely to disclose to health practitioners[85]. This further supports the need for education of health professionals to identify when IPSV is occurring, and to support this through the implementation of appropriate risk assessment tools and processes (see Opportunity 1). However, support is also required for health service providers to know what to do with this information once they have it (see Opportunity 4).

4. Review of current models for intensive and escalated responses to high-risk cases of DFV.

As noted throughout this review, there remains a continued onus on PVs to navigate legal and social systems to protect themselves and their children from violence. Limited information pertaining to interventions for PUVs was available, demonstrating an information gap.

Based on the findings of the case review, it is evident that service delivery interventions for men using violence need to be adequately equipped to address these issues comprehensively. There is a need for additional programs focused solely on stopping sexual violence among men, in addition to bolstering current programs. Programs could also present opportunities for enhanced risk assessment. Programs currently funded to deal with sexual violence should be bolstered, with extended sessions that focus on sexual respect, sexual violence and sexual abuse. Programs should also provide extensive and ongoing support to effectively address and mitigate sexual violence in these interventions.

[85] Davis, M. & Padilla-Medina, D.M. (2021). Brief intimate partner violence perpetration screening tools: A scoping review', *Trauma, Violence, & Abuse*, 22(4):900–913. https://doi.org/10.1177/1524838019888545; Meyer, S., Helps, N. & Fitz-Gibbon, K. (2023), Domestic and family violence perpetrator screening and risk assessment in Queensland: Current practice and future opportunities Domestic and family violence perpetrator screening and risk assessment, *Trends & Issues in Crime & Criminal Justice*, 660. https://doi.org/10.52922/ti78818.

There is a need to engage with high-risk PUVs through intensive, proactive and multiagency responses. In practice, this may look like the continued expansion and evaluation of High-Risk Response Teams, and consideration of the merit of other multiagency models such as prevention strategies for grievance-fuelled violence. However, it is essential to note that some PVs may express hesitancy engaging with multiagency teams, fearing impacts on housing, support payments, and custody arrangements.

It is crucial that across multiagency teams, practitioners and responders are aware of the challenges of dealing with high-risk PUVs. For example, coercion or masking behaviours may be used to persuade clinicians or health staff there is no risk of harm, or that they are the 'true' victim. It is important that the context of a relationship is viewed as a whole, as a means of identifying risk.

These cases demonstrated the significance of non-policing service contacts as an opportunity to identify and respond to IPSV, and DFV more broadly. Structured guidance and escalation avenues for private practitioners who engage with PUVs is a particular need, as cases demonstrated a high degree of practitioner discretion (e.g. a PUV was recommended to undertake marriage counselling with the PV).

5. Further research on suicide in the context of domestic and family violence.

While this report has illustrated the presence of IPSV across different experiences of fatal DFV, a crucial question remains unanswered due to limitations of the data: Why do PUVs suicide, rather than perpetrate homicide against a PV? This question is particularly pertinent in cases in which the PUV suicided in the presence of the PV. While the homicide and suicide cases in this review shared notable similarities, there were several differences highlighted throughout. For example, all PUV suicides occurred post-separation, while only half the homicide cases occurred post-separation. Developing a greater understanding of the differences between these groups may have implications for how the service system assesses risk, target interventions and support a PUV with suicide ideation.

This information gap became particularly evident when examining the presence of suicidal ideation in both homicide and suicide cases. When viewing suicidal ideation in the context of the entire relationship between the PUV and PV, it was difficult to distinguish whether a PUV's experience of suicidal ideation was due to significant emotional distress, a desire to gain or maintain control, or some combination of both. While this report makes distinction between homicide and suicide cases, insufficient data was available to further interrogate this question. Therefore, greater research is needed to explore this decision-making with awareness of the context of the entire relationship, including the coexistence of other controlling behaviours.

Queensland Government