Domestic and Family Violence
Death Review and Advisory Board

Domestic and Family Violence Death Review and Advisory Board

Annual Report 2025–26

Queensland Government

Domestic and Family Violence
Death Review and Advisory Board

Queensland Government

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15 September 2026

The Honourable Deb Frecklington MP
Attorney-General and Minister for Justice
Minister for Integrity
GPO Box 149
Brisbane QLD 4001
By email: attorney.general@ministerial.qld.gov.au

Dear Attorney-General

In accordance with the requirements of section 91ZB of the *Coroners Act 2003* (Qld), I am pleased to present the Domestic and Family Violence Death Review and Advisory Board Annual Report for the year ended 30 June 2026.

This report outlines the activities undertaken by the Board throughout this reporting period to fulfil its legislative functions.

Yours sincerely

Terry Ryan
State Coroner
Chairperson
Domestic and Family Violence Death Review and Advisory Board

Encl.: Domestic and Family Violence Death Review and Advisory Board Annual Report 2025–2026 (PDF file)

We honour the victims whose lives have been lost through domestic and family violence.
We recognise the devastating impacts of domestic and family violence on victims, families and the community and strive to create a safer society free from violence and coercive control.

This is a report of the Domestic and Family Violence Death Review and Advisory Board pursuant to section 91ZB of the *Coroners Act 2003* (Qld).

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Acknowledgement

The Board respect and honour Aboriginal and Torres Strait Islander Elders past, present and emerging. We acknowledge the stories, rich 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 as the Traditional Custodians of Australia's lands, seas and skies. We 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.

Domestic and family violence has a profound and devastating impact on the community. The Board respectfully acknowledges and honours the victims of domestic and family violence.

The Board acknowledges the strength of families and friends who have lost loved ones to acts of violence. The Board stands in solidarity with them in the hope that one day, no Queenslander will be impacted by acts of domestic and family violence.

Following the death of a loved one, families and friends must often navigate their own complex emotions and trauma as they search for answers while also grieving for their loved ones. At the same time as attending to funeral arrangements, family members may be asked to engage in investigations and other proceedings to seek justice. The Board recognises the strength and resilience of these families.

The Board acknowledges the significant efforts of individuals, services and government agencies working across Queensland to prevent and respond to domestic and family violence. Addressing domestic and family violence is a deeply complex and multi-faceted challenge, requiring sustained commitment, collaboration, and compassion. We extend our heartfelt gratitude to all individuals, agencies, and communities dedicated to this vital work. Your unwavering commitment and shared determination are instrumental in driving change and supporting those impacted by domestic and family violence.

Sensitive content

Aboriginal and Torres Strait Islander peoples should be aware this report contains information about Aboriginal persons and Torres Strait Islander persons who have passed away.

The content of this report may be distressing or confronting for readers, and relates to violence, abuse, homicide, suicide and self-harming behaviour. Please be mindful of the impact of this content and seek support as required.

Recommended support services include:

13YARN (13 9276) or via www.13yarn.org.au for Aboriginal and Torres Strait Islander peoples.

1800RESPECT (1800 737 732) or via www.1800respect.org.au.

Lifeline (13 11 14) or via www.lifeline.org.au.

Rainbow Sexual, Domestic and Family Violence Hotline (1800 497 212).

Additional recommended supports are provided in Appendix D.

Incoming Chair's message

It is a privilege to provide a message as incoming Chair of the Domestic and Family Violence Death Review and Advisory Board (the Board).

Reviewing the Board's work over the past year has reinforced the critical contribution it makes to improving Queensland's understanding of domestic and family violence (DFV) related deaths and informing efforts to prevent future tragedies.

I acknowledge the leadership of my predecessor, Deputy State Coroner Stephanie Gallagher, and the commitment of Board members, whose work during the year continued to strengthen understanding of DFV-related deaths and inform policy, practice and system reform.

The Board's work during this reporting period highlights the complex nature of DFV and the importance of a coordinated, system-wide response. Through reviewing DFV-related deaths, the Board continues to identify opportunities to strengthen prevention efforts and improve responses for those affected by violence.

In the coming year, the Board will continue its focus on identifying systemic issues, improving understanding of emerging trends and strengthening the evidence available to inform prevention efforts. This includes progressing its systemic review program and continuing to work collaboratively with government and non-government agencies, service providers, researchers and communities to support meaningful change.

I look forward to working with Board members and stakeholders to advance this important work and to contribute to a Queensland where DFV-related deaths are prevented wherever possible.



Terry Ryan
Chairperson, Domestic and Family Violence Death Review and Advisory Board.
State Coroner.

Outgoing Chair's message

This Annual Report reflects the work of the Domestic and Family Violence Death Review and Advisory Board (the Board) across 2025–26, marking the third year of my role as Chair. At the heart of everything the Board does are the victims of domestic and family violence (DFV). The Board acknowledges the profound and far-reaching impacts of every DFV-related death—the grief carried by families, friends, and communities, and the lasting ripple effects on those left behind. With this in mind, the Board's statutory mandate is clear: to examine these tragedies, identify systemic gaps and failures, and recommend meaningful reforms which can prevent similar losses in the future.

Every DFV-related death holds lessons—opportunities to understand the systemic shortcomings and risk factors contributing to these outcomes. This year's report builds on the foundations of the Board's previous Annual Reports, as well as data from the Queensland DFV-related Homicide Database. The Board recognises the importance of accurate and quality data regarding DFV-related deaths, and knows this data is used across the system to inform advocacy, service provision, education and policy.

Hence, the Board has prioritised the accuracy and quality of this data and will transition to reporting a delayed financial year model. The data for this financial year will be reported in the next Annual Report (2026–27). This provides more accurate data as there is time for cases to be more fully investigated, providing more information and increasing the understanding of the context of each DFV-related death. As an interim arrangement, DFV-related homicide data from 1 January to 31 December 2025 is provided in this Annual Report, alongside an analysis of the previous six financial years of DFV-related homicides.

The Board's work continues to evolve as we monitor the implementation of the 84 recommendations the Board has made to date. The Board is committed to deepening our understanding of how these recommendations translate into real-world impacts for agencies, frontline services, and, most importantly, for the safety and wellbeing of Queenslanders. This ongoing work is critical to driving systemic reform and addressing the complex challenges of DFV.

There have been a few changes to the Board's membership this year. The following members have ceased their positions:

- Commissioner Paul Stewart from Queensland Corrective Services concluded his term on the Board in March 2026. Commissioner Stewart was appointed to the Board in January 2021 and provided significant insight and expertise on corrective services and the criminal justice system. Commissioner Stewart was a strong advocate for cross-agency collaboration and made substantial contributions to the work of the Board. I would like to express my appreciation to Commissioner Stewart for his expertise and dedication while serving on the Board.
- Ms Aletia Twist, Chief Executive Officer of Mura Kosker Sorority Inc., resigned from the Board in February 2026. Ms Twist was appointed to the Board in July 2024 and provided insights into the unique issues found in regional and remote communities impacted by DFV. Ms Twist was a strong advocate for First Nations perspectives in the work of DFV reform in Queensland. I would like to express my appreciation to Ms Twist for her commitment while serving on the Board.

- Assistant Commissioner Katherine Innes from Queensland Police Service resigned from the Board in March 2026. Assistant Commissioner Innes made significant contributions to the Board's work since her commencement in January 2025, including providing current research and frontline policing perspective on DFV. I extend my best wishes to her and express my gratitude for her dedication while serving on the Board.

I welcomed A/Chief Administrative Officer Sarah Hyde from Parole Board Queensland Secretariat with Queensland Corrective Services, and Ms Lucy Gregory from the Domestic Violence Prevention Centre Gold Coast, who were appointed as Board members this year. Their knowledge and experience complemented that of existing members as we worked together to continue to enhance the value of the Board and honour the voices of those who have died from DFV.

The Board continued to be supported by the dedicated members of the Domestic and Family Violence Death Review Unit (DFVDRU) in the Coroners Court of Queensland. I wish to formally recognise their work and express my appreciation for all that they do.

This year the Board sought additional expertise to inform our case review. I wish to recognise the support of Associate Professor Xanthe Weston and Dr Raquel Peel from Central Queensland University's Queensland Centre for Domestic and Family Violence Research and Ms Issy Crebert form the University of Newcastle.

I would like to recognise the support of Ms Bretine Curtis, Executive Director, and Mr Jordan Cotter, Director, Suicide Prevention Reform from the Queensland Mental Health Commission, who supported the Board with their reviews this year. I would also like to acknowledge Ms Hayley Stevenson, Assistant Director-General, Student Support at the Department of Education, Mr Murray Benton, Deputy Chief Executive Officer of Youth Justice at the Queensland Aboriginal and Torres Strait Islander Child Protection Peak and Ms Kate Peck, Director of the Clinical Governance Unit, Mental Health and Other Drugs Branch, Queensland Health who also provided their expertise during the Board's case review meetings. Additionally, I would like to thank Ms Victoria Van Houdt, Acting Chief Practitioner from the Department of Families, Seniors, Disability Services and Child Safety and Superintendent Michael Ede from the Queensland Police Service who supported the Board with the review of DFV-related deaths of young people aged between 16 to 25 years.

I was honoured to chair the Board as it continued to work towards meaningful systemic change for DFV victim-survivors and Queensland communities.



Stephanie Gallagher
Outgoing Chairperson, Domestic and Family Violence Death Review and Advisory Board.
Deputy State Coroner.

Deputy Chair's message

Our work on the Domestic and Family Violence Death Review and Advisory Board (the Board) is grounded in both tragedy and hope. The continued loss of life due to domestic and family violence (DFV) is a devastating reminder of the magnitude of the challenge we face. We do this work knowing that every life lost creates currents of harm; the fracturing of families, friendships, and communities.

It is the Board's role to seek to understand the circumstances that lead to these tragedies, and to illuminate the systemic gaps and barriers which must be addressed to prevent further harm.

We do not do this work alone. We are part of a wider network of passionate individuals and organisations dedicated to protecting victim-survivors of DFV and holding people using violence to account. This year's Annual Report reflects the Board's continued commitment to learning, collaboration, and change. It highlights the importance of listening, not just to the data but to the experiences of those affected by DFV.

The Board continues to conduct thematic reviews of DFV-related deaths in Queensland. This review cycle, the Board is focusing on DFV-related deaths where both people in the relevant relationship are aged between 16 and 25 years of age. This financial year the Board reviewed 19 DFV-related deaths of young people aged between 16 to 25 years, which included nine homicide cases, one homicide-suicide case and nine suicide cases.

We know young people aged 16 to 25 experience several important developmental stages, where they are navigating transitions, relationships, and independence. When this period is overshadowed by DFV, the impacts reach into adulthood. This year, the Board has focused its case review on this age group, recognising the urgent need to better understand their unique experiences and vulnerabilities.

While the broader impacts of DFV are well-documented, there are significant gaps in research and practice when it comes to the experiences and perspectives of young people, including:

- how they encounter and navigate systems of support,
- the way their experiences intersect with developmental milestones, and
- the interventions which might be available earlier to prevent harm.

These are things we want to understand. This review seeks to inform more effective responses and ensure young people are at the heart of the Government's efforts to create a safer Queensland.

The Board has transitioned to a two-year review and recommendation cycle. We believe this is the best way to make a meaningful impact in a busy landscape, and because we recognise the importance of taking time and going deeper to genuinely understand the systemic issues.

In this context, the Board will continue to focus on the 19 cases and the systemic issues highlighted through each death into the next financial year. The Board looks forward to reporting findings, systemic issues and any recommendations at the completion of the 2026–27 financial year.

The Board's work is only possible due to the dedication, expertise, and compassion of all the members. Each member brings a unique perspective, shaped by their professional and personal experiences, and an unwavering commitment to addressing DFV in Queensland. I am deeply grateful for their thoughtful contributions, their courage in navigating complex and often confronting issues, and their shared purpose to learn from each life lost to DFV. Together, we approach this work with a spirit of collaboration and a determination to honour the lives lost by driving meaningful change. It is a privilege to stand alongside such a committed group of individuals who share a profound responsibility to those we serve.

As we reflect on the findings and learnings of the past year, we are reminded of the profound responsibility we carry. The work of the Board is as much about accountability as it is about compassion—accountability to those who have lost their lives, to their families, and to the Queenslanders who trust us to drive meaningful change.

Most importantly, we honour the memories of those whose lives have been lost to DFV. Their stories guide our work and strengthen our resolve. Together, we will continue to advocate for systems that protect and empower, and for a society free from violence.

Thank you to everyone who is on the journey with us, for supporting our work, and for believing in a safer future.



Nadia Bromley
Deputy Chairperson, Domestic and Family Violence Death Review and Advisory Board.
Chief Executive Officer, Women's Legal Service Queensland.

Recognition

The Board respectfully acknowledges the victims of DFV whose lives are discussed in this report, alongside those who have lost a loved one to DFV. The Board also acknowledges the significant efforts of individuals, services and government agencies working across Queensland to prevent and respond to DFV.

While the DFV death review processes seek to bring together as much information as possible about the events leading up to a death, it is important to acknowledge no one agency or person has access to all available information prior to a death occurring. Reviews are conducted by the Board with the benefit of hindsight, and for this reason, it is necessary to share learnings from these reviews and effect systemic change through those learnings.

During 2025–26, the Board was supported by expert advisors in its review of DFV-related deaths of young people aged between 16 and 25 years.

The Board would like to acknowledge the contributions of:

- Associate Professor Xanthe Weston, Discipline Lead and Co-Director of the Queensland Centre for Domestic and Family Violence Research, Central Queensland University.
- Dr Raquel Peel, Head of Course Domestic and Family Violence, Psychology Educator and Researcher, Queensland Centre for Domestic and Family Violence Research, Central Queensland University.
- Ms Issy Crebert, Research Assistant, Central Queensland University.
- Mr Murray Benton, Deputy Chief Executive Officer of Youth Justice, Queensland Aboriginal and Torres Strait Islander Child Protection Peak.
- Ms Kate Peck, Director, Clinical Governance Unit, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland, Queensland Health.
- Ms Hayley Stevenson, Assistant Director-General, Student Support, Department of Education.
- Ms Bretine Curtis, Executive Director, Queensland Mental Health Commission.
- Mr Jordan Cotter, Director, Suicide Prevention Reform, Queensland Mental Health Commission.
- Superintendent Michael Ede, Domestic Family Violence and Community Engagement Group Queensland Police Service.
- Ms Victoria Van Houdt, Acting Chief Practitioner, Department of Families, Seniors, Disability Services and Child Safety.
- Coroner Ainslie Kirkegaard, Coroners Court of Queensland.

Board members

CURRENT

Ms Stephanie Gallagher
Deputy State Coroner of Queensland, Coroners Court of Queensland.
Chairperson.

NON-GOVERNMENT MEMBERS

Ms Nadia Bromley
Chief Executive Officer, Women's Legal Service.
Deputy Chairperson.

Ms Keryn Ruska
Legal Services Manager, IUIH Legal Service, Institute of Urban Indigenous Health.

Dr Brian Sullivan
Founder/Director, SICURA.

Mr Ben Bjarnesen
Founder, LGBTQ Domestic Violence Awareness Foundation.

Dr Anne Butcher
AASW Accredited Mental Health Social Worker.

Ms Kirsten Firman
Manager, Community Services, South Burnett CTC.

Ms Lucy Gregory
Chief Executive Officer, Domestic Violence Prevention Centre Gold Coast.

GOVERNMENT MEMBERS

Dr Julia De Boos
Staff Specialist – Hospital in the Home, Regional Forensic Coordinator, North West Hospital and Health Service, Queensland Health.

Dr Meegan Crawford
Chief Practitioner, Department of Families, Seniors, Disability Services and Child Safety.

Ms Sarah Hyde
Acting Chief Administration Officer, Parole Board Queensland, Queensland Corrective Services.

FORMER

Mr Paul Stewart
Commissioner, Queensland Corrective Services.

Ms Aletia Twist
Chief Executive Officer, Mura Kosker Sorority.

Ms Katherine Innes
Assistant Commissioner, Domestic Family Violence and Vulnerable Persons Command, Queensland Police Service.

SECRETARIAT

Ms Patricia Wagner, A/Manager.

Ms Cathy Paxton, Principal Researcher and Coordinator.

Ms Milani Mudannayake, Project Officer.

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

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About this report

The Domestic and Family Violence Death Review and Advisory Board (the Board) has prepared this Annual Report in accordance with section 91ZB(1) of the *Coroners Act 2003* (Qld) (the Act), which states the Board must, within three months of the end of the financial year, provide a report to the Minister in relation to the performance of the Board's functions during that financial year.[1]

Holding a unique position in the Queensland domestic and family violence (DFV) system, the Board is responsible for the systemic review of DFV-related deaths which have occurred in Queensland, with its functions enshrined in legislation under Part 4A of the Act. Its role and functions are outlined in the Act, and include to:

a) identify preventative measures to reduce the likelihood of DFV deaths in Queensland.
b) increase recognition of the impact of, and circumstances surrounding DFV, and gain a greater understanding of the context in which DFV deaths occur.
c) make recommendations to the Minister for implementation by government and non-government entities to prevent or reduce the likelihood of DFV deaths.

Under section 91D(1)(a–f) of the Act, the Board has the following functions:



[1] *Coroners Act 2003* (Qld), www.legislation.qld.gov.au/view/html/inforce/current/act-2003-013#pt.4A.

Under section 91ZB(2) of the Act, the Annual Report must also include information about the progress made during the financial year to implement recommendations made by the Board during that year or previous financial years.

Under section 91ZB(3) of the Act, the Minister must table a copy of this report in the Queensland Parliament within one month of receiving it.

The views expressed in this Annual Report are reflective of the consensus decision-making model of the Board and therefore do not necessarily reflect the private or professional views of individual board members or their organisations.

Overview

The 2025–26 Annual Report of the Domestic and Family Violence Death Review and Advisory Board (the Board) comprises three sections:

a) Section One describes the performance of the Board's functions through the systemic review of DFV-related deaths of young people.

b) Section Two describes the progress made in the implementation of the Board's recommendations.

c) Section Three presents data about DFV-related homicides between 1 January and 31 December 2025, and from 1 July 2019 to 30 June 2025.

c) Section Four includes several appendices, including supporting information to the Annual Report.



The content of this Annual Report may be distressing for readers. Please be mindful of the impact of this content and seek support as required. A list of relevant support services is provided in Appendix D.

Section One: Systemic review of domestic and family violence related deaths of young people

The content of this Annual Report may be distressing for readers. Please be mindful of the impact of this content and seek support as required. A list of relevant support services is provided in Appendix D.

This section of the report details how the Domestic and Family Violence Death Review and Advisory Board (the Board) delivered its legislated functions throughout the 2025–26 financial year. This section of the annual report addresses Section 91D(1)(a) of the *Coroners Act 2003* (Qld).[2]

The Board's systemic review approach

The Board's approach to reviewing DFV-related deaths has evolved over time, just as the system has. A key development in the evolution of the approach occurred following the Women's Safety and Justice Taskforce recommendation that the Board undertake a thematic review of DFV-related deaths involving intimate partner sexual violence (IPSV).[3] This review required the Board to examine a cohort of deaths collectively to better understand how systems responded to IPSV within the context of DFV.

By examining patterns across the cohort of deaths, the Board was able to identify patterns of recurring risk factors, gaps in services and justice system responses, and opportunities for prevention which may not have been as apparent when reviewing an individual death. The review also enabled the Board to provide targeted advice and recommendations to the Government aimed at addressing broader systemic issues.[4]

Building on the methodology and process of the IPSV thematic review, the Board subsequently undertook a review of DFV-related homicides involving wilful fire-setting.[5] The findings reinforced the benefits of a thematic review methodology in identifying opportunities for intervention, prevention and system improvement, which may not be evident when considering individual deaths in isolation.

When undertaking a systemic review, the Board maintains a strong focus on the experiences and voice of the victim of DFV, and the behaviour and accountability of the person using violence. Each DFV-related death in the thematic cohort is examined by the Board. The Board examines information about the circumstances of each death through coronial records, police briefs of evidence, sentencing remarks

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[2] *Coroners Act 2003* (Qld), www.legislation.qld.gov.au/view/html/inforce/current/act-2003-013#pt.4A.
[3] Recommendation 17 in Women's Safety and Justice Taskforce (2022) *Hear Her Voice: Report 2, Volume 1*. https://www.publications.qld.gov.au/dataset/womens-safety-and-justice-taskforce/resource/5b70727a-cc0e-4e08-8eda-e1434e6e0814
[4] In the 2023–24 reporting period the Board undertook a review of DFV-related deaths involving Intimate Partner Sexual Violence. A system issue report was tabled alongside the Board's recommendations to government in the annual report. https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0009/809082/ipsv-case-review-system-issue-report-2024-final.pdf and https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0009/825948/dfvdrab-annual-report-23-24.pdf.
[5] In the 2024–25 reporting period the Board undertook a review of DFV-related homicides involving wilful fire-setting, reported within the annual report alongside recommendations to government. https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf and https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0006/905253/system-issue-paper-dfv-related-homicide-involving-wilful-fire-setting.pdf.

and agency data. The Board may review DFV-related deaths which are open coronial matters, and often does due to the recentness of some of the deaths.

Alongside examining deaths, the Board also scans and analyses current research and literature, and the policy context for each systemic review. Further intelligence is compiled from other jurisdictions, those who work directly with victim-survivors and persons using violence. Each Board member also brings their expertise and perspective to the review process. The Board is dedicated to ensuring its systemic review and findings contribute new intelligence and research to the DFV sector, particularly to the professionals who work on the frontline with victim-survivors and persons using violence.

Previously, the Board has made recommendations informed by work undertaken within the legislative requirement to prepare an annual report each financial year. While this practice has ensured timely reporting, it limits the opportunity for comprehensive review, including in-depth analysis, research, consultation and collaboration, and evidence gathering, which are critical for identifying systemic issues, framing findings, and formulating impactful recommendations.

Additionally, the Board is aware of the immense amount of reform the DFV sector and system has undertaken in the last decade. The Board is interested in true system reform and understands there are a multitude of ways reform can be undertaken. Making recommendations is just one way to reform a system. In the context of ongoing reform, further recommendations may be ineffective and may lead to the loss of the original intent through the implementation process.

Consequently, this year the Board began a two-year review and recommendation cycle, to support more thorough review of DFV-related deaths and detailed consideration of the most appropriate way to positively influence a reforming sector. Through this transition the Board remains focused on the reduction and prevention of DFV-related deaths.

The Board will maintain the legislative requirement for an annual report, while also providing for more in-depth analysis of DFV-related deaths. Taking this approach ensures the Board only makes recommendations when imperative, and assures recommendations are of a high quality, feasible, and without unintended consequences. This decision also aligns the Board's work with practices in other jurisdictions undertaking reviews of DFV-related deaths.

As the Board has transitioned to a two-year review and recommendation cycle, no recommendations have been made in this reporting cycle. Recommendations will be made to the Minister in the Board's 2026–27 Annual Report at the conclusion of the two-year review cycle.

Systemic review focus and early research undertaken

This section of the Annual Report addresses Section 91D(1)(a–d) of the *Coroners Act 2003* (Qld).[6]

When considering DFV-related deaths for systemic review, the Board analyses various types of deaths, including homicide–suicide events, family violence-related deaths including Aboriginal and Torres Strait Islander kinship deaths, intimate partner homicides, suicides of primary victims of DFV, suicides of DFV perpetrators, or deaths where there has been recent contact with a particular system or service (such as mental health services). To inform decision-making about the types of cases which will be reviewed, the Board examines emerging issues, current research, data trends and stakeholder feedback.

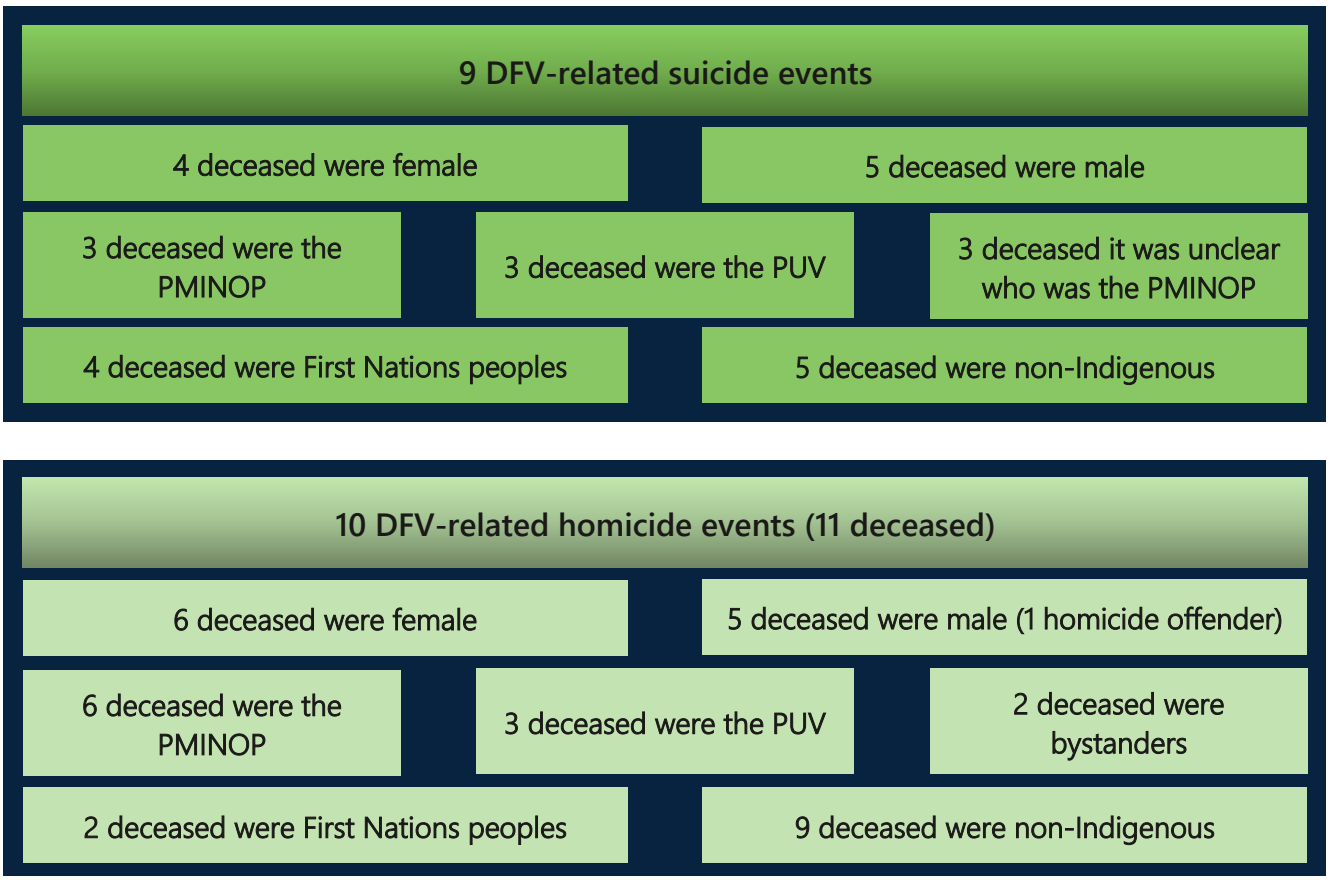
Following a scan of the current literature, policy context and data analysis, the Board observed little is known about young people's experience of DFV, including accessing services, and seeking support.[7] Young people have historically been under-represented in research regarding risk of DFV. Therefore, the Board decided to focus the systemic review on DFV-related homicides and suicides where people in the relevant DFV relationship were aged between 16 and 25 years. These DFV-related deaths have been the Board's focus for this financial year and will continue to be the focus in 2026–27.

[6] *Coroners Act 2003* (Qld), www.legislation.qld.gov.au/view/html/inforce/current/act-2003-013#pt.4A.
[7] A summary of this scan regarding young people's experience of DFV is provided in the *Research scan prior to undertaking a systemic review* part of this section (see page 12 onwards).

Cases reviewed by the Board – domestic and family violence related deaths of young people

This financial year the Board reviewed a total of 19 cases, including nine DFV-related homicides, a homicide-suicide, and nine DFV-related suicides of young people (aged 16 to 25 years). All deaths occurred in the context of a current or previous intimate partner relationship, between 2015 and 2025, with most deaths (n=15) occurring in the last five years. Figure 1.1 describes the case characteristics of the 19 cases.

Figure 1.1: Case characteristics of DFV-related deaths of young people (16–25 years), (2015–2025).



PMINOP = Person most in need of protection; PUV = Person using violence.

Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.

An analysis of each death was undertaken incorporating all available coronial records. As the case review focus was of young people, the Bioecological Model (the Model) was used as a framework to describe the death of each young person.[8]

The Model, developed by Urie Bronfenbrenner, provides a way to understand human development by examining how various layers of an individual's environment interact over time to influence their growth and behaviour. In this Model, the individual's development is shaped by multiple systems which are interconnected, the people they have relationships with, and the dynamic interplay of people and systems. The Model was used as a framework to describe the death of each young person, providing understanding about how the young person negotiated their dynamic environment and their own identities within their environments. Figure 1.2 shows each layer of the Model of human development.[9]

The Model is structured into five interconnected systems:[10]

1. Individual	Personal traits and experiences, such as mental health, age, and exposure to violence.
2. Microsystem	Immediate relationships and environments (e.g., family, peers, school, intimate partners)—spaces where violence might occur, or support could be provided.
3. Mesosystem	Interactions between microsystems (e.g., coordination between social workers, schools, and health services).
4. Exosystem	External factors not directly involving the individual but still affecting them, such as family income, housing, or access to support services.
5. Macrosystem	Societal and cultural influences, including gender norms, beliefs about DFV, and systemic inequalities.
6. Chronosystem	How life events, transitions, and historical changes shape the individual's experiences over time.

[8] Bronfenbrenner U (1994). 'Ecological models of human development' In *International Encyclopaedia of Education, Vol. 3, 2nd. Ed.* Oxford: Elsevier; Bronfenbrenner U and Morris PA (2006) 'The bioecological model of human development', in Lerner M (ed) *Handbook of Child Psychology*, John Wiley and Sons, Inc, Hoboken. https://doi.org/10.1002/9780470147658.chpsy0114; Tong P and An IS (2024) Review of studies applying Bronfenbrenner's bioecological theory in international and intercultural education research. *Frontiers in Psychology,* 14: 1233925. https://doi.org/10.3389/fpsyg.2023.1233925.

[9] Bronfenbrenner U (1994). 'Ecological models of human development' In *International Encyclopaedia of Education, Vol. 3, 2nd. Ed.* Oxford: Elsevier; Bronfenbrenner U and Morris PA (2006) 'The bioecological model of human development', in Lerner M (ed) *Handbook of Child Psychology*, John Wiley and Sons, Inc, Hoboken. https://doi.org/10.1002/9780470147658.chpsy0114; Tong P and An IS (2024) Review of studies applying Bronfenbrenner's bioecological theory in international and intercultural education research. *Frontiers in Psychology,* 14: 1233925. https://doi.org/10.3389/fpsyg.2023.1233925.

[10] Ibid.

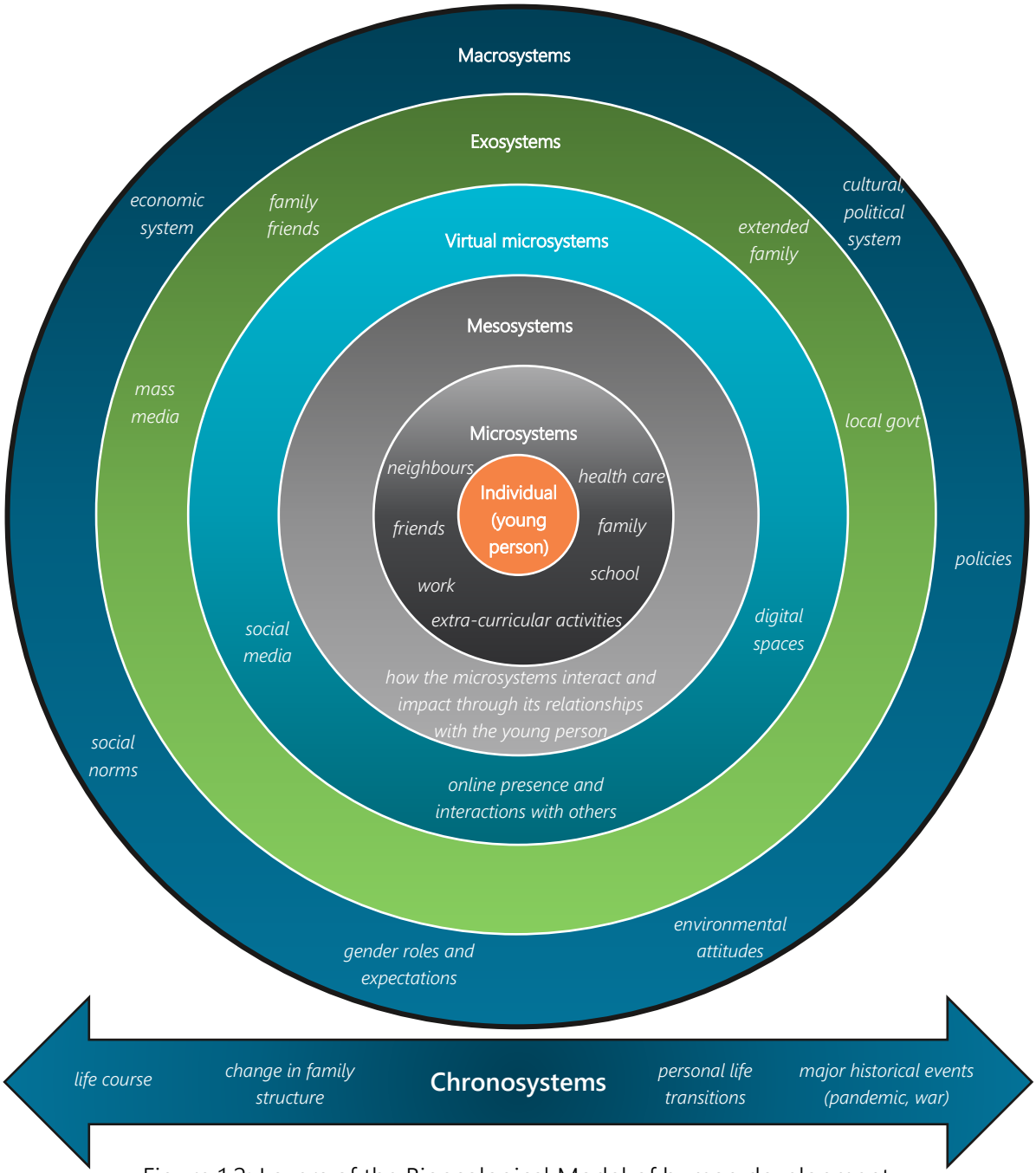


Figure 1.2: Layers of the Bioecological Model of human development.

The use of the Model ensured the Board's DFV-related death review considered not only the young person's circumstances at the time of their death, but other factors which impacted their experience of DFV, and of their development into adulthood. The following factors drawn out by the Model provided key insights into the death of the young person:

- Dynamic interactions over time: The Model highlights the impact of DFV is not isolated to a specific moment or incident. It is critical to examine how the interactions between individuals and their environments (contextualised over time) shape vulnerabilities and outcomes.
- Focuses on relationships: A young person's relationships, particularly in the microsystem, are central to understanding how DFV affected them. Did these relationships offer support or exacerbate harm? Were there instances of intervention (or missed intervention) by others in the mesosystem?
- Holistic investigation: The Model encouraged a comprehensive approach in death reviews, going beyond the immediate family and death event to include broader social, cultural, and historical contexts.

The Board reviewed each case individually and across all the cases to understand each death and examine any systemic issues. By applying the Model to DFV-related death reviews, the Board deepened the understanding of the immediate circumstances surrounding the death event and the interplay of long-term influences on each young person's life. This holistic approach provided important insights for developing preventive strategies and improving responses to DFV in the future.

The focus of the Board in the 2026–27 reporting period will remain on the 19 cases of DFV-related deaths of young people reviewed in this financial year, to develop more nuanced findings and recommendations that address the complexity of DFV, and its impacts on young people.

Research scan prior to undertaking a systemic review

In determining the focus for systemic review, the Board undertook a scan of current literature, policy context and data analysis in relation to the prioritised focus of systemic review—DFV-related deaths of young people (aged between 16 and 25 years). The scan highlighted existing gaps in knowledge and research relating to young people's experience of DFV. The Board noted several themes arising in the environmental scan, including:

Aboriginal and Torres Strait Islander young peoples and LGBTQIASB+ young people are disproportionately represented in DFV statistics. Young people in remote areas also face disproportionate DFV and suicidality rates with limited access to support services.

Interactions of young people with the youth justice system may present important warning signs for future mental health vulnerabilities and DFV-related harm. Additional research is required to identify and better understand these risk indicators; however they offer an opportunity for early intervention, which is a critical element in preventing DFV-related deaths.

There are violence prevention initiatives which are working in other jurisdictions to break cycles of violence.

Emotional abuse is particularly prevalent amongst young people.

The scan noted some research about the impacts of DFV on young people has been conducted in Australian and international contexts. While research has been conducted into the behaviours, impacts and attitudes of young people relating to DFV, there are areas where further knowledge and research is required to gain a greater understanding of these issues in an Australian context. Understanding young peoples' unique characteristics and strengths will support DFV awareness, the design of wrap-around support services and DFV prevention initiatives.

Studies indicate suicide is a leading cause of death of young people in Australia, with Aboriginal and Torres Strait Islander young peoples and LGBTQIASB+ young people being disproportionately represented. Existing research has found that experiencing DFV in childhood can be linked to negative health and psychosocial outcomes. The impacts of child maltreatment can persist into adulthood if not addressed during formative developmental stages. The availability of trauma-informed services and recovery supports for young people at risk of suicide are essential to aid suicide prevention and wellbeing.[11]

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[11] Meyer S, Atienzar-Prieto M, Fitz-Gibbon K and Moore S (2023*) Missing figures: The role of domestic and family violence in youth suicide: Current state of knowledge report*, Griffith University. https://doi.org/10.25904/1912/4787.

Young people who are exposed to DFV behaviours such as intimidation, control and property damage are at an increased risk of mental health disorders and risky health behaviours in adulthood, highlighting the need for child-centred supports and interventions. Coercive control behaviours including intimidation are experienced more frequently and over longer periods of time than physical violence among young people in family settings. Advancing the rights of young people by recognising them as victims of DFV in their own right is crucial to understand the experiences of young people, and to inform the development of appropriate wraparound supports.[12]

A longitudinal study of Australian young people aged 18 to 19 years found emotional abuse was the most common form of intimate partner violence (IPV) reported. Strong communication and trust in peer relationships and among parental figures in early adolescence may act as protective factors for young people impacted by DFV.[13]

Further research suggests positive childhood experiences can act as protective and moderating factors for people who have experienced adverse childhood experiences.[14] Adolescence is a critical period in a young person's development where prevention and intervention initiatives and sustained supports can be of significant benefit.[15] The availability of developmentally-appropriate interventions and psychosocial education for young people using violence ensures multi-disciplinary supports are tailored for young people to prevent violence.[16]

An article reviewing the attitudes of Australian young people under 25 years towards DFV found young people have a good knowledge about DFV and have strong opinions of how DFV should be addressed for violence prevention. Understanding the harms of DFV, including its non-physical forms, is an area where further development is required. As young people are significantly impacted by DFV, they should be involved in the development of primary prevention initiatives and intervention strategies.[17]

A study conducted using Victoria Police incident data relating to young people aged 12 to 18 years involved in DFV, including repeat offending, found prevention initiatives can help break the cycle of inter-generational violence and the transmission of violence.[18]

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[12] Blake JA, Thomas HJ, Mathews B, Lawrence DM, Haslam DM, Higgins DJ, Malacova E, Erskine HE and Scott JG (2025) 'Childhood experiences of domestic violence and its association with mental disorders and health risk behaviours', *The British Journal of Psychiatry*, 1:1–8. https://doi.org/10.1192/bjp.2025.10362.

[13] Australian Institute of Family Studies (2023) 'Intimate partner violence among Australian 18–19 year olds (Growing Up in Australia Snapshot Series No. 11)', *The Longitudinal Study of Australian Children*. https://aifs.gov.au/sites/default/files/2024-10/lsac-snapshot-11-intimate-partner-violence.pdf.

[14] Almeida TC, Cardoso J, Matos AF, Murça A and Cunha O (2024) 'Adverse childhood experiences and aggression in adulthood: The moderating role of positive childhood experiences', *Child Abuse and Neglect,* 154:1–13. https://doi.org/10.1016/j.chiabu.2024.106929.

[15] The Men's Project (2025) *The adolescent man box: Findings from a survey with Australian adolescents aged 14–18 years*, Jesuit Social Services. https://jss.org.au/programs/the-adolescent-man-box.

[16] Nicholas L, Hanckel B, Burgin R, Kilvington-Dowd L, Johnston B, Mills X, and McGregor J (2023) *Improving responses to young men's use of intimate partner violence: Towards a best practice approach*, Western Sydney University. https://doi.org/10.26183/0rct-m487.

[17] Loney-Howes R, MacPhail C, Hanley N and Fabrianesi B (2023) 'Youth attitudes to domestic and family violence: A scoping review of young people's attitudes and perceptions in Australia', *Trauma, Violence, and Abuse,* 24(2):702–718. https://doi.org/10.1177/15248380211036054.

[18] Boxall H, and Morgan A (2020) 'Repeat domestic and family violence among young people (Trends and Issues in Crime and Criminal Justice No. 591)', *Australian Institute of Criminology*. https://www.aic.gov.au/publications/tandi/tandi591.

Young people are more likely to seek support for DFV from friends rather than adults or professionals. However, friends and peers may not feel adequately equipped when providing support to friends experiencing DFV. Research, and support campaigns and tools should be available in online and offline spaces and co-developed with young people.[19]

Another study examining how gender norms impact young peoples' attitudes towards violence against women, found discourses relating to challenging gender inequality presents opportunities to shift attitudes and behaviours associated with male dominance.[20] Abusive relationships can impact self-esteem and confidence in young people. The researchers state early, and relevant education and information to support young people experiencing IPV is needed; opportunities for young people to talk to trusted adults and organisations should be available and encouraged.[21]

Current literature examining young people in the context of DFV identifies areas where further research, developmentally appropriate interventions, and wrap-around supports are required in Australia. Young people should be at the centre of the development of policies, interventions and supports which directly impact them, including having a significant role as drivers of change, and awareness to prevent DFV.

Expert advisors for systemic review

To complement meetings of the Board, additional expert advisors participated in the Board's systemic review to share their expertise:

- Ms Bretine Curtis, Executive Director, Queensland Mental Health Commission.
- Mr Jordan Cotter, Director, Suicide Prevention Reform Queensland Mental Health Commission.
- Ms Hayley Stevenson, Assistant Director-General, Student Support at the Department of Education.
- Mr Murray Benton, Deputy Chief Executive Officer of Youth Justice at the Queensland Aboriginal and Torres Strait Islander Child Protection Peak.
- Ms Kate Peck, Director of the Clinical Governance Unit, Mental Health and Other Drugs Branch, Queensland Health.

Additionally, the Board contracted research and content area experts from Central Queensland University—Associate Professor Xanthe Weston, Dr Raquel Peel and Ms Issy Crebert. They shared their extensive knowledge and expertise in DFV with the Board, particularly relating to the experiences of young people. They undertook a scoping review and analysed the case summaries for all 19 DFV-related

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[19] Daw J, Salisbury L, Hay S and Jacob S (2022) 'In practice it can be so much harder: Young people's approaches and experiences of supporting friends experiencing domestic abuse', *Child Abuse Review,* 32(1):1–11. https://doi.org/10.1002/car.2790.
[20] Edwards C, Bolton R, Salazar M, Vives-Cases C and Daoud N (2024) 'Young people's constructions of gender norms and attitudes towards violence against women: A critical review of qualitative empirical literature', *Journal of Gender Studies,* 33(1):100–111. https://doi.org/10.1080/09589236.2022.2119374.
[21] Griffiths A (2019) 'Domestic violence in teenage intimate relationships: Young people's views on awareness, prevention, intervention and regaining one's sense of wellbeing' *Educational and Child Psychology,* 36(1):9–26. https://doi.org/10.53841/bpsecp.2019.36.1.9.

deaths independently, providing the Board with their unique perspective for the systemic review. They called attention to system issues, made suggestions relating to the issues, and facilitated discussions with the Board.

Initial insights of scoping review about young people and DFV

While the Board will continue the systemic review of DFV-related deaths of young people (aged 16 to 25 years) into 2026–27, there are some initial insights the Board plans to explore in more depth.

The expert advisors commenced a scoping review regarding the experiences of young people and DFV, with an initial scan of peer-reviewed journal articles undertaken and shared with the Board. The expert advisors acknowledged a scan of grey literature had not been undertaken when shared with the Board but would be included in the finalised scoping review. The finalised scoping review will be provided to the Board and then published on the website in the future.[22] Below is a summary of some initial insights from the scan and Board discussions.

Prevalence and impact of intimate partner violence on young people

The prevalence of IPV among young people and its impacts on suicidality was identified in peer-reviewed literature. Research indicates IPV impacts between 32 to 47 per cent of young people. Additionally, IPV can be a strong predictor of suicidality in young people, with research indicating experiences of IPV doubles the risk of suicide. Depression is linked to DFV and suicidality, as victim-survivors of IPV are nearly twice as likely to experience suicidal ideation or suicide attempts.[23]

Context of intimate partner violence experienced by young people

Research shows 41 per cent of young females in the juvenile justice system had experienced dating violence, demonstrating the opportunity for the system to screen and provide early interventions for young people at risk of experiencing IPV and suicidality. Research suggests the availability of gender-responsive and culturally appropriate care and support is necessary. Aboriginal and Torres Strait Islander young peoples are disproportionately represented in DFV and suicide statistics resulting from the ongoing impacts of colonialism. Enhanced resourcing for culturally safe community-controlled services is required to support Aboriginal and Torres Strait Islander young peoples at risk of IPV and suicide. There is evidence childhood neglect can be a predictor of experiencing IPV later

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[22] When finalised the scoping review will be available on the Board's website: https://www.coronerscourt.qld.gov.au/dfvdrab/reports-research-and-data.

[23] Belshaw SH, Siddique JA, Tanner J and Osho GS (2012) 'The relationship between dating violence and suicidal behaviors in a national sample of adolescents', *Violence and Victims,* 27(4):580–591. https://doi.org/10.1891/0886-6708.27.4.580; Buttar A, Clements-Nolle K, Haas J, and Reese F (2013) 'Dating violence, psychological distress, and attempted suicide among female adolescents in the juvenile justice system' *Journal of Correctional Health Care,* 19(2):101–112. https://doi.org/10.1177/1078345812474639; Castellví P, Miranda-Mendizábal A, Parés-Badel, O, Almenara J, Alonso I, Blasco M J, Cebrià A, Gabilondo A, Gili M, Lagares C, Piqueras JA, Roca M, Rodríguez-Marín J, Rodríguez-Jimenez T, Soto-Sanz V, and Alonso J (2017) 'Exposure to violence, a risk for suicide in youths and young adults: A meta-analysis of longitudinal studies', *Acta Psychiatrica Scandinavica,* 135(3):195–211. https://doi.org/10.1111/acps.12679; Datta P, Cornell D, and Konold T (2022) 'Association of teen dating aggression with risk behavior and academic adjustment', *Journal of Interpersonal Violence,* 37(7-8): P3930–NP3953. https://doi.org/10.1177/0886260520951305; Renner LM and Whitney SD (2012) 'Risk factors for unidirectional and bidirectional intimate partner violence among young adults', *Child Abuse & Neglect,* 36(1):40–52. https://doi.org/10.1016/j.chiabu.2011.07.007.

in life for females. Further research notes young people experiencing pregnancy face a compounded risk for suicidal ideation.[24]

Impact of intimate partner violence on LGBTQIASB+ young people

Studies suggest bisexual young people experience higher rates of IPV victimisation and are at greater risk of experiencing suicidal ideation—48 per cent of bisexual young people experience suicidal ideation compared with 12 per cent of heterosexual young people. LGBTQIASB+ young people may access fewer support services, demonstrating the need for tailored and accessible support services for LGBTQIASB+ young people to reduce barriers to help-seeking.[25]

Impact of sexual violence on young people

Experiencing IPSV may impact suicidality among young people. Research suggests re-victimisation following sexual violence can amplify suicide and self-harm risk. Sexual violence can create suicide risk independently of depression, indicating victims of sexual violence require tailored and trauma-informed services to support their health and wellbeing.[26]

Specialist DFV support services for young people

Studies show several considerations for specialist DFV services to engage with young people including:

- Wrap-around multi-disciplinary services addressing trauma, mental health and safety should be available to young people when supporting them. These wrap-around supports should be provided early, have multi-level prevention strategies using individual, relational and structural approaches.
- Promote safety for young people with DFV-specific safety planning and coercive control assessments.
- Interventions for males who use violence and are at risk of suicide should address coercive behaviours, low self-esteem and alcohol use. The use of IPV may be a risk factor for suicide and could be considered in intervention programs for young males.

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[24] Buttar A, Clements-Nolle K, Haas J and Reese F (2013) 'Dating violence, psychological distress, and attempted suicide among female adolescents in the juvenile justice system', *Journal of Correctional Health Care*, 19(2):101–112. https://doi.org/10.1177/1078345812474639; Quarshie EN-B, Dickson ED, Quarshie SN-S, Kpebu SEA and Asante KO (2025) 'Suicidal ideation and suicide attempt among pregnant adolescent girls in Ghana: A cross-sectional study', *General Psychiatry,* 38(1):e101643. https://doi.org/10.1136/gpsych-2024-101643.

[25] Allen L and Zelazny J (2024) 'Suicidal ideation and behaviors among LGBTQ+ adolescents and young adults who have experienced sexual violence: A scoping review of the literature', *Journal of Forensic Nursing,* 20(4):256–264. https://doi.org/10.1097/JFN.0000000000000505; Blosnich J and Bossarte R (2012) 'Drivers of disparity: Differences in socially based risk factors of self-injurious and suicidal behaviors among sexual minority college students', *Journal of American College Health,* 60(2):141–149. https://doi.org/10.1080/07448481.2011.623332; Ellis ÉM and Tate A (2023) 'Is trauma exposure more harmful for sexual minority youth? Differences in trauma-suicide associations in a nationally representative sample of U.S. youth and implications for suicide prevention', *Journal of Child and Adolescent Trauma,* 16(2):173–182. https://doi.org/10.1007/s40653-022-00475-0; Nydegger LA, Blanco L, Marti CN, Kreitzberg D and Quinn K (2020) 'Evaluation of sexual minority identity as a moderator of the association between intimate partner violence and suicidal ideation and attempts among a national sample of youth', *PLOS ONE,* 15(8):e0236880. https://doi.org/10.1371/journal.pone.0236880.

[26] Gao X, Horbal SR, Burford KG and Bidulescu A (2025) 'Alcohol use mediates the association between sexual dating violence victimization and attempted suicide among U.S. high school students', *American Journal of Preventive Medicine,* 69(2):107663. https://doi.org/10.1016/j.amepre.2025.107663; Puno A, Kim J, Bhatia A, Jeong J and Kim R (2024) 'Violence against children, self-harm, and suicidal behaviors: A pooled and country-specific analysis of eight low- and middle-income countries', *Journal of Adolescent Health,* 75(1):60–68. https://doi.org/10.1016/j.jadohealth.2024.02.034; Unlu G and Cakaloz B (2016) 'Effects of perpetrator identity on suicidality and non-suicidal self-injury in sexually victimized female adolescents', *Neuropsychiatric Disease and Treatment,* 12:1489–1497. https://doi.org/10.2147/NDT.S109768.

- Alcohol misuse can act as a pathway from violence to suicide, highlighting the importance of integrating alcohol and violence screening when working with young people.[27]

The Board discussed the need for tailored programs and supports to be available for young people in rural and remote communities, as well as specialist programs led by Aboriginal and Torres Strait Islander community-controlled organisations.

Data collection and surveillance of suicide

The need for enhanced data collection and surveillance of IPV-related suicides was an insight emerging from the literature and case review discussions. The under-reporting of deaths from IPV was noted, with 44.7 per cent of IPV-related suicides being missed by standard coded surveillance. IPV-related suicides are often identified through the narrative in coronial findings, highlighting the importance of clinical and coronial narratives being used alongside coded data to contribute to data collection.[28]

Building on initial insights: Systemic review priorities in 2026–27

In the next financial year, the Board will remain focused on DFV-related deaths of young people. The Board will seek further evidence to inform the discussions and to gain a fuller understanding of systemic issues related to these deaths.

A further three meetings are planned to continue the focus on the 19 cases of DFV-related deaths of young people (aged 16 to 25 years). The Board will invite stakeholders from across the various systems to share further information from the frontline perspective, about programs or tools which are working well, what the latest research is finding and will then synthesise this information with the 19 case reviews.

The Board remains committed to learning from DFV-related deaths to strengthen and improve the broader system response. Through this work, the Board seeks to contribute to the prevention of future DFV-related deaths and will share details of the case review including findings and new intelligence in future Board reports.

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[27] Alleyne-Green B, Fernandes G and Clark TT (2015) 'Help-seeking behaviors among a sample of urban adolescents with a history of dating violence and suicide ideations', *Vulnerable Children and Youth Studies*, 10(1):1–11. https://doi.org/10.1080/17450128.2014.945629; Castellví P, Miranda-Mendizábal A, Parés-Badell O, Almenara J, Alonso I, Blasco MJ, Cebrià A, Gabilondo A, Gili M, Lagares C, Piqueras JA, Roca M, Rodríguez-Marín J, Rodríguez-Jimenez T, Soto-Sanz V and Alonso J (2017) 'Exposure to violence, a risk for suicide in youths and young adults: A meta-analysis of longitudinal studies', *Acta Psychiatrica Scandinavica*, 135(3):195–211. https://doi.org/10.1111/acps.12679; Gao X, Horbal SR, Burford KG and Bidulescu A (2025) 'Alcohol use mediates the association between sexual dating violence victimization and attempted suicide among U.S. high school students', *American Journal of Preventive Medicine*, 69(2):107663. https://doi.org/10.1016/j.amepre.2025.107663; Kim YK, Yang M-Y, Barthelemy JJ and Lofaso BM (2018) 'A binary gender analysis to bullying, dating violence, and attempted suicide: The disproportionate effect of depression and psychological harm', *Children and Youth Services Review*, 90:141–148. https://doi.org/10.1016/j.childyouth.2018.05.028.

[28] Graham LM, Kafka JM, AbiNader MA, Lawler SM, Gover-Chamlou AN, Messing JT and Moracco KE (2022) 'Intimate partner violence-related fatalities among U.S. youth aged 0-24 years, 2014–2018', *American Journal of Preventive Medicine*, 62(4):529–537. https://doi.org/10.1016/j.amepre.2021.09.018; Graham LM, Kafka JM and AbiNader MA (2025) 'Co-occurrence of intimate partner violence and suicide mortality among adolescents and young adults in the United States', *Journal of Adolescent Health*, 76(2):283–290. https://doi.org/10.1016/j.jadohealth.2024.09.019.

Section Two: Progress implementing the Board's recommendations

When a systemic issue is highlighted through review of DFV-related deaths, Board discussion or current research, the Board can make recommendations to the Government to address the issue. The Board's recommendations focus on system-level reform to reduce and prevent DFV-related deaths in Queensland. The Board is committed to developing recommendations which are practical, impactful, and unlikely to create unintended consequences for DFV victim-survivors or the frontline professionals supporting them. In accordance with section 91D(1)(f) of the Act, the Board monitors and reports on the status of the implementation of recommendations made by the Board.[29]

By monitoring the implementation of recommendations made, the Board ascertains the effectiveness of each recommendation, and if the intent was considered and achieved through implementation. If a recommendation is initially accepted by Government, a whole-of-government response is provided, with updates noting implementation progress, until the responsible agency considers the recommendation fully implemented. The Board publishes these updates online.[30]

Some of the key areas of reform to which the Board's recommendations relate include identified areas for further research, workforce development, service accountability and availability, culturally informed responses and practice frameworks including risk assessment.

Table 2.1 highlights the implementation status of the recommendations made by the Board since the first annual report in 2016–17. Since its establishment in 2016, the Board has made 84 recommendations, 79 of which have been accepted, or accepted in principle or part by the Government. One recommendation from the *2016–17 Annual Report* was noted, and the four recommendations from the *2024–25 Annual Report* are awaiting a response from the Government. To date, the Board has been advised 75 recommendations have been implemented and four recommendations are in progress.

Details of the implementation updates received from Government this financial year are provided in Appendix B.

[29] *Coroners Act 2003* (Qld), www.legislation.qld.gov.au/view/html/inforce/current/act-2003-013#pt.4A.
[30] www.coronerscourt.qld.gov.au/dfvdrab/annual-reports-and-government-responses.

Table 2.1: Implementation status of Board recommendations, by financial year (2016–2025).

Annual Report period	Number of recommendations made	Government response to recommendation				Implementation status of accepted recommendations*		
		Accepted	Accepted in principle	Accepted in part	Noted	Completed	In progress	Not commenced
2024–25	4	Awaiting Government response						
2023–24	5	3	2	-	-	2	3	-
2022–23	-	Board made nil recommendations						
2021–22	10	10	-	-	-	10	-	-
2020–21	6	5	1	-	-	5	1	-
2019–20	9	9	-	-	-	9	-	-
2018–19	16	9	7	-	-	16	-	-
2017–18	13	8	5	-	-	13	-	-
2016–17	21	11	7	2	1	20	-	-
Total	84	55	22	2	1	75	4	-

* Accepted recommendations includes those which the Government response was 'Accepted', 'Accepted in principle' or 'Accepted in part'. The recommendation which was 'Noted' by the Government is excluded from the implementation status columns.

Section Three: Domestic and Family violence related deaths in Queensland

The content of this Annual Report may be distressing for readers. Please be mindful of the impact of this content and seek support as required. A list of relevant support services is provided in Appendix D.

Queensland's domestic and family violence-related death datasets

In Queensland, DFV-related homicide and suicide datasets are managed and maintained by the Domestic and Family Violence Death Review Unit (DFVDRU) in the Coroners Court of Queensland. This dataset contributes to the national DFV research agenda and is shared with genuine researchers upon request.[31]

The Board values the high-quality of data in the DFV-related deaths datasets managed by the DFVDRU, recognising it is fundamental to the integrity and effectiveness of the DFV-related death review process. DFV-related death data provides critical insights into the circumstances, risk factors and service interactions associated with DFV-related deaths. The quality of the data directly influences the capacity of the Board to identify patterns, understand contributing factors, and formulate evidence-informed recommendations aimed at preventing future deaths. Poor-quality or incomplete data can obscure important trends, limit the accuracy of findings, and reduce confidence in the conclusions drawn from systemic reviews.

A significant aspect of data quality is the completeness of information collected from various sources, including coronial records, police reports, court proceedings, health services, child protection services and specialist DFV services. Comprehensive data enables the Board to develop a holistic understanding of the primary victims' and persons' using violence interactions with services and systems prior to the death. Gaps in information may result in missed opportunities to identify earlier intervention points, systemic failures, or emerging risk factors. Ensuring all relevant data sources are available and consistently incorporated strengthens the quality of analysis.

Consistency and standardisation of data are also critical for the Board to undertake meaningful analysis over time. Through the DFV-related death data, the Board can examine trends across multiple years and regions to identify recurring themes and monitor changes in risk profiles. Standardised definitions, coding practices, and data collection methodologies support comparability between cases and improves the reliability of longitudinal analyses. Where data is collected inconsistently, there is a greater risk of misclassification, duplication, or variation in interpretation, which can compromise the validity of findings and limit the usefulness of comparative reporting.

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[31] Release of coronial documents is restricted as they are sensitive and private. The State Coroner can consent to release some documents that are reasonably necessary for research to genuine researchers. Written applications are considered by the State Coroner to determine whether a person holds sufficient interest and qualifications to be approved as a genuine researcher and if the requested coronial documents are relevant to their research interest. https://www.coronerscourt.qld.gov.au/resources/accessing-coronial-documents.

Accuracy and timeliness are equally important considerations in data quality. Decisions arising from analysis of DFV-related death data may influence policy development, service design, workforce training and risk assessment practices. Accurate recording of demographic information, relationship characteristics, and system contact history ensures the Board's recommendations are grounded in reliable evidence. Timely access to quality data also supports the early identification of emerging trends and risk indicators, enabling organisations and governments to respond proactively to areas of concern.

The Board's adoption of a delayed financial year reporting model represents an important data quality improvement initiative. DFV-related death data is dependent on the timely receipt, integration and validation of information from multiple agencies, including coronial services, police, courts, health services and specialist support providers. Delayed reporting provides a longer timeframe for data acquisition, case verification, coding standardisation and quality assurance activities, thereby reducing the risk of reporting based on incomplete or unconfirmed information. This approach supports greater accuracy, completeness and consistency across reporting periods, improves the reliability of trend analyses, and ensures any published findings and recommendations by the Board are informed by the most robust evidence available. In the context of DFV-related deaths, where reporting outcomes may directly influence policy, practice and prevention strategies, prioritising data quality over reporting timeliness provides a stronger foundation for evidence-based decision-making.

Due to the transition to this reporting model the DFV-related homicide data for this financial year (2025–26) will be reported in the 2026–27 Annual Report. As an interim arrangement, DFV-related homicide data from 1 January to 31 December 2025 is provided in this Annual Report, alongside an analysis of the previous six financial years of DFV-related homicides.

The Board understands the importance of maintaining high standards of data quality as it enhances accountability, strengthens public confidence, and supports the overarching objective of preventing DFV-related deaths. The Board believes investment in robust data governance, quality assurance processes, interagency data sharing arrangements, and ongoing workforce capability development is essential to ensure DFV-related death data continues to inform effective prevention strategies and system improvements.

Domestic and family violence-related homicides

Identifying domestic and family violence-related homicides

Working closely with the Queensland Police Service Coronial Support Unit, DFVDRU identifies homicides and homicide–suicides occurring in the context of an intimate partner, family or informal care relationship in Queensland. The DFVDRU considers all available information to identify those deaths which have occurred in the context of DFV. This includes the classifications outlined in Table 3.1.

Table 3.1: DFV-related homicide classifications.

Relationship	Context
Intimate partner, family, or informal care relationship.	Evidence of DFV, whether or not this was reported to police.
Child or young person.	A child dies as a result of an intentionally or recklessly harmful act by a parent/carer and the parent/carer had been a victim or perpetrator of DFV.
Young person.	A young person killed by an intimate partner where there was evidence of DFV.
No relationship – collateral or bystander.	The person killed due to DFV between others (such as new partner of a former victim–survivor or a person intervening in an episode of DFV).

There is no universally agreed definition of the behaviours which comprise DFV. Australian definitions include a spectrum of physical and non-physical behaviours including physical assault, sexual assault, threats, intimidation, psychological and emotional abuse, social isolation and economic deprivation. Primarily, DFV is predicated upon inequitable relationship dynamics in which one person exerts power over another. This accords with the definition of family violence contained in the *Family Law Act 1975* (Cth),[32] which is adopted by the Australian Domestic and Family Violence Death Review Network (ADFVDRN). The DFVDRU adopts the definition of 'homicide' used by the ADFVDRN, which includes 'all circumstances in which an individual's intentional act, or failure to act, resulted in the death of another person, regardless of whether the circumstances were such as to contravene the provisions of the criminal law' (see Appendix C for the full ADFVDRN Consensus Statement).[33]

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[32] *Family Law Act 1975* (Cth), s4AB, www.austlii.edu.au/cgi-bin/viewdoc/au/legis/cth/consol_act/fla1975114/s4ab.html.
[33] Australian Domestic and Family Violence Death Review Network (2022) 'Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2021–2018', ANROWS: Sydney, 8. www.anrows.org.au/publication/australian-domestic-and-family-violence-death-review-network-data-report-intimate-partner-violence-homicides-2010-2018/.

To identify DFV-related homicides, deaths flagged as 'domestic violence-related' and/or 'interpersonal violence/apparent homicide' in the Coronial Case Management System, and those identified by the Queensland Police Service Coronial Support Unit, are reviewed against the ADFVDRN Consensus Statement.

The ADFVDRN Consensus Statement requires four criteria be met for cases to be included in reporting:

1. Death from external cause	Any deaths resulting directly or indirectly from environmental circumstances that cause injury, poisoning and/or other adverse effects. The DFVDRU also includes natural cause deaths that would not have occurred but for the action or inaction of another (e.g., failure to seek medical attention).
2. Intent	Injury arising from an act of violence with the intent of causing harm (i.e., assault); injury inflicted by police or law enforcement in the course of their duties (i.e., police responses to DFV). The DFVDRU also include deaths arising from a failure to meet the ongoing basic needs of a person who is dependent on care, by either act or omission (i.e., neglect).
3. Relationship	Homicides occurring in the context of an intimate, familial, or Aboriginal and/or Torres Strait Islander kinship relationship. The DFVDRU also include informal care relationships and collateral/bystander deaths.
4. Domestic and family violence	Evidence of DFV behaviours within the relevant relationship. The existence of a relevant relationship does not constitute a DFV-related homicide. Homicides *may* be excluded where there is no prior evidence of DFV and other factors can be shown to have been the primary contributing factor (such as an acute episode of mental illness or a suicide pact).

The following analysis represents the data held as at 14 July 2026, acknowledging this is an evolving dataset and reported figures will change over time. As police and coronial investigations continue and more information is obtained, additional cases may be identified for inclusion, cases may be excluded, and new details about the cases may emerge. As such, the data presented in this report should be interpreted as a point-in-time snapshot. In addition, although the utmost care is taken to identify and record all relevant demographic characteristics and risk factors related to a homicide event and relevant relationship, some information will not be available within available records.

Domestic and family violence-related homicides 1 January to 31 December 2025

The data presented here is reported by calendar year as an interim measure during the transition to a delayed financial year reporting model. As a result, direct year-on-year comparisons are not provided within this section, noting DFV-related death review data has previously been reported by financial year (1 July to 30 June).

It is important to note reporting by calendar year does not systematically increase or decrease the number of deaths reported relative to a financial year reporting model. Rather, the two approaches represent different reporting periods through which the same underlying data is grouped and analysed. As such, differences in reported numbers should not be interpreted because of the reporting period alone.

The Board's next Annual Report (2026–27) will adopt the delayed financial year reporting model and include data for the 2025–26 financial year. Financial year comparison data for the previous six reporting periods is provided in the *Domestic and family violence-related homicides 1 July 2019–30 June 2025* section to maintain the continuity of trend reporting and support comparison with historical publications.

Between 1 January 2025 and 31 December 2025, there were 18 DFV-related homicide events identified in Queensland, resulting in the deaths of 23 people.

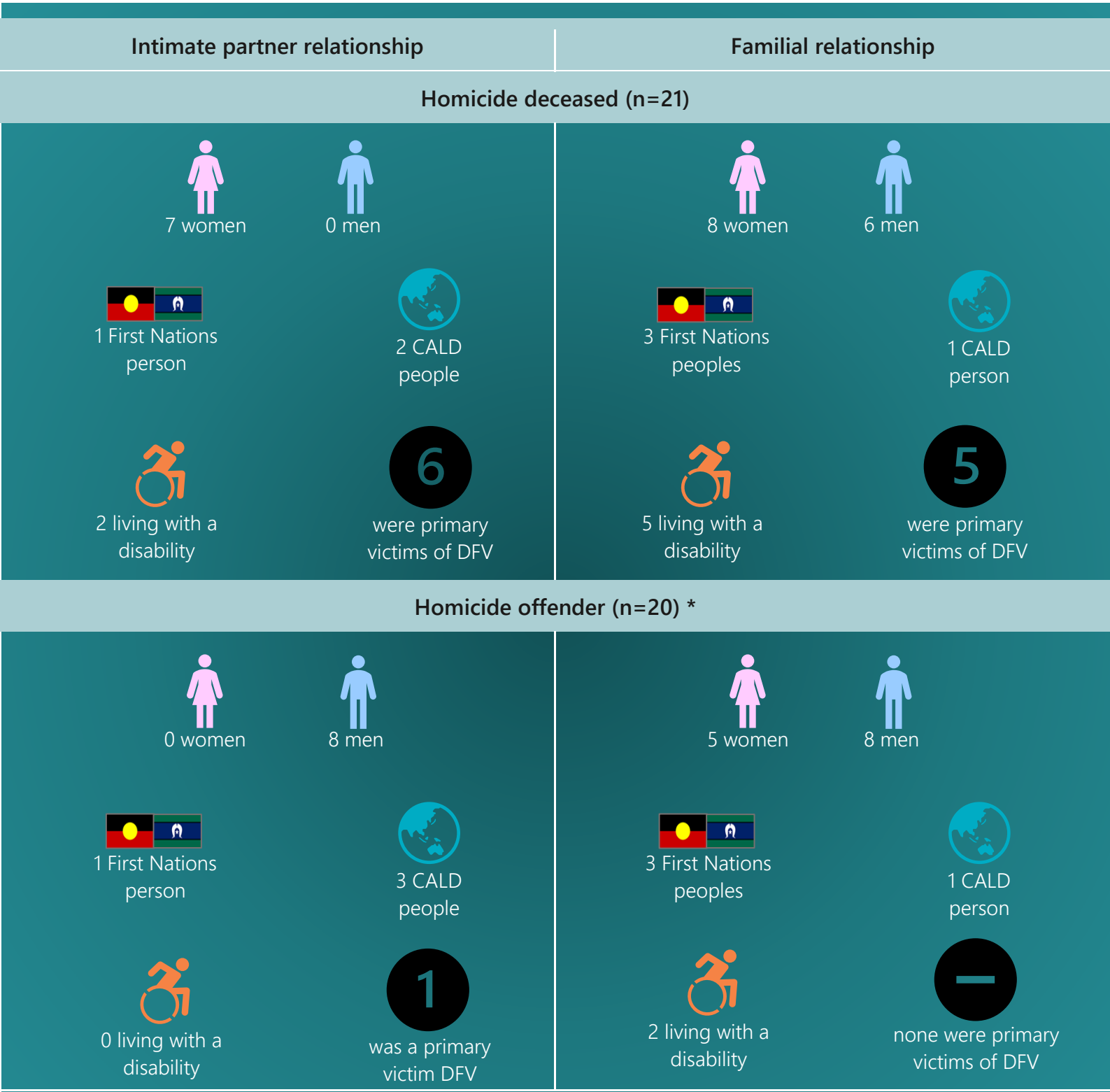
Table 3.2: Domestic and family violence-related homicides by type of event, number of events and number of deaths, Queensland, 1 January 2025–31 December 2025.[34]

	Intimate partner homicide	Familial homicide	Both intimate partner and familial homicide	Total
Number of events	6	11	1	18
Number of homicide victims	6	13	2	21
Number of homicide offenders deceased in same event	1	1	0	2
Total deceased	7	14	2	23

In 2024–25 there were 26 DFV-related homicide events resulting the deaths of 28 people, while there were 22 deaths across 18 DFV-related homicide events in 2023–24.[35]

[34] The type of homicide event is classified based on the relationship which ensured the homicide met the ADFVDRN consensus statement criteria.
[35] Figure 3.2 (page 31) shows the DFV-related homicides for the previous six financial years.

Figure 3.1: Summary of characteristics of DFV-related homicide victims and offenders by relationship type involving DFV, Queensland, 1 January–31 December 2025 (n=18 homicide events).



Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.
* The total number of offenders adds to the total of 20, but individual categories may sum to more than this due to the one-to-many relationship between some homicide offenders and their victim/s.

DFV-related homicide victims

Table 3.3 describes the characteristics of the 21 homicide victims (excluding two homicide offenders deceased in the same event) in 2025 by the relationship type. For each homicide event, the relationship described is the relationship that resulted in the death meeting the ADFVDRN consensus statement criteria for a DFV-related death. As such, it may not be the relationship between the homicide victim and the homicide offender.

Table 3.3: Demographic characteristics of domestic and family violence homicide victims, by type of relationship, Queensland, 1 January–31 December 2025 (n=21).

Characteristic	Intimate partner relationship	Familial relationship	Total
Gender			
Female	7 (33%)	8 (38%)	15 (71%)
Male	0 (0%)	6 (29%)	6 (29%)
Age			
0–17 years	0 (0%)	9 (43%)	9 (43%)
18–29 years	1 (5%)	1 (5%)	2 (10%)
30–39 years	1 (5%)	0 (0%)	1 (5%)
40–49 years	4 (19%)	0 (0%)	4 (19%)
50–59 years	0 (0%)	1 (5%)	1 (5%)
60–69 years	0 (0%)	0 (0%)	0 (0%)
70–79 years	1 (5%)	3 (14%)	4 (19%)
80–84 years	0 (0%)	0 (0%)	0 (0%)
85+ years	0 (0%)	0 (0%)	0 (0%)
Evidence of First Nations status			
Aboriginal and/or Torres Strait Islander	1 (5%)	3 (14%)	4 (19%)
Non-Indigenous	6 (29%)	11 (52%)	17 (81%)
Evidence of CALD status			
Culturally and linguistically diverse	2 (10%)	1 (5%)	3 (14%)
Not culturally and linguistically diverse	5 (24%)	13 (62%)	18 (86%)
Evidence of disability status			
Person with disability	2 (10%)	5 (24%)	7 (33%)
No disability	5 (24%)	9 (43%)	14 (67%)
Evidence deceased was primary victim of DFV by homicide offender			
Person most in need of protection	6 (29%)	5 (24%)	11 (52%)
Person using violence	0 (0%)	9 (43%)	9 (43%)
Unclear	1 (5%)	0 (0%)	1 (5%)

Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.
Percentages may not sum to 100 per cent due to rounding.

In the 2025 calendar year, all victims of intimate partner homicide were female, while 57 per cent of familial homicide victims were female. Most homicide victims were non-Indigenous and not culturally

and linguistically diverse. There was also evidence of suicidality present in 10 per cent of the homicide victims, while there was evidence of the presence of a mental health concern in 15 per cent of the homicide victims prior to their death.

DFV-related homicide offenders

Table 3.4 describes the characteristics of the 20 DFV-related homicide offenders in 2025 by the relevant relationship. For each homicide event, the relationship described is the relationship that resulted in the death meeting the ADFVDRN consensus statement criteria for a DFV-related death. As such, it may not be the relationship between the homicide victim and the homicide offender.

Table 3.4: Demographic characteristics of domestic and family violence homicide offenders, by type of relationship, Queensland, 1 January 2025–31 December 2025 (n=20).

Characteristic	Intimate partner relationship	Familial relationship	Total
Gender			
Female	0 (0%)	5 (25%)	5 (25%)
Male	8 (40%)	8 (40%)	15 (75%)
Age			
0–17 years	0 (0%)	1 (5%)	1 (5%)
18–29 years	3 (15%)	6 (30%)	8 (40%)
30–39 years	0 (0%)	3 (15%)	3 (15%)
40–49 years	3 (15%)	3 (15%)	6 (30%)
50–59 years	1 (5%)	0 (0%)	1 (5%)
60–69 years	0 (0%)	0 (0%)	0 (0%)
70–79 years	1 (5%)	0 (0%)	1 (5%)
80–84 years	0 (0%)	0 (0%)	0 (0%)
85+ years	0 (0%)	0 (0%)	0 (0%)
Evidence of First Nations status			
Aboriginal and/or Torres Strait Islander	1 (5%)	3 (15%)	3 (15%)
Non-Indigenous	7 (35%)	10 (50%)	17 (85%)
Evidence of CALD status			
Culturally and linguistically diverse	3 (15%)	1 (5%)	4 (20%)
Not culturally and linguistically diverse	5 (25%)	12 (60%)	16 (80%)
Evidence of disability status			
Person with disability	0 (0%)	2 (10%)	2 (10%)
No disability	8 (40%)	11 (55%)	18 (90%)
Evidence homicide offender was primary victim of DFV in relationship with deceased			
Person most in need of protection	1 (5%)	0 (0%)	1 (5%)
Person using violence	6 (30%)	13 (65%)	18 (90%)
Unclear	1 (5%)	0 (0%)	1 (5%)

Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.
Percentages may not sum to 100 per cent due to rounding.
In some individual characteristics the total may be more than 20 due to one-to-many relationship between some offenders and their victim/s.

In the 2025 calendar year, all intimate partner homicide offenders were male, while 25 per cent of familial homicide offenders were female. There were no homicide offenders over 80 years of age. Most homicide offenders were non-Indigenous and not culturally and linguistically diverse.

Additionally, there was evidence of suicidality present in 20 per cent of the homicide offenders, while there was evidence of the presence of a mental health concern in 40 per cent of the homicide offenders prior to homicide event.

Domestic and family violence-related homicides 1 July 2019–30 June 2025

Between 1 July 2019 and 30 June 2025, there were 114 DFV-related homicide events identified in Queensland, resulting in the deaths of 134 people, including 10 homicide offenders who died in the same event.

Table 3.5: Domestic and family violence-related homicides by type of event, number of events and number of deaths, Queensland, 1 July 2019–30 June 2025.[36]

	Intimate partner homicide	Familial homicide	Both intimate partner and familial homicide	Total
Number of events	57 (50%)	55 (48%)	2 (2%)	114
Number of homicide victims	59	59	6	124
Number of homicide offenders deceased in same event	7	2	1	10
Total deceased	66 (49%)	61 (45%)	7 (5%)	134

The annual number of homicide victims was variable over the six-year period, noted by the vertical bars in Figure 3.2.[37] The total number of victims of DFV-related homicide was highest in 2024–25 (n=28) and lowest in 2020–21 (n=14).

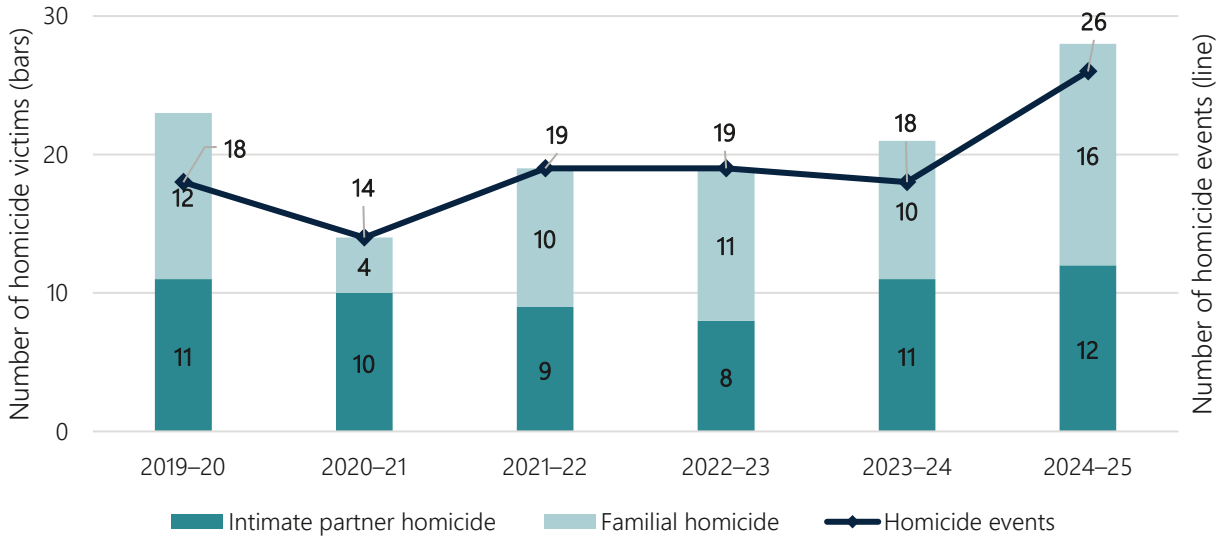


Figure 3.2: Domestic and family violence homicide victims (n=124), by relationship type and year, and number of homicide events (n=114) and year, Queensland, 1 July 2019–30 June 2025.[38]

[36] The type of homicide classified is based on the relationship which ensured the homicide met the ADFVDRN consensus statement criteria for a DFV-related homicide and may not be the relationship between the homicide victim and the homicide offender.
[37] The line shows the number of DFV-related homicide events each financial year.
[38] Across the six-year reporting period there were five homicide events with multiple deaths resulting in both an intimate partner and familial homicide.

DFV-related homicide victims

Table 3.6 describes the characteristics of the 124 homicide victims (excluding 10 homicide offenders deceased in the same event) between 1 July 2019 and 30 June 2025 by the relevant relationship. For each homicide event, the relationship described is the relationship that resulted in the death meeting the ADFVDRN consensus statement criteria for a DFV-related death. As such, it may not be the relationship between the homicide victim and the homicide offender.

Table 3.6: Demographic characteristics of domestic and family violence homicide victims, by type of relationship, Queensland, 1 July 2019–30 June 2025 (n=124).

Characteristic	Intimate partner relationship	Familial relationship	Total
Gender			
Female	41 (33%)	33 (27%)	74 (60%)
Male	20 (16%)	30 (24%)	50 (40%)
Age			
0–17 years	2 (2%)	29 (23%)	31 (25%)
18–29 years	17 (14%)	2 (2%)	19 (15%)
30–39 years	11 (9%)	3 (2%)	14 (11%)
40–49 years	19 (15%)	2 (2%)	21 (17%)
50–59 years	9 (7%)	7 (6%)	16 (13%)
60–69 years	2 (2%)	7 (6%)	9 (7%)
70–79 years	1 (1%)	10 (8%)	11 (9%)
80–84 years	0 (0%)	2 (2%)	2 (2%)
85+ years	0 (0%)	1 (1%)	1 (1%)
Evidence of First Nations status			
Aboriginal and/or Torres Strait Islander	12 (10%)	11 (9%)	23 (19%)
Non-Indigenous	49 (40%)	51 (41%)	100 (81%)
Unknown	0 (0%)	1 (1%)	1 (1%)
Evidence of CALD status			
Culturally and linguistically diverse	9 (7%)	5 (4%)	14 (11%)
Not culturally and linguistically diverse	52 (42%)	56 (45%)	108 (87%)
Unknown	0 (0%)	2 (2%)	2 (2%)
Evidence of disability status			
Person with disability	11 (9%)	23 (19%)	34 (27%)
No disability	50 (40%)	40 (32%)	90 (73%)
Evidence deceased was primary victim of DFV by homicide offender			
Person most in need of protection	41 (33%)	33 (27%)	74 (60%)
Person using violence	19 (15%)	30 (24%)	49 (40%)
Unclear	1 (1%)	0 (0%)	1 (1%)

Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.
Percentages may not sum to 100 per cent due to rounding.

Across the financial years 2019 to 2025, most homicide victims were non-Indigenous and not culturally and linguistically diverse. First Nations people were disproportionately represented among DFV-related homicide victims, accounting for 19 per cent of homicide victims despite comprising 4.6 per cent of Queensland's population.[39]

People living with a disability appeared to be disproportionately affected, with evidence 27 per cent of homicide victims were living with a disability compared with 22.9 per cent of the Queensland population.[40] This highlights the importance of considering the unique vulnerabilities, barriers to support, and service needs of people with disability in efforts to prevent DFV-related deaths.

There was also evidence suicidality was present for seven per cent of homicide victims, while 22 per cent had evidence of the presence of a mental health concern prior to their death.

[39] Australian Bureau of Statistics (1 July 2022) 'Queensland: Aboriginal and Torres Strait Islander population summary', ABS Website, accessed 5 August 2026. https://www.abs.gov.au/articles/queensland-aboriginal-and-torres-strait-islander-population-summary.
[40] Australian Bureau of Statistics (2022) 'Disability, Ageing and Carers, Australia: Summary of Findings', ABS Website, accessed 26 August 2026. https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release.

DFV-related homicide offenders

Table 3.7 describes the characteristics of the 129 homicide offenders (excluding one death in a police operation) between 1 July 2019 and 30 June 2025 by the relevant relationship. For each homicide event, the relationship described is the relationship that resulted in the death meeting the ADFVDRN consensus statement criteria for a DFV-related death. As such, it may not be the relationship between the homicide victim and the homicide offender.

Table 3.7: Demographic characteristics of domestic and family violence homicide offenders, by type of relationship, Queensland, 1 July 2019–30 June 2025 (n=129).

Characteristic	Intimate partner relationship	Familial relationship	Total
Gender			
Female	10 (8%)	22 (17%)	32 (25%)
Male	54 (42%)	45 (35%)	97 (75%)
Age			
0–17 years	2 (2%)	3 (2%)	5 (4%)
18–29 years	16 (12%)	19 (15%)	35 (27%)
30–39 years	14 (11%)	22 (17%)	35 (27%)
40–49 years	20 (16%)	15 (12%)	34 (26%)
50–59 years	9 (7%)	7 (5%)	16 (12%)
60–69 years	1 (1%)	1 (1%)	2 (2%)
70–79 years	2 (2%)	0 (0%)	2 (2%)
80–84 years	0 (0%)	0 (0%)	0 (0%)
85+ years	0 (0%)	0 (0%)	0 (0%)
Evidence of First Nations status			
Aboriginal and/or Torres Strait Islander	8 (6%)	13 (10%)	21 (16%)
Non-Indigenous	55 (43%)	54 (42%)	107 (83%)
Unknown	1 (1%)	0 (0%)	1 (1%)
Evidence of CALD status			
Culturally and linguistically diverse	12 (9%)	7 (5%)	19 (15%)
Not culturally and linguistically diverse	51 (40%)	59 (46%)	108 (84%)
Unknown	1 (1%)	1 (1%)	2 (2%)
Evidence of disability status			
Person with disability	7 (5%)	9 (7%)	16 (12%)
No disability	57 (44%)	57 (44%)	112 (87%)
Unknown	0 (0%)	1 (1%)	1 (1%)
Evidence homicide offender was primary victim of DFV in relationship with deceased			
Person most in need of protection	9 (7%)	2 (2%)	11 (9%)
Person using violence	54 (42%)	65 (50%)	117 (91%)
Unclear	1 (1%)	0 (0%)	1 (1%)

Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.
Percentages may not sum to 100 per cent due to rounding.

Across the financial years 2019 to 2025, most homicide offenders were male, non-Indigenous and not culturally and linguistically diverse. First Nations people were disproportionately represented among homicide offenders, accounting for 16 per cent of offenders despite comprising 4.6 per cent of Queensland's population.[41] Additionally, there was evidence of suicidality present in 27 per cent of the homicide offenders, while there was evidence of the presence of a mental health concern in 49 per cent of the homicide offenders.

Evidence of the context of DFV relationship

Table 3.8 describes the relationship characteristics of each DFV-related homicide event (n=114) that occurred between 1 July 2019 and 30 June 2025. For each homicide event, the relationship described is the relationship that resulted in the death meeting the ADFVDRN consensus statement criteria for a DFV-related death. As such, it may not be the relationship between the homicide victim and the homicide offender.

Table 3.8: Relationship characteristics of domestic and family violence homicide event, Queensland, 1 July 2019–30 June 2025 (n=114).

Relationship characteristic	Total
Evidence of length of relevant relationship	
< 1 year	13 (11%)
1–4 years	26 (23%)
5–9 years	15 (13%)
> 10 years	26 (23%)
Lifelong	30 (26%)
Unknown	4 (4%)
Evidence of family dynamics#	
Cohabitation	67 (59%)
Separation (pending and actual)	43 (38%)
Cohabitation and separating	15 (13%)
Child custody disputes	9 (8%)
Evidence of presence of DFV#	
Police history of DFV response	73 (64%)
DV protection orders in place at time of homicide	35 (31%)
Reported breaches of DVO in place at time of homicide	27 (24%)
Evidence of person using violence breached court order at any time	37 (32%)
Evidence of person using violence used violence in other relationships	60 (53%)

Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.
Characteristics are not mutually exclusive. A person may have experienced, exhibited, or been associated with multiple characteristics; therefore, percentages are not intended to sum to 100%.

[41] Australian Bureau of Statistics (1 July 2022) 'Queensland: Aboriginal and Torres Strait Islander population summary', ABS Website, accessed 5 August 2026. https://www.abs.gov.au/articles/queensland-aboriginal-and-torres-strait-islander-population-summary.

In more than half (59%) of the relevant relationships there was evidence the involved parties were cohabiting at the time of the DFV-related homicide. In 64 per cent of relevant relationships, there was evidence police had previously responded to incidents of DFV. In just over half (53%) of the relevant relationships, there was evidence the person using violence had a history of violence in other relationships.

In many cases, both the homicide victim and homicide offender interacted with one or more service systems prior to the DFV-related homicide. Understanding these patterns of engagement can help identify missed opportunities for support, risk assessment and coordinated responses to DFV. Figure 3.3 highlights where there was evidence of service contact for both the homicide victim (left) and homicide offender (right).

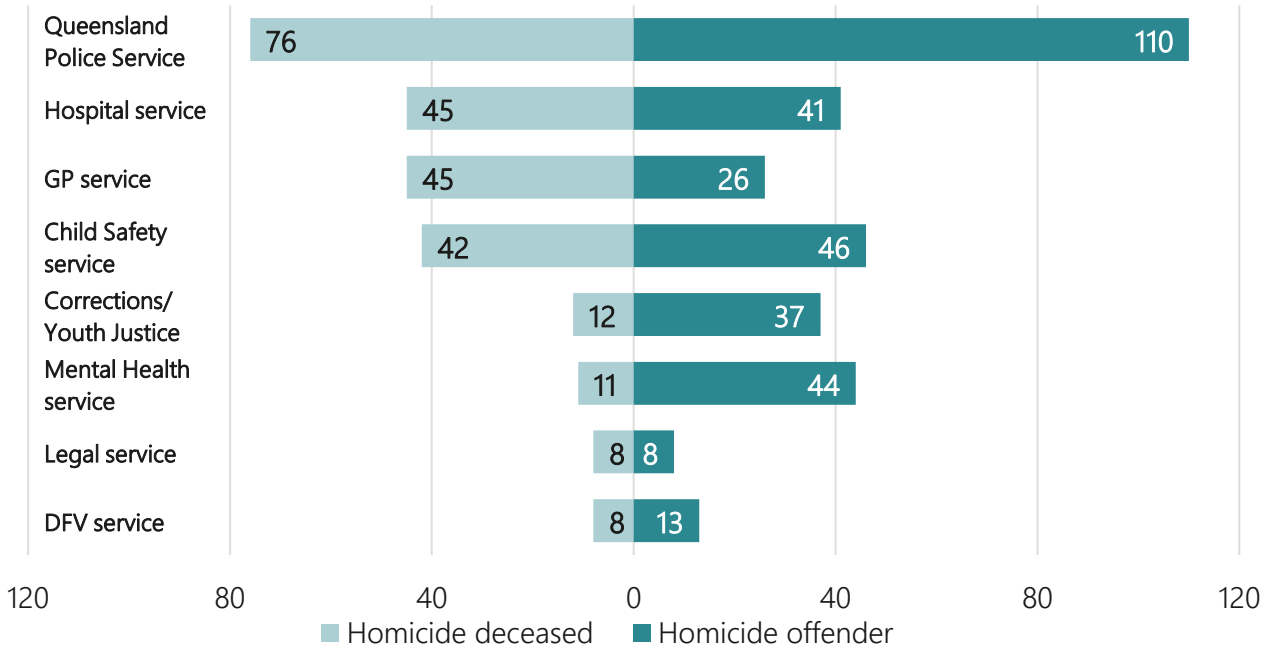


Figure 3.3: Evidence of service contact of DFV-related homicide deceased (n=124) and offender (n=129), Queensland, 1 July 2019–30 June 2025.[42]

Service contact patterns differed between homicide deceased and homicide offenders prior to the homicide event. The homicide deceased commonly had contact with Queensland Police Service (QPS), a hospital services and a General Practitioner (GP) service. Whereas homicide offenders most commonly had contact with QPS, a child protection service and a mental health service. These differing patterns of engagement may reflect distinct pathways, needs and opportunities for intervention.

[42] Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.

Evidence of the presence of risk factors in the DFV relationship

Figures 3.4, 3.5 and 3.6 highlight several DFV risk factors present for each DFV-related homicide event (n=114) that occurred between 1 July 2019 and 30 June 2025. For each homicide event, the relationship described is the relationship which resulted in the death meeting the ADFVDRN consensus statement criteria for a DFV-related death. As such, it may not be the relationship between the homicide victim and the homicide offender.

Figure 3.4 notes just under half (46%) of the primary victims of DFV in the relevant relationship perceived the risk to them was escalating, while 27 per cent perceived there was an immediate risk to them. The level of danger perceived by the primary victim of DFV is a key indicator of escalating risk and the potential for lethal DFV.

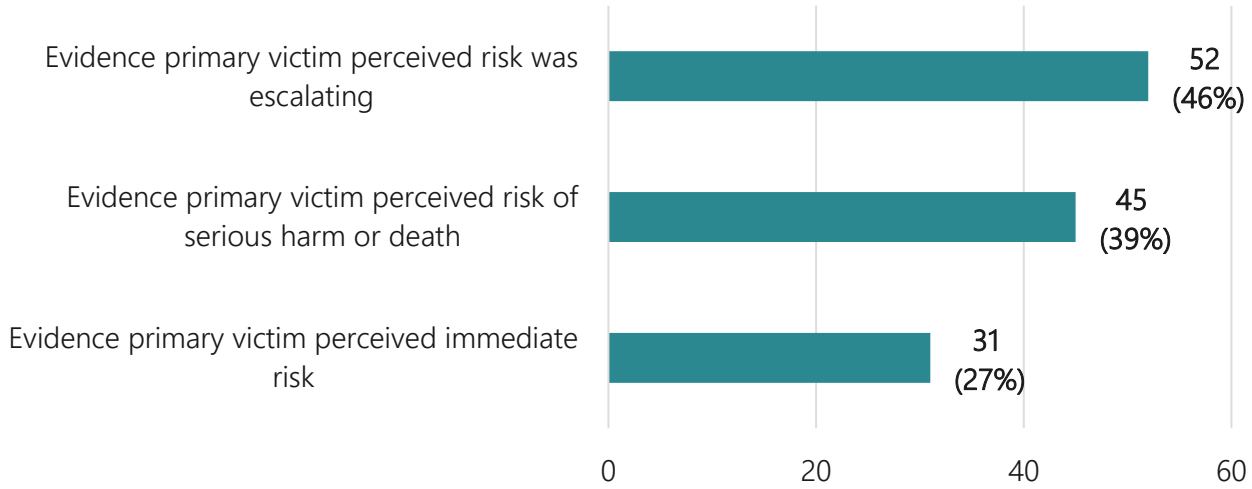


Figure 3.4: Evidence of perceived risk of domestic and family violence by primary victim in the relevant relationship, Queensland, 1 July 2019–30 June 2025 (n=114).[43]

Figure 3.5 shows the most common high-risk DFV factors, which indicates lethality was present in several of the relevant relationships. In nearly two in five (39%) of the relevant relationships, there was evidence the person using violence threatened to kill or seriously harm the primary victim. In a quarter (25%) of relevant relationships, there was evidence the primary victim was choked or strangled by the person using violence, and in 28 per cent of relevant relationships, there was evidence the person using violence used or threatened to use a weapon to harm the primary victim.

[43] Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.

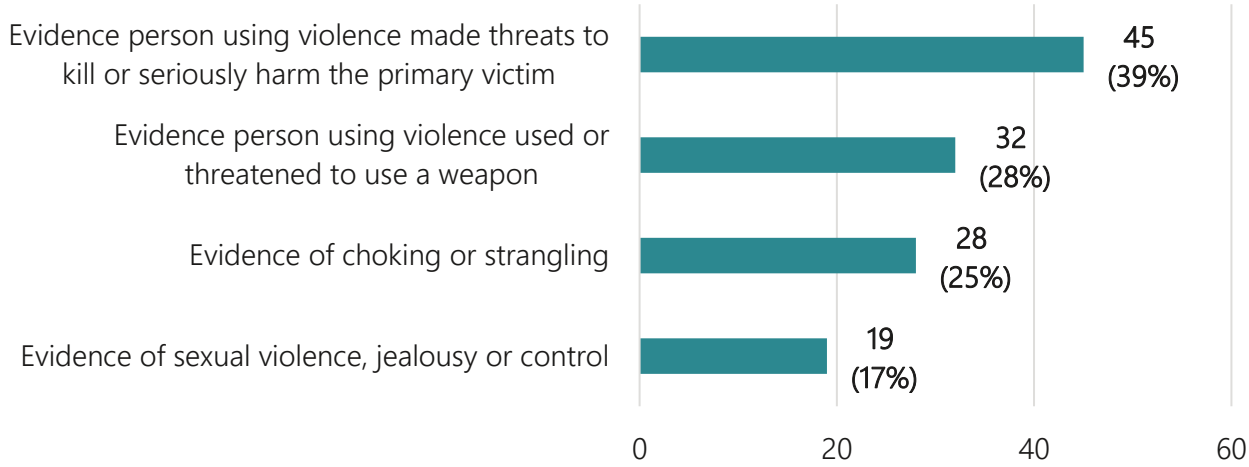


Figure 3.5: Evidence of high-risk domestic and family violence factors present in the relevant relationship, Queensland, 1 July 2019–30 June 2025 (n=114).[44]

Figure 3.6 shows there was evidence coercive control was present in nearly half (46%) of the relevant relationships. In 19 per cent of relevant relationships there was evidence stalking was present, while in 24 per cent of relevant relationships there was evidence the person using violence threatened the friends and family of the primary victim.

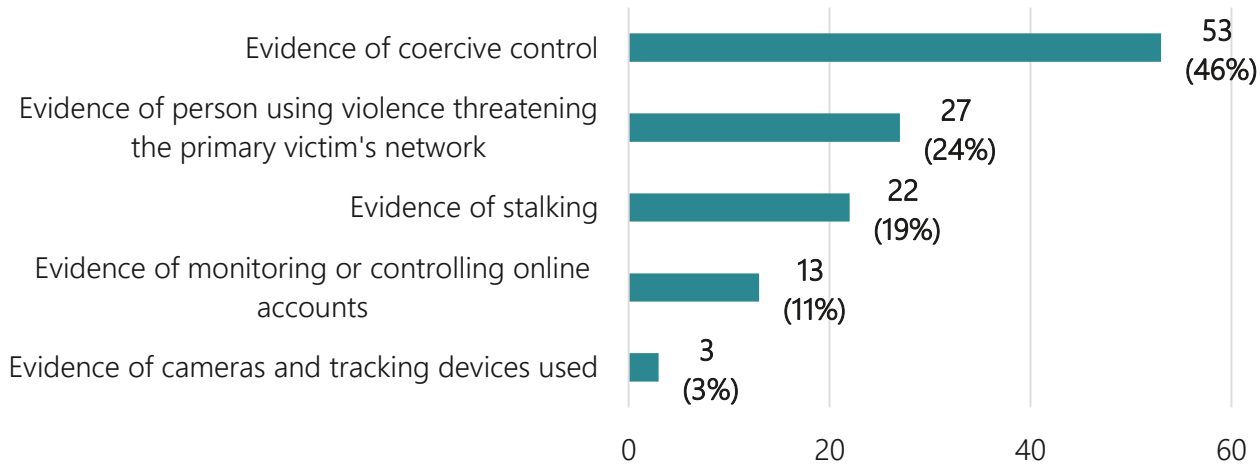


Figure 3.6: Evidence of risk factors present in the domestic and family violence relevant relationship, Queensland, 1 July 2019–30 June 2025 (n=114).[45]

[44] Data presented is based on information available in records at the time of review. While care is taken to identify and record all relevant characteristics, some information may be incomplete, unavailable, or not documented in source records. Consequently, reported figures may understate the prevalence of characteristics, and the absence of a recorded characteristic does not necessarily indicate its absence in the homicide event or relevant relationship.

[45] Ibid.

Board's reflection on data trends about domestic and family violence-related homicides in Queensland

The Board's analysis of DFV-related homicides in Queensland continues to highlight patterns and risk factors which are consistent with contemporary research and national evidence. These findings provide important insights into the nature of DFV-related homicides and to identify opportunities to strengthen prevention, intervention, and systemic responses.

Prevalence of DFV-related homicide

DFV-related homicides continue to represent a substantial proportion of homicides in Queensland. While annual numbers fluctuate, DFV remains a considerable contributor to homicide deaths. The persistence of these deaths over time demonstrates the ongoing need for coordinated prevention efforts and sustained system reform.[46]

The gendered nature of DFV-related homicide

The data reinforces the gendered nature of DFV. Women continue to be disproportionately represented among victims of DFV-related homicide, particularly in the context of current or former intimate partner relationships. Children are also impacted, either as direct victims or through their exposure to DFV and its consequences.

In contrast, most people who use violence and are responsible for DFV-related homicides are men, and most commonly current or former intimate partners of the victim. These findings reflect established evidence regarding the gendered nature of DFV and coercive control.

Disproportionate impact on First Nations peoples

First Nations peoples continue to be disproportionately affected by DFV-related homicides in Queensland. The Board's data shows First Nations peoples are over-represented among DFV-related homicide victims, accounting for 19 per cent of victims despite comprising 4.6 per cent of Queensland's population.

The Board acknowledges the over-representation of First Nations peoples reflects the ongoing impacts of intergenerational trauma, colonisation, systemic disadvantage, and barriers to accessing culturally safe and appropriate services. It also highlights the importance of ensuring prevention, early intervention, and response efforts are informed by the voices, knowledge, and leadership of Aboriginal and Torres Strait Islander peoples.

The Board recognises that addressing the disproportionate impact of DFV on First Nations peoples requires sustained, culturally responsive, and community-led approaches. The Board continues to

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[46] In 2024–25 The Queensland Crime report notes there were 37 occasions of Homicide (Murder) in Queensland. The State of Queensland (Queensland Treasury) *Crime report, Queensland, 2024–25*. https://www.qgso.qld.gov.au/issues/7856/crime-report-qld-2024-25.pdf.

advocate that collaboration with First Nations communities and organisations is critical to strengthening responses, improving outcomes, and helping to prevent future deaths.

Indicators of heightened lethality risk

The data regarding DFV-related homicides continues to identify recurring risk factors. While no single factor predicts a homicide, the presence of multiple risk indicators may signal an elevated risk of lethal violence.

Commonly identified risk factors include:	
A history of DFV, including previous acts of violence, threats, stalking, coercive control, or non-fatal strangulation.	The existence of current or previous domestic violence protection orders.
Actual or threatened separation in intimate partner relationships.	Escalation in the frequency or severity of violence.
The primary victim's perception escalating risk.	Substance use, mental health concerns, and other complex vulnerabilities.

These findings reinforce the importance of early identification, risk assessment, information sharing, and timely intervention.

Data, evidence and continuous learning

Comprehensive data collection and analysis remain essential to understanding the characteristics, trends, and circumstances of DFV-related deaths in Queensland. The Board, supported by the DFVDRU, continues to collect and analyse information about these deaths to identify emerging issues, monitor trends, and support evidence-informed reform.

This work enables the Board to build a stronger understanding of how and why DFV-related deaths occur and to provide recommendations that support a more effective, responsive, and accountable system for all Queenslanders.

Domestic and family violence-related suicides

Understanding the prevalence and characteristics of DFV-related suicides[47] remains a significant challenge both in Queensland and nationally. Unlike DFV-related homicides, DFV-related suicide deaths are often finalised more quickly through police and coronial processes, which can limit the amount of information available for review and analysis. The contribution of DFV to a suicide death may also be less visible within available records, particularly where experiences of violence, or use of violence, have not been disclosed to services, reported to police, or otherwise documented. Stigma associated with both suicide and DFV can further affect the availability and quality of information, making identification and classification of DFV-related suicides inherently complex.

The Board is aware these challenges have implications for data collection, prevalence reporting and systemic review. Reliable identification of DFV-related suicides depends on access to comprehensive and consistent information from a range of sources. Where information is incomplete, it can be difficult to determine the role of DFV in a person's death, identify common risk factors, or understand patterns across cases. As a result, the prevalence of DFV-related suicides may be underestimated, limiting the evidence base available to inform prevention, policy and service responses.

The importance of improving data quality and understanding prevalence is increasingly being recognised at a national level. In 2025, the Australian Government referred an inquiry to the House of Representatives Standing Committee on Social Policy and Legal Affairs to examine the relationship between domestic, family and sexual violence and suicide, including how more accurate data and trend information can be obtained. The inquiry reflects growing recognition that improved data collection, identification and reporting are critical to understanding the extent of DFV-related suicides and strengthening prevention efforts.[48]

Consistent with this national focus, the DFVDRU and the Board commenced a data quality project to strengthen the identification and recording of DFV-related suicides within its own data collection and monitoring processes. The project is examining existing methodologies, inclusion criteria, available information sources, and opportunities to improve the consistency, accuracy and completeness of data. This work will support future prevalence reporting and provide a stronger foundation for systemic reviews, enabling the Board to better understand the circumstances and system interactions associated with these deaths.

Given this work is ongoing, data regarding DFV-related suicides will not be reported for the current reporting period. However, the Board notes the absence of robust prevalence data regarding DFV-related suicide deaths is itself a systemic issue. Without reliable data, the full impact of DFV cannot be

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[47] DFV-related suicides comprise both primary victims and person's using violence in a relevant relationship.

[48] The Standing Committee on Social Policy and Legal Affairs (the Committee) adopted an inquiry into the relationship between domestic, family and sexual violence (DFSV) and suicide on 28 October 2025, following a referral from the Minister for Social Services, the Hon. Tanya Plibersek MP. The Committee is inquiring into the relationship between DFSV victimisation and suicide, and how more accurate data and trends on DFSV deaths can be obtained.
https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/DFSVSuicidedata.

accurately understood, and opportunities for prevention, early intervention and system improvement may be missed. The Board's current data quality project seeks to address these limitations and contribute to a more comprehensive understanding of DFV-related suicides in Queensland.

The current limitations in available data should not be interpreted as an absence of DFV-related suicides. Rather, they highlight the need for improved identification, recording and information sharing processes to ensure these deaths are visible. The Board remains committed to ensuring those who take their lives following an experience of DFV (both persons using violence and primary victims) are not overlooked. Through careful review of these deaths, the Board seeks to honour their experiences, learn from the circumstances which preceded their deaths, and drive systemic improvements aimed at preventing similar tragedies in the future.

Section Four: Appendices

Appendix A: Remuneration of the Board

Domestic and Family Violence Death Review and Advisory Board.					
Act or instrument	*Coroners Act 2003* (Qld).				
Functions	Review DFV-related deaths.				
Achievements	In 2025–26, the Board met on six occasions, including three case review meetings. A total of 19 cases were reviewed in this period involving 21 deaths.				
Financial reporting	The Board is audited as part of the Department of Justice. Accounts are published in the annual report.				
Remuneration					
Position	Name	Meeting/ sessions attendance	Approved fee per meeting attended	Approved sub-committee fees (if applicable)	Actual fees received
Chair	Stephanie Gallagher*	Three (3)			
Deputy Chair	Nadia Bromley	Five (5)	$300		$1,500
Member	Ben Bjarnesen	Five (5)	$300		$1,500
Member	Anne Butcher	Five (5)	$300		$1,500
Member	Meegan Crawford*[49]	Zero (0)			
Member	Julia De Boos*	Five (5)			
Member	Kirsten Firman	Five (5)	$300		$1,500
Member	Lucy Gregory	Three (3)	$300		$900
Member	Sarah Hyde*	Three (3)			
Member	Katherine Innes*[50]	Three (3)			
Member	Keryn Ruska	Four (4)	$300		$1,200
Member	Paul Stewart*[51]	One (1)			
Member	Brian Sullivan	Six (6)	$300		$1,800
Member	Aletia Twist[52]	Zero (0)	$300		
No. scheduled meetings/sessions	Six (6)				
Total out of pocket expenses	$1,187.26				

* Public sector employees are not paid fees unless approved by the Queensland Government.

[49] Six meetings were attended by a proxy nominated by the Department of Families, Seniors, Disability Services and Child Safety.
[50] Assistant Commissioner Innes resigned from the Board on 27 March 2026. Three meetings were attended by a proxy nominated by the Queensland Police Service.
[51] Commissioner Stewart's term on the Board concluded on 10 March 2026. Two meetings were attended by a proxy nominated by Queensland Corrective Services.
[52] Ms Aletia Twist resigned from the Board on 10 February 2026.

Appendix B: Progress in implementing the Board's recommendations

The Queensland Government provided the following implementation updates for Board recommendations in the 2025–26 financial year. The tables below provide a summary of the status of recommendations made by the Board where implementation is in progress.[53]

Recommendations implemented in 2025–26		
Recommendation		Implementation status and Government update
Recommendations from 2020–21 DFVDRAB Annual Report		
3	Accepted by Queensland Government That the Queensland Government explore the development of an approach to triage and case management for domestic and family violence cases before the Magistrates and District Courts to identify those that are complex, high risk or that involve cross applications for protection orders. This should seek to ensure that all relevant evidence is available to inform judicial decision-making, beyond the information gathered by police at scene at a point of crisis. This approach should focus on identifying all relevant information and enable the gathering of additional information where gaps are identified to support judicial decision-making. It should also take into account what is known about systems abuse, and the inherent disadvantage that many victims of domestic and family violence face in their interactions with the justice	Implemented The Queensland Government's response to the recommendation complete. As at 30 June 2025 the Attorney-General and Minister for Justice and Minister for Integrity and the Queensland Police Service responded: In response to this recommendation, the Department of Justice (DoJ) developed a research paper outlining best practice in domestic and family violence (DFV) risk assessment, triage and case management within the court system, in addition to completion of a jurisdictional comparison and consultation strategy. A review was also undertaken to understand the current landscape and the reform work that has been delivered across Courts and Tribunals since the recommendation was made by the Board; to identify and understand what gaps currently exist in risk assessment, triage and case management. This review demonstrated the recommendation has been delivered through the reform already implemented, and the work will continue to be prioritised through current Government Commitments. The Domestic and Family Violence and Sexual Violence Safety Framework – Delivering Safer Courts 2024-2034 (the Safety Framework), delivered in response to Recommendation 49 of the Women's Safety and Justice Taskforce first report, provides a 10-year commitment to improve court safety by ensuring court services are inclusive, safe, supportive and accessible for people impacted by DFV and sexual violence (SV). The Safety Framework is underpinned by five priorities, including for Queensland Courts to meet the safety needs of victims impacted by DFV, coercive control, and SV (including systems abuse) through accessible justice services, and for the design of Queensland Courts which promotes safety, and positive health and wellbeing, for all staff and people attending courts. In addition, the Domestic and Family Violence Protection (Combating Coercive Control) and Other Legislation Amendment Act 2023 introduced the requirement for cross applications to be heard before the same court, with the court to decide which of the parties is the person most in need of protection in the relationship. This Act also introduced the requirement for the court to be given the respondent's criminal history and domestic violence history to inform decision-making. Work is also continuing to embed the revised Common Risk and Safety Framework as a whole-of-system framework for recognising, assessing and responding to domestic and

[53]Implementation updates provided by Government are available on the Board's website, including those provided this financial year. https://www.coronerscourt.qld.gov.au/dfvdrab/annual-reports-and-government-responses.

Recommendations implemented in 2025–26		
Recommendation		Implementation status and Government update
	system as well as existing models operating in other jurisdictions or courts.	family violence (Recommendation 21 of the Women's Safety and Justice Taskforce first report). The Government has also committed to delivering a justice system for Queensland that prioritises the rights of victims, is efficient, fair and makes the community safer. The DoJ is playing a key supporting role in the design and delivery of a professional victim advocacy service for victims of crime in Queensland, in consultation with key stakeholders and victims to ensure it is practical and makes a real difference. Finally, work is being explored to deliver enhanced digital solutions within Queensland Courts for DFV matters to improve safety, reduce delays and align Queensland's DFV response with national best practices. The Safety Framework, legislative reform, reform delivered in response to the Women's Safety and Justice Taskforce reports, the Commission of Inquiry into Queensland Police Service responses to DFV, current Government Commitments and future Government priorities are ensuring judicial officers are provided with all relevant information and evidence to inform decision making. This recommendation is now implemented.
6	Accepted by Queensland Government That the Queensland Government explore trauma informed options to improve the accessibility, availability and acceptability of longer term supports for victims and their children beyond the point of crisis to support them to rebuild their lives. There should also be consideration of the longer-term support needs of perpetrators of domestic and family violence to embed ongoing behavioural change and improve protective outcomes for victims and their children.	Implemented The Queensland Government's response to the recommendation is in progress. As at 31 December 2023, the Attorney-General and Minister for Justice and Minister for the Prevention of Domestic and Family Violence, Minister for Fire and Disaster Recovery and Minister for Corrective Services, Minister for Education and Minister for Youth Justice and Minister for Child Safety, Minister for Seniors and Disability Services and Minister for Multicultural Affairs responded: The Queensland Government continues to provide funding to non-government specialist services to provide trauma-informed crisis and longer-term support to victim-survivors of domestic, family and sexual violence (DFSV). Opportunities to improve the accessibility and availability of longer-term supports continue to be explored. The new five-year DFSV strategic investment plan is in development, informed by a state-wide DFSV sector investment review, and in consultation with Queensland Government agencies. The development of this investment plan continues to explore service delivery models and ways to further build the capacity and capability of the sector and meet the longer-term needs of victim-survivors of domestic family violence and of people using violence. The Queensland Government has prioritised a 30 percent increase in funding to existing community men's behaviour change programs and to support victim advocates for behaviour change programs. A number of trials will continue to be designed and implemented to inform the establishment of a perpetrator network, build on the understanding of perpetrator accountability, intervention and behaviour change and ensure victim-survivor safety. A whole-of-government domestic, family and sexual violence service audit to analyse the current allocation of DFSV investment funding will be conducted.

Recommendations in progress in 2025–26		
Recommendation		Implementation status and Government update
Recommendations from 2020–21 DFVDRAB Annual Report		
1	Accepted by Queensland Government That the Queensland Government explore opportunities to improve service collaboration, and the coordination of support provided to families, particularly children, bereaved by a domestic and family violence death. This should consider existing approaches to postvention support for those bereaved by suicide or homicide.	In progress The Queensland Government's response to the recommendation is in progress. As at 31 December 2023 the Attorney-General and Minister for Justice, Minister for the Prevention of Domestic and Family Violence, Minister for Health, Mental Health and Ambulance Services and Minister for Women, Minister for Police and Community Service, Minister for Education and Minister for Youth Justice and Minister for Child Safety, Minister for Seniors and Disability Services and Minister for Multicultural Affairs responded: The Department of Justice and Attorney-General has commenced consultation with government agencies and will undertake further consultation with key non-government agencies supporting victims of homicide and domestic and family violence. The Department of Justice and Attorney-General is mapping existing models of support, assisted through consultations. This mapping will further identify opportunities for collaboration and coordination, to enhance service responses for bereaved children and families. The Department of Justice and Attorney-General through the Victim Services Funding Program (VSFP) also funds Queensland Victim Homicide Support Group (QVHSG) to provide trauma informed specialised support for people (including children) who have been impacted by homicide. In the financial year 2023–24 the Government provided additional temporary uplift funding over a five-year period to the VSFP which includes QVHSG. These funds were to meet current service delivery demands.
Recommendations from 2023–24 DFVDRAB Annual Report		
1	Accepted by Queensland Government Relevant risk assessment that includes more nuanced measure of intimate partner sexual violence (IPSV). Practitioners in the domestic and family violence (DFV) sector, including health professionals such as General Practitioners, community nurses and those working in emergency departments have an opportunity to identify and address high-risk DFV and IPSV. Equally, practitioners from the sexual violence sector also have an opportunity to identify and address high-risk DFV and IPSV. As such, there is an identified need for specific training in DFV and IPSV for health practitioners and those working in the sexual violence sector. The Board recognises that current risk assessment tools and frameworks used in Queensland may not be nuanced enough to identify the risk of IPSV. There is a need to review current risk assessments to identify the adequacy and appropriateness of questions related to IPSV. Additional support is also needed to guide practitioners to ask these questions in a manner that ensures that the primary victim (PV) or Person using violence (PUV) can identify any IPSV present in the relationship. A review of supporting guidelines for practitioners is therefore required. The Board suggests resources that could be used to guide the review, and development of practitioner 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. • IACP's Sexual assault incident reports investigative strategies; and • IACP's Successful trauma informed victim interviewing guide.	Implementation updated not provided by Government for 2025–26 reporting period.

Recommendations in progress in 2025–26		
Recommendation		Implementation status and Government update
3	Accepted in principle by Queensland Government Accessible and linked datasets to identify IPSV The finding that information sharing and data integration across systems in contact with PVs and PUVs is crucial for preventing DFV-related homicide and suicide has been a persistent finding across various reviews. The Board acknowledges that health practitioners hold a crucial piece of the puzzle as they have opportunities to detect and respond to high-risk cases of DFV and IPSV. The Board also acknowledges and encourages the progress Queensland Health has made in replacing paper-based medical records with Integrated Electronic Medical Record (ieMR). There are 16 sites with ieMR, with a further 14 future sites noted on the department website. Across Queensland, health services are at various stages of technological improvement in record keeping, particularly in relation to the ieMR. The provision of timely and accurate records is possible through the ieMR system which is available in larger health services. Regional, rural, and remote services typically have paper-based health records which are required to stay on the main campus with the patient. This technological gap between services may result in challenges to the provision of timely and accurate records. Further, it can create inconsistencies in data collection. Information about injuries in Queensland can be recorded by the type of physical injury with which a patient presents to the emergency department or upon admission. Current injury data records the classification of diseases, injury and related health problems by the type of injury for a patient admission to hospital in accordance with ICD-10-AM codes — X85-Y09 [Assault]. The ICD records illness and injury but not the context in which it occurred. Domestic abuse is not an ICD diagnosis (although physical and sexual abuse are). There is a need to ensure that data about the context of injury is consistently recorded to allow the system to better understand the prevalence and impact of DFV and IPSV. Further, as paper-based systems are replaced, embedding triggers to consistently flag referrals and in-depth risk assessments for patients presenting with injury in context of DFV or IPSV is needed. There is also a need to embed these triggers to support the health service beyond the hospital setting, as General Practitioners and community nurses have opportunities to detect the presence of DFV and IPSV.	Implementation updated not provided by Government for 2025–26 reporting period.
4	Accepted in principle by Queensland Government Review current models for intensive and escalated responses to high-risk cases of DFV and establish programs for men to address intimate partner sexual violence. Explore opportunities for enhanced risk assessment and education on sexual respect. Bolster existing sexual violence prevention programs and expand to address sexual respect, sexual violence and sexual abuse. The Board recommends the expansion and evaluation of engagement of high-risk persons using violence through High-Risk Teams (HRTs) or other emergent models. Structured guidance and escalation avenues for private practitioners who engage with persons using violence is required.	Implementation updated not provided by Government for 2025–26 reporting period.

In the Board's 2024–25 Annual Report four system issues and corresponding recommendations were raised through the Board's systemic review of DFV-related homicides involving wilful fire-setting.[54] The table below summarises the recommendations:

Government response to recommendations in 2025–26		
Recommendation		Government response
Recommendations from 2024–25 DFVDRAB Annual Report		
1	Build bystander awareness, action, and reporting mechanisms.	Government response not provided for 2025–26 reporting period.
2	Increase appropriateness of DFV services available.	
3	Assessment of risk and safety planning when there is a threat of fire-related violence.	
4	Address data gaps and the need for further research.	

[54] Queensland Domestic and Family Violence Death Review and Advisory Board (2025) 'Annual Report 2024–25'. https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf and https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0006/905253/system-issue-paper-dfv-related-homicide-involving-wilful-fire-setting.pdf.

Appendix C: Australian Domestic and Family Violence Death Review Network Homicide Consensus Statement

Background and purpose

Following the implementation of DFV death review mechanisms in several Australian jurisdictions, the Australian Domestic and Family Violence Death Review Network (ADFVDRN) was established in March 2011. ADFVDRN comprises representatives from each of the established Australian death review teams, namely:

a) Domestic Violence Death Review Team (New South Wales).
b) Domestic and Family Violence Death Review Unit (Queensland).
c) Domestic and Family Violence Death Review (South Australia).
d) Victorian Systemic Review of Family Violence Deaths.
e) Review Team Ombudsman Western Australia.
f) Family Violence Death Review Unit (Northern Territory).

The overarching goals of ADFVDRN are to, at a national level:

a) improve knowledge regarding the frequency, nature, and determinants of domestic and family violence deaths.
b) identify practice and system changes that may improve outcomes for people affected by domestic and family violence and reduce these types of deaths.
c) identify, collect, analyse, and report data on domestic and family violence related deaths.
d) analyse and compare domestic and family violence death review findings and recommendations. [55]

These goals align with the *National Plan to Reduce Violence Against Women and their Children 2022–2032*.[56]

Definitions

This Consensus Statement defines the inclusion criteria adopted by ADFVDRN for DFV homicide. While there is no universally agreed definition of the behaviours that comprise DFV, in Australia it includes a spectrum of physical and non-physical abuse within an intimate or family relationship. DFV behaviours include physical assault, sexual assault, threats, intimidation, psychological and emotional abuse, social isolation, and economic deprivation. Primarily, DFV is predicated upon inequitable relationship dynamics in which one person exerts power and coercive control over another. This accords with the definition of family violence contained in the *Family Law Act 1975* (Cth), which is adopted by ADFVDRN.

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[55] www.anrows.org.au/project/australian-domestic-and-family-violence-death-review-network-national-data-update/.
[56] Commonwealth of Australia (2022) 'National Plan to End Violence against Women and Children 2022–32'. www.dss.gov.au/ending-violence.

The definition of 'homicide' adopted by ADFVDRN is broader than the legal definition of the term. 'Homicide', as used by ADFVDRN, includes all circumstances in which an individual's intentional act, or failure to act, resulted in the death of another person, regardless of whether the circumstances were such as to contravene provisions of the criminal law.

Surveillance

The World Health Organization (WHO) defines surveillance as:

> *'... systematic ongoing collection, collation and analysis of data and the timely dissemination of information to those who need to know so that action can be taken.'* [57]

Surveillance processes produce data describing the frequency and nature of mortality and morbidity at the population level. This serves as a first step to the identification of risk factors to target preventive intervention. ADFVDRN applies these principles to ensure a consistent and standardised approach to data collection and analysis. To identify the target population and opportunities for intervention, surveillance of DFV homicide incidents is conducted both retrospectively and prospectively.

Categorisation

Identification and classification of DFV deaths is complex and needs to be conducted cautiously. The key considerations in this area are the:

a) case type.
b) role of human purpose in the event resulting in a death (intent).
c) relationship between the parties (i.e., the deceased-offender relationship).
d) DFV context (i.e., whether or not the homicide occurred in a context of DFV).

Consideration 1: Case Type

Determination of case type (i.e., external cause, natural cause, unknown cause) is the first consideration for classification. An external cause death is any death caused, directly or indirectly, by a person using violence through the application of assaultive force or by criminal negligence. In cases where the cause of death is unknown, the death is monitored until further information is available.

Case type	Definition	Inclusion
External cause	Any death resulting directly or indirectly from environmental events or circumstances that cause injury, poisoning and/or other adverse effect.	Yes
Unexplained cause	Deaths for which it is unable to be determined whether it was an external or natural cause.	No
Natural cause	Any death due to underlying natural causes. Includes chronic illness due to long-term alcohol abuse/smoking.	No

[57] Adopting the definition in Last J (ed) (2001) 'A Dictionary of Epidemiology (4th ed)', Oxford: Oxford University Press.

Consideration 2: Intent

The second consideration is to establish the role of human purpose in the event resulting in the external cause death. In accordance with the WHO International Classification of Disease (ICD-10), the intent is coded according to the following categories.

Intent	Definition	Inclusion
Assault[58]	Injury from an act of violence where physical force by one or more persons is used with the intent of causing harm, injury, or death to another person, or an intentional poisoning by another person. This category includes intended and unintended victims of violent acts (e.g., innocent bystanders).	Yes
Neglect[59]	Deaths arising from a failure to meet the ongoing basic needs of a person who is dependent on another person for their care. This includes acts or omissions on the part of a caregiver that are deliberate, irresponsible, or reckless. Examples include failure to provide the necessities of life such as food, water, shelter, clothing, or failure to seek medical attention.	Yes
Complications of medical or surgical care	Death which occurred due to medical misadventure, accidents, or reactions in the administration of medical or surgical care drugs or medication.	No
Intentional self-harm	Injury or poisoning resulting from a deliberate violent act inflicted on oneself with the intent to take one's own life or with the intent to harm oneself.	No
Legal intervention/ operations of war	Death which occurred due to injuries that were inflicted by police or other law-enforcing agents (including military on duty), in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order or other legal action.	Yes (where DV context present)
Still enquiring	Death under investigation whereby the intent or case type is not immediately clear based on the level of information available.	No
Undetermined intent	Events where available information is insufficient to enable a person to make a distinction between unintentional, intentional self-harm and assault.	No
Unintentional	Injury or poisoning that is not inflicted by deliberate means (i.e., not on purpose). This category includes those injuries and poisonings described as unintended or "accidental", regardless of whether the injury was inflicted by oneself or by another person.	No

[58] Mortality classification systems refer to 'homicide' as 'assault.'
[59] DFVDRU recognises Neglect as a standalone category for intent.

Intent	Definition	Inclusion
Unlikely to be known	Upon case completion, the coroner was unable to determine whether the death was due to Natural or External causes, therefore unable to make a determination on intent.	No

Consideration 3: Relationship

The third consideration for classification is whether a domestic or familial relationship existed between the deceased and the person using violence. ADFVDRN recognises the various state and federal legislative instruments that define and address deceased–offender relationship. It is acknowledged the member jurisdictions operate within the following legislative frameworks:

a) *Coroners Act 2009* (NSW).
b) *Domestic and Family Violence Protection Act 2012* (Qld).
c) *Family Violence Protection Act 2008* (Vic).
d) *Intervention Orders (Prevention of Abuse) Act 2009* (SA).
e) *Restraining Orders Act 1997* (WA) and *Parliamentary Commissioner Act 1971* (WA).
f) *Domestic and Family Violence Act 2007* (NT).

Each review team recognises current or former intimate partners (heterosexual and homosexual), family members (adults and children), and kin, as relevant relationships. To standardise the inclusion and categorisation of relationship type, the following definitions are adopted ADFVDRN.

Relationship type	Definition	Inclusion
Intimate[60]	Individuals who are or have been in an intimate relationship (sexual or non-sexual).	Yes
Relative[61]	Individuals, including children, related by blood, a domestic partnership or adoption.	Yes
Aboriginal and/or Torres Strait Islander kinship relationships	A person who under Aboriginal and/or Torres Strait Islander culture is considered the person's kin.	Yes
No relationship	There is no intimate or familial relationship between the individuals.	Yes (where DFV context present)
Unknown	Relationship is unknown.	No

[60] This includes current and former intimate relationships irrespective of the gender of the individuals.
[61] This includes formal and informal family-like relationships, and explicitly includes extended family-like relationships that are recognised within that individual's cultural group.

Consideration 4: Domestic and family violence context

Having determined a homicide has occurred and a domestic relationship exists between the deceased and person using violence, the final consideration for classification is whether the homicide occurred in a domestic or family violence context. Deaths that fulfil these criteria are defined as DFV homicides and are subject to review by each jurisdiction.

Each jurisdiction can also review deaths where no direct domestic relationship exists between the deceased and person using violence, but the death nonetheless occurs in a context of DFV. For example, this might include a bystander who is killed intervening in a domestic dispute, or a new partner killed by their current partner's former abusive spouse.

Similarly, ADFVDRN recognises the existence of an intimate or familial relationship between a deceased and person using violence does not constitute a DFV homicide. In these deaths, other situational factors determine the fatal incident, such as the person using violence experiencing an acute mental health episode. These deaths do not feature many of the characteristics known to define DFV, such as controlling, threatening or coercive behaviour; having previously caused the other person to feel fear; or evidence of past physical, sexual, or other abuse.

In addition to the above, the DFVDRU also recognises that a single act causing death may be considered a DFV homicide where there are indicators the act was designed to threaten, control, coerce or to cause the victim fear prior to their death.

Appendix D: Support services

If you, or someone you know, needs immediate help:

Triple Zero (000) is a 24-hour emergency phone number for police, fire fighters or ambulance for anyone requiring assistance in life-threatening or time-critical emergency situations.

If you, or someone you know, is affected by DFV:

» Policelink (131 444) is a 24-hour service for non-urgent incidents, crimes or police inquiries. www.police.qld.gov.au/domestic-violence.

» DVConnect Womensline is a 24-hour crisis support line for anyone who identifies as female being impacted by domestic and family violence. If you identify as gender-diverse you can call the helpline you feel most comfortable with. DVConnect Womensline is contactable on 1800 811 811 or via www.dvconnect.org.

» DVConnect Mensline operates between 9am and midnight, 7 days a week, and is a crisis support line for anyone who identifies as male who is experiencing or using domestic and family violence. If you identify as gender-diverse you can call the helpline you feel most comfortable with. DVConnect Mensline is contactable on 1800 600 636 or via www.dvconnect.org.

» 1800RESPECT is the 24-hour national domestic, family, and sexual violence counselling, information, and support service. 1800RESPECT is contactable on 1800 737 732, SMS on 0458 737 732, or via www.1800respect.org.au.

» Lifeline is a 24-hour telephone counselling and referral service and can be contacted on 13 11 14 or via www.lifeline.org.au.

» 13YARN is a national crisis support line for mob who are feeling overwhelmed or having difficulty coping. Lifeline-trained Aboriginal and Torres Strait Islander Crisis Supporters provide yarning opportunities 24 hours, 7 days a week and can be contacted on 13 92 76 or via www.13yarn.org.au.

» Diverse Voices supports the LGBTQIASB+ community experiencing domestic, family, or sexual violence, or are using violence toward a partner. For more information, or to make an appointment contact Diverse Voices on 07 3111 6729, Monday to Friday from 9am – 4pm or support@divo.org.au. Diverse Voices also works alongside QLife to provide anonymous LGBTI peer support and referral for people wanting to talk about a range of issues including sexuality, identity, gender, bodies, feelings or relationships. Diverse Voices can be contacted on 1800 184 527 between 3pm and Midnight 365 days or via www.diversevoices.org.au.

» Rainbow Sexual, Domestic and Family Violence Helpline is a 24-hour telephone counselling and referral service for anyone from the LGBTQIASB+ community who has experienced sexual, domestic or family violence. This service also assists those who support the LGBTQIASB+ community (family,

friends and professionals). Rainbow Sexual, Domestic and Family Violence Hotline can be contacted on 1800 497 212.

» Kids Helpline is a 24-hour free counselling service for children and young people (5–25 years of age) and can be contacted on 1800 55 1800 or via www.kidshelpline.com.au.

» Suicide Call Back Service can be contacted on 1300 659 467 or via www.suicidecallbackservice.org.au.

» Beyond Blue provides mental health information, support, and hope nationally 24-hours a day. Beyond Blue can be contacted on 1300 224 636 or via www.beyondblue.org.au/get-support.

If you, or someone you know, has lost a loved one to DFV:

» Queensland Homicide Victim Support Group (QHVSG) is a community support group which offers 24-hour support, personal advocacy and education to all people affected by homicides in Queensland. QHVSG is contactable on 1800 774 744 or via www.qhvsg.org.au.

» Queensland Indigenous Family Violence Legal Service (QIFVLS) is a free legal service for Aboriginal or Torres Strait Islander peoples affected by family violence or sexual assault. If you, or your family, need legal support or more information, you can contact QIFVLS on 1800 887 700 or via www.qifvls.com.au.

» Women's Legal Service Queensland (WLSQ) is a community legal centre providing free, statewide legal and social work help to Queensland women. WLSQ provides assistance in domestic violence, family law and sexual violence matters. Contact the statewide Legal Advice Helpline on 1800 957 957 or via www.wlsq.org.au.

» Aboriginal and Torres Strait Islander Community Health Services provide health and wellbeing services and programs for Aboriginal and Torres Strait Islander peoples. To access culturally appropriate health services through your local Aboriginal and Torres Strait Islander Community Health Service check https://qaihc.com.au/our-member-services/.

For guidance regarding responsible reporting on DFV-related homicides:

» Queensland Government's Domestic and Family Violence Media Guide provides information for journalists about responsible reporting of domestic and family violence at www.justice.qld.gov.au/community-engagement/media/dfv-media-guide.

» Our Watch national media guidelines provide tips and information to ensure reporting does not further harm victim-survivors and is part of the solution to DFV. www.ourwatch.org.au/media-reporting/resources/guidelines-for-reporting.

» Mindframe have developed guidelines for safe reporting in relation to substance use, suicide and mental illness for journalists which are available at www.mindframe.org.au.

Appendix E: Glossary of terms

Term	Description
Aggrieved	The person for whose benefit a domestic violence protection order, or Police Protection Notice, is in force under the *Domestic and Family Violence Protection Act 2012* (Qld). In other words, the person the order or notice is designed to protect.
ANROWS	Australian National Research Organisation for Women's Safety.
Apparent suicide	In Queensland, only an investigating coroner can determine that a death is a suicide after considering all the information they have gathered as part of their investigation. Until a coroner has made their findings, these deaths are referred to as 'suspected' or 'apparent' suicides.
Coercive control	An ongoing pattern of behaviour asserted by a person using violence that is designed to induce various degrees of fear, intimidation, and submission in a victim.[62] This may include the use of tactics such as social isolation, belittling, humiliation, threatening behaviour, restricting resources and physical abuse of the victim, children, pets, or relatives. Coercive control also includes acts of physical and sexual violence. From 26 May 2025, coercive control became a criminal offence in Queensland. The offence criminalises patterns of abusive behaviour used to coerce or control a person within a domestic relationship, recognising the serious harm caused by both physical and non-physical forms of domestic and family violence. The maximum penalty is 14 years' imprisonment.[63]
Common-law	When two adults live together in a marriage-like relationship but are not legally married. The couple can be either same sex or opposite sex. This is also known as a de facto relationship.[64]
Deceased	The person/s who died.
DFVPA 2012	*Domestic and Family Violence Protection Act 2012* (Qld).
Domestic and family violence (DFV)	DFV is defined by section 8 of the *Domestic and Family Violence Protection Act 2012* (Qld), means behaviour by a person (the first person) towards another person (the second person) with whom the first person is in a relevant relationship that: (a) is physically or sexually abusive; or (b) is emotionally or psychologically abusive; or (c) is economically abusive; or (d) is threatening; or (e) is coercive; or (f) in any other way controls or dominates the second person and causes the second person to fear for their safety or wellbeing, or that of someone else.

[62] Johnson, M (2008) *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance and Situational Violence,* Boston, University Press of New England.
[63] *Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Act 2024* (Qld), https://www.legislation.qld.gov.au/view/whole/html/asmade/act-2024-005.
[64] *Family Law Act 1975* (Cth), s4AA, www.austlii.edu.au/cgi-bin/viewdoc/au/legis/cth/consol_act/fla1975114/s4aa.html.

Term	Description
Domestic and family violence homicide	Queensland uses a nationally consistent definition of a 'domestic and family violence homicide' as outlined within the ADFVDRN 'Homicide Consensus Statement' that recognises that although there is no universally agreed definition of the behaviours that comprise DFV, in Australia it includes a spectrum of physical and non-physical behaviours including physical assault, sexual assault, threats, intimidation, psychological and emotional abuse, social isolation and economic deprivation. Primarily, DFV is predicated upon inequitable relationship dynamics in which one person exerts power over another. This accords with the definition of family violence contained in the *Family Law Act 1975* (Cth), which is adopted by ADFVDRN. The definition of homicide adopted by ADFVDRN is broader than the legal definition of the term, and includes all circumstances in which an individual's act, or failure to act, resulted in the death of another person, regardless of whether the circumstances were such as to contravene provisions of the criminal law.
Emotional or psychological abuse	Behaviour by a person towards another person that torments, intimidates, harasses or is offensive to the other person.
Episodes of violence	Describes the series of events characterising this type of violence. Referring to episodes of violence (as opposed to 'incidents', for example) allows professionals to consider the repetitive nature of violence perpetration and victimisation, exposing the ongoing vulnerabilities of victims and cumulative risk that person using violence pose both within, and across, relationships.
Filicide	The killing of a child/ren by a parent or caregiver who was under the age of 18 years at the time they died.
Financial abuse	Behaviour by a person that is coercive, deceptive, or unreasonably controls another person without the second person's consent in a way that denies economic or financial autonomy, or by withholding or threatening to withhold financial support necessary for meeting reasonable living expenses if the first person is predominantly or entirely dependent on the first person financially.
High Risk Teams	Seek to support the delivery of coordinated, consistent and timely responses to prevent serious harm or death in cases where victims and their children are assessed as being at high risk. Participating agencies across the service system will work together to enhance victim safety, monitor the high risk posed by the person using violence, and implement strategies that seek to hold the person using violence to account through appropriate information sharing, comprehensive risk assessment and informed safety planning, and increased agency accountability. In Queensland, the funded High Risk Teams form part of the Integrated Service Response trials associated with reforms arising from the final report of the *Special Taskforce on Domestic and Family Violence in*

Term	Description
	Queensland titled *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* (2015).
Homicide event	An event resulting in the unlawful killing of a person.
Homicide offender	The person whose actions, or inaction, caused the person (the deceased) to die.
Integrated Service Response	Refers to the strategic sharing arrangements and the intensive management of cases using common protocols, consistent risk assessment frameworks, and information sharing to support the actions of frontline workers. This also includes the coordination and collaboration of government and non-government agencies to deliver holistic service responses, more efficient pathways through the service system, and coordination of service delivery between agencies. For the purposes of this report, 'Integrated Service Response' refers to the specific approach taken in Queensland as recommended by the Women's Safety and Justice Taskforce.
Intimate partner relationship	Individuals who are or have been in an intimate relationship (sexual or non-sexual), irrespective of the genders of the individuals.
Lethality risk indicators	DFV death review processes are based on the premise that there have been warning signs, and key indicators or predictors of harm, prior to the death. These indicators, such as a noted escalation in violence, non-lethal strangulation or real or impending separation, have been found to have been associated with an increased risk of harm in relationships characterised by DFV.
LGBTQIASB+	There is no single LGBTQIASB+ community, rather a range of identities and experiences which may change over time. The acronym LGBTQIASB+ is used in this report to refer to a diverse population of people who identify as lesbian, gay, bisexual, trans/transgender, queer, intersex, and asexual, and other sexuality, gender, and bodily diverse people and communities. Sistergirl and Brotherboy are used by some Aboriginal and Torres Strait Islander peoples for individuals who live and culturally practice gender roles of the opposite sex assigned at birth (Sistergirl for assigned male at birth, Brotherboy for assigned female at birth).
Person using violence (PUV)	The person who was the aggressor in the relationship prior to the death and who used domestic and family violent abusive tactics to control the victim.
Person using violence interventions	Typically refers to specific programs (for example, behaviour change programs) for person using violence of DFV. These interventions generally seek to change men's attitudes, beliefs, and behaviour to prevent them from engaging in violence in the future.[65]

[65] Mackay, E, Gibson, A, Lam, H and Beecham, D (2015) 'Perpetrator Interventions in Australia: Part One – Literature Review'. *Landscapes: State of Knowledge Paper.* www.anrows.org.au/publication/perpetrator-interventions-in-australia/.

Term	Description
Person most in need of protection	The *Domestic and Family Violence Protection Act 2012* (Qld) requires consideration be given to the person most in need of protection in circumstances where there are mutual allegations of violence.
Police Protection Direction (PPD)	Section 100B of the *Domestic and Family Violence Protection Act 2012* (Qld) enables a police officer to make a Police Protection Direction (PPD) if certain conditions are met. A PPD is a temporary protection order issued by police for a period of up to 12 months. It requires the respondent (the person using violence) not to commit domestic violence against the aggrieved (victim-survivor) or any other person named on the direction. Police may issue a PPD where they consider immediate protection is required and it is appropriate to deal with the matter without a court application. Contravening a PPD is a criminal offence.
Police Protection Notice (PPN)	From 1 January 2026, Section 101 of the *Domestic and Family Violence Protection Act 2012* (Qld) enables a police officer to make a Police Protection Notice (PPN) if certain conditions are met. A PPN may be made when police attend a location where DFV is occurring or has occurred. A PPN requires the respondent to be of good behaviour towards the aggrieved and may include other conditions stopping the respondent from having contact with the aggrieved. A PPN is taken to be an application for a protection order made by a police officer.
Primary victim (PV)	This is the person who was subjected to DFV in a relevant relationship prior to the homicide event. This could be the homicide deceased, homicide offender, homicide–suicide offender/deceased, and surviving victim.
Protection order	As defined by Part 3 of the *Domestic and Family Violence Protection Act 2012* (Qld), a domestic violence protection order is an official document issued by the court that stipulates conditions imposed against a respondent with the intent to stop threats or acts of DFV.
Relative	Individuals, including children, related by blood, a domestic partnership or adoption. This includes family-like relationships and explicitly includes extended family-like relationships that are recognised within that individual's cultural group. This includes: a child, stepchild, parent, stepparent, sibling, grandparent, aunt, nephew, cousin, half-brother, or mother-in-law.
Relevant relationship	As defined by section 13 of the *Domestic and Family Violence Protection Act 2012* (Qld), includes an intimate partner relationship, family relationship or informal care relationship.
Respondent	A person against whom a domestic violence protection order, or a police protection notice, is in force or may be made under the *Domestic and Family Violence Protection Act 2012* (Qld).
Risk assessment	A comprehensive evaluation that seeks to gather information to determine the level of risk and the likelihood and severity of future violence. Levels of risk

Term	Description
	should be continually reviewed through a process of ongoing monitoring and assessment.
Risk management	An approach to respond to and reduce the risk of violence. Risk management strategies should include safety planning, ongoing risk assessment, plans to address the needs of victims through relevant services (for example, legal, counselling) and liaison between services utilising appropriate information sharing processes.
Safety planning	A safety plan assists a victim to identify and recognise her safety needs and plan for emergency situations. Safety plans can be developed to assist a woman to escape the violent situation, or to remain with the person who has abused her. In either case, the aim of the safety plan is to assist the victim to stay, or to leave, as safely as possible.
Service system	A term used to refer to all services and agencies that play a role in identifying and responding to DFV including health and mental health services, alcohol and other drug services, child protective services, police, corrections, court services, housing services and DFV services.
Special Taskforce on Domestic and Family Violence in Queensland (the Special Taskforce)	Established on 10 September 2014 to define the DFV landscape in Queensland and make recommendations to inform the development of a long-term vision and strategy to stop domestic and family violence, the Special Taskforce's Final Report, *Not Now, Not Ever: Putting an end to domestic and family violence in Queensland* (2015), made 140 recommendations that have now been implemented.
Specialist domestic and family violence services	Services designed to provide frontline support and resources to individuals affected by DFV (for example, victim services, women's refuges, person using violence intervention programs).
Victim	The person who was the primary victim of DFV in the relationship and the person most in need of protection.
Women's Safety and Justice Taskforce (the Taskforce)	Was established as an independent, consultative taskforce by the Queensland Government to examine coercive control and review the need for a specific offence of domestic violence and the experience of women across the criminal justice system. The Taskforce has reported twice—in 2021 and 2022.



Queensland Government