

ACT DOMESTIC AND FAMILY VIOLENCE REVIEW

**DOMESTIC AND FAMILY
VIOLENCE HOMICIDES
2000 – 2022**

BIENNIAL REPORT | 2023



ACKNOWLEDGEMENT OF COUNTRY

We wish to acknowledge the Ngunnawal people as traditional custodians of the land on which this report was prepared and recognise any other people or families with connection to the lands of the Australian Capital Territory (ACT) and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

HONOURING THEIR STORIES

We acknowledge the suffering endured by the victims of domestic and family violence. We recognise that each victim was a person with a unique story. We also recognise the families and friends of the victims. We pay special respect to the children of the victims, who have endured unimaginable hardships.

Each life lost is a powerful reminder of the need for change. In honouring the memories of the victims and their children, the commitment to examining systemic issues and work towards informing change to prevent and respond to domestic and family violence must not stop.

CONTENT DISCLAIMER

The data and information presented in this report is based on a range of different sources. Some information on case files or records may be incomplete, inconsistent, missing or not capture the full range of complexities and details for each case. A small number of historical homicide cases were analysed through in-depth case reviews to inform the themes and findings of this report.

TERMINOLOGY

We note that there are a range of terms used to refer to people who have experienced domestic and family violence. Throughout this report, the term ‘victims’ is used to refer to those who have died because of domestic and family violence in acknowledgement of not having survived the violence and its impacts.

ACKNOWLEDGEMENT OF CONTRIBUTORS

We extend our gratitude to the numerous agencies and individuals, including in the DFVR team, whose invaluable contributions made this review, and this report possible.

We acknowledge and appreciate the cooperation of all the agencies that provided information to the DFVR. Their willingness to share this information has been instrumental in supporting a thorough and informed review.

CONTENT WARNING

Domestic and family violence is a confronting issue and could be triggering to some people. This report contains information that may be distressing to readers, including accounts of violence, suicide, and self-harming behaviour. Please take care while reading this report and seek support if you need it.

24/7 HOTLINES

1800 RESPECT

Who: Anyone impacted by DFSV

Ph: 1800 737 732

W: 1800respect.org.au

Full Stop Australia

Who: Anyone impacted by DFSV

Ph: 1800 385 578 (1800 FULL STOP)

W: fullstop.org.au

Lifeline

Who: Anyone feeling suicidal, overwhelmed or having difficulty coping or staying safe

Ph: 13 11 14

W: lifeline.org.au

Kids Help Line

Who: Anyone aged 5-25 years old for any reason

Ph: 1800 55 1800

W: kidshelpline.com.au

13YARN

Who: Anyone who identifies as Aboriginal and Torres Strait Islander, who requires support for any reason

When: 24 hours, 7 days a week

Ph: 13 92 76

W: 13yarn.org.au

LOCAL SUPPORT SERVICES

Domestic Violence Crisis Service (DVCS)

Who: Anyone impacted by DFV in the ACT

When: 24 hours, 7 days a week

Ph: (02) 6280 0900

W: dvcs.org.au

Victim Support ACT (VSACT)

Who: Anyone who is a victim of a crime committed in the ACT

When: 9am-5pm, Monday-Friday

Ph: 1800 822 272 or (02) 6205 2022

W: victimsupport.act.gov.au

Canberra Rape Crisis Centre (CRCC)

Who: Anyone impacted by sexual violence

When: 7am-11pm, 7 days a week

Ph: (02) 6247 2525

W: crcc.org.au

Multicultural Hub Canberra

Who: Anyone with a multicultural background

When: 9am-5pm, Monday-Friday

Ph: (02) 6100 4611

W: mhub.org.au

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LETTER OF TRANSMITTAL

Minister Yvette Berry
Deputy Chief Minister
Minister for the Prevention of Domestic and Family Violence
Legislative Assembly
Canberra ACT 2601

Dear Minister Berry

Delivery of the first biennial report of the ACT Domestic and Family Violence Review

I am pleased to present to you the first biennial report of the ACT Domestic and Family Violence Review (DFVR).

I was appointed in December 2021 to undertake research of domestic and family violence (DFV) incidents to identify preventative measures, increase understanding of DFV contexts, impact and circumstances and make recommendations to prevent or reduce the likelihood of DFV.

This biennial report is about the incidents included on the DFV register. A total of 134 cases occurring between 2000 and 2022 are currently on the register as identified or suspected DFV incidents. This report includes a historical review of 12 homicides identified from this register.

This report identified 9 themes revealing the complex dynamics of DFV with a specific focus on perpetrator behaviours. These themes include coercive control, limitations of incident-based responses, patterns of perpetrator behaviour in intimate partner relationships, perpetrator accountability, children and victim resistive behaviour.

While relevant legislation currently prohibits the publication of the stories of individual victims, this report aims to honour their stories and highlight the diversity of their experiences. The report includes deidentified and high-level information that reflects real scenarios and incidents. This information is critical to highlight common themes, experiences and features of DFV and make recommendations for the future.

I thank all the people who have contributed to the work in establishing the DFVR and this first report and commend them for their dedication and commitment. I look forward to continuing this work and expanding to working with other partners in the next reporting period.

This report is a testament to the resilience, strength and legacy of DFV victims. On behalf of all of those who have worked on the DFVR since its inception I extend my sincere condolences to the families and friends of the people whose deaths form part of this report. The DFVR is committed to ongoing work to support prevention and better responses to DFV and to avoiding future deaths.

Yours sincerely



Kirsty Windeyer
Domestic and Family Violence Review Coordinator
31 October 2023

EXECUTIVE SUMMARY

Domestic and family violence is a national and local crisis. In Australia, approximately 1 in 4 women have experienced violence by an intimate partner since the age of 15.¹ Last year, 57 women were killed by male violence in Australia.² So far in 2023, *Counting Dead Women Australia* researchers of *Destroy the Joint* have identified the killing of 43 Australian women.³ DFV is a highly gendered issue and the overwhelming majority of these deaths have been of women at the hands of a current or former male intimate partner.

These numbers are only the tip of the iceberg.

The ACT's Domestic and Family Violence Review (DFVR) was established under the *Domestic Violence Agencies Act 1986 (DVA Act)* to undertake research of domestic and family violence (DFV) incidents to prevent or reduce the likelihood of DFV. The role of the DFVR Coordinator was established to lead this function to collect information about DFV deaths, to identify patterns and trends in relation to DFV, to identify areas for further research and to make recommendations about laws, policies, practices and services to prevent or reduce the likelihood of DFV.

This is the first biennial report of the DFVR. It provides statistical data on all deaths currently on the DFV incident register from 2000-2022. It focuses and analyses a specific subset of DFV incidents, 12 DFV homicides during this period. This foundational work will inform the

next phase of its work and areas for research, such as suicide and more recent incidents.

The first part of this report reflects on progress on previous recommendations made to the ACT Government on DFV, with a view to considering how this report can build on these reforms. The second part of the report provides a snapshot of the DFV deaths and an in-depth review of a sample of 12 DFV [homicides](#) occurring between the year 2000 and 2022 in the ACT.

DFV deaths, particularly homicides, manifest in predictable patterns and trends. The analysis of these homicides identified 9 themes, patterns, and trends.

From these themes, on-going work is identified and recommended. It is imperative that the design of policy and initiatives to address the findings in each of the themes is evidence based and is directed at maintaining the immediate safety of the adult victims and their children and at disrupting perpetrator behaviours.

KEY THEMES

THEME 1: COERCIVE CONTROL

A clear, ongoing pattern of [coercive control](#) was present in almost all the cases. In approximately 75% of these cases there was a clear absence of significant [physical violence](#) prior to the homicide. Despite its prevalence victims, family members and the community generally do not recognise coercive control as DFV, particularly in the absence of physical violence.

¹ Bureau of Statistics' (ABS) 2016 Personal Safety Survey (PSS). <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>

² Liberty, domestic and family violence specialist services. [Domestic and Family Violence Remembrance Day](#).

³ [Destroy the Joint](#), 2023.

This points to the need for increased education and awareness of DFV. This requires a revised definition of DFV which acknowledges that coercive control is an overarching strategy or context for DFV behaviours. This is because coercive control is the gendered context for DFV behaviours rather than a separate tactic or behaviour of DFV itself.

THEME 2: LIMITATIONS OF INCIDENT-BASED RESPONSES

Most victims had little or no engagement with the DFV service system. Where there was some engagement, the contact was not necessarily within proximity to the homicide. Victims, when they did seek support, largely sought support from families and friends.

Responses by agencies when involved were incident based and more responsive to physical violence.

This is an ongoing challenge for all agencies. The ACT Government should actively explore ways to support agencies working and operating using a pattern-based approach.

THEME 3: PATTERNS OF PERPETRATOR BEHAVIOUR IN INTIMATE PARTNER RELATIONSHIPS

An understanding of the progression to homicide reveals it is possible to identify predictive patterns of perpetrator behaviour.

ACT Government should support members of frontline agencies sharing and analysing agency data sets to understand patterns of perpetrator behaviour. Frontline agency research would inform an evidence-based approach to prevention, early intervention and response.

THEME 4: SEPARATION AS A CHARACTERISTIC OF LETHALITY IN INTIMATE PARTNER RELATIONSHIPS

The period around separation is a particularly dangerous risk factor of lethality as the perpetrator experiences a loss of control and/or loss of status. After separation, the risk of lethality increases. This finding is consistent with existing literature.⁴

There is an ongoing need for community-based education campaigns and the training and education of all agencies providing advice (including legal advice) and support to victims of coercive control and DFV about the heightened risk of lethality and the imperative of safety planning when separating or considering separation.

THEME 5: PERPETRATOR INTERSECTIONS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE

Challenges present where there is family violence or intimate partner violence (IPV) and mental health issues. This danger is heightened in circumstances where there is substance abuse.

There is a need for ongoing work to identify the relationships between DFV, mental illness and substance abuse to tailor effective multi-agency perpetrator responses, including supports for families and caregivers.

THEME 6: PERPETRATOR ACCOUNTABILITY

Evidence examined in the review indicated limited acceptance or acknowledgement of personal accountability by the perpetrator, identified through an overall lack of remorse, shifting of accountability and efforts to conceal the homicide. There was evidence of different interventions at different times including

⁴ Backhouse, C., & Toivonen, C. (2018). *National Risk Assessment Principles for domestic and family violence: Companion resource*. ANROWS.

attempts to hold perpetrators accountable – either by the criminal justice system (pre and post homicide) or by the victim (pre homicide).

Further work needs to be done urgently to invest in the development of a perpetrator intervention and response system.

THEME 7: CHILDREN

Children were generally not recognised as victims of DFV. Child centric interventions were not offered. Further, 50% of perpetrators had been exposed to or experienced DFV as a child, demonstrating the destructive cycle of intergenerational violence. These findings reflect the ongoing need to recognise and respond to children as victims of DFV in their own right.

Appropriate responses are needed to support children and young people as victims of DFV within the context of their family. This is necessary as an immediate protective measure and in recognition of the high incidence of experiences of DFV for those who are engaging in harmful behaviours and generally the cross-generational impact of DFV.

THEME 8: CULTURAL DYNAMICS OF DFV IN CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES

Nine of the homicide offenders and victims were from CALD backgrounds. Their experiences highlight the critical need for cultural sensitivity when responding to DFV. Given that DFV occurs differently in CALD communities, it is crucial for response systems to be aware of diverse beliefs, values, customs and religious practices. Response systems should also consider the barriers that CALD victims experience when seeking support, such as language and cultural challenges.

CALD victims often seek support from their cultural/faith communities or leaders. However, research suggests that there is a lack of awareness and understanding in the CALD communities about DFV and as a corollary faith and community leaders often lack the necessary knowledge and skills to provide appropriate support to victims of DFV who do seek support.⁵

THEME 9: ACTS OF RESISTANCE AND HELP-SEEKING BEHAVIOURS FROM FAMILIES AND FRIENDS

A range of behaviours and actions undertaken by victims were observed where they chose to actively resist, protect and seek help for the abuse they were experiencing, including standing up for what they and their children needed, lying to the perpetrator, defending children from abuse and fighting back physically. Sometimes, families and friends are the only ones who might be aware of what is happening behind closed doors at the time when victims are most at risk.

Apart from the need for further education in the community about acts of resistance and victim agency, there is a need for front line agencies, police and the courts to improve its understanding of the nuances of resistive violence in the context of the perpetration of IPV and FV.

SUMMARY OF RECOMMENDATIONS

The following recommendations are intended to inform work currently being undertaken by ACT Government as part of its ongoing commitment to prevent and respond to domestic and family violence.

⁵ Truong, et al (2020). "[Faith-based communities' responses to family and domestic violence.](#)"

The recommendations are directed to all government agencies, ACT Policing, the Courts and the community.

Definition of DFV

1. The ACT Government explore revising the definition of domestic and family violence to recognise that coercive control is an overarching strategy or context for domestic and family violence rather than as a separate tactic or example of the domestic and family violence behaviour itself.

Coercive control, victim resistive behaviour & perpetrator patterns

2. Instigate ongoing education and training in the community and all stakeholders working in frontline services about dynamics of domestic and family violence including coercive control and victim resistive behaviour.
3. All frontline agencies, ACT Policing and the Courts should review policies and procedures to recognise and understand the differences in dynamics of intimate partner violence and family violence.
4. Introduce a tool for ACT Policing and the Courts to assess patterns of coercive control that would detect which party is the perpetrator and which party is using violent resistance to ongoing abuse.
5. The ACT Government should support members of frontline agencies sharing and analysing agency data sets to understand patterns of perpetrator behaviour.

Prevention

6. The ACT Government support the design and implementation of prevention initiatives focused upon all aspects of domestic and family violence.

7. Specialist services that support the culturally and linguistically diverse community to design and implement a domestic and family violence community-based education campaign in partnership with ACT Government as appropriate.
8. Design and apply DFV risk assessment and management tools to address both the immediate safety of the victim and interventions to disrupt perpetrator behaviours.

Risk of death and time of separation

9. Initiate an ongoing community-based education campaign and training and education of all stakeholders working in frontline services about the heightened risk of lethality and the imperative of safety planning when separating or considering separation from the perpetrator.

Children and young people

10. The ACT Government continue to fund appropriate responses to support children and young people as victims of domestic and family violence.

Mental health

11. The ACT Government continue work to identify the intersections between domestic and family violence, mental illness and substance abuse to tailor effective multi-agency supports for families and caregivers including domestic and family violence perpetrator identification and responses.

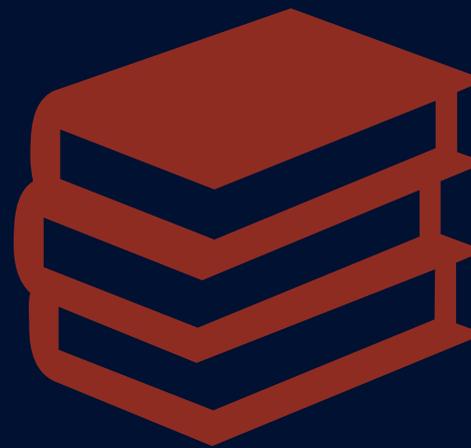
Integrated system

12. The ACT Government support strong cross-service and cross-sector integration and collaboration through infrastructure which enables an integrated system and builds skills.

ABBREVIATIONS

ADFVRN	Australian Domestic and Family Violence Review Network
AFP	Australian Federal Police
AOD	Alcohol and other drug
ANROWS	Australia's National Research Organisation for Women's Safety
AustLII	Australasian Legal Information Institute
CALD	Cultural and linguistically diverse
CAMHS	ACT Health Child and Adolescent Mental Health Services (ACT)
CJS	Criminal justice system
CRCC	Canberra Rape Crisis Centre
CSD	Community Services Directorate
CYPS	Child and Youth Protection Services (ACT)
DFSVO	Domestic, Family and Sexual Violence Office (ACT)
DFV	Domestic and family violence
DFVR	Domestic and Family Violence Review
DVA Act	<i>Domestic Violence Agencies Act 1986</i>
DVO	Domestic Violence Order (<i>now known as Family Violence Order</i>)
DVPC	Domestic Violence Prevention Council
DVCS	Domestic Violence Crisis Service
FV	Family Violence
FVO	Family Violence Order
FVSAP	Family Violence Safety Action Program
GBO	Good Behaviour Order
IOI	Issues of Interest
IPV	Intimate Partner Violence
MARAM	Multi-Agency Risk Assessment and Management Victoria
MBCP	Men's Behaviour Change Program
MHJHADS	Mental Health, Justice Health and Alcohol & Drug Services
NCIS	National Coronial Information System
PCYC	Canberra Police Community Youth Club
PPO	Personal Protection Orders
PROMIS	Police Real Time Online Management Information System
PTO	Psychiatric Treatment Order
RAMF	Risk Assessment Management Framework
TIS	Translation and Interpreter Services

DOMESTIC AND FAMILY VIOLENCE REVIEW



DOMESTIC AND FAMILY VIOLENCE

Domestic and family violence (DFV) is a term used to describe a range of coercive and controlling behaviours that a person uses to intentionally and systematically gain and maintain power and dominance over another person with whom they share (or have shared) an intimate or family relationship.

The ACT's *Family Violence Act 2016* uses the term family violence (FV) to encompass violence occurring between intimate partners, as well as between family members, kinship and other close familial relationships.

DFV can include a range of violent behaviours, including:⁶

- [physical violence](#)
- [coercive control](#) or controlling behaviour
- [sexual violence](#)
- [image-based abuse](#)
- [emotional or psychological abuse](#)
- [verbal abuse](#)
- [social abuse](#)
- [spiritual, religious or cultural abuse](#)
- [elder abuse](#)
- [lateral violence](#)
- [legal abuse](#)
- [financial abuse](#)
- [technology-facilitated abuse](#)
- [stalking and harassment](#), or
- [reproductive abuse](#).⁷

Gendered nature of domestic and family violence

Domestic and family violence is fundamentally gendered. Women, gender-diverse people and children experience domestic and family violence at disproportionate rates. The vast majority of this violence is perpetrated by men and most often, this violence occurs in intimate partner relationships.⁸ [Gender inequality](#) fosters specific drivers of violence against women where DFV is normalised and condoned.

In addition, for many women, gender inequality intersects with other systemic and structural forms of social injustice, discrimination and oppression to create additional drivers of DFV. Recognising intersectionality assists in understanding the causes of DFV and acknowledges that while gender inequality is a necessary condition for violence against women, it is not the only or necessarily the most prominent factor in every context.⁹

⁶ ACT Government Community Services Directorate. [Types of domestic and family violence](#).

⁷ Refer to *Definitions and Key Concepts* for definitions on DFV behaviours.

⁸ Australian Bureau of Statistics (2016), Personal Safety Survey, Australia.

⁹ Our Watch (2023), An Intersectional Approach to Preventing Violence Against Women, <https://www.ourwatch.org.au/the-issue/>.

Contexts of domestic and family violence

DFV manifests differently in intimate partner and in family contexts.

Intimate partner violence describes violence occurring between current or former intimate partners. This includes heterosexual or same-sex couples, who may be dating, cohabiting, or married, where violence may occur both inside and outside of the home.

Family violence refers to violence occurring in a familial context, including within child/parent relationships, extended family relationships and kinship relationships in Aboriginal and Torres Strait Islander communities.

WHY REVIEW DOMESTIC AND FAMILY VIOLENCE DEATHS?

A high proportion of homicides in Australia feature DFV. Data from the Australian Institute of Criminology shows that domestic relationships were the most common type of relationship between a homicide offender and homicide victim.¹⁰

Most death review functions in Australia and worldwide analyse incidents leading up to the death as connected, rather than isolated events. DFV deaths, particularly homicides, manifest in predictable patterns and trends which are often characterised by an ongoing pattern of coercive control prior to the death. Death review functions, therefore, focus on tracking antecedent histories of DFV, producing a chronology that dates back many years prior to the homicide. This timeline provides an opportunity to identify areas of intervention, analyse interactions with service agencies and understand the dynamic nature of risk and its escalation.

Unlike judicial reviews or public inquests, DFV death reviews do not focus on the immediate cause of death or the question of the assignment of responsibility but rather use a DFV lens to analyse relationship dynamics of the parties involved and the nature of the engagement with and response from service agencies.¹¹

Death reviews aim to bridge the gap between data and policy changes by identifying contextual DFV factors present between the homicide offender and victim, leading to substantial system-wide improvements.

In 2009, the Australian Government called for all states and territories to establish DFV death review processes in the [Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and Their Children 2009-2021](#) to 'review deaths that result from DFV, so as to identify factors leading to these deaths, improve system responses and respond to service gaps'. The Second Action Plan 2013 – 2016 of the [National Plan to Reduce Violence against Women and their Children 2010-2022](#) included Action 19, calling for cross-jurisdictional sharing of information through DFV

¹⁰ Australian Institute of Criminology, [Homicide in Australia, 2010-2012](#), National Homicide Monitoring Program Report no.23 (2015).

¹¹ Watt, K. (2008) 'Understanding risk factors of intimate partner femicide: The role of domestic violence fatality review teams', in *Intimate Partner Violence Prevention and Intervention*, A.C. Baldry and F.W. Winkel (eds), 61-81. Nova Science Publisher Inc, p.59.

death reviews to enhance review processes and drive improvements to the way national, state and territory mechanisms work together to prevent DFV homicides.

As a result, a DFV death review function now exists in most Australian states with a mandate to review deaths where there is a known or suspected link to DFV. This work is supported by a national DFV death review network.

The Australian Domestic and Family Violence Review Network (ADFVRN) was established in 2011 to formalise and coordinate collaboration between death review functions across Australia. The ADFVRN comprises representatives from all state and territory DFV death review teams. The aim of the ADFVRN is to share findings and recommendations nation-wide to improve the service system and ultimately prevent future deaths by:

- improving knowledge regarding the frequency, nature and determinants of DFV deaths
- identifying practice and system changes that may improve outcomes for people affected by DFV and reduce these types of deaths
- analysing and comparing themes and issues arising in DFV-related deaths and
- analysing and comparing DFV death review findings and recommendations.

More information in relation to the ADFVRN is at [Appendix D](#).

ESTABLISHMENT & FUNCTIONS OF THE ACT DFVR

In 2014, the ACT Attorney-General requested the Domestic Violence Prevention Council (DVPC) to lead a review of deaths occurring from DFV (DVPC death review). The DVPC death review undertook a retrospective review of 11 deaths occurring in a DFV context between 2000 and 2012 in the [Review of Domestic and Family Violence Deaths in the Australian Capital Territory](#). The recommendations of the DVPC review included that the ACT Government establish a DFV death review mechanism to review all DFV homicides, suicides and [accidental deaths](#).

In the 2016 [ACT Government Response to Family Violence](#), the ACT Government committed to introducing a DFV death review and agreed that a legislative mechanism should be introduced to ensure that the review would have appropriate statutory powers.

In 2020 and 2021, a consultation process with key stakeholders was undertaken and legislative amendments were passed to the *DVA Act* in the ACT Legislative Assembly in 2021. These amendments established the position and powers of the DFVR Coordinator and biennial reporting requirements to the Minister for Prevention of Domestic and Family Violence.

In December 2021, the Minister for Prevention of Domestic and Family Violence appointed the Domestic, Family and Sexual Violence Coordinator-General as the DFVR Coordinator for a period of 3 years. The DFVR Coordinator undertakes several functions including maintaining a register of DFV incidents, identify preventative measures to reduce DFV, increase understanding of the DFV contexts, increase recognition of the impact and circumstances of DFV and make recommendations to prevent or reduce the likelihood of DFV. Relevant sections of the *DVA Act* in relation to the DFVR are at [Appendix E](#).

METHODOLOGY AND LIMITATIONS

To support the review, a case review methodology, triage protocols, data storage and handling procedures, data dictionary and an issues of interest register were established. These mechanisms ensure the effectiveness, quality and ethical conduct of the review process, as well as regulating the consistency of case reviews.

The triage protocols informed categorisation of cases into tiers depending on the severity of DFV and the nature of the interaction with service agencies (Table 1).

Table 1: Categorisation tiers

Tier 1	Clear history of DFV between the victim and/or perpetrator, or a known history of multiple episodes of DFV in previous relationships.
Tier 2	Significant history of DFV between the victim and/perpetrator, from both a criminal justice and non-criminal justice system perspective.
Tier 3	Extreme history of DFV between the victim and/or perpetrator, significant precipitating events suggesting this death was potentially imminent and there was recent system contact or missed opportunities for intervention in immediate proximity to the death.

The case review methodology aimed to provide a structured approach and overview of the modes of data collection, quantifying the nature and frequency of cases, analysing individual cases qualitatively and quantitatively, conducting thematic analyses and bringing together collective findings for meaningful review and action.

The case review methodology included two phases of review, individual in-depth review and collective review. The individual in-depth review included a thorough examination of each case to examine events, circumstances and service system responses prior to the homicide. The collective review included analysis of all cases in connection with each other to draw insights about broader patterns, themes and systemic issues. This allowed for the identification of overarching themes to support policy development, prevention strategies and system improvements.

Further information in relation to the database of the DFVR is at [Appendix F](#) and the case review methodology at [Appendix G](#).

Data limitations

Several limitations are associated with the data for this review.

The case information used in this report is sourced from a range of data sources that may vary in quality, content and completeness. For example, limited information was found in relation to children of victims. Additionally, while court documents provided a comprehensive overview of some cases, other cases were not progressed through the justice system and so had less information available.

In-depth case reviews were undertaken of 12 historical homicide cases. From these in-depth reviews, key themes and findings emerged, laying the foundation for further analysis and development in future DFVR reports. The insights in this report must be read in the context that they are gleaned from a relatively small number of cases. Further, as these 12 cases occurred

between 2000 and 2022, the events and circumstances of earlier historical cases may not reflect the context of reforms progressed to improve the contemporary service system.

Section 16V (4) of the DVA Act stipulates that this report must not include information that would disclose the identity of a person involved in a registered incident or allow the identity of a person to be worked out. Given the small number of cases, where categories of analysis included fewer than 5 people, this information was generally not included if it would risk identifying people.

In addition, there was very limited information available in relation to disability, income status and some other relevant demographic factors for homicide victims and offenders in the 12 cases.

Data limitations in relation to Aboriginal and Torres Strait Islander status

Of all the cases reviewed in this report, there was no recorded information that any homicide offenders or victims identified as Aboriginal and Torres Strait Islander.

This may indicate underreporting of Aboriginal and Torres Strait Islander status in the original data and information analysed through this review. Research in 2011 suggested that Aboriginal and Torres Strait Islander people may be between 2 to 5 times more likely than non-Aboriginal and Torres Strait Islander people to experience violence as victims or homicide offenders.¹² A 2020 report noted that at a national level, Aboriginal and Torres Strait Islander women are nearly 11 times more likely to die and 32 times more likely to be hospitalised due to DFV.¹³ It is important to acknowledge that many Aboriginal and Torres Strait Islander victims of DFV are abused by non-Aboriginal and Torres Strait Islander perpetrators, and the ongoing impacts of colonisation perpetuates complex social issues for Aboriginal and Torres Strait Islander communities. For example, Aboriginal and Torres Strait Islander women may be fearful of identifying as Aboriginal and Torres Strait Islander when reporting DFV due to an array of complex factors, including a lack of trust that service agencies will provide culturally sensitive services or treatment to meet their needs.¹⁴

This highlights the importance of continued and ongoing work dedicated towards the improvement of Aboriginal and Torres Strait Islander status identification across systems and agencies in the ACT and ensuring services provide culturally safe, trauma aware and healing informed practices and principles as well as sensitive and appropriate responses.

¹² Willis, M. (2011). [Non-disclosure of violence in Australian Indigenous communities](#). *Trends and Issues in Crime and Criminal Justice* 405, [1]-11.

¹³ Australian Human Rights Commission (2020). *Wiyi yani u thangani (Women's voices): securing our rights, securing our future—report*. Australian Human Rights Commission.

¹⁴ Aboriginal Family Violence Prevention and Legal Service Victoria (2015). *Submission to the Victorian Royal Commission into Family Violence*.

**REVIEW OF
PREVIOUS
DOMESTIC AND
FAMILY VIOLENCE
RECOMMENDATIONS**



INTRODUCTION

In the ACT, DFV deaths and incidents have prompted numerous reviews and inquests into the service system response over recent years. These reports have generated a range of recommendations aimed at enhancing the prevention and response of the ACT's DFV systems.

This section provides a thematic analysis of relevant recommendations made to improve the DFV system over recent years, providing a snapshot of common themes, progress and work underway.

Global DFV literature has identified that a pattern of limited progress and reiteration of the same recommendations perpetuates a cycle of inaction. Research highlights the cyclical nature of this issue, where the same unactioned recommendations resurface in subsequent reviews, leading to an erosion of public trust in the service system.¹⁵

This section aims to bridge the gap between research and reform and ensure any recommendations made in the DVFR are well-informed, useful and build on the significant and collaborative work that has already occurred across government and non-government agencies to better respond to and address DFV.

METHODOLOGY AND SCOPE

This section provides a desktop scan and thematic analysis of recommendations from a range of reports, inquests and reviews. Recommendations from these reports were organised into 10 focus areas, based on analysis of common themes.

Many recommendations called for multifaceted and coordinated actions by multiple organisations and in some cases, multiple jurisdictions, reflecting the complexity of the DFV response. Recommendations that sought multiagency and multistage responses (such as information sharing) were categorised across multiple focus areas.

ACT Government response to family violence

The 2016 [ACT Government Response to Family Violence](#) was prompted by several tragic deaths caused by DFV, which re-focused government and community effort on addressing DFV. This report includes recommendations that prompted the ACT Government response, including from:

- [Report of the Inquiry: Review into the system level responses to family violence in the ACT by Mr Laurie Glanfield AM](#) (Glanfield inquiry)
- [Findings and Recommendations from the Review of Domestic and Family Violence Deaths in the ACT by the Domestic Violence Prevention Council \(DVPC\)](#) (DVPC death review) and
- [ACT Domestic Violence Service System Final Gap Analysis Report](#) (Gap analysis).

¹⁵ Haines-Delmont, A., Bracewell, K., & Chantler, K. (2022). Negotiating organisational blame to foster learning: Professionals' perspectives about Domestic Homicide Reviews. *Health & Social Care in the Community*, 30(5), e2818-e2826.

Coroner’s reports/inquests

Recommendations from 3 Coroner’s reports/inquests into DFV-related deaths were considered. These reports were released during the review period (1 January 2000 to 31 December 2022) but are not named out of respect for the families and friends of the victims.

Aboriginal and Torres Strait Islander reports and reviews

Some key reviews and reports provided recommendations relevant to Aboriginal and Torres Strait Islander women, children, families and communities. These include:

- [Our Booris Our Way](#)
- [We Don’t Shoot Our Wounded](#)

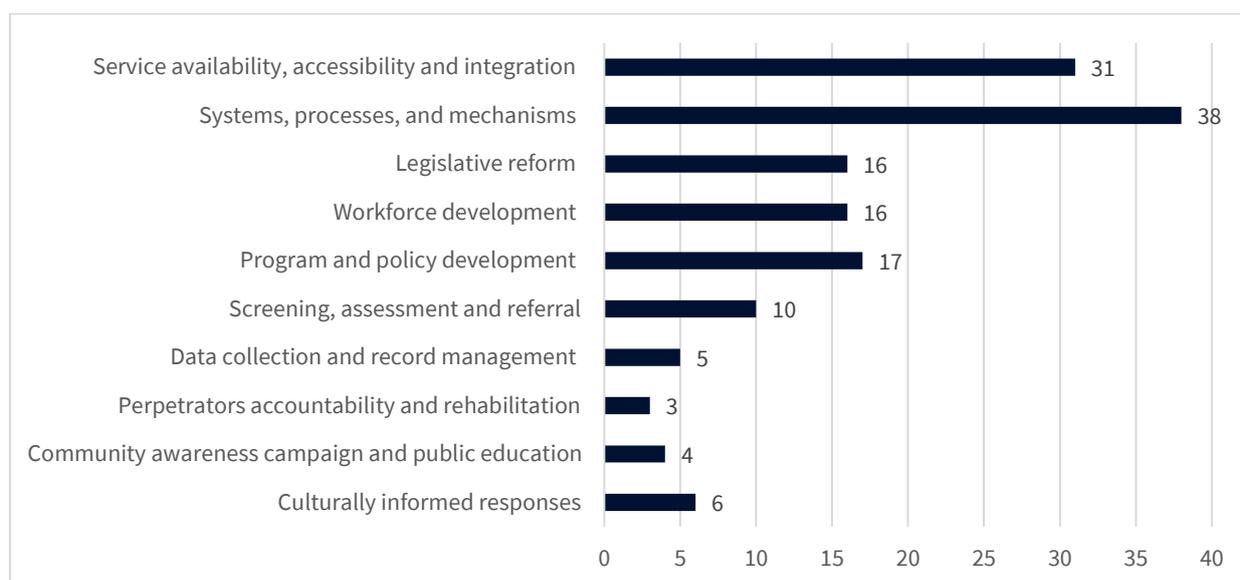
FOCUS AREAS OF RECOMMENDATIONS

The reports and reviews included a total of 136 recommendations, listed and numbered consecutively at [Appendix A](#).

This section categorises these recommendations into 10 focus areas (Figure 1):

- Focus area 1: Service availability, accessibility and integration
- Focus area 2: Systems, processes and mechanisms
- Focus area 3: Legislative reform
- Focus area 4: Workforce development
- Focus area 5: Program and policy development
- Focus area 6: Screening, assessment and referral
- Focus area 7: Data collection and record management
- Focus area 8: Perpetrator accountability and rehabilitation
- Focus area 9: Community awareness campaign and public education
- Focus area 10: Culturally informed responses

Figure 1: Focus areas of previous recommendations



Focus area 1: Service availability, accessibility and integration

Many recommendations across all reports (31 recommendations) were aimed at developing appropriate and accessible services, highlighting the need for an integrated and coordinated response. These recommendations pointed to the lack of integration in the service system and called for linkages between and within child protection systems, services targeted at child victims and services targeted at perpetrators.

For example, some recommendations (e.g. recommendations 27 to 30 in Appendix A) sought to bring together representatives from human services directorates, the DFV sector, child protection sector and police to support early intervention for families experiencing, or at risk of violence.

Other recommendations (e.g. recommendation 39 in Appendix A) were similarly aimed at implementing a more coordinated and integrated response with a broad range of service providers working with families experiencing DFV.

A focus of many recommendations under this theme was the intersectionality of issues that is often experienced by people experiencing DFV. For example, recommendations relating to the availability and accessibility of services for elderly people experiencing family abuse and for people with mental health, alcohol and other drug issues who were also victims of FV were also captured under this focus area.

Examples of progress on these recommendations includes:

- the **Family Violence Safety Action Program (FVSAP)** to provide an integrated service response for high-risk situations.
- the **Health Justice Partnership** that embeds lawyers across health and child and family centre settings to enable women to access free and confidential legal advice.
- Two current pilot programs targeted at children and young people: **Children’s Response to Family Violence**, for children aged 5-12, facilitated by the Australian Childhood Foundation and **Solid Ground pilot**, designed for young people aged 11-18 and run by the Canberra Police Community Youth Centre.

Focus area 2: Systems, processes and mechanisms

The majority of recommendations (38 recommendations) called for a more systematic approach towards responding to DFV, including the establishment of an oversight mechanism to transition into a more collaborative DFV sector.

For example, some recommendations called for a ‘Coordinator-General for Family Safety’ role (e.g. recommendation 31) to provide a mechanism for high-level oversight and leadership of DFV system reform. Several recommendations under this focus area (e.g. recommendations 2, 3 and 17) related to strengthening the decision-making procedures of Child and Youth Protection Services (CYPS) for improved practices, including adopting a culture of transparency and engagement and engaging more effectively with at-risk families.

Examples of progress on these recommendations includes:

- Establishment of the **Domestic, Family and Sexual Violence Office** (previously known as the Office of the Coordinator General for Family Safety).

- Release of ***Next Steps for Our Kids 2022–2030*** to drive reform in the child protection and out of home care system, ensuring that the system is child, youth and family centred, evidence led, restorative, dignity driven, trauma responsive, culturally safe, disability informed and accountable.

Focus area 3: Legislative reform

Multiple recommendations (16 recommendations) articulated the need for law reform to support interagency collaboration and better reflect the experiences of victim-survivors. The bulk of these recommendations related to fostering a culture of appropriate information sharing and facilitating clear guidance and protocols for service providers, particularly in matters involving children.

Recommended legislative amendments were proposed to the *Children and Young People ACT 2008*, *Information Privacy ACT 2014* and *Health Records (Privacy and Access) 1997*.

For example, one recommendation (recommendation 55) sought to implement recommendations from the Australian and NSW Law Reform Commission’s [Family Violence – A National Legal Response \(2010\)](#) to ensure that non-physical manifestations of FV were recognised and addressed in ACT legislation.

Examples of progress on these recommendations includes:

- Amendments to the ***Family Violence Act 2016*** in 2016 and 2022 to improve and align the definition of family violence, including implementing the recommendations from the Australian and NSW Law Commission’s report.
- Ongoing work to introduce a DFV **information sharing scheme**, which will facilitate greater collaboration and coordination among prescribed entities to establish, assess, prevent, reduce and manage DFV risk.
- Ongoing work to amend and modernise the ***Children and Young People Act 2008***.

Focus area 4: Workforce development

Multiple recommendations (16 recommendations) sought to build workforce capability and capacity in identifying and responding to DFV.

For example, the Gap Analysis (recommendation 65 in Appendix A) and the DVPC death review (recommendation 34) highlighted the need for standardised, cross-government FV training frameworks for frontline and mainstream services. Recommendations were also directed at upskilling CYPS staff and managers in risk analysis and quality assurance, as well as strengthening their understanding of forensic interviewing.¹⁶

Recommendations under this focus area identified the need for ongoing cultural awareness training for new frontline service staff to prevent the continuation of systematic racism and unintended bias. Other recommendations sought to upskill staff in drug, alcohol and mental health services to recognise the intersections of mental health with DFV and respond appropriately.

Examples of progress on these recommendations includes:

- Training for the DFV sector through Care Inc to **recognise and respond to financial abuse**.

¹⁶ Forensic interviewing is a means of gathering information from a victim or witness for use in a legal setting.

- Delivery of ‘**Talk to Them**’ **DFV training** to youth workers through Youth Coalition of the ACT and Relationships Australia.
- Training of ACT government workers including frontline workers under an **ACT Domestic and Family Violence Training Strategy**.
- Introduction of the **ACT Reportable Conduct Scheme** in 2017 to oversee how organisations prevent and respond to allegations of child abuse and misconduct.

Focus area 5: Program and policy development

Multiple recommendations (17 recommendations) focused on program and policy development, including the development of operational guidelines on DFV.

One key emphasis was the need to recognise the intersection between DFV and mental health, such as through developing operational guidelines for staff on responding appropriately to DFV disclosures among patients with mental illness (including suicidality) and/or drug and/or alcohol issues (recommendation 38). Other recommendations focused on the need for operational guidelines for non-DFV specific services to better respond to FV disclosures from victim-survivors or family members, as well as embedding risk assessment practices within policies and procedures.

Some recommendations also sought to incorporate clear performance measures, including measures of the extent of sharing of information and collaboration, within program funding agreements with service providers to shift towards a more outcomes-focused approach (e.g. recommendation 5, 23 and 24).

Other recommendations were directed at developing guidelines for gathering, recording and presenting information to ensure that the voices of perpetrators are balanced with the voices of victims for objective and holistic understandings (e.g. recommendation 56). Adopting a formal process to improve the school tracking system in the ACT under Part 6.1A of the *Education Act 2004* was also recommended.

Examples of progress on these recommendations includes:

- Ongoing work to develop the **ACT Domestic, Family and Sexual Violence Strategic Framework** to set outcomes, indicators and measures for the DFV sector.
- Changes to the **Education ACT 2004** implemented in December 2022 to clarify public and non-government school reporting requirements.

Focus area 6: Screening, assessment and referral

Several recommendations (10 recommendations) were directed at improving screening, assessment and referral of DFV matters.

Due to the absence of an established risk assessment framework at the time, the DVPC death review recommended the development of a risk assessment framework and assessment tools for both IPV and FV (recommendation 36). This recommendation highlighted the need to consider developing a standardised set of screening questions and an implementation strategy.

Some recommendations focused on the intersections between DFV and the child protection system, noting that referrals process to appropriate FV providers and collaboration should be

enhanced to ensure support for the whole family. This included for matters that do not proceed to investigation (Recommendations 2 and 8).

Examples of progress on these recommendations includes:

- Development of the **ACT Risk Assessment Management Framework (RAMF)** to outline a shared understanding and common language for DFV, as well as a common approach to screening, assessing and managing DFV risk with an emphasis on coercive control.

Focus area 7: Data collection and record management

A few recommendations (5 recommendations) were related to data collection and record management, reflecting a lack of robust and coherent data governance processes.

For example, one recommendation (recommendation 45) called for community sector service providers to review and update record keeping and management policies to include DFV related measures into databases.

Examples of progress on these recommendations includes:

- The development of the **ACT Wellbeing Framework** in 2019-20 and inclusion of a DFV indicator on community attitudes.

Focus area 8: Perpetrator accountability and rehabilitation

A few recommendations (3 recommendations) were related to working with perpetrators, with a specific focus on perpetrators with mental illness, perpetrators with drug and alcohol co-occurring issues, adolescents who use violence in the home and the parents of adolescent perpetrators.

These recommendations were focused on making perpetrators more accountable by monitoring their compliance to court orders and working closely with a range of service providers providing perpetrator rehabilitation.

Examples of progress on these recommendations include:

- Establishment of the **Room4Change** program in 2016 to assist perpetrators of DFV to change their behaviour and accept responsibility for their actions, while also providing support to victim-survivors and their families.
- The **Family Violence Safety Action Program (FVSAP)** operates with a perpetrator lens to improve safety for victims and their children.

Focus area 9: Community awareness campaign and public education

A few recommendations (4 recommendations) highlighted the importance of community awareness campaigns and public education regarding the indicators, risk factors and behaviours of DFV, particularly coercive control. These recommendations called for community awareness campaigns targeted at the general community as well as specific vulnerable groups such as older people, people with disabilities, male victims and CALD communities.

Examples of progress on these recommendations includes:

- Development and ongoing delivery of **Respectful Relationships Education** resources, which provides schools a framework to develop teaching practice and a school culture

which supports children and young people to develop relationships characterised by equality, respect and free from violence.

- Commitment to develop and implement a **community consent education campaign** to improve understanding of consent and promote a safer, more empowered community.

Focus area 10: Culturally informed responses

Some recommendations (6 recommendations) called for an increase in culturally informed responses, for both First Nations people and people from CALD backgrounds. Some recommendations in this area were related to workforce development, highlighting the need for more culturally competent staff. Others were directed at improving access to services or ensuring that services and programs were culturally competent and safe.

Examples of progress on these recommendations includes:

- Establishment of the **Aboriginal Service Development** branch in the Community Services Directorate to support increased investment into Aboriginal Community Controlled Organisations (ACCOs).
- Supporting the development of **Aboriginal Community Controlled Organisations** to provide services to Aboriginal and Torres Strait Islander people.

CONCLUSION

While there has been significant and ongoing progress to implement recommendations of previous reports, there is more work to do. Collective and collaborative efforts across non-government and government agencies have led to significant progress towards a coordinated and integrated approach and implementing a wide range of recommendations in previous reports, which was a key theme across all reports reviewed. This report builds on and provides further insights on areas that require new or further work.

**SNAPSHOT OF
DOMESTIC AND
FAMILY VIOLENCE
INCIDENTS
REGISTER**



INTRODUCTION

This section provides an overview of current incidents on the DFV incident register.

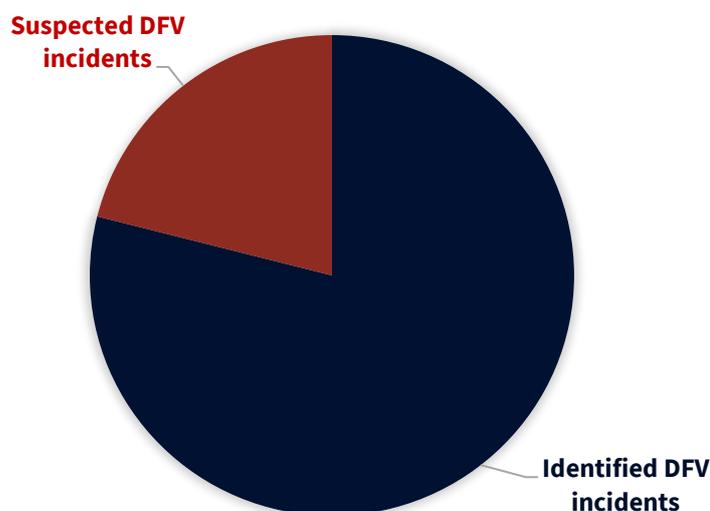
Section 16E (a) of the *DVA Act* provides that the DFVR Coordinator must keep a register of DFV incidents. These incidents may be DFV incidents, or suspected DFV incidents. The DFVR Coordinator is required to report on these registered incidents in the biennial report.

The DFVR established its register and added DFV incidents and suspected DFV incidents occurring between 1 January 2000 and 31 December 2022. These incidents include deaths by [homicide](#), deaths by [suicide](#), accidental deaths, [deaths by legal intervention](#) and deaths where the cause of death remains undetermined. No [bystander deaths](#) were identified in the first scoping of incidents. The *DVA Act* allows ‘near deaths’ to be considered by the DFVR. Near deaths have not yet been added to the register and will be considered as the DFVR progresses.

TOTAL INCIDENTS

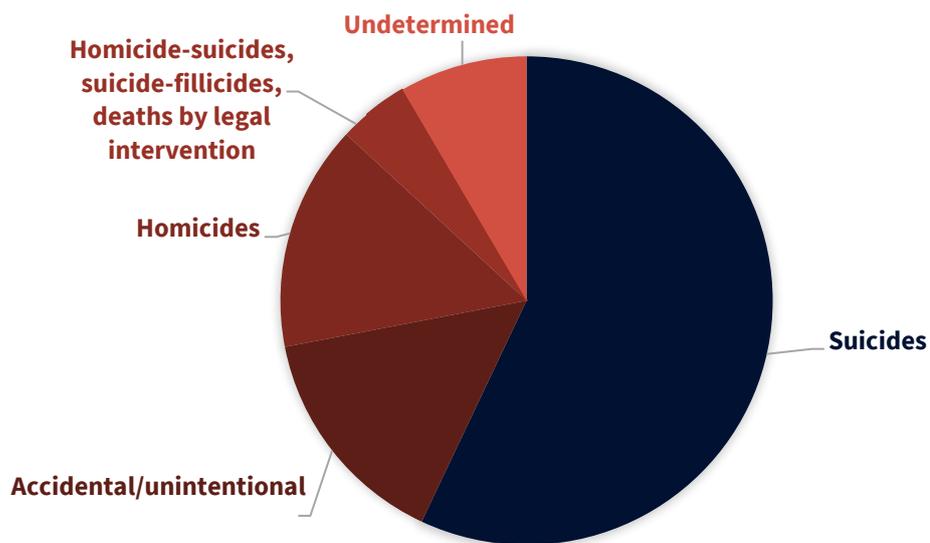
The current register has a total of 134 DFV incidents, including 106 that were identified DFV incidents (79%) and 28 that were suspected DFV incidents (21%, Figure 2).

Figure 2: Total incidents on the register



The 106 identified DFV incidents include 61 suicides (58%), 16 accidental/unintentional deaths (15%) 17 homicides (16%), <5 [homicide-suicides](#) (<5%), <5 [suicide-filicides](#) (<5%), <5 deaths by legal intervention (<5%) and 9 deaths where the cause of death was undetermined/unknown (8%, Figure 3).

Figure 3: Type of deaths



TIME DISTRIBUTION

From 2000 to 2021, there were 106 deaths recorded on the register relating to homicides, homicide-suicides and suicides (Table 2).

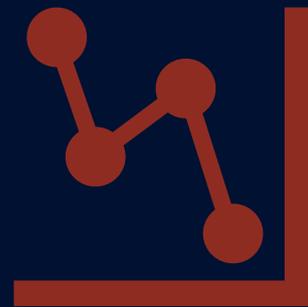
The table below highlights an increase in these deaths since 2016 and a significant increase in 2020, which may be associated with increased public awareness of DFV and/or increased reporting and the effects of a range of global events and catastrophes, such as the COVID-19 pandemic.

Table 2: Time distribution of deaths on the register

Time distribution of deaths on the register	Number of deaths	%
2000	< 5	< 5
2001	9	8.49
2002	5	< 5
2003	< 5	< 5
2004	< 5	< 5
2005	< 5	< 5
2006	< 5	< 5
2007	< 5	< 5
2008	< 5	< 5

Time distribution of deaths on the register	Number of deaths	%
2009	< 5	< 5
2010	< 5	< 5
2011	< 5	< 5
2012	< 5	< 5
2013	< 5	< 5
2014	7	6.60
2015	6	5.66
2016	< 5	< 5
2017	6	5.66
2018	9	8.49
2019	6	5.66
2020	13	12.26
2021	6	5.66
2021	< 5	< 5
Total	106	100

**QUANTITATIVE
ANALYSIS OF CASES
IN FOCUS**



INTRODUCTION

This section provides analysis of quantitative data from an in-depth case review process. This first report focuses on a specific subset of DFV incidents, 12 DFV homicides, to lay the foundation for the review process before expanding into other parts of the remit in future reports.

The DFVR considered 17 homicides on the register. Out of these 17 cases, 2 were excluded from the in-depth analysis as they are cases that are still open in the criminal justice system and 3 were excluded as upon examination it was not clear there was a DFV component to the death.

The majority of these 12 cases were intimate partner violence (IPV) homicides, with a smaller number (<5) relating to family violence (FV) homicides.

TYPES OF DEATHS

Of the 12 homicides that occurred during this period, the majority of cases (8, 66.67%) were classed as [mariticide](#) (killing one's spouse). There were small numbers of homicides classified as [matricide](#) (killing one's mother), [patricide](#) (killing one's father) or 'other' (Table 3).

Table 3: Types of death

Type of death	Homicide incidents	%
Mariticide	8	66.67
Matricide	<5	N/A
Patricide	<5	N/A
Other	<5	N/A
Total	12	100

SUMMARY STATISTICS OF HOMICIDE OFFENDERS AND VICTIMS

The figures below provide an infographic summary of key statistics and averages of the 12 homicide cases examined in the in-depth case review.

Figure 4: Summary statistics of intimate partner homicide offenders and victims from this case review

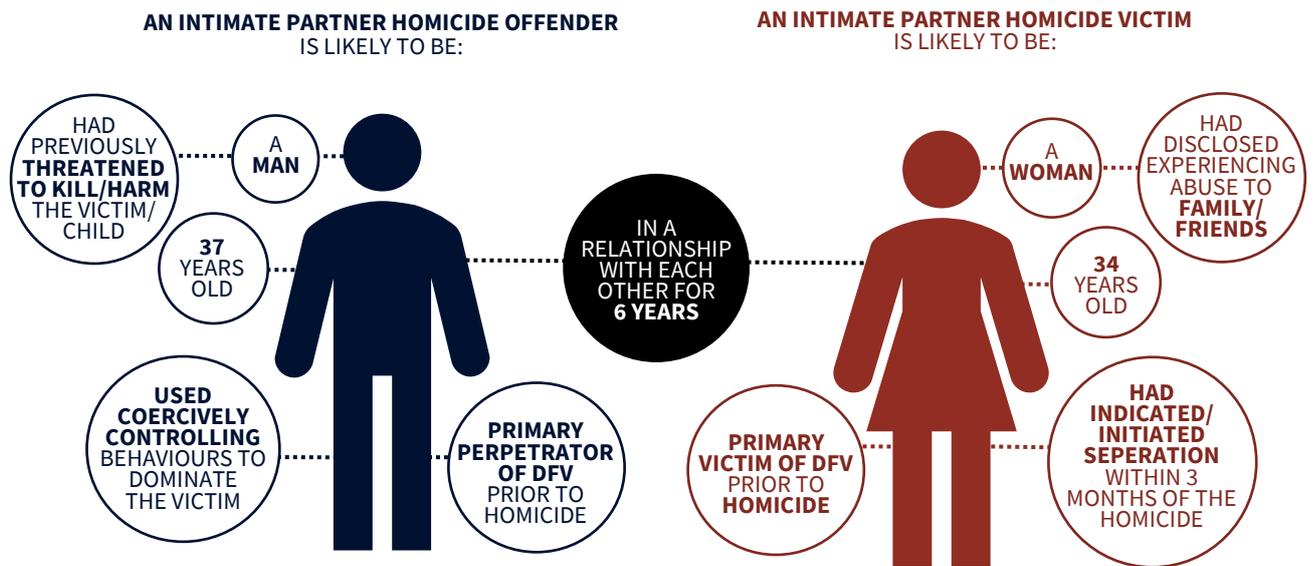
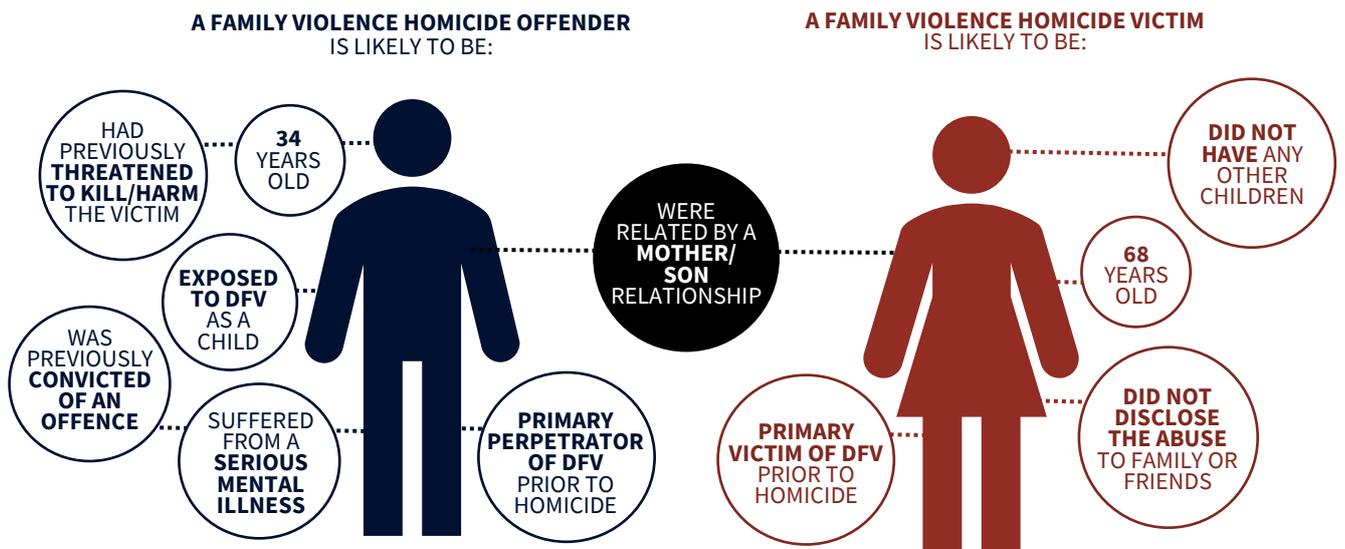


Figure 5: Summary statistics of family violence homicide offenders and victims from this case review



TIERS

Cases were divided into 3 categories using a tiered system. The tiers ranked the 12 cases based on the known level of DFV history between the deceased and the perpetrator and the extent of engagement with the service system.

Tier 1 cases had a clear history of DFV between the deceased and/or perpetrator, or a known history of DFV episodes in previous relationships. This was seen in 7 of the cases (58.33%).

Tier 2 cases had a significant history of DFV between the deceased and/perpetrator, from both a criminal justice and non-criminal justice system perspective. This was seen in 4 of the cases (33.33%).

[Tier 3](#) cases had an extreme history of DFV between the deceased and/or perpetrator, significant precipitating events suggesting this death was potentially imminent and there was recent system contact or missed opportunities for intervention in immediate proximity to the death. This was seen in one of the cases (8.33%, Table 4).

Table 4: *Categorisation of Tiers*

Categorisation of tiers	Homicide incidents	%
Tier 1	7	58.33
Tier 2	4	33.33
Tier 3	1	8.34
Total	12	100

HOMICIDE OFFENDERS

Note: For the purpose of this quantitative snapshot, homicide offender refers to the person who committed the homicide, it does not refer to the primary domestic violence perpetrator.

Gender

Of the 12 homicides, the overwhelming majority involved male homicide offenders.

Age

The ages of the 12 homicide offenders ranged from 21 to 68 years. The average age for IPV homicide offenders was 37 years and the average age of FV homicide offenders was 34 years.

Aboriginal and/or Torres Strait Islander status

Of all the cases reviewed by the DFVR, there was no recorded information that any homicide offenders or victims identified as Aboriginal and Torres Strait Islander. This is a known data limitation in this report.

Culturally and linguistically diverse background

Five of the homicide offenders (41.67%, Table 5 **Error! Reference source not found.**) were from a culturally and linguistically diverse background (CALD).

Table 5: *Homicide offender CALD background*

Homicide offender CALD background	Homicide offenders	%
Not from a CALD background	7	58.33
CALD background	5	41.67
Total	12	100

Disability

There was generally limited information available on disability for homicide offenders except in one case, which is not provided due to risk of identification.

Previous domestic and family violence offences

In some of the cases, homicide offenders had been previously charged with a domestic violence offence or had been respondents to good behaviour orders (GBO) or personal protection orders (PPO).

Previous other offences

Five of the homicide offenders had been convicted of previous other offences (41.76%). These offences included records as juvenile offenders for matters such as property damage and other convictions as adults such as for theft, traffic, or common assault offences.

Mental health

Of the 12 homicide offenders, half were identified to be suffering from a mental illness (n=6, 50.00%). These included diagnoses of [schizophrenia](#), [schizoaffective disorder](#) and [depression](#) and [anxiety](#).

Substance abuse

Some of the homicide offenders (<5) engaged in drugs and/or alcohol use in the lead-up to or at the time of the homicide. Of these, some used alcohol only, some engaged in both drug *and* alcohol use and some were engaged in drug use only in the lead-up to or at the time of the homicide.

HOMICIDE VICTIMS

Note: For the purpose of this quantitative analysis, homicide victim refers to the person who was killed, it does not necessarily refer to the primary domestic violence victim.

Gender

The vast majority of homicide victims were female.

Age

The ages of the 12 homicide victims ranged from 24 to 81 years. The average age of the IPV homicide victims was 34 years and the average age of the FV homicide victims was 68 years.

Aboriginal and/or Torres Strait Islander status

Of all the cases reviewed, there was no recorded information that any homicide offenders or victims identified as Aboriginal and Torres Strait Islander. This is a known data limitation.

Culturally and linguistically diverse background

The majority of victims were not from a CALD background, however there was significant minority that were from a CALD background.

Disability

No homicide victims were identified as having a disability. This is a known data limitation in the report.

Employment status

Half of the homicide victims were engaged in formal employment at the time of their death (n=6, 50.00%). Some of the homicide victims were not engaged in formal, paid employment and were engaged in home duties, students or retired (Table 6).

Table 6: Homicide victim employment status

Homicide victim employment status	Homicide victims	%
Employed	6	50.00
Unemployed	<5	<5
Student	<5	<5
Retired/Pensioner	<5	<5
Home duties	<5	<5
Unknown	<5	<5
Total	12	100

Previous other offences

A very small number of homicide victims had a history of previous offences, such as property damage or as a respondent to personal protection orders.

Mental health

Less than half of homicide victims were identified as having a mental illness prior to their relationship with the homicide offender, although there was generally limited information available on victims' mental health status.

Some victims suffered from anxiety, depression and bipolar disorder or had histories of self-harm.

Substance abuse

Very few victims had information indicating substance abuse.

RELATIONSHIP DETAILS

History of domestic violence victimisation/perpetration preceding the homicide

Of the 12 homicide offenders, the majority were also the primary DFV perpetrator.

Relationship type

Of the IPV homicide offenders, most were in an ongoing relationship with the homicide victim. Some offenders killed former partners or others involved with their former partner.

Length of intimate partner relationships

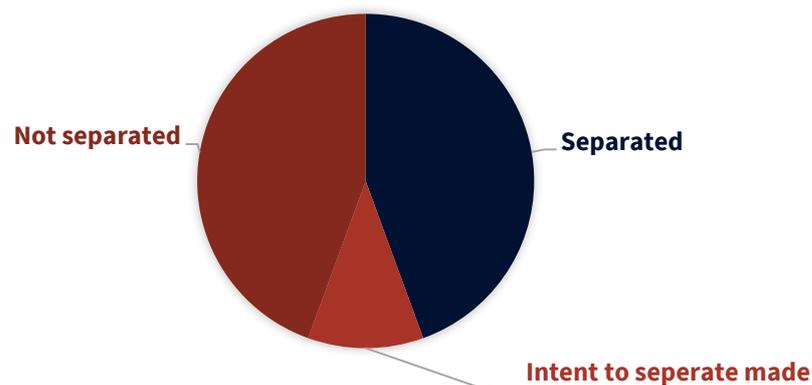
Of all the IPV homicides committed, relationships ranged from 2 months to 24 years in duration. Around half of homicides were committed in relationships 4 years or longer.

In a few of the IPV homicides, the victims were living with the homicide offender at the time of the homicide.

Intimate partner homicide and separation

Actual separation or an intention to separate was a feature in just over half of the IPV cases (n=5, 55.56%). In some cases, the relationship had ended prior to the homicide. In all IPV cases, the separation or indication to separate occurred within 3 months of the homicide (Figure 6).

Figure 6: Actual separation and intention to separate in IPV cases



Children

Information was reviewed on any children the homicide offenders and victims had together, including biological, step, adopted and fostered children. The dataset also captured whether any children were killed in the homicide, if any children witnessed domestic or family violence between the homicide offender and victim and whether there were any children in the household.

There were 23 children identified in this dataset (Table 7).

The homicide offenders and homicide victims were joint parents of 7 children under the age of 18 at the time of the homicide, with an additional 7 children under the age of 18 being parented by either the homicide victim or the homicide offender and another parent.

There were 9 children that were identified in the relationships who were over 18 at the time of the incident. There were at least 6 children who were exposed to violence between the homicide offender and homicide victim.

There were no children killed in addition to their parents in any of the fatal events. The dataset did not identify any adopted or fostered children in the review.

Table 7: Age of children

Age of children	Number of children	%
Under 1 year old	<5	<5
1 -5 years old	<5	<5
6-10 years old	5	21.74
11-15 years old	<5	<5
18+	9	39.13
Unknown	<5	<5
Total	23	100

Who was aware of the domestic and family violence occurring

Based on available information, in 8 of the IPV cases, either family and/or friends were aware that DFV had occurred in the relationship. In some cases, information indicated that family, friends and ACT Policing were aware of the DFV occurring. In very few cases, violence was disclosed to other services such as the courts, legal services, health services, DFV specific services or social worker/counsellor/psychologists.

HOMICIDE CHARACTERISTICS

Location

Of the 12 homicides, the highest number of fatal episodes occurred within the homicide victims' residence (n=6, 50.00). In remaining cases, the homicide occurred within the residence shared by the homicide offender and homicide victim.

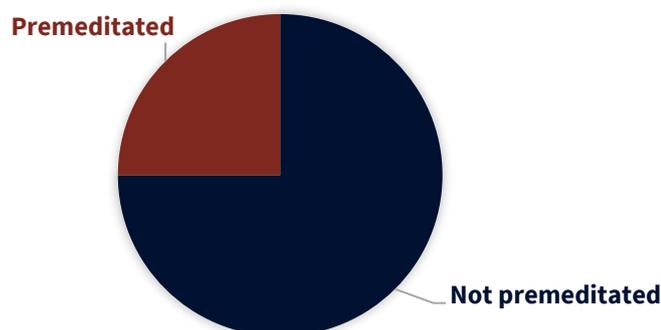
Mechanism of fatal assault

In many cases, the homicide offender fatally assaulted the victim with a sharp weapon. Others were fatally assaulted with a weapon or died as a result of suffocation/strangulation.

Premeditation

In around a quarter of cases there were clear indicators of [premeditation](#), or evidence of planning by the homicide offender prior to the homicide (Figure 7).

Figure 7: Premeditation



Homicide offender suicide post-homicide

A very small number of homicide offenders suicided after the homicide.

Coronial and criminal court outcomes

Of the 11 homicides that were finalised by way of criminal court outcomes, a murder conviction was the most common outcome for the homicide offender (n=8, 66.67%). In a small number of cases, the homicide offender was found not guilty by reason of mental impairment or not guilty by reason of self-defence (Table 8).

Table 8: Criminal and coronial court outcomes

Criminal outcomes	Homicide offenders	%
Guilty verdict murder	5	45.45
Guilty plea murder	<5	<5
Not guilty by reason of mental impairment	<5	<5
Not guilty by reason of self defence	<5	<5
No criminal outcome as offender was deceased	<5	<5
Total	12	100

ABUSE CHARACTERISTICS

Note: For the purpose of this section, perpetrator refers to the primary DFV perpetrator and victim refers to the primary DFV victim.

Risk factors

From the case analysis, there were several risk factors identified in all 12 cases (Table 9).¹⁷ The most prevalent risk factor identified was perpetrator mental illness and/or threatened suicide (n = 10, 83.33%). History of DFV was identified in 9 cases (75.00%) and the perpetrator had also threatened to harm or kill the victim and/or children in 9 cases (75.00%). [Imminence](#) was identified in 8 of the cases (66.67%), coercive control in 9 of the cases (75.00%) and the homicide offender's childhood history was a risk factor in 6 of the cases (50.00%).

Table 9: Risk factors

Risk factors	Primary DFV perpetrator	%
Perpetrator mental illness and/or threatened suicide	10	83.33
Perpetrator has threatened to harm or kill victim and/or children	9	75.00
History of DFV	9	75.00
Coercive control	9	75.00
Imminence	8	66.67
Offender's childhood history	6	50.00
Access to and/or has made threats with weapons	6	50.00
Recent, pending or planned separation	5	41.67
Sexual violence	<5	<5
Perpetrator misuse of drugs and alcohol	<5	<5
Escalation in severity and/or frequency	<5	<5
Stalking	<5	<5
Victims' perception of risk	<5	<5
Assaulted while pregnant or with baby	<5	<5
Strangulation and/or choking	<5	<5

¹⁷ The risk factors captured are prescribed by the ACT Domestic and Family Violence Risk Assessment Management Framework (RAMF) and the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM). See [Appendix G](#).

Risk factors	Primary DFV perpetrator	%
Breach of orders	<5	<5
Threat or harm to pets	<5	<5

Domestic and family violence behaviours

Emotional or psychological abuse was identified in almost all cases (n=11, 91.67%). Coercive control or controlling behaviour was present in 9 of the cases (75.00%),¹⁸ physical assault in 9 cases (75.00%, Table 10) and physical threat in 8 cases (66.67%). Verbal abuse was present in 8 cases (66.67%), sexual violence in 5 cases (41.57%). Other kinds of behaviour identified included technology-facilitated abuse, financial abuse, social abuse and stalking and harassment. Elder abuse and legal abuse were also evident (Table 10).

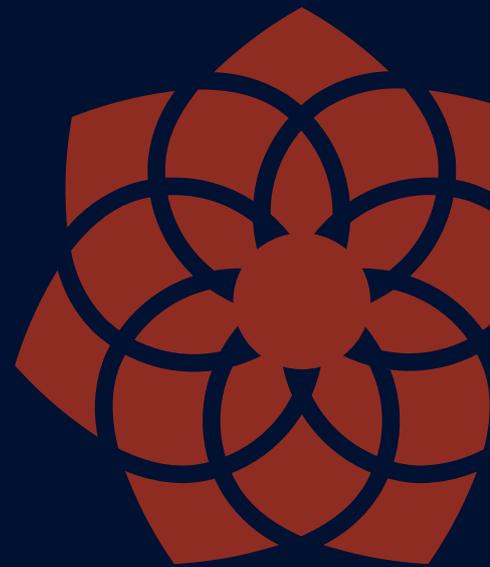
There were no instances of image-based abuse, lateral violence, reproductive abuse or spiritual, religious, or cultural abuse identified in these 12 cases.

Table 10: Domestic and family violence behaviours

DFV behaviours	Homicide offenders	%
Emotional or psychological abuse	11	91.67
Coercive control	9	75.00
Physical assault	9	75.00
Physical threat	8	66.75
Verbal abuse	8	66.67
Sexual violence	5	41.57
Technology-facilitated abuse	<5	<5
Financial abuse	<5	<5
Social abuse	<5	<5
Stalking and harassment	<5	<5
Elder abuse	<5	<5
Legal abuse	<5	<5

¹⁸ Limited information was available in the remaining cases to make a determination on coercive control, however, this does not mean it was not present.

**EMERGING THEMES,
PATTERNS AND TRENDS**



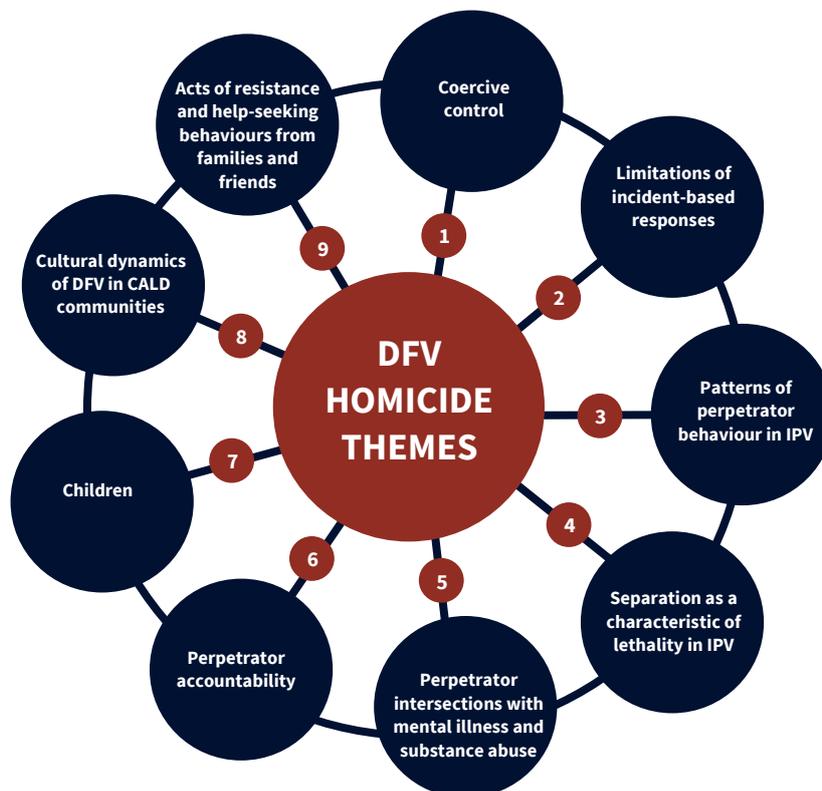
INTRODUCTION

One of the functions of the DFVR is to identify patterns and trends of DFV.

Several themes, patterns and trends were identified across the cases (Figure 8). These themes are:

1. Coercive control
2. Limitations of incident-based responses
3. Patterns of perpetrator behaviour in intimate partner relationships
4. Separation as a characteristic of lethality in intimate partner relationships
5. Perpetrator intersections with mental illness and substance abuse
6. Perpetrator accountability
7. Children
8. Cultural dynamics of DFV in CALD communities
9. Acts of resistance and help-seeking behaviours from families and friends

Figure 8: Domestic and family violence homicide themes



THEME 1: COERCIVE CONTROL

Coercive control typically occurs in intimate partner relationships but may also occur in the context of family violence,¹⁹ including between child/parent and in carer relationships. It is often referred to as ‘intimate terrorism’ and described as a circumstance where a victim is held ‘hostage’ by the harm inflicted on their physical and psychological wellbeing.²⁰ It is complex and nuanced and may not be perpetrated in the same manner, form, or intensity in all relationships.²¹

Coercive control refers to a range of tactics used by perpetrators of DFV to dominate a victim²² and imposing a pattern of behaviour with the intention to control and reduce the autonomy of victims.²³ Coercive control may include a wide range of behaviours, including but not limited to:

- deprivation of liberty and autonomy
- isolating an individual from friends, family and wider society
- withholding or controlling access to resources, including money
- psychological control and manipulation
- stalking and intimidation
- physical assault or threats of physical assault
- sexual assault
- reproductive coercion, and
- threatening to take the victim’s children away.²⁴

Gendered dynamics drive experiences of coercive control.²⁵

Coercive control in the absence of significant physical violence prior to the homicide

There was a clear pattern of coercive control in 9 cases consisting of 2 FV cases and 7 IPV cases. In 4 of these cases there was no identifiable significant physical violence prior to the homicide. In the remaining 5 cases, there was no identifiable history of physical violence prior to the homicide.

In cases where there was no history of physical violence prior to the homicide, perpetrators employed a diverse range of non-physical tactics to dominate their victims, including preventing the victim from leaving the home, isolating the victim from friends, family and wider society, withholding or controlling access to resources such as money, psychological control and manipulation, stalking and intimidation, threats of physical assault and sexual assault.

This finding is consistent with the NSW death review, which found that coercive control is a significant predictor of IPV homicide, present in 99% of the homicides occurring between 2008 and

¹⁹ Beckwith, S., Lowe, L., Wall, L., Stevens, E., Carson, R., Kaspiew, R., MacDonald, J. B., McEwan, J., Willoughby, M., & Gahan, L. (2023). *Coercive Control Literature Review – Final report*. (Research Report). Melbourne: Australian Institute of Family Studies.

²⁰ ACT Government, [Information on coercion and control](#)

²¹ NSW Government. (2020). Coercive Control Discussion Paper.

²² Stark, E. (2007). *Coercive control: How men entrap women in personal life*. New York: Oxford University Press

²³ Australian Women Against Violence Alliance (2021) *Criminalisation of Coercive Control*. Issues paper

²⁴ NSW Government. (2020). Coercive control Discussion Paper.

²⁵ Our Watch., Australia’s National Research Organisation for Women’s Safety (ANROWS), & VicHealth. (2015). *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*.

2016. The NSW death review further identified that in over a quarter of IPV homicides, there was no identifiable history of physical violence prior to the homicide.

Deprivation of liberty and autonomy

This behaviour was identified across several IPV cases. Examples of the behaviour included:

- the perpetrator violently threatening the victim and their children with a weapon to prevent them from leaving the house
- the perpetrator ensuring they were always with the victim, including when they were visited by others
- the perpetrator listening into the victim's phone calls, and
- committing homicide of someone close to the victim.

Isolating an individual from friends, family and wider society

This behaviour was identified in both IPV and FV cases. Examples of the behaviour included:

- the perpetrator isolating the victim by using the victim's social media to drive away their community of care (IPV), and
- the perpetrator threatening to harm or kill the victim and their children if the victim tried to visit family (FV).

Withholding or controlling access to resources, including money

This behaviour was identified in both IPV and FV cases. Examples of the behaviour included:

- demands for the victim's income to be provided to the perpetrator (IPV and FV)
- the perpetrator using financial support to control the actions of the victim and their children, including by withholding access to finances or gifts following attempts by the victim to enforce their boundaries (IPV), and
- displaying violence and aggression towards the perpetrator's family members when they did not provide resources to the perpetrator to support them to buy drugs (FV).

Psychological control and manipulation

This behaviour was identified in IPV and FV cases. Examples of the behaviour included:

- the perpetrator making threats to kill themselves post-separation from the victim (IPV)
- the perpetrator making threats to harm the victim and others in response to perceived infidelity by the victim or a belief that others wanted to be in a relationship with the victim (IPV)
- the perpetrator making threats to kill the victim (FV), and
- intimidation, threats and shouting being consistent features of the relationship between the perpetrator and the victim (IPV).

Stalking and intimidation

These behaviours were identified in IPV cases. Examples of the behaviours included:

- monitoring of the victim's activities (electronic communications, resources and ability to leave the home)
- stalking and intimidating the victim's children
- watching the victim from their residence and using emails and text messages to perpetrate technologically facilitated abuse against the victim, and

- texting the victim post separation to advise they were monitoring them and their activities.

Threats of physical assault

Physical threat was identified in 8 cases, including to the victim and to family members. Examples of the behaviour included:

- picking up a weapon and making threats to the victim
- making statements to the victim, about actions being the last thing they will ever do
- holding the victim over a balcony
- making statements like next time, it won't be a threat, it will be a promise, and
- the perpetrator threatening to kill themselves, their intimate partner, or their family members.

Sexual assault

This behaviour was identified in 4 IPV cases and included non-consensual intercourse or sexual touching. Due to the underreporting of sexual violence generally and in the context of IPV, this is unlikely to be an accurate representation of sexual violence experienced.²⁶

Victim's perception of risk

In several IPV cases, the victims did not recognise themselves as victims of DFV and had very limited perception of risk. This included in circumstances where the victim was subject to ongoing control and manipulation.

Summary

Coercive control describes a range of tactics used by perpetrators to exert control over a victim to manipulate, degrade, isolate and dominate them. Coercive control is revealed through patterns of behaviour resulting in a cumulative and detrimental impact on the victim's health and wellbeing. Despite its prevalence, victims, family members and the community generally do not recognise coercive control as DFV, particularly in the absence of physical violence. This failure to identify patterns of coercive control emanates from a lack of DFV awareness and understanding, resulting in a dangerously limited perception of risk.

As both physical and non-physical behaviours can be employed strategically to achieve and maintain coercive control, a revised definition of DFV would assist in understanding that DFV encompasses a wide range of behaviours, including non-physical ones.

For example, there is often an over-reliance on hierarchies of violence, which generally place physical violence and sexual violence at the top, and forms of non-physical abuse below them. This approach sees non-physical DFV behaviours viewed as less harmful or traumatic, or not recognised as violence or abuse at all.²⁷ A revised definition would help to ensure the context of violence—a pattern of coercive behaviour—is being addressed.

²⁶Lievore, D. (2003). *Non-reporting and hidden recording of sexual assault: An international literature review*. Commonwealth Office of the Status of Women: Canberra.

²⁷ Australia's National Research Organisation for Women's Safety (ANROWS). (2021). *Coercive control discussion paper* [Submission].

THEME 2: LIMITATIONS OF INCIDENT BASED RESPONSES

Agencies play a pivotal role in providing assistance and support to victims and perpetrators of DFV. It is critical for these agencies to be accessible and responsive to the needs of victims and perpetrators.

An analysis of these cases showed that in the majority there was little or no engagement with the DFV service system and in circumstances where there was some engagement, the contact was not necessarily within proximity to the homicide. The evidence available to the review showed that victims, when they did seek support, largely sought support from families and friends.

However, if a victim or their family or friends are not seeking assistance from a specialist service, it may be due to failure of accessibility, or because a victim does not recognise they are in a situation of escalating risk, or a complex intersection of both factors. In cases of coercive control where there is minimal or no physical violence, it is common for victims and agencies to not recognise the coercive dynamics of the relationship. For victims from a CALD background, not having the knowledge or language to describe their experience is compounded by questions of accessibility. Privacy and shame in not telling anyone about a relationship is also common across all sections of the community.

The ongoing challenge for government and policy makers is to understand the underlying drivers which cause what appears to be unpredictable deaths, and design and implement appropriate prevention and response measures.

Engagement with ACT Policing

ACTP were engaged in half of the cases. Many interactions indicated episodic engagement, in the sense of responding to individual incidents, often without a broader understanding of the coercive control and DFV.

An incident based response is when a service agency, including police and the courts, focus on physical violence and/or single, episodic acts of violence in isolation without consideration of the broader patterns of physical and non-physical behaviour over time and their cumulative impacts.²⁸ Research demonstrates that DFV is rarely a single incident and manifests in patterns of behaviour that may or may not include physical force, so it is important to consider this broader context of abuse when responding to DFV incidents.²⁹

Examples of incident-based responses found in cases included:

- Police called to an incident found the perpetrator to be calm and cooperative, and left the scene in the absence of formal complaint. This occurred both in situations when earlier DFV callouts had been made to police in relation to a particular perpetrator and/or where the perpetrator had active ACTP database alerts
- Police attending multiple times on the same night.

²⁸ National Domestic and Family Violence Bench Book (2023). *Understanding coercive control*.

²⁹ Kelly, L., Sharp-Jeffs, N., & Klein, R. (2014). Finding the costs of freedom: How women and children rebuild their lives after domestic violence.

Engagement with protection orders

FVO's or PPO's were taken out in some of the IPV cases.

There was evidence that this is a particularly dangerous time for victims with some perpetrators committing the homicide soon after an FVO was served. At the time of these historical homicides, it was not routine practice that safety planning be undertaken with the victim.

The case review also revealed instances where both the victim and perpetrator had a history of violence and obtaining PPOs against each other. It is unclear whether the dynamics of DFV, particularly the nuances of resistive violence, were understood, and if so, considered as a relevant factor when these orders were made.³⁰ (see theme on acts of resistance).

Engagement with mental health services

Engagement with mental health services was identified in just under half of the cases prior to homicide.

Some perpetrators had repeated and ongoing engagement with the mental health system during the same time they were committing significant acts of DFV including physically assaulting family members. In these situations, there were no DFV interventions. In these cases, it was unclear what actions were taken regarding calls for help from the victims or whether any safety plans or safety management was considered.

Some perpetrators were on [Psychiatric Treatment Orders](#) (PTOs) at the time of the homicide but the medication requirements of the relevant PTO's were not always complied with. This led to violent and abusive behaviour and in some cases failure to receive medication was imminent to the homicide.

In these cases, the perpetrators disclosed signs of perpetrating violence or behaviours of DFV risk to their treating mental health case workers, such as expressing allegations of the victim being unfaithful, or declining to discuss their thoughts as they might be locked up.

Summary

It is acknowledged that these homicides occurred on or before 2015. Since then, there has been improvement to the overall ACT DFV service system to have increased knowledge and awareness of the critical role of safety planning, particularly around the service of FVOs and other court documents where there may be an escalated risk.³¹

Responses by agencies were incident based and more responsive to physical violence. Such a response, which is often the nature of policing and other services, would be enhanced by a better understanding of the nature of DFV, including coercive control. This is an ongoing challenge for all agencies. The ACT Government should actively explore ways to support agencies working and operating using a pattern-based approach.

A multi-agency response and upskilling of specialised DFV and mental health case workers may assist in addressing intersections with mental health issues. There has been some reform

³⁰ Refer to theme 9, *Acts of resistance and help-seeking behaviours from families and friends*.

³¹ ACT Government (2022). ACT Domestic and Family Violence Risk Assessment and Management Framework.

regarding the need for a multiagency response to cases involving mental illness including the standing up of the Police Ambulance and Clinician Early Response (PACER) team. The PACER team is a multi-agency team made up of a police officer, paramedic and mental health clinician. The team works together to assess and help people of all ages who are experiencing a mental health crisis. The PACER team should have ongoing expertise and training in DFV.

There is a further need for police and the courts to consider carefully what orders should be made when there are competing FVO applications and to consider such applications through a lens which understands the dynamics of DFV, in particular, coercive control in the context of systems abuse and the proposition of victim led acts of resistance (further explored in theme 9).

It is critical to accurately identify the 'person in need of protection' in domestic and family violence law and have in place strategies to improve police and court practice.

THEME 3: PATTERNS OF PERPETRATOR BEHAVIOUR IN INTIMATE PARTNER RELATIONSHIPS

An analysis was undertaken to understand the patterns of IPV perpetrator behaviour through Monckton-Smith's 8-stage timeline of homicide for relationships where there was coercive control. These stages are: 1) prerelationship, 2) early relationship, 3) relationship, 4) trigger, 5) escalation, 6) a change in thinking/decision, 7) planning and 8) homicide.³² This timeline shows a common and consistent sequence of events that led up to intimate partner femicides.³³

Of the 9 IPV homicides,³⁴ 7 were classified as intimate partner femicides and considered for the current analysis.³⁵ Nearly all cases demonstrated that the motivation to abuse – a need for control – was ultimately linked to the motivation to kill – identified as the loss of control.

Stage 1: Prerelationship³⁶

The prerelationship stage occurs before the relationship with the victim commences and typically shows a history of abuse, controlling patterns or stalking. In some of the cases, there was a criminal record, or arrest record for DFV-related offending, in some cases, there were informal and formal reports from previous partners of control, violence, or stalking. Often, victims were aware that the perpetrator had a history of abuse on entering the relationship.

Three out of the 7 IPV cases demonstrated a history of abuse in the prerelationship stage.

These histories included:

- a previous conviction of assault occasioning actual bodily harm in the context of DFV, which resulted in a suspended sentence
- a conviction of damaging property
- an active ACT Policing alert of 'treat as urgent' because of violent tendencies and histories
- conviction of common assault and stalking offences against an ex-partner
- conviction of contravening a protection order, and
- a warning from a former partner to the homicide victim about his abusive and controlling behaviour.

³² Monckton-Smith, J. (2021). *In control: Dangerous relationships and how they end in murder*. Bloomsbury Publishing.

³³ An intimate partner femicide is a killing of woman by their intimate, or former intimate, partners.

³⁴ The DFVR excluded 2 cases for this analysis that have been grouped under IPV for the rest of this report. This includes a case where the perpetrator killed the victim's new partner (as this was not an intimate partner homicide), and a homicide that was committed by the primary DFV victim as an act of resistance.

³⁵ These cases were only considered in this analysis as the Monckton-Smith's 8-stage timeline of homicide only applies to intimate partner femicides.

³⁶ The textboxes provide a summary of Monckton-Smith's description of stages to guide the analysis.

Stage 2: Early relationship

The early relationship stage is typically when the perpetrator is described as attentive, which then progresses to possessiveness and control in most cases. This is an identifiable stage which is not characterised by abuse, but more about seeking commitment from the victim. During this stage, families and friends often note early declarations of love and possessive language. This stage appears dominated by attempts to seek early and firm commitment. This stage is often characterised by jealousy, where love becomes a powerful justification for possessiveness.

It is not uncommon for a victim's family to initially reflect positively on the relationship and the attentive behaviour of the perpetrator, which later shifted to behaviours more accurately described as obsessive or driven by jealousy.

Although this behaviour was not identified in a significant number of cases, this is not to suggest that each of the cases did not progress through this stage.

Stage 3: Relationship

The relationship stage is when the relationship has been confirmed and committed and the perpetrator then begins to exhibit high-risk behaviours. These behaviours can include possessiveness, monitoring, violence, sexual violence, isolation, threats to kill, threats to suicide, stalking, separation, escalating control, or violence. This stage is characterised by controlling patterns. Stalking and monitoring patterns are usually significantly present, sometimes accompanied by paranoia that the woman was being unfaithful. This behaviour seeks to effectively trap the victim within the relationship creating barriers to them leaving.

The majority of the IPV cases exhibited high-risk behavioural markers and ongoing controlling patterns present during the relationship stage.³⁷ This included possessiveness, monitoring, stalking, violence, sexual violence, isolation, threats to kill, threats to suicide and escalating control.

Possessiveness was observed in most of the cases, typically characterised as a pattern of extreme jealousy or sexual jealousy, where the perpetrator believed the victim was being unfaithful and regularly accused her of having sexual relationships with other people. In some of the cases, perpetrators who exhibited a pattern of jealousy were also noted to have exhibited this behaviour in previous relationships. Sometimes, this jealousy resulted in threats of violence not only to the victim, but also to the person perceived as a threat.

Monitoring and stalking was also observed. Relevant behaviours included instances where the perpetrator demonstrated control of the victim's daily activities by listening in to phone calls, regularly checking wallet and email and opening her mail. Other behaviours included stopping victims from being able to leave the house without being accompanied by the perpetrator and watching victims in their own home.

³⁷ A high-risk behaviour is a factor that indicates high risk of serious harm or lethality, particularly when in the presence of other behaviours. These include possessiveness, monitoring, violence, sexual violence, isolation, threats to kill, threats to suicide, stalking, separation, escalating control, or violence.

The use of violence was observed in the majority of cases, where the perpetrator utilised physical, emotional and psychological violence as a form of control, often coexisting with other controlling behaviours.

An ongoing cycle of sexual violence was observed in some of the cases, typically committed in circumstances where the victim did not wish to engage intimately with the perpetrator as he wanted.

Isolation was observed in many cases. This was often done as a means of limiting the victim's contact with her support networks to create a sense of dependency on the perpetrator. Other examples of this behaviour include:

- the perpetrator using victim's phone to send offensive text messages, and
- the perpetrator speaking to the victim's family and friends about relationship issues as a means of blame-shifting onto the victim and deflecting responsibility for his actions.

Threats to kill either the victim, the children or both were observed in several cases to instil fear in the victim's mind and a sense of powerlessness to challenge the perpetrator's authority. It was also notable that threats to kill the victim were sometimes conveyed to third parties as a means of control.

Threats of suicide were observed in half of the cases, used as a way to regain control of the situation in response to the victim wishing to separate or to test how the victim would respond. Use of this threat exploited the victim's empathy, placing them in an emotionally charged situation forced to feel responsible for the perpetrator's safety.

Escalating control was observed in all cases, involving a gradual increase in severity and frequency of a combination of high-behavioural markers. Examples include an increase in the level and frequency of conflict and overt shifting of responsibility of a perpetrator's behaviour to the victim coercing her to believe that her actions provoked and therefore, justified the increasing violence.

This tactic of diverting blame from the perpetrator and placing responsibility on victim supports cultures of acceptance of violence against women and becomes a barrier for reporting.³⁸

Stage 4: Trigger

The reasons given for men killing their partners overwhelmingly revolve around withdrawal of commitment, or separation. This separation could be real, imagined, or threatened. Attempts to separate are usually met with significant resistance.

The majority of cases exhibited separation, or an indication to separate, as the imminent trigger, which was met with significant resistance to regain control. The timing between the trigger and the homicide ranged from immediately after the victim expressed a wish to separate to after the couple were separated for some time.

³⁸ Webster, K., Diemer, K., Honey, N., Mannix, S., Mickle, J., Morgan, J., ... & Ward, A. (2018). [Australians' Attitudes to Violence against Women and Gender Equality](#). Australia's National Research Organisation for Women's Safety.

This highlights that regardless of duration, an impending separation in these cases represented a complete loss of control and became the catalyst for the homicide. The gendered nature of violence, where the idea that a woman wishing to end a relationship and attempting to do so justifies the consequential violence, is evident in these cases.

Stage 5: Escalation

Escalation is an increase in frequency, severity, or variety of abuse, control, or stalking. Escalation appears to be an attempt to re-establish control or status. This could involve a variety of behaviours with perpetrators using a number of tactics to re-establish their control, like begging, crying, threats of violence, violence, stalking, or suicide threats.

Many of the cases exhibited tactics used by the perpetrator to re-establish control, such as stalking, begging, threats of violence to the victim, threats of violence to the victim's family and using the children as a form of reinstating control. Examples of these behaviours included:

- monitoring and tracking the victim to instil fear and anxiety to make the victim feel threatened and vulnerable.
- bombarding the victim with continuous emails and messages begging for forgiveness, promises to change and to get help in circumstances where the victim has requested no contact.
- threats and acts of violence to the victim, the children and the victim's family.
- portraying the victim as the cause of the violence and the perpetrator as the one in need of protection and support to the victim's family and blame-shifting.

Stage 6: A change in thinking/decision

This stage occurs at the end of a period of escalation and may be a response to perceived irretrievable loss of control and/or status. The idea that homicide may be a possibility may occur at this time. In many cases, the level of planning found in homicide investigations suggests that there had been a considered decision to kill made at some point. The change in thinking appears to have an association with feelings of injustice, entitlement to act and a belief there is social or cultural solidarity with the homicide offender's position.

All 7 cases exhibited a clear change in thinking as a direct result of the perpetrator realising the irretrievable loss of control and/or status.

In most of these cases, the perpetrator experienced an immediate change in thinking as a direct result of an altercation. In these cases, the perpetrator committed the homicide following heated arguments where he realised he was unable to retain control over the victim.

In the remaining cases, the change in the perpetrator's thinking appeared more considered, where a decision to kill was reached after some degree of deliberation. These cases will be analysed further in stage 7. The methods of death used in the immediate homicides were more brutal, driven by intense emotions of anger and rage due to the abrupt realisation of losing control. On the other hand, the methods of death used in the premeditated homicides appeared more deliberate and methodical.

Stage 7: Planning

The planning stage can potentially last anywhere from a couple of hours to over 12 months where indicators, or evidence of planning, occurs. Some indicators show written plans around how the killing would happen (e.g., stabbing, shooting), and some were evidence of creating opportunities for the killing to happen. There can be internet searches on specific methods to kill, attempts to isolate the victim (via a holiday request, collect belongings, or child contact, for example), purchasing weapons (guns, knives, hammers, and so on), plans to conceal a body (grave digging, for example), organising finances and papers (especially where homicide/suicide is planned), reconnaissance, and stalking with surveillance and intelligence gathering. In some cases, perpetrators tell others of their plans to kill. Some perpetrators stalk the victim during this stage.

In a smaller number of cases there were clear indicators, or evidence of planning prior to the homicide. Examples included making financial arrangements, internet searches related to committing a homicide and purchasing weapons.

Stage 8: Homicide

The final stage is the homicide itself and this may involve extreme levels of violence (even in previously nonviolent people) where the level of violence used appears to have no direct relation to the level of violence evidenced in the relationship. The homicide may involve: suicide, killing children, attempts to cover up the homicide, immediate confession, killing others who are blocking completion of the homicide and it may involve a victim going missing. It may also be completely hidden as homicide. The homicide itself may occur in public, or more usually in the home of the victim or their place of work.

All 7 cases resulted in homicide, with one being a homicide-suicide. It was observed that there was no direct relationship between the level of violence used in the homicide and the level of violence evidenced in the relationship. In many cases there was an extreme level of violence, or excessive force, used for the killing beyond what was necessary to cause death. In these cases, there was little to no evidence of physical violence present in the relationship prior to the death. It is of note that none of the cases analysed had high levels of overt physical violence, but instead were characterised by pervasive patterns of coercive control.

The perpetrators immediately confessed to the crime to police in some cases. In other cases, the perpetrators attempted to cover up the homicide, with deliberate efforts made to create a false impression of the victim still being alive.

Summary

An understanding of the progression to homicide reveals it is possible to identify predictive patterns of perpetrator behaviour. The ACT Government should support members of frontline agencies sharing and analysing agency data sets to understand patterns of perpetrator behaviour. Frontline agency research would inform an evidence-based approach to prevention, early intervention and response.

THEME 4: SEPARATION AS A CHARACTERISTIC OF LETHALITY IN INTIMATE PARTNER RELATIONSHIPS

A common myth is the assumption that separation equals safety, that it is simple for a woman to leave an abusive relationship and that coercively controlling behaviour will cease after the end of the relationship.³⁹

Actual separation or an intention to separate was a feature in over half of the cases.

The timing between separation (or wish to separate) and the homicide ranged from immediately after the victim expressed a wish to separate to after the couple were separated for some time. In that time, threats to kill or to commit suicide or engaging in stalking and monitoring behaviour was not uncommon.

Fear of being exposed also plays a role in post-separation abuse, where perpetrators go to many lengths to conceal their abusive behaviours by blame-shifting. This is a mechanism to maintain control over the victim's narrative and therefore maintaining dominance and power over the victim post-relationship.

Summary

The period around separation is a particularly dangerous risk factor of lethality as the perpetrator experiences a loss of control and/or loss of status. After separation, the severity and frequency of abuse increases to reassert control or punish the victim for challenging the perpetrator's authority and dominance, also increasing risk of lethality. This finding is consistent with existing literature.⁴⁰

There is an ongoing need for community-based education campaigns, and training and education of all agencies providing advice (including legal advice) and support to victims of coercive control and DFV about the heightened risk of lethality and the imperative of safety planning when separating or considering separation.

³⁹ Beckwith, S., Lowe, L., Wall, L., Stevens, E., Carson, R., & Kaspiew, R. (2023). [Coercive control literature review](#). Australian Institute of Family Studies.

⁴⁰ Backhouse, C., & Toivonen, C. (2018). *National Risk Assessment Principles for domestic and family violence: Companion resource*. ANROWS.

THEME 5: PERPETRATOR INTERSECTIONS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE

Mental illness and violence are often wrongly presumed to be inextricably linked which unfairly stigmatises those suffering from mental illness.⁴¹ However, in those circumstances where a perpetrator suffers from a mental illness, research shows that other issues such as substance abuse, adverse childhood experiences, socioeconomic and environmental factors are also present.⁴² A perpetrator's mental health status can affect the nature of the abuse perpetrated, including severity and frequency as well as the resulting judicial responses.

Perpetrators with mental illness

Five of the 12 perpetrators were suffering from a mental illness.⁴³ Two of these were FV cases and 3 were IPV cases. Mental illnesses included depression and anxiety. A number of perpetrators were suffering from serious mental illnesses, all of which were psychotic disorders. There were diagnoses of paranoid or chronic schizophrenia or schizoaffective disorders including delusions and hallucinations (including some individuals subject to a Psychiatric Treatment Order).⁴⁴

Four of the 5 perpetrators suffering from psychotic disorders experienced delusions and auditory and visual hallucinations, including '[command hallucinations](#)' – when a person reports hearing voices that order them to cause harm to someone. Research shows that approximately 20% of violent psychotic patients are motivated directly through delusions or hallucinations that they may be experiencing.⁴⁵

Perpetrators reported delusions relating to other beings, such as 'God' and 'the devil', these beings commanding them to do things. Delusions were also reported regarding actions of the victim and perceived links between these actions and the perpetrator's mental health.

Substance abuse

Substance abuse disorders have been shown to dramatically increase risks of violence and when combined with mental illness, the combination is described as synergistic and dangerous.⁴⁶

Some perpetrators with mental illnesses were identified as self-medicating through illicit drug use to mitigate the symptoms of their condition. However, this self-medication was noted to compromise the effectiveness of their medications. In one case where the perpetrator suffered from paranoid schizophrenia, the perpetrator said the drug made them feel 'normal'.

⁴¹ Mulvey, E. P. (1994). [Assessing the evidence of a link between mental illness and violence](#). *Psychiatric Services*, 45(7), 663-668.

⁴² DeAngelis, T. (2021). [Continuing education mental illness and violence: debunking myths, addressing realities](#). *Monitor on Psychology*, 31.

⁴³ Excluding the homicide offender who was the primary DFV victim.

⁴⁴ A PTO is a type of Mental Health Order, made by the ACT Civil and Administrative Tribunal for someone identified as requiring treatment and care for mental illness, which can be provided without their consent.

⁴⁵ Witt, K., Van Dorn, R., & Fazel, S. (2013). [Risk factors for violence in psychosis: systematic review and meta-regression analysis of 110 studies](#). *PloS one*, 8(2), e55942.

⁴⁶ DeAngelis, T. (2021). Continuing education mental illness and violence: debunking myths, addressing realities. *Monitor on Psychology*, 31.

The use of anabolic steroids and methylamphetamine leading up to the homicide was potentially related to depression and anxiety symptoms being experienced by perpetrators. Some family members of perpetrators reported changes in personality and mood, including symptoms of anger, after using drugs.

Family supports for perpetrators with mental illness

The families of perpetrators who suffered from psychotic disorders found themselves in challenging situations where they were confronted with a loved one experiencing a mental illness and using harmful behaviours. In these cases, it appeared that the family members felt ill-equipped to address these intersecting issues and provide appropriate support.

Summary

Around a third of perpetrators were identified as suffering from a psychotic disorder. These cases provide insights into the challenges present where there is FV or IPV and mental health issues, which is heightened in circumstances where there is substance abuse. This is a finding consistent with existing research and supports the need for ongoing programs to identify the relationships between DFV, mental illness and substance abuse to tailor effective multi-agency perpetrator responses, including supports for the families and caregivers.⁴⁷

⁴⁷ DeAngelis, T. (2021). Continuing education mental illness and violence: debunking myths, addressing realities. *Monitor on Psychology*, 31.

THEME 6: PERPETRATOR ACCOUNTABILITY

The principle of holding perpetrators accountable is a critical aspect of policymaking for the prevention of DFV. Accountability takes different forms, including accountability to the state through judicial processes, accountability in acknowledging the impact on the victim, as well as personal accountability accepted by the perpetrator.⁴⁸

These different forms of perpetrator accountability were examined as such an analysis can inform a nuanced response to DFV, with a focus on prevention and perpetrator accountability.

Pre-homicide: accountability through the victim

All victims used strategies to seek their own protection, ensure safety and prevent further harm and to hold perpetrators accountable.

Formal support

One of the ways victims held the perpetrator accountable was by seeking formal support from the service system. This may include reporting to police, the mental health system or other services.

Victims called the police to attend an incident in majority of the cases however, they did not always disclose the extent of the abuse and they did not always pursue ongoing support from police. In other cases, a victim would threaten the perpetrator they would report to police but records indicate they did not do so. In circumstances involving mental illness there was evidence of repeated contact with the mental health service system for a significant number of years before the homicide.

Separation

Over half of the victims initiated or indicated separation. Children were involved in many of these cases. Keeping the children safe was a motivating factor for the separation.

Pre-homicide: accountability through the criminal justice system

In some of the cases there was engagement with the criminal justice system before the homicide. In these cases, there were convictions of assault occasioning actual bodily harm, common assault and stalking offences and damage to property convictions. In 3 cases the perpetrator received a good behaviour order.⁴⁹

Only a small percentage of the cases reviewed involved perpetrators with previous criminal convictions. It highlights that cases where there is a high risk of lethality are often not coming to the attention of agencies or the civil or criminal justice system.

Post-homicide: accountability through the criminal justice system

The key mechanism to enforce the rule of law and to hold perpetrators to account is the criminal justice system.

⁴⁸ Chung, D., Anderson, S., Austen, S., Bissett, T., Breckenridge, J., Campbell, E., ... & Young, A. (2020). [Improved Accountability: The Role of Perpetrator Intervention Systems](#). Australia's National Research Organisation for Women's Safety.

⁴⁹ An examination of the timings of these interactions can be found in the quantitative snapshot, at page 29.

Nearly all of the cases proceeded through the criminal justice system. Of these, 8 perpetrators received a murder conviction and 2 perpetrators were found not guilty due to mental impairment.

Murder conviction

In a number of the IPV cases where a murder conviction was found, there were various factors identified as relevant to sentencing including:

- aggravating factors including harm done to the family of the victim including the children
- mental health status, and
- level of remorse.

Post-homicide: personal perpetrator accountability

For the purposes of this report, 'personal accountability' is defined to be where the perpetrator takes responsibility for and ownership of, their behaviours and attitudes. It is acknowledged that perpetrators can be held accountable without necessarily taking personal accountability for their actions. For example, being found guilty and being required to participate in Men's Behaviour Change Programs (MBCP) holds the perpetrator accountable, however, does not necessarily mean the perpetrator takes personal accountability for their actions.

Lack of remorse

Remorse is an expression of personal accountability. This was not apparent in virtually all the cases.

Memory loss

A small number of perpetrators experienced memory loss to a certain degree after the incident due either to mental health issues or by way of an attempt to avoid responsibility with no remorse.

Shifting of accountability

Virtually all the perpetrators attempted to shift accountability to others. Examples include attempts to shift circumstances where responsibility to the victim claiming provocation, blaming another family member for the homicide or claiming mental impairment when there was no evidence.

Concealing the homicide

There were cases where the perpetrator took measures to delay the discovery of the homicide, such as by creating a false impression of her still being alive, relocating the body from the location of the homicide or going into hiding for a significant period of time.

Personal accountability and intersections with mental illness

Examining personal accountability of perpetrators presents a challenge when considering the intersection with mental illness.

Mental illness impairs an individual's capacity to understand the consequences of their actions or control their impulses. This is particularly true in cases of psychosis and is compounded by issues surrounding compliance with treatment, prescribed medication and substance abuse.

Summary

The cases reviewed indicated limited acceptance or acknowledgement of personal accountability by the perpetrator, identified through an overall lack of remorse, shifting of accountability and efforts to conceal the homicide.

Although there was evidence of different interventions at different times by way of an attempt to hold perpetrators accountable – either by the criminal justice system (pre and post homicide) or by the victim (pre homicide), there was limited evidence of personal accountability accepted by the perpetrator. Those interventions were not effective and did not achieve the intended purpose of holding perpetrators to account.

Further work needs to be done to invest in the development of a perpetrator intervention and response system.

THEME 7: CHILDREN

DFV has short-term and long-term effects on children and young people. Studies have demonstrated that children who have experienced child abuse and neglect are likely to have poorer life outcomes,⁵⁰ poorer educational outcomes and a range of behavioural issues.

Information related to the child/ren

A total of 23 biological children or stepchildren were identified across the 12 cases. This included infants, young children and adolescents who were exposed to, or had experienced DFV over a long period of time and continued to experience controlling and manipulative behaviours from the parent perpetrator into adulthood.

In only 3 cases, there was a reference to the children being recognised as victims of DFV in their own right. There was a clear gap in the information available regarding the interventions and services made available to the children involved.

Child/family focused services

Fourteen children were under the age of 18 at the time of homicide. However, involvement of CYPs or child specific interventions was rare. Where there was engagement with CYPs, they did not address DFV as the primary concern but focused more on the parental substance abuse and mental health concerns. It is well documented that although DFV is often the issue bringing children to the notice of child protection or family services, the impact of male perpetrated violence is often minimised as the mother's mental health or substance use becomes the focus of attention.⁵¹

If DFV is not identified as the primary purpose for intervention, there is a risk that agencies such as CYPs will focus their intervention upon the parent subjected to DFV. This can result in the abusive behaviour continuing causing victims to feel unsupported and misidentified as the non-protective parent.

Identified domestic and family violence behaviours impacting children

Children and young people who are exposed to or live in a household with DFV are victims of the abuse.⁵² Often, perpetrators use tactics involving children to exert control over the protective parent.⁵³

The children present in the cases were recognised as being victims of 3 forms of DFV - physical abuse, emotional/psychological abuse and sexual abuse.

⁵⁰ Select Committee on Intergenerational Welfare Dependence, *Living on the Edge: Entrenched disadvantage*, Parliament of Australia, Canberra, 2019.

⁵¹ ACT Government (2022). *ACT Domestic and Family Violence Risk Assessment and Management Framework*.

⁵² ACT Government. (n.d). *Now you have heard us What will you do?*

⁵³ Victorian Government. (2013). *Assessing children and young people experiencing family violence – A practice guide for family violence practitioners*

Physical violence

Children were identified as being victims of physical violence in some of the IPV cases and those cases included direct violence as well as threats of physical harm. Abuse included physical abuse of an adult victim in the presence of children, and physical and verbal abuse of children within the family unit. Abuse included abuse of very young children.

Emotional/psychological abuse

Children were identified as being victims of emotional and psychological abuse.

There was evidence of children witnessing perpetrator threatening victims and other family members, including with weapons. Children were forced to lie to the police.

Sexual abuse

There were allegations that children were victims of sexual abuse by the perpetrator.

Intergenerational cycle of violence

Living with DFV can have detrimental consequences for the development and wellbeing for children and young people. It is recognised that witnessing or experiencing violence between parents during childhood can later lead to a child perpetrating DFV as an adult in the 'intergenerational cycle of violence'.⁵⁴ It is vital to note that not all children who experience abuse or DFV become perpetrators or victims and not all perpetrators have a history of childhood violence or abuse.⁵⁵

Six perpetrators of DFV (50%) were identified as being exposed to or experienced DFV as a child.⁵⁶ Three of these were IPV cases and 2 of these were FV cases.

The childhood experience of perpetrators included witnessing possessive and coercive abuse as a child. Such abuse may have been perpetrated by the parent or a new partner of the adult victim.

The experience of verbal, emotional and physical abuse as a child may contribute to compromised emotional development and interpersonal skills as an adult.

Instances of parental loss from suicide and the experience of parental alcohol abuse were also reported.

Summary

Children were generally not recognised as victims of DFV.

There was no evidence to indicate that any DFV-targeted, child focused interventions were offered. This finding reflects that in these cases the children were often 'silent, forgotten, unintended, invisible and/or secondary victims in the context of the DFV response'.⁵⁷ This is consistent with the DVPC death review's finding that children were mostly invisible in the DFV

⁵⁴ Radford, L., Richardson Foster, H., Hargreaves, P., & Devaney, J. (2019). Research review: Early childhood and the 'intergenerational cycle of domestic violence'.

⁵⁵ Australian Institute of Family Studies. (2015). Children's exposure to domestic and family violence Key issues and responses.

⁵⁶ This includes 5 homicide offenders who were the primary perpetrators, in addition to one homicide offender who was not the primary perpetrator.

⁵⁷ Australian Institute of Family Studies. (2018). What is child abuse and neglect.

responses and child-focused support and interventions were either not prioritised or actions taken were not documented.

Half of the perpetrators had been exposed to or experienced DFV as a child, demonstrating how the destructive cycle of intergenerational violence manifests and how trauma and learned behaviour from one generation can be passed down to the next.

Appropriate responses are needed to support children and young people as victims of DFV within the context of their family. This is necessary as an immediate protective measure and also in recognition of the high incidence of experiences of DFV for those who are engaging in harmful behaviours and the cross-generational impact of DFV.

THEME 8: CULTURAL DYNAMICS OF DFV IN CALD COMMUNITIES

Research shows that CALD communities are a priority cohort for DFV as they face additional barriers to accessing information and services. This is compounded by a general misunderstanding of DFV, a lack of awareness of a victim's legal rights and cultural shame accompanied with seeking support for DFV.⁵⁸

Nine homicide offenders and homicide victims were from CALD backgrounds and their experiences highlight the need for cultural sensitivity when responding to DFV.

Local faith and cultural community organisations as touchpoints

In many of the cases involving CALD communities, the victims sought support from their local faith or cultural communities. That process is not necessarily successful. Resolutions or arrangements can be reached with the perpetrator, or alternatively the members of the cultural community may feel that the allegations are over-stated and as a result be reluctant to become involved even if the victim regularly discloses her experiences to the community. This may be attributed to a lack of understanding of DFV or to cultural norms or societal expectations.

Barriers in engaging with the system

Similar to non-CALD victims, a pattern emerged where victims called the police during altercations, but then declined any support and did not disclose the abuse to police once they arrived. Victims of DFV, regardless of CALD background, prioritised ending the immediate conflict and de-escalating the situation. However, applying a cultural lens can also reveal additional cultural pressures at play that can prevent the victim from pursuing further support. For example, CALD women who seek support are more likely to be subjected to shame tactics and are under pressure to remain with their partner.⁵⁹ This results in community stigma against seeking support as the victim is expected to tolerate the abuse for the sake of the family's reputation or face being ostracised from their community or be subjected to [victim-blaming](#) if she does not comply. Due to these cultural barriers, victims may feel a sense of duty to conform and are unable to seek external assistance beyond the immediate conflict.

Immigration status of victims or perpetrators can also be a barrier to engagement with the support system. Immigration status can be used by perpetrators as a form of control to ensure the victim would not be able to seek support, a common cultural tactic of DFV and a complexity that can only be understood for an appropriate response through a cultural lens.

Language and communication barriers experienced by CALD victims when seeking support from service agencies was observed, including circumstances where requests for translators were made and not provided.

⁵⁸ Lu, M., Mangahas, X. and Nimmo, J. (2020). "[Domestic and family violence in Culturally and Linguistically Diverse \(CALD\) communities](#)." *University of Queensland Pro Bono Centre*.

⁵⁹ Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Block, K., ... & Warr, D. (2015). [Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia](#). Australia's National Research Organisation for Women's Safety.

Summary

It is crucial for response systems to be aware of diverse beliefs, values, customs, religious practices and in many cases immigration status as each of these elements can inform patterns of perpetrator inflicted abuse. Response systems should also consider the barriers that CALD victims experience when seeking support, such as language and cultural challenges.

CALD victims often seek support from their cultural/faith communities or leaders. However, research suggests that there is a lack of awareness and understanding in the CALD communities about DFV⁶⁰ and as a corollary faith and community leaders often lack the necessary knowledge and skills to provide appropriate support to victims of DFV who do seek support.

⁶⁰ Truong, Mandy, Mienah Sharif, Dave Pasalich, Anna Olsen, Bianca Calabria, and Naomi Priest. ["Faith-based communities' responses to family and domestic violence."](#) (2020).

THEME 9: ACTS OF RESISTANCE AND HELP-SEEKING BEHAVIOURS FROM FAMILIES AND FRIENDS

Acts of resistance

It is sometimes presumed that victims are passive recipients of abuse. However, DFV victims often engage in ‘acts of resistance’, which can be small or large strategic actions to protect their own safety as well as that of their children. Resistive violence, or acts of resistance, can include lying to the perpetrator, defending children from abuse, fighting back physically and standing up for what they and their children need.⁶¹

The DFVR identified acts of resistance in all cases reviewed which are summarised in Table 11 below.

Table 11: *Identified acts of resistance*

Standing up for what they and their children need	Initiating/indicating separation.
	Clearly communicating to the perpetrator that they did not want to have any further contact.
	Reaching out to formal support systems.
	Taking out an FVO or PPO against the perpetrator or warning the perpetrator that they were considering taking one out.
Lying to the perpetrator	Making the perpetrator believe that the victim did not have contact with family members, including children who did not live at home.
	Making the perpetrator believe there was ongoing contact with police.
Defending children from abuse	Calling the police for the behaviours to stop to prevent immediate harm to themselves and children.
	Taking the children to a family members’ house for safe refuge.
Fighting back physically	Physically retaliating when physically assaulted by the perpetrator.

Given the increased understanding of acts of resistance, it is important that policing and criminal justice systems, are trained to recognise and respond to victim resistive behaviour effectively. Increased awareness of these resistance strategies is crucial for the safety of the victims and to prevent systems abuse.

Help-seeking behaviours from families and friends

Formal and informal support for DFV victims plays a vital role in improving their safety and wellbeing outcomes. Contacting a DFV support service is a major step for DFV victims, as this requires them to acknowledge the abuse to others and themselves.⁶² Seeking formal supports, such as DFV support services, can be a challenge as victims are often isolated and monitored as a function of coercive control. Therefore, informal supports become crucial for many DFV victims, as they often first turn to families and friends for support.

⁶¹ Stark, E. (2009). Rethinking coercive control. *Violence against women*, 15(12), 1509-1525.

⁶² Evans, M. A., & Feder, G. S. (2016). [Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support](#). *Health Expectations*, 19(1), 62-73.

It was observed that in all cases, families and/or friends were to varying degrees aware of the abuse.

Instrumental support sought from families included seeking safe refuge for themselves and their children, assistance in arranging alternative housing and seeking transportation to attend service agencies for formal support.

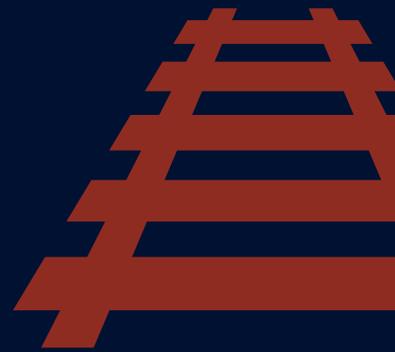
Emotional support sought from friends and family included making regular disclosures of abuse and showing bruises and injuries sustained from assault. In one case, the victim disclosed that the perpetrator was 'going to do something later that night'.

Summary

A range of behaviours and actions undertaken by victims were observed where they chose to actively resist, protect and seek help for the abuse they were experiencing, including acts of resistance and help-seeking from families and friends. It was clear that families and friends play a critical role in the prevention of DFV and can provide support as compared to what formal support services can offer. Families and friends may be the only ones who might be aware of what is happening behind closed doors at the time when victims are most at risk.

Apart from the need for further education in the community about acts of resistance and victim agency, there is a need for front line agencies, police and the courts to improve its understanding of the nuances of resistive violence in the context of the perpetration of IPV and FV.

REFLECTIONS AND FUTURE DIRECTIONS



REFLECTIONS

This report's in-depth examination of 12 DFV homicides highlights the complex dynamics of DFV perpetrator behaviours and victim responses.

Coercive control as a predictor of lethality

Coercive control was a common and critical factor observed across most cases. Coercive control, often used without other physical forms of violence, was a significant predictor of intimate partner homicide. This finding is consistent with the NSW death review, which found that coercive control was present in 99% of the homicides occurring between 2008 and 2016.⁶³

In intimate partner relationships characterised by coercive control, separation significantly increased the risk of lethality. In instances where the victim indicated or initiated separation, the perpetrator increased the severity and frequency of abuse, including an escalation in stalking, begging and threatening behaviours, suspicions of infidelity, extreme jealousy and rage.

This illustrates an ongoing need for community-based education campaigns to assist in recognising coercive control, as well as training for support agencies about the heightened risk of lethality and imperative of safety planning when victims of coercive control are separating or considering separation.

Understanding perpetrator motivations, behaviours and patterns

A perpetrator focus means shifting attention from solely examining the victim's experience to also understanding the perpetrator's motivations, behaviours and patterns. An analysis using evidence-based tools, such as Monckton-Smith's 8 stage timeline to homicide, recognises the progression and escalation of the perpetrator narrative. This revealed the progression to homicide in IPV is pattern-based and occurs in consequential stages.

A key finding is the underlying motivation driving perpetrator actions is a need to maintain control and when this control is lost, a homicide is at high risk of occurring. This may inform the design and application of DFV risk assessments to both protect the immediate safety of the victim and interventions to disrupt perpetrator behaviours by addressing the underlying causes.

This report also complements existing research showing there is a greater risk of lethality where DFV intersects with other issues such as substance abuse and/or mental illness. A lack of integration between the DFV, mental health and alcohol and drug services was identified in many cases. An effective and coordinated multi-agency response to disrupt perpetrator behaviours and protect victims is needed. Further, families and caregivers of perpetrators also require tailored support and services where there are mental health and/or substance abuse issues present.

Challenges confronting frontline services

There were multiple complexities confronting the frontline services supporting victims and families in these 12 cases. For example, isolated incidents of physical DFV were more likely to be recognised by the service system, whereas broader patterns of coercive control were less likely to

⁶³ NSW Government (2020) [NSW Domestic Violence Death Review Team Report 2017–2019, NSW Domestic Violence Death Review Team](#), NSW Government, p 154.

be identified. Coercive control rarely occurred in isolation and was part of a broader pattern of behaviour. This shows the importance of frontline services using an approach that identifies, recognises and addresses a perpetrator's broader patterns of behaviour and tactics.

In some cases with significant engagement with the mental health service system, there was little to no recognition of the intersection with DFV, resulting in a lack of safety planning and integrated response. This shows the importance of improved integration between programs and services and stronger collaborative relationships to ensure multiagency responses in more complex situations.

Research shows that those supporting people who are experiencing, or are at risk of experiencing DFV, are better able to provide a coordinated and integrated response when agencies have a shared understanding of DFV risk assessment and management.⁶⁴ This is particularly important when considering cases with multiple intersections, such as mental health and substance abuse. The DFV, alcohol and other drug (AOD) and mental health service system are often siloed.⁶⁵ This can result in a person being treated by different agencies for different independent issues, potentially increasing DFV risk.⁶⁶

In addition, ongoing work is required to ensure that all family members affected by DFV recognise children as victims in their own right to identify appropriate interventions and avoid practices that lead to the invisibility of violent fathers, mother-blaming and spiralling between services.⁶⁷ Since 2015, policies and programs have shifted to recognising children as victims in their own right however further work is required to fully integrate and embed this into practice.

Importance of responses to better meet victims' intersectional needs

These cases showed how important it is for the DFV response to be reframed to focus on *needs* as opposed to *vulnerabilities*. The term 'vulnerable' is often used to describe certain groups. This terminology may minimise individuals' agency and resilience.

It is critical to recognise victims as experts of their own life experiences. This includes understanding acts of resistance within the dynamics of DFV, refuting the myth that victims are passive recipients of violence when many victims act in ways to protect themselves and their families.

Legal responses or police interventions may not always align with the needs of victims, particularly in CALD and Aboriginal and Torres Strait Islander communities. It is important that victims have the agency in deciding what path best suits their circumstances. Response systems must consider the barriers that victims experience when seeking support, including the ways that victims and victims from CALD backgrounds are impacted by multiple, intersecting forms of structural disadvantage.

⁶⁴ ACT Government (2022). ACT Domestic and Family Violence Risk Assessment and Management Framework.

⁶⁵ Healey, L., Heward-Belle, S., Humphreys, C., Isobe, J., Tsantefski, M. & Young, A. (2020). Working at the intersections of domestic and family violence, parental substance misuse and/or mental health issues. Research report of the STACY Project: Safe & Together Addressing Complexity.

⁶⁶ Townsend N, Barnes I, Byrnes E, Anderson A, Lewis S, Goodwin N, Kay-Lambkin F, Loxton D. Integrated approaches for domestic and family violence, mental health issues and alcohol and other drug use: an Evidence Check rapid review brokered by the Sax Institute.

⁶⁷ Healey, L., Heward-Belle, S., Humphreys, C., Isobe, J., Tsantefski, M. & Young, A. (2020). Working at the intersections of domestic and family violence, parental substance misuse and/or mental health issues. Research report of the STACY Project: Safe & Together Addressing Complexity.

This report explored the cultural nuances surrounding DFV in CALD communities, identifying opportunities to increase community awareness of DFV. There is an opportunity to upskill faith and community leaders as touchpoints and trusted figures for CALD victims in culturally safe, culturally informed, in-language and faith aligned ways.

Although there were no cases relating to Aboriginal and Torres Strait Islander, LGBTQI+ people and people with disability in this report, there is substantial work to be done to improve system responses to tailor to the needs of these groups.

Limitation of existing research and tools to highlight the differences between intimate partner violence and family violence

The perpetrator focus of this report highlighted a limitation in existing research and tools. The perpetrator analysis, particularly in theme 3, was constrained by its narrow focus on IPV homicides. This limitation stems from a broader gap in the availability of tools and frameworks for mapping and analysing behaviours of FV perpetrators. For example, Monckton-Smith's 8 stage timeline to homicide was designed explicitly for femicides.

IPV and FV are terms that are frequently conflated, often subsumed under the broader term of DFV. As a result, most policies, practices, tools and interventions are primarily based on IPV dynamics, sometimes obscuring the unique dynamics of FV. Recognising and addressing this limitation is important for further research in the differences of IPV and FV and integrating into the current tools and practices.

ANROWS suggests the importance of understanding and employing a consistent definition of coercive control as an overarching, gendered context for DFV behaviours, rather than as a separate tactic or example of a DFV behaviour itself.⁶⁸ Viewing coercive control as a type of DFV behaviour, as opposed to a broader pattern of behaviour contributes to the misidentification of those who need support and protection.

In working towards recognising coercive control as an overarching, gendered context for DFV behaviours, ongoing training and a review of policies and procedures is required to recognise and understand the differences in dynamics of IPV and FV across agencies.

Ongoing systemic reform

Most of the homicides considered in this historical review occurred on or before 2015. Since then, there has been increase in community awareness of coercive control and steps taken to improve system responses across government and non-government agencies.

As system reform continues, the learnings from this in-depth analysis can inform the design of evidence-based policy and initiatives to address ongoing gaps.

⁶⁸ ANROWS (2021). *Coercive control discussion paper*.

FUTURE DIRECTIONS FOR THE DFVR

This first biennial report provides a foundation for significant future work to contribute to the broader evidence base and discourse surrounding DFV.

Legislative reform

In preparing this report, several initial areas for law reform in the DVA Act have been identified to increase the efficiency and effectiveness of the DFVR and to support the next phase of work. These include:

- clarifying that information held by the Review Coordinator is not intended to be subject to *Freedom of Information Act 2016*. This issue was raised as a concern by agencies who had received information requests from the DFVR Coordinator.
- introducing a requirement for agencies that are subject to a recommendation of the DFVR Coordinator to report on progress, to support accountability.
- amending the reporting requirements at section 16V and section 16W of the *DVA Act* to revise the provisions that require the DFVR Coordinator to not include information in their reports that may allow an individual to be identified. This issue has impacted the ability of this report to build public awareness of behaviours that constitute domestic and family violence.
- making a regulation to provide clarity on the agencies that can be subject to a request for information under section 16O of the *DVA Act*.
- updating the timelines in section 16Y(2) of the *DVA Act* to allow additional time for the statutory review of DFVR provisions to be conducted prior to it being tabled in the Assembly and clarifying the review provision.
- exploring appropriate changes to current prescribed timelines for providing biennial reports to the Minister.

The DFVR Coordinator will continue to consider law reform opportunities relevant to the DFVR Review and advise the Minister accordingly. For example, there may be opportunities for law reform in other portfolio areas such as the *Family Violence Act 2016*.

Updating and maintaining the register

The first DFV incident register in the ACT has been established. Ongoing work will update, maintain and expand this register to inform future reports.

Future reports

The DFVR Coordinator is required to provide a biennial report to the Minister about incidents included on the register. The DFVR Coordinator may provide additional reports to the Minister at any time, regarding any matters relating to the DFVR.

This report has reviewed a fraction of the incidents on the register, 12 out of 134 registered incidents (9%). The DFVR will continue to provide reports and biennial reports to the Minister. This will include completing the historical review of all current cases on the register, as well as reporting on any recent DFV deaths added to the register after the provision of this report.

Notably, 58% of the identified registered incidents are deaths by suicide. This comprises a significant proportion of the register and will require understanding the nuanced dynamics and underlying factors of these deaths. A future report will need to be dedicated to reviewing DFV related suicides.

Two homicides were excluded from this report due to being open cases in the criminal justice system at the time of reporting and tragically there have been more deaths in recent times. Review of these cases and other cases will occur at a suitable time. There may also be further information provided regarding cases already reviewed in this report. This presents an opportunity to build on the patterns and themes already identified and to make further findings and recommendations.

Establishing advisory expertise

The *DVA Act* enables the DFVR Coordinator to appoint a person as an independent adviser to assist with exercising their functions.

In future work it is intended to appoint independent advisers or establish advisory committees to support the work of the DFVR. This will assist both in setting direction as well as ensuring that expertise in particular areas is obtained.

APPENDICES



LIST OF APPENDICES

Appendix A	Table of consolidated recommendations
Appendix B	Inclusion criteria
Appendix C	Definitions and key concepts
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Appendix E	Relevant sections of the <i>DVA Act</i>
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APPENDIX A – TABLE OF CONSOLIDATED RECOMMENDATIONS

	Recommendation	Focus area
Recommendations from the Glanfield Report		
1	The response to family violence should focus on maintaining the mother and child victims as a family unit and build trust with the woman, in particular women and children in the Aboriginal and Torres Strait Islander community.	Culturally informed responses
2	As a matter of course CYPS should refer matters involving family violence to appropriate service providers and when undertaking appraisals should collaborate with those providers to ensure support for the family as a whole.	Service availability, accessibility and integration Screening, assessment and referral
3	Sufficient services should be made available to which individual members of a family can be referred. This includes specific services for children who have witnessed or experience family violence and services for perpetrators.	Service availability, accessibility and integration
4	Adequate resources should be made available, or funding provided to deliver training on family violence for frontline workers.	Workforce development
5	Service providers should be funded to deliver outcomes not programs and funding contracts should incorporate appropriate outcome performance measures.	Program and policy development
6	Sufficient funding should be made available to victims seeking domestic violence orders and families dealing with the child protection system to enable them to obtain legal representation.	Service availability, accessibility and integration
7	The ACT should remain actively engaged in the Family Law Council Review to improve responses to families with complex needs within the family law system and consider as a priority any recommendations that seek to resolve current issues.	Legislative reform
8	CYPS must ensure appropriate feedback is given to notifiers of child concern reports and, where matters do not proceed, referral to support services to the family must be considered.	Screening, assessment and referral
9	Consideration should be given to: a. amending the CYP Act (Division 11.2.2) for matters involving allegations of abuse or neglect by the parent or person with daily care responsibility. In such matters the Director-General should	Legislative reform

	<p>not be required to obtain agreement to the appraisal from each parent or each other person with daily care responsibility or seek an appraisal order from the Childrens Court; or</p> <p>b. requiring the Director-General of CSD to notify the Childrens Court of the intention to undertake an appraisal providing the parent or person with daily care responsibility the right to lodge an objection.</p>	
10	ACT Policing policy regarding not undertaking investigations unless children have disclosed abuse should be modified to ensure this policy is not rigidly applied and that the circumstances in individual cases are considered and discussed with CYPS.	Program and policy development
11	CYPS must adopt a culture of transparency and engagement with clients, agencies and service providers to inform improved decision making and to engage more effectively with those who provide services to families who come to the notice of CYPS.	Systems, processes and mechanisms
12	A review should be undertaken of what decisions made by CYPS should be subject to either internal or external merits review. The review should have regard to the position in other jurisdictions and be chaired by the Justice and Community Safety Directorate.	Systems, processes and mechanisms
13	Arrangements for regular formal quality assurance of CYPS decisions, practices and procedures should be established. Results of the quality assurance process should be reported quarterly to the Director-General, CSD and in the Directorate's annual report.	Systems, processes and mechanisms
14	CSD should ensure that information regarding review rights is provided to individuals notified of a decision and is publicly available on the Directorate's website.	Systems, processes and mechanisms
15	A review should be undertaken to determine whether the oversight resources of the Public Advocate and Children and Young People Commissioner and the resources to respond in CSD are sufficient to ensure oversight mechanisms are working effectively.	Systems, processes and mechanisms
16	CSD should continue to review its recruitment practices and cultural awareness training programs and ensure appropriate quality control in decision making to reduce unintended bias.	Systems, processes and mechanisms Workforce development
17	CYPS should use case conferencing more frequently to ensure decision making is more fully informed and is done on a transparent and collaborative basis with government, non-government agencies and families.	Service availability, accessibility and integration
18	Legislative provision should be made in the ACT similar to Chapter 16A of the NSW Children and Young Persons (Care and Protection) Act 1998 in relation to family violence more broadly (not just in relation to children) to clearly authorise information sharing and to foster a culture of appropriate information sharing and collaboration.	Legislative reform

19	Any legislative amendments to facilitate information sharing should be accompanied by a suitable penalty provision for the disclosure of information shared under the provision for purposes other than the safety, welfare, or wellbeing of a person.	Legislative reform
20	Any legislative amendments should also be accompanied by an awareness campaign and guideline material about how information can be shared.	Awareness campaign and public education
21	The proposed Coordinator-General for Family Safety should have oversight of the awareness campaign, training package and guidelines to accompany the legislative amendment to ensure the development of an information sharing culture.	Systems, processes and mechanism Information sharing
22	Government agencies should take the lead in creating an information sharing culture through: <ul style="list-style-type: none"> a. sharing information and creating trust and confidence by open, consultative and transparent decision making; and b. ensuring existing consultative and advisory councils and committees are genuinely co-operative and trust building forums. 	Systems, processes and mechanism Legislative reform
23	The Government should encourage information sharing by incorporating in funding agreements for service providers, clear performance measures that include measures of the extent of sharing of information and collaboration.	Program and policy development
24	The ACT Government consider funding for ICT systems to support information sharing within the proposed Family Safety Hub. This may include procurement of an off the shelf product or building on an existing system to keep costs to a minimum.	Program and policy development Funding and resource allocation
25	The ACT raises at COAG the issue of amendment of the Commonwealth Privacy legislation to facilitate the sharing of information for the purposes of addressing family violence.	Legislative reform
26	When a child is unenrolled from school and the school has had significant concerns about the particular child, the Education Directorate should advise CYPs. Subsequently the Education Directorate should confirm the move with the family and confirm enrolment in the new jurisdiction. CYPs should inform their counterparts in the new jurisdictions that a family of concern has moved to their state or territory.	Legislative reform Systems, processes and mechanisms
27	A Family Safety Hub should be established and co-located with the One Human Services Gateway to: <ul style="list-style-type: none"> a. Ensure integrated and coordinated services are provided to families experiencing or at risk of experiencing family violence; and b. Ensure decision making in relation to families experiencing or at risk of experiencing family violence is made based on all the evidence available to the system as a whole. 	Systems, processes mechanism Service availability, accessibility and integration
28	The Family Safety Hub should comprise representatives from relevant human services directorates, the domestic violence and child protection sectors and police who will be embedded within the Hub.	Systems, processes and mechanisms Service, availability, accessibility and integration

29	The Family Safety Hub should receive and manage all child concern reports that do not involve physical abuse or sexual assault and CSD should assist in establishing the new arrangements.	Systems, processes, mechanisms Service availability, accessibility and integration
30	CYPS should work with the Family Safety Hub as their cases move through the statutory process to ensure families are receiving appropriate services and CYPS has access to the most up to date information. It is accepted that extremely urgent cases may preclude or limit such contact.	Service availability, accessibility and integration
31	A Coordinator-General for Family Safety at Deputy Director-General level should be appointed to have high level oversight and strong leadership over an extended period to drive the changes recommended in this Report. Further a small team should be appointed to support the work of the Coordinator-General. The current Coordinator-General for DFV would be subsumed into this new role.	Systems, processes and mechanism Workforce development
32	The ACT Government commissions the development and implementation of a public education and communication strategy aimed at improving community understanding of the manifestations of and risk factors for family violence, including non-physical violence such as controlling and coercive behaviour. This should provide information for the general community and bystanders such as family, friends, work colleagues and neighbours of victims and perpetrators, as well as specific groups identified as vulnerable in this report such as older people, male victims and culturally and linguistically diverse (CALD) communities.	Community awareness campaign and public education
33	Given the prominence of the issue of family violence, the Chief Minister should, as a priority, relaunch the Whole of ACT Government Statement on Family Violence. This statement should be made easily accessible on all government websites in order to assure the community that family violence is an issue that is best addressed through a whole of government response.	Community awareness campaign and public education
34	The Attorney-General tasks and resources the DVPC to coordinate the development of a standard family violence training package for those in frontline service delivery.	Workforce development
36	The ACT Government fund an independent academic, supervised by the DVPC, to develop a Risk Framework for the ACT. In developing a framework, consideration must be given to: <ul style="list-style-type: none"> • who is screened for family violence (victims and perpetrators), who screens for family violence, when they screen for family violence and a standardised set of screening questions • what risk is assessed (risk of further assault or lethality) and validated risk assessment tools for IPV as well as violence against children, siblings and parents • appropriate risk management for all levels of risk • ensuring the recognition of the vulnerable groups identified in this report and • developing an implementation strategy, including training and evaluation. 	Screening, assessment and referral Workforce development

37	<p>The ACT Government to request the following key organisations to take specific actions to reduce and prevent family violence and the risks of related deaths.</p> <ul style="list-style-type: none"> • All tertiary education providers in the ACT, especially the Canberra Institute of Technology, University of Canberra, Australian National University, University of NSW (Australian Defence Force Academy) and Australian Catholic University (Canberra Campus), should be requested to include family violence training in all law, education and health related programs. • The ACT Law Society and ACT Bar Association should be requested to make continuing professional development about family violence a priority, particularly for those practicing family and criminal law and to host family violence information on their websites. • The Australian Public Service (APS) Commissioner should be informed that a number of the homicide victims and perpetrators were current or former employees of the APS and the APS should consider addressing family violence in mandatory induction training. • Government funded drug and alcohol and mental health services should be made aware of the findings of the death review and should train their staff on family violence, understand the need for screening clients and address all co-occurring issues. 	<p>Service availability, accessibility and integration</p> <p>Workforce development</p>
38	<p>ACT Health prioritises:</p> <ul style="list-style-type: none"> • Formulation of the ACT Health family violence policy, specifically acknowledging the propensity for overlap between family violence behaviours and mental health (including suicidality) and/or drug and/or alcohol issues. • Development and implementation of operational guidelines for clinical and health staff to respond appropriately and make accurate records in relation to disclosures of family violence. • Work with the ACT Primary Health Network to include family violence as a topic in the Capital Health Network's Health Pathways tool for GPs and health care teams. • Consideration of the use of specialist family violence social workers in ACT hospitals who can receive referrals if violence is disclosed and who can be used as a resource to advise other staff on how to recognise or respond to family violence. These social workers should be linked into other relevant service providers such as DVCS, CRCC, Carers ACT and EveryMan Australia (formerly Canberra Men's Centre). • Exploration by Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) about how family members can be provided with information about the illness that the person they care for experiences and how to facilitate their participation in care planning. Where sharing information with carers violates privacy provisions in the Health Records (Privacy and Access) Act 1997, 	<p>Program and policy development</p> <p>Screening, assessment and referral</p> <p>Service availability, accessibility and integration</p>

	<p>amendments should be considered to ensure carers who may be at risk of violence can be provided with information that enables them to make informed decisions about their safety.</p> <ul style="list-style-type: none"> • Development and implementation by MHJHADS of operational guidelines for dealing with family violence disclosures by clients and client’s family members. These must address the safety of potential family violence victims. • MHJHADS incorporate the views of family members in the application of Outcome Measure assessments. In addition, policies and procedures should cover assessing risk of violence at key points in the clinical pathway including triage, admission, after critical events, at discharge and when a patient does not comply with medication requirements (this could be enhanced by any future whole of government risk assessment and response frameworks and actions). • The safety of family members is considered and addressed by MHJHADS when applying for and monitoring Psychiatric Treatment Orders (PTOs). 	
39	<p>The ACT Government’s Human Services Blueprint in collaboration with service providers develop ways for service providers in the ACT to co-operate, co-ordinate and integrate their response to family violence outside the criminal justice system. This should include consideration of extending the current Strengthening Families program (using specialised, trauma informed services with flexible funding and lead workers) to families with complex needs and are at risk of, or experiencing, using, or witnessing family violence. It could also include families who are caring for adult children or partners with mental health issues who have a propensity for violence. For these reasons, the Human Services Blueprint needs to work with a broader range of service providers (in particular ACT Health) and work with families with adult children as appropriate.</p>	<p>Service availability, accessibility and integration</p> <p>Systems, processes and mechanisms</p>
40	<p>A working group of suitable agencies (e.g. DVCS, Carers ACT, mental health and alcohol and drug services, ACT Policing) be formed to identify appropriate service responses, referral pathways and gaps in service provision to respond to family violence that is not IPV or non-physical family violence, as well as alternative housing/care arrangements for adults with mental illness who are presenting a risk to their parents.</p>	<p>Service availability, accessibility and integration</p>
41	<p>The Information Privacy Act 2014, Health Records (Privacy and Access) 1997 and the Children and Young People Act 2008 and any other relevant legislation be reviewed to facilitate the sharing of information to protect family violence victims. Consideration must be given to inserting a specific section to address family violence. Any reform should be supported by policies, guidelines and cultural changes within and outside government to support and promote information sharing.</p>	<p>Legislative reform</p>

42	ACT Government develop a policy and guidelines on family violence and information sharing to be implemented by Government Directorates and community sector organisations funded by government. Consideration should also be given to working with external organisations such as the ACT Law Society and the Capital Health Network to consider options for information sharing from “outside” the government and government funded system.	Legislative reform
43	MHJHADS ensure that where multiple health providers (e.g. GPs, private psychiatrists, private psychologists and community organisations) are involved in a shared management plan there is an effective flow of appropriate information between them. Where the patient refuses consent for the exchange of information a senior clinician should take responsibility for deciding whether information will be exchanged to mitigate risk.	Legislative reform Program and policy development
44	The Attorney General write to the ACT Auditor General to ask the Auditor General to consider conducting an audit of MHJHADS files to identify where improvements can be made especially in relation to the administration and implementation of ACT Health Outcome Measures, other risk assessment tools and the associated risk management approaches.	Program and policy development
45	All ACT Government Directorates and ACT Government funded community sector service providers review their record keeping and record management policies with a view to update policies addressing critical points at which they should create records relating to family violence. Embedding a family violence “flag” or “tick a box” into databases would be particularly useful.	Data collection and records management
46	Consideration should be given to whether a whole of ACT Government policy on record keeping and record management in relation to family violence is required.	Data collection and records management
47	ACT Government develop appropriate programs to rehabilitate those who use violence against their family members, particularly for children, young people and young adults who use violence against their parents and identify and provide resources for appropriate supports for parents whose children use violence in the home.	Perpetrator accountability and rehabilitation
48	In order to achieve rehabilitation of family violence offenders ACT Corrective Services and CYPs should: <ul style="list-style-type: none"> • consider and respond to all co-occurring offender issues including mental health, drug and alcohol and family violence • implement all recommendations included in orders by judges and magistrates • hold offenders accountable for non-compliance through timely breaches • consider non-compliance as an indicator of future risk • not terminate supervision early for family violence matters, particularly where there has been non-compliance with conditions of court orders and 	Perpetrator accountability and rehabilitation Service availability, accessibility and integration

	<ul style="list-style-type: none"> work more closely with a range of service providers including MHJHADS, alcohol and drug services, Victim Support ACT, CRCC, Service Assisting Male Survivors of Sexual Assault, the Domestic Violence Crisis Service and EveryMan Australia. 	
49	ACT Corrective Services develop guidelines to ensure that family violence victims have a voice and role in the management of family violence perpetrators. To ensure the safety of family violence victims, family violence perpetrators must be managed within the context of their family including current and ex-partners (who they remain in contact with), parents and family members. Supervision should not rely solely on self-reports but should be balanced by the voice of their victim/s.	Perpetrator accountability and rehabilitation
50	The ACT Government resource the development and distribution of family violence education materials in languages, other than English, for display in public forums where CALD communities gather.	Community awareness campaign and public education
51	ACT Government service providers review their adherence to the ACT Government 2012-16 Australian Capital Territory Language Policy with particular reference to section 4.4 'Interpreters and translators will be used depending on clients' particular circumstances and legal requirements and the policy implementation requirements outlined in section 4.7.	Culturally informed responses Service availability, accessibility and integration
52	The ACT Government continue advocating for the retention of Commonwealth funding of interpreter services for non-government organisations that come into contact with family violence victims and perpetrators.	Service availability, accessibility and integration
53	The Attorney-General task the DVPC to work with appropriate organisations to raise the profile of elder abuse (in a family violence context) and to consider areas for collaboration in prevention and intervention activities.	Service availability, accessibility and integration
54	The ACT Government ensure appropriate responses and services are available to assist children who experience or witness family violence, including: <ul style="list-style-type: none"> services for children who are exposed to non-physical family violence services for children who are no longer living with the perpetrator and early intervention responses aimed at preventing the intergenerational transmission of family violence. 	Service availability, accessibility and integration
55	The Attorney-General continues to implement, as a matter of priority the Australian and NSW Law Reform Commission's recommendations relating to family violence in Family Violence – A National Legal Response (2010), to ensure that non-physical manifestations of family violence are recognised and addressed in ACT legislation.	Legislative reform

56	ACT Policing, ACT Corrective Services and CYPS (formerly Youth Justice) develop guidelines for gathering, recording and presenting information for records and report writing to ensure that perpetrator's voices are balanced with victim's voices and that a more objective and complete picture is provided to courts and releasing authorities.	Program and policy development
57	All survivors of family violence deaths, especially children, should be provided with ongoing counselling and support services appropriate to their specific trauma experience and age, in a timely manner and until they show good progress in their physical and mental health and educational progress. This should be a multi-agency coordinated response with a lead agency such as Victim Support ACT.	Service availability, accessibility and integration
58	The Government reviews the Victims of Crime Regulation 2000 to ensure Victim Support ACT has the capacity to respond to the long term needs of children who are victims and witnesses of family.	Service availability, accessibility and integration
59	<p>The ACT Government establish a family violence death review mechanism to review all family violence homicides. The Australian Domestic and Family Violence Death Review Network, which includes the ACT as an observer, has identified a number of "best practice principles" which government should consider when establishing a death review. These "best practice principles" are that reviews:</p> <ul style="list-style-type: none"> • have government endorsement (including adequate funding, resources and agency engagement) • are appropriately empowered to access information (including from interstate) • are supported by expertise in DFV • have the capacity to make and monitor recommendations • are empowered to conduct quantitative and qualitative reviews • contribute to the Network • are supported by case identification procedures and mechanisms • are collaborative and consultative, but retain independence • operate with knowledge an awareness of national and state level policy including domestic violence response frameworks • are supported by confidentiality and privacy protections and • operate in accordance with the overarching philosophy of death review processes including conducting individual and systemic reviews. 	Systems, processes and mechanism
60	The ACT Government's family violence death review mechanism include the power to consider deaths such as suicides of both family violence victims and perpetrators and the accidental deaths of family violence victims.	Systems, processes and mechanisms

Recommendations from the Final Gap Analysis Report

61	Additional funding is required to establish a dedicated, integrated Domestic Violence Unit for responding to DFV in the ACT.	Systems, processes and mechanisms Service availability, accessibility and mechanisms
62	The effectiveness of the DV unit would be maximised if all relevant human services commit to providing in-posted staff via rotation system, including care and protection, housing, victim support, health (including drug and alcohol and mental health) and education.	Service availability, accessibility and integration
63	The capacity and impact of the Commonwealth Women's Safety Package funds would be enhanced if they were integrated with the proposed Unit.	Program and policy development
64	Data on domestic violence would be strengthened if data collection was mandated and IPV distinguished from other forms of violence.	Data collection and records management
65	A single cross government training framework for mainstream services would provide an improved response to women presenting at Government services.	Workforce development
66	The FVIP would be well placed in the integrated DV Unit	Service availability, accessibility and integration
67	Barriers to developing and implementing safer at home options in the ACT need to be removed.	Service availability, accessibility and integration
68	Investigate other activities and resources that could be included in the integrated Unit i.e. court support, domestic violence specific refuge placements, homelessness outreach, emergency relief funds, emergency childcare places etc.	Service availability, accessibility and integration
69	Clear pathways for women with diverse experiences of violence to access the Unit in ways appropriate to their specific needs should be the core and immediate business of this Unit.	Service availability, accessibility and integration
70	A shared risk assessment framework (that includes coercion and control) for use across the ACT and develop clear information sharing systems would improve women's experience of entering the service system.	Screening, assessment and referral Legislative reform
71	It would benefit women in crisis if there was a clear and one click to portal for access to information on domestic violence on its website.	Program and policy development
72	The ACT Government should continue to work with the Commonwealth Government on the issues within the Commonwealth's jurisdiction, such as Family Court changes and funding the extension of the NPAH for domestic violence services.	Systems, processes and mechanisms

Recommendations from Coroners Inquests

73	<p>Renewed training initiative with a focus on</p> <ul style="list-style-type: none"> i. strengthening the understanding and application of risk assessment, including cumulative harm. ii. strengthening the understanding and application of legislative thresholds in informing decision making. iii. strengthening the understanding of forensic interviewing of children and parents. iv. the role of supervision, to include provision of improved quality assurance of decision making and administrative functions. 	Workforce development
74	Continue funding for the induction training package for new frontline workers.	Workforce development
75	Funding and investment in training front line managers and team leaders to develop and strengthen skills in risk analysis and quality assurance.	Workforce development
76	Consider legislative changes in relation to the definition of how a child concern report is defined from a 'caller defined model to an 'intake defined model'.	Legislative reform
77	Funding a greater number of staff at the intake level of CYPS.	Workforce development Screening, assessment and referral
78	Funding to be provided for junior staff in intake to develop and enhance their skills in front line work which includes risk assessment and cumulative harm.	Workforce development Screening, assessment and referral
79	Consider the establishment of an Intake Consultation Team for complex cases.	Screening, assessment and referral
80	Continue funding of the Case Analysis Team with a view to increasing staff numbers.	Service availability, accessibility and integration
81	Funding to engage a team of trainers in relation to providing mandatory reporters with skills to identify matter which require reporting to CYPS and those which could be referred to appropriate community organisations.	Workforce development
82	Consider legislative changes to include that mandatory reporters are advised of the outcome of their reports.	Legislative reform
83	<p>Improvement of school tracking system to strengthen Part 6.1A of the Education Act 2004 - Adopt a formal process:</p> <ul style="list-style-type: none"> i. to require parents to advise the school where a child is being unenrolled to give details of where the child will be enrolled, or home schooled. 	<p>Program and policy development</p> <p>Systems, processes and mechanisms</p>

	<ul style="list-style-type: none"> ii. where a child, the subject of CYPS involvement, has been unenrolled, to alert CYPS that the child has been unenrolled and the name of the school where they will be enrolled or the address for home schooling. iii. obliging the Education Directorate to contact the new school to confirm enrolment and if enrolment is not confirmed then the Education Directorate must make a mandatory report to CYPS of that fact. iv. making child tracking in the ACT to be mandatory for all schools. 	
84	To adopt and implement the National Schools Reform Agreement 'Unique Student Identifier' (USI) for the purposes of having a national information exchange scheme.	Systems, processes and mechanisms
85	To participate in the management of the interjurisdictional data transfer scheme project through the Education Council of Australia.	Systems, processes and mechanisms
86	Expand the usage of the Connect 4 Safety Federal initiative to incorporate a health service provider component.	Service availability, accessibility and integration
87	Continue to evolve the relationships between CYPS, ACT Education, SACAT DVCS and other community organisations by liaison officers.	Service availability, accessibility and integration
88	Enhance information sharing between CYPS and ACT Education in relation to real time enrolment data and identification of children at risk in conjunction with the proposal for mandatory child tracking.	Systems, processes and mechanisms
89	Recommend that the Attorney General at the next meeting of State and Territory Attorneys General, raise with his counterparts the establishment of a national data base for children at risk.	Systems, processes and mechanisms
90	Create a register of FV perpetrators on which those convicted of a serious criminal offence against a family member shall be recorded.	Systems, processes and mechanisms
91	The possible involvement of FVCU in all family violence order applications, not only those brought by Police.	Systems, processes and mechanisms
92	Timely notification to affected persons when service of an order on a respondent has taken place.	Systems, processes and mechanisms
Recommendations from We Don't Shoot Our Wounded		
93	Make a joint and public commitment to preventing FV, supporting victims and helping men to live violence-free lives.	Community awareness campaign and public education

94	Ensure that the voices of Aboriginal & Torres Strait Islander victims of FV continue to be heard.	Culturally informed responses
95	Identify a strategic planning and delivery framework to deliver real changes aimed at supporting and healing Aboriginal & Torres Strait Islander victims of FV and carrying forward improvements in their access to justice and to services.	Systems, processes and mechanisms
96	Establish a specific service for Aboriginal & Torres Strait Islander women where a range of legal, advocacy, practical and healing activities can be delivered.	Service availability, accessibility and integration
97	Develop & implement a community and professional education program stressing that “violence is not our way”, encouraging victims to seek help and emphasising positive non-violent role models for men.	Community awareness campaign and public education
98	Implement initiatives to resource and assist Aboriginal & Torres Strait Islander people to further support & mentor each other and to further train and seek qualifications for their work in assisting victims of FV. These initiatives should expressly integrate spiritual & cultural contexts.	Workforce development
99	Commit to funding arrangements for services to Aboriginal & Torres Strait Islander victims of violence that are on-going and expressly recognise the more complex and intensive case management requirements involved in assisting Aboriginal & Torres Strait Islander victims of violence.	Culturally informed responses
100	Develop a coordinated approach to supporting children and young people affected by FV that recognises the importance of education and of family, and which offers practical, sustainable & non-punitive support to the parent who is also a victim of FV.	Service availability, accessibility and integration
101	Provide advocacy, assistance & support to Aboriginal & Torres Strait Islander women from the time they report to police through the prosecution and court process and linked to victim support measures aimed at securing their personal, financial and social stability and security.	Service availability, accessibility and integration
102	Identify & implement a range of healing, supportive, advocacy & other interventions focussed on addressing the trauma and harm from FV.	Program and policy development
103	Training & other initiatives whether in the community or justice sectors aimed at supporting victims of family violence to access justice and services in the ACT should expressly include components to improve understanding of the dilemmas & experiences of Aboriginal & Torres Strait Islander victims and to minimise stereotyping & discriminatory responses.	Workforce development
104	Invest further in research and evaluation that is aimed at improving Aboriginal & Torres Strait Islander victims of FV access to justice and access to services.	Service availability, accessibility and integration

Recommendations from Our Booris Our Way

105	Allocation of cases involving Aboriginal and Torres Strait Islander children are prioritised with a dedicated and experienced team of child protection workers with demonstrated cultural awareness and willingness to work with the community.	Culturally informed responses
106	CSD immediately engage SNAICC to train child protection workers on implementing the five Aboriginal and Torres Strait Islander Child Placement Principle (CPP) within their practice.	Workforce development
107	CYPS immediately commence revision of policy and practices to ensure that the Aboriginal and Torres Strait Islanders Child Placement Principle are explicitly designed into policy and practice. Children must be valued in a process that holds cultural rights as central to their identity and safety.	Program and policy development
108	The Directorate provide access and availability of family group conferencing as an essential step for all Aboriginal and Torres Strait Islander families engaging or entering the child protection system.	Service availability, accessibility and integration
109	The Directorate commence foundation, consultation and research work required to ensure the Aboriginal and Torres Strait Islander CPP are appropriately described in the Children and Young People Act.	Legislative reform
110	The ACT needs an organisation that can fulfil the role of advocate, service integrator and work to respect and preserve the rights of Aboriginal and Torres Strait Islander children, young people and families in all services delivered in the ACT.	Systems, processes and mechanisms
111	Three jurisdictions, Queensland, Victoria and South Australia have appointed specialist Aboriginal and Torres Strait Islander Children Commissioners. While their roles are primarily framed as review and advocacy roles, the Our Booris, Our Way Steering Committee recommend that the ACT appoint an Aboriginal and Torres Strait Islander Children's Commissioner with these and additional capacity to specifically intervene and engage in child protection processes.	Systems, processes and mechanisms
112	Guidance be published and made immediately accessible to Aboriginal and Torres Strait Islander families engaged with the child protection system around the nature and role of support people as purposefully and deliberately engaged in meetings.	Service availability, accessibility and integration Program and policy development

113	Funding be made available, as a matter of urgency, to professional legal and advocacy services that are culturally appropriate to ensure that Aboriginal and Torres Strait Islander families are able to access formal legal services.	Service availability, accessibility and integration Culturally informed responses
114	Community feedback has strongly advocated for the need of services that provide positive support to families, early and during voluntary engagement with the child protection system. These may include parenting programs, child development services, cultural groups and play opportunities, wrap around services that support participation in education.	Service availability, accessibility and integration
115	ACT government fund specific programs that are timely and meet the cultural needs of the community in the ACT. These programs must address drug and alcohol rehabilitation, FV, mental health, trauma counselling and cultural healing.	Program and policy development Culturally informed responses
116	The Directorate be more direct and transparent with supports that are available for Aboriginal and Torres Strait Islander kinship carers. We recommend that the Directorate design and communicate a simple, accessible and equitable process by which kinship carers can access or apply for supports with a mechanism to dispute the findings and have circumstances re-evaluated. This process must be designed with the community to ensure that the processes do not unnecessarily compound the difficulties and trauma experienced by kinship carers.	Service availability, accessibility and integration Systems, processes and mechanisms
117	Aboriginal and Torres Strait Islander children be placed in Aboriginal and Torres Strait Islander kinship care immediately upon removal rather than being moved to foster care while carer checks are conducted when stable family options for care are present. The process of applying and performing suitability assessment of Aboriginal and Torres Strait Islander kinship carers (Kinship Carer Assessments) is a transparent and timely process and that additional resources be applied to ensure that these are not delayed.	Systems, processes and mechanisms
118	The Directorate adopt a highly consultative approach to the development of cultural plans in line with the participation, partnership and connection elements of the Aboriginal and Torres Strait Islander Child Placement Principle. This will drive an improvement in the quality and relevance of cultural plans to children's cultural needs. The Directorate seek support and guidance on leading practice in the development, monitoring and quality of cultural plans from local community-controlled organisations and from other jurisdictions who lead in this, for example the Victorian Aboriginal Child Care Agency (VACCA).	Culturally informed responses

119	Prompts and triggers to considering restoration are mapped and implemented, especially when there has been a positive change in parenting capacity.	Systems, processes and mechanisms
120	CSD engage with Aboriginal community leadership to develop an improved policy position, practice guides and training that includes fathers throughout the child protection processes and makes concrete efforts to engage and maintain engagement with fathers who are incarcerated.	Program and policy development
121	All Aboriginal and Torres Strait Islander children have the appropriate Health Assessment annually to ensure they receive the appropriate preventative and primary health services in the ACT. This should be included as an essential process within the Annual Review process.	Screening, assessment and referral
122	An Implementation Oversight Committee of five members be established to meet at least on a quarterly basis to receive updates from the Directorate and other relevant parties to address progress and ascertain whether the implementation has stayed true to the original intent of the recommendations. The members of this Committee should be Aboriginal and/or Torres Strait Islander people with an initial two-year appointment and include: <ul style="list-style-type: none"> • one representative from Winnunga Nimmityjah • one representative from Gugan Gulwan • one representative of the Aboriginal and Torres Strait Islander Elected Body • two members of the Our Booris, Our Way Steering Committee and ensure continuity with the intent of the Steering Committee, to be nominated by the Steering Committee. 	Systems, processes and mechanisms
123	Every opportunity be taken to engage the child and family in decision making, particularly using conferencing mechanisms to promote shared understanding and facilitate participation of families in decision making for their children.	Systems, processes and mechanisms
124	CSD focus on attracting Aboriginal and Torres Strait Islander staff to join CYPS and invest specifically in the recruitment and development of the Aboriginal and Torres Strait Islander staff members into leadership and executive positions	Workforce development
125	The Cultural Services Team be supported to develop through: <ul style="list-style-type: none"> • defining specific policies and processes that guide their practice, engagement, responsibility and influence with families and case workers, particularly around decisions and pathways for children • assess work level standards and equivalency with case workers (post new EBA levels and standards) • recognising and valuing specific, in demand skills; Defining policy and processes for escalation of concerns and for them to be considered in a timely and appropriate manner 	Workforce development

	<ul style="list-style-type: none"> • reviewing employment contracts with a view to ensuring permanency to build a stable team • developing mechanisms that enable Aboriginal and Torres Strait Islander team members to be supported in their personal development plans with clear pathways to further professional development and • establishing pathways for development and promotion to senior levels within the organisation 	
126	The Directorate develop specific guidelines and processes to define their role in relation to the identification and de-identification of Aboriginal and Torres Strait Islander children that makes explicit the limit of the Directorate's role and the need for independent Aboriginal and Torres Strait Islander community oversight and assurance of the process.	Systems, processes and mechanisms
127	CYPS adopt the Family Matters definition of kinship when applying the ATSICPP and as a discreet reporting group whenever providing data on kinship care.	Data collection and record management
128	Future procurement for CYPS must be aligned to the ACT Government Indigenous Procurement Policy as it relates to the funding of specific Aboriginal and Torres Strait Islander services and must evidence alignment and fulfilment of the ATSICPP in their placement of children, recruitment of carers, assessment of kinship carers and case work.	Program and policy development
129	<p>There be a framework developed and implemented for the formal monitoring and supervision of the quality of case work being conducted by ACT Together in relation to Aboriginal and Torres Strait Islander children on long term orders.</p> <p>All Aboriginal and Torres Strait Islander children that move to long term orders, from January 2020, must be managed by CYPS and not transferred to ACT Together until a framework is in place to monitor the quality of casework.</p> <p>Aboriginal and Torres Strait Islander children who are fostered by ACT Together staff, must be managed by the Directorate and that this transition be completed by June 30, 2020.</p>	Systems, processes and mechanisms
130	CSD undertake a proper consultation process with the Wreck Bay community about an appropriate service and support model including family and early support and child protection issues that promotes better outcomes for the community. The timeframes associated with this consultation should be determined by the Wreck Bay community.	<p>Systems, processes and mechanisms</p> <p>Community awareness campaign and public education</p>

131	CSD form a dedicated implementation team with skills in project management, community engagement and outcomes measurement to plan, engage community and implement recommendations in both CYPS and ACT Together. Staffing of such a team must include Aboriginal and Torres Strait Islander people. This implementation team would provide quarterly reports to the Implementation Oversight Committee.	Systems, processes and mechanisms
132	The Directorate establish formal key performance indicators in collaboration with the Implementation Oversight Committee and the Aboriginal and Torres Strait Islander community for measuring the reduction of children entering the system, improvements in their experience in the system and the provision of pathways to restoration and exiting care. These key performance indicators can then be formally and independently evaluated from this baseline in five years.	Data collection and record management
133	Following the community consultations that have occurred, the Directorate move to formalise the policy position in legislation and remove the possibility for Aboriginal and Torres Strait Islander children being adopted.	Legislative reform
134	EPR only be available for Aboriginal and Torres Strait Islander kin and carers and this be clarified in a formal policy position from the Directorate.	Program and policy development
135	When referring a child or family to a program or service and where the family agrees, the case worker accompany the family to the new service to introduce them onto the service. The case worker should ensure that families have practical supports in place to access these services. The case worker must then monitor the delivery of services to ensure that they are of a high quality, appropriate and delivered to families.	Screening, assessment and referral
136	Family connection, otherwise referred to as contact, must be revisited for each child currently subject to an interim, final short term, or final long-term order. Family connection arrangements must be aligned to contemporary, evidence-based practice to support growth of resilient family relationships. Family connection should be frequent, facilitate high quality relationship building and be in natural settings to facilitate the growth and maintenance of family relationships.	Systems, processes and mechanisms

APPENDIX B – INCLUSION CRITERIA

	Circumstances	Basis for conclusion	
1a	The incident occurred in the ACT's jurisdiction.	<input type="checkbox"/> Yes – incident occurred in ACT.	If yes, continue to questions 2(a) – 2(g).
1b		<input type="checkbox"/> Yes – the incident involved a person living in the ACT at the time but occurred outside of ACT.	
1c		<input type="checkbox"/> None of the above	Do not proceed with inclusion in the DFVDR.
2a	The incident occurred in circumstances of family violence.	<input type="checkbox"/> Yes – the victim was, or had been, in an intimate partner relationship (including dating relationships) with the perpetrator involving family violence.	If yes, continue to questions 3(a) – 3(h).
2b		<input type="checkbox"/> Yes – the victim was, or had been, in a family-like relationship (including parent/child relationships and kinship relationships) with the perpetrator involving family violence.	
2c		<input type="checkbox"/> Yes – the victim was in a relationship with someone who was, or had been, in a relationship with the perpetrator involving family violence.	
2d		<input type="checkbox"/> Yes – the perpetrator mistakenly believed that the victim was in a relationship with someone who was, or had been, in a relationship with the perpetrator involving family violence.	
2e		<input type="checkbox"/> Yes – the victim witnessed, was present during or tried to intervene in an incident of family violence between the perpetrator and a person who was, or had been, in a relationship with the perpetrator.	
2f		<input type="checkbox"/> Yes – the victim witnessed, was present during or tried to intervene in violence between the perpetrator and a person who the perpetrator mistakenly believed was in a relationship with someone who was, or had been, in a relationship with the perpetrator involving family violence.	

2g		<input type="checkbox"/> No – the incident did not occur in circumstances of family violence (including if the incident occurred within a sex work occupational capacity)	Do not proceed with inclusion in the DFVDR.
3a	The means of the death occurred as a result of family violence	<input type="checkbox"/> Yes – the death was caused directly or indirectly, by an offender through the application of assaultive force or by criminal negligence.	If yes, continue to question 4(a) – 4(c).
3b		<input type="checkbox"/> Yes – the death occurred due to injuries that were inflicted by police or other law-enforcing agents in the course of maintaining order where family violence was present.	
3c		<input type="checkbox"/> Yes – the victim died by suicide and was, or had been, in a relationship with the perpetrator involving family violence.	
3d		<input type="checkbox"/> Yes – the death occurred in other circumstances where family violence played a role in contributing to the outcome.	
3e		<input type="checkbox"/> Yes – the death was related to a history of family violence (e.g., long term injury from multiple strangulations) and a causal link can be identified.	
3f		<input type="checkbox"/> No – the matter resulted from natural causes	Do not proceed with inclusion in the DFVDR.
3g	<input type="checkbox"/> No – the death is unknown	Place the case on hold and monitor until further information regarding the nature of death is available.	
3h	<input type="checkbox"/> No – the matter did not result in death but was clearly intended to and nearly did cause death	Place the case on hold as the DFVDR will include near deaths in the future	
4a	The victim was over the age of 16.	<input type="checkbox"/> Yes – the victim was over the age of 16.	Proceed to inclusion in the DFVDR.
4b		<input type="checkbox"/> Yes – the victim was over the age of 16 but under the age of 17.	Begin discussions with the ACT Child Death Review for inclusion in both reviews.
4c		<input type="checkbox"/> No – the victim was under the age of 16.	Do not proceed with inclusion in the DFVDR. Refer case to the ACT Child Death Review.

APPENDIX C – DEFINITIONS AND KEY CONCEPTS

Accidental deaths	Deaths that occur unnaturally, as a cause of an accident.
Anxiety	The Diagnostic and Statistical Manual (DSM-5) describes anxiety as excessive worry and apprehensive expectations, occurring more days than not for at least 6 months, about a number of events or activities, such as work or school performance.
Australian Domestic and Family Violence Review Network (ADFVRN)	The ADFVRN was established in 2011 as a way of formalising and coordinating collaboration between the death review functions across Australia. The ADFVRN comprises representatives from all the states and territories DFV death review teams. The aim of the ADFVRN is to share findings and recommendations nation-wide to improve the service system and ultimately prevent future deaths.
Australia’s National Research Organisation for Women’s Safety	ANROWS is a not-for-profit independent national research organisation. ANROWS was established by the Australian government and all state and territory governments to produce, disseminate and assist in applying evidence for policy and practice addressing violence against women.
Bystander deaths	A death of an unintended victim who was not directly involved in an incident but was present at the scene of the incident and may or may not have attempted to intervene.
Command hallucinations	Auditory hallucinations that instruct a person to behave in specific ways and can range from being innocuous to life-threatening.
Cultural and linguistically diverse	The term CALD refers to individuals and communities with diverse languages, ethnic backgrounds, cultures, traditions, religions and societal structures.
Deaths by legal intervention	Deaths due to injuries inflicted by police or other law enforcement agents, in the course of maintaining order or performing other legal actions.
Death review	A death review is a process in which the circumstances surrounding a death of a person is examined. A DFV death review is an investigation into the complex dynamics and circumstances that lead up to a DFV death. It examines history of service engagement by the victim and the perpetrator as well as analyses the events leading up to the death to evaluate all the factors that could have assisted in preventing the death. ⁶⁹
Depression	The Diagnostic and Statistical Manual (DSM-5) describes depression as a mood disorder that causes a persistent feeling of sadness and loss of interest.
Domestic and family violence	DFV is a term used to describe a range of coercive and controlling behaviours that a person uses to intentionally and systematically gain and maintain power and dominance over another person, with whom they may be in an intimate or family relationship. This includes violence between intimate partners, as well as between family members, kinship and other close familial relationships. Accordingly, this report uses the term ‘DFV’ to refer to violence occurring in both intimate partner and familial relationship contexts (See <i>intimate partner violence</i> and <i>family violence</i>).

⁶⁹ Australian Human Rights Commission. (2016). A national system for domestic and family violence death review.

Domestic Violence Order	A civil order made by a court which is designed to protect a person experiencing or exposed to DFV (the protected person) from another person with whom they are, or have been, in an intimate or familial relationship (the respondent). A domestic violence order may include conditions which the court considers necessary for the protection of the protected person which the respondent must abide by. Orders may be provisional, interim or final. Domestic violence orders are now referred to as Family Violence Orders .
Domestic Violence Prevention Council	The DVPC is Ministerial advisory council for DFV experts to come together and provide strategic advice to the ACT Government on DFV.
Elder abuse	Elder abuse is when someone tries to control or harm an older person. The abuser is usually someone the older person knows and trusts, such as a family member or carer. Examples include: <ul style="list-style-type: none"> • physically or sexually assaulting the older person • physically restraining the older person and limiting their ability to move around • preventing the older person from leaving the house or having contact with others • neglecting to provide basic necessities including food and medical care • using the older person's money or property without their permission • forcing or pressuring the older person to alter documents such as a will.
Emotional or psychological abuse	Emotional or psychological abuse is when someone says or does things to make a person feel bad about themselves, undermines their self-esteem, or makes them feel scared or powerless. It can be used to prevent people from seeking help and support. Examples include: <ul style="list-style-type: none"> • Isolating a person from their friends or their family • threatening to harm a person, their family, their friends, their pets or their belongings • threatening to share personal or private information, such as sexuality, gender identity, personal health, or visa status • telling someone they are to blame for the problems in the relationship or the family • withdrawing all attention or ignoring a person for a period of time, sometimes called 'ghosting' or 'the silent treatment' • manipulating a person so they feel confused and start to doubt themselves, this is sometimes called 'gaslighting'
Family violence	Violence occurring in a familial context, including child/parent relationships, extended family relationships and kinship relationships in Aboriginal and Torres Strait Islander communities.
Family Violence Order	See Domestic Violence Order.
Financial abuse	Financial abuse is when someone controls or misuses a person's money. Examples include: <ul style="list-style-type: none"> • forcing or pressuring a person to get a credit card or take out a loan against their wishes • using a person's name to get a credit card or take out a loan, without their knowledge • controlling what a person can spend their money on • controlling a person's access to their own money, such as their wages or salary • using a person's money without their permission • selling a person's property without their permission • preventing a person from getting a job and earning money • demanding money or taking possessions.

Gender	This report defines gender as a person's biological sex classification. It is acknowledged that a person's biological sex may differ from their gender identity.
Gendered nature of violence	<i>The National Plan to End Violence against Women and Children 2022 – 2032</i> describes the gendered nature of violence as the underlying causes that are required to create the necessary conditions in which violence against women and children occurs. They relate to structures, norms and practices arising from gender inequality in public and private life, but which must always be considered in the context of other forms of social discrimination and disadvantage.
Gender inequality	Gender inequality is discrimination based on sex or gender causing one sex or gender to be routinely privileged or prioritised over another.
Good Behaviour Order	A Good Behaviour Order, also known as a good behaviour bond, is a court order that requires a person to exhibit good behaviour for a specified period. The court can impose conditions that the person must comply with during the term of the order.
Guilty plea murder	A case where the defendant admits to committing the murder and enters a plea of guilty to the criminal charge of murder.
Guilty verdict murder	A case where the defendant has pleaded not guilty to the charge of murder and has been subsequently found guilty of committing the murder in a court of law.
Homicide	The killing of a person.
Homicide-suicide	Where a homicide offender kills a homicide victim and then takes their own life.
Homicide offender	The person whose actions inflicted the injuries that caused the homicide. This is not necessarily the primary DFV perpetrator.
Homicide victim	The person who died because of the injuries inflicted by the homicide offender. This is not necessarily the primary DFV victim.
Image-based abuse	Image-based abuse is when someone shares or threatens to share photos or videos of a person without their consent. It is part of sexual violence and coercive control. Images are typically shared in text messages, on social media or on the internet. Image-based abuse is sometimes called 'revenge porn'. Examples include: <ul style="list-style-type: none"> • sharing private images of a person without their consent, for example images of them undressing or showering • sharing culturally inappropriate images of a person, for example images in which they do not wear items of clothing that they would normally wear in public • sharing intimate or sexualised images of a person without their consent • producing and sharing images that have been digitally altered to suggest a person is nude or engaged in sexual activity • threatening to do any of these things.
Incidents resulting in serious harm	<i>The Criminal Code 2002</i> defines serious harm as any harm (including the cumulative effect of more than one harm) that endangers, or is likely to endanger, human life, or is, or is likely to be, significant and longstanding.
Imminence	Certain situations can increase the risk of family violence escalating in a very short timeframe. The risk may relate to court matters, particularly family court proceedings, release from prison, relocation, or other matters outside the control of the victim which may imminently impact their level of risk.
Intersectional approach	Recognising the way in which women experience DFV among a range of cultural, individual, historical, environmental, or structural factors including (but not limited to) race, age, geographic location, sexual orientation, ability, or class. This approach recognises the complex, cumulative way in which the effects of multiple forms of discrimination combine or intersect in a person's individual experience of marginalisation.

Intimate partner violence	Violence occurring in the context of an intimate partner relationship.
Intimate partner homicide	A homicide occurring between individuals who are or previously have been in an intimate relationship following a history of domestic violence.
Lateral violence	<p>Some communities have a history of being treated cruelly and unfairly by individuals or groups in positions of power. This is called oppression and it can go on for many years – even for generations. Lateral violence, also known as ‘horizontal violence’ or ‘intra-racial conflict’, is a product of a complex mix of historical, cultural and social dynamics that results in a spectrum of behaviours. It is not just an individual’s behaviour. It can involve a number of people working together to attack or undermine individuals, families or groups in a sustained way. Examples include:</p> <ul style="list-style-type: none"> • malicious gossip • group bullying • social exclusion and isolation • claims that the individual does not ‘belong’ in the group • physical violence • sexual violence. <p>It is important to understand that lateral violence doesn’t just refer to physical violence. It is also a form of coercive control and is related to social, emotional, psychological, economic and spiritual violence.</p>
Legal abuse	<p>Legal abuse is when someone uses the law or legal action to control someone or make them feel scared. It can be about blocking a person’s efforts to get legal support. It can also be about making threats and false claims. Examples include:</p> <ul style="list-style-type: none"> • preventing a person from getting legal help, including making false claims about their rights to legal protection • hiding or destroying legal documents and other evidence • making false reports • not complying with court orders • deliberately delaying legal procedures • deliberately running up large legal bills.
Mariticide	The killing of one’s spouse.
Matricide	The killing of one’s mother.

National Coronial Information System (NCIS)	<p>The NCIS is a secure database of information on deaths reported to a coroner in Australia and New Zealand. NCIS is an Internet based data storage and retrieval system for Australian and New Zealand coronial cases, which contains details of all cases of death since July 2000 for all Australian states and territories (except Queensland). Queensland data is available from January 2001 and New Zealand data is available from July 2007.</p> <p>For every reportable death, NCIS records extensive detail, including: the deceased's name, age, sex, date of birth, place of usual residence, country of birth, employment status, usual occupation and Indigenous origin. NCIS also records information about the nature of the death and provides links to electronic copies of full text reports, including: the police narrative of circumstances of death, toxicology reports, the autopsy report and the coroner's findings.</p> <p>NCIS records 3 key determinations made by coroners in relation to cause of death:</p> <ul style="list-style-type: none"> • whether the death is due to natural, external or unknown causes • cause of death from the autopsy report and • for deaths due to external causes only, the intent is recorded including unintentional, intentional self-harm, assault, legal intervention, operations of war, civil conflict and acts of terrorism, complications of medical or surgical care, other, undetermined, still enquiring and unlikely to be known. <p>NCIS provided access to coronial findings, police summary of circumstances, autopsy and toxicology reports.</p> <p><i>Note.</i> NCIS is the database source of data and the Victorian Department of Justice and Community Safety is the organisation source of data.</p>
Not guilty by reason of mental impairment	<p>A legal verdict where the defendant is found not guilty for a criminal charge because at the time they carried out the relevant conduct, they were suffering a mental impairment that caused them to not know the nature or quality of their conduct, not know that the conduct was wrong, or not be able to control their conduct. They are therefore not held to be criminally responsible for the act.</p>
Not guilty by reason of self defence	<p>A legal verdict where the defendant is found not guilty for a criminal charge because they carried out the conduct in self-defence, they believed it was necessary and the conduct was a reasonable response in the circumstances. This includes protecting themselves or someone else. They are therefore not held to be criminally responsible for the act.</p>
Patricide	<p>The killing of one's father.</p>
Perpetrator (or primary DFV perpetrator)	<p>A person who was the primary perpetrator of DFV behaviours against a victim.</p>
Perpetrator accountability	<p>The ability of family violence systems agencies to work together to keep the perpetrator within view to assess, monitor and manage dynamic risk. Perpetrator accountability is seen less as a set of singular actions or consequences and more as an ongoing response that flips the systems focus from solely protecting victims from risk towards also responding to and containing risk at its source. This means ensuring that in every interaction the system has with either a victim or a perpetrator, full responsibility for the violence is held with the perpetrator.</p>
Personal accountability	<p>Personal agency of a person in taking responsibility for, and ownership of, their behaviours and attitudes.</p>

Physical violence	Physical violence involves any incidents of physical assault and/or physical threat. This can include: <ul style="list-style-type: none"> • hitting, punching, kicking, bashing, shoving, or pushing • spitting on someone, or pulling hair • choking or suffocating • throwing things at or near someone • using a weapon • locking someone in or out of a space • stopping someone from eating, sleeping or having the medication they need • forcing someone to drink or take drugs.
Police Real Time Online Management Information System	PROMIS is the Australian Federal Police's (AFP) central administrative system used to record crime, incidents and offences.
Psychiatric Treatment Order	A type of Mental Health Order which authorises a person's involuntary treatment in a mental health facility. The order may be made by the ACT Civil and Administrative Tribunal (ACAT) if a person has a mental illness and cannot or does not consent to treatment, care or support and the person is doing or is likely to do serious harm to themselves or someone else or is suffering or is likely to suffer serious mental or physical deterioration.
Reproductive abuse	Reproductive abuse is when a person is stopped from making decisions about their own reproductive system. This can include decisions about pregnancy, birth, menstrual cycle and sexual pleasure. Reproductive abuse can happen in intimate relationships. It can also come from a carer, family member, friend or guardian. Examples include: <ul style="list-style-type: none"> • preventing a person from using birth control or forcing them to have unprotected sex • pressuring a person to get pregnant • forcing or pressuring a person to have a pregnancy terminated • forcing or pressuring a person to have medical treatments which will prevent them from having periods or having a baby • forcing or pressuring a person to have medical procedures on their genitals • knowingly passing on a sexually transmitted disease.
Resistive violence/Acts of resistance	When a victim uses violence as a defence in response to abuse by a perpetrator. Resistive violence or acts of resistance can include lying to the perpetrator, defending children from abuse, fighting back physically and standing up for what they and their children need.
Risk assessment	The process of identifying, analysing and evaluating the risk of further or escalating violence. The process uses three factors: <ul style="list-style-type: none"> • Evidence-based risk factors • The victim's own assessment of risk • The practitioner's professional judgment.
Risk Assessment Management Framework	ACT's standard DFV risk assessment and management framework.
Risk assessment tool	A tool which assesses for an individual's risk of victimisation, harm and/or lethality and/or escalation of violence. Some tools assess the likelihood of perpetration or reoffending or escalation.
Schizoaffective disorder	The Diagnostic and Statistical Manual (DSM-5) describes schizoaffective disorder as an uninterrupted period of illness during which, at some time, there is either a major depressive episode, a manic episode, or a mixed episode concurrent with symptoms that meet Criterion A for schizophrenia.

Schizophrenia	The Diagnostic and Statistical Manual (DSM-5) describes schizophrenia as a chronic mental illness with positive symptoms (delusions, hallucinations, disorganised speech and behaviour), negative symptoms and cognitive impairment.
Sexual violence	Sexual violence, also called 'sexual assault', includes anything sexual that occurs without a person's consent. This could be: <ul style="list-style-type: none"> • touching or kissing someone without their consent • pressuring or forcing someone to have sex or do something sexual without their consent. • pressuring or forcing someone to have sex without protection such as a condom.
Social abuse	Social abuse is when someone tries to control the relationships a person has, or interferes with their social activities. This includes relationships with friends, family, colleagues, or community. It can also be about trying to undermine a person's reputation. Examples include: <ul style="list-style-type: none"> • stopping someone from seeing or contacting their friends and family • stopping someone from going to social or community activities • preventing someone from having contact with people who speak their language or share their culture • making someone move away from friends, family or work opportunities • controlling a person's use of a car, public transport, or mobility aids • controlling a person's use of phones or computers • checking or stopping their mail, phone calls, text messages, emails, social media and other messaging or chat apps • telling lies or spreading false information to damage a person's reputation. • using someone's intersex status, sexuality, gender expression, transgender or HIV status against them • forced marriage • stalking.

Spiritual, religious or cultural abuse	<p>Spiritual, religious, or cultural abuse is used to control or intimidate someone. It is not limited to any one religion, or group of people. It can be about stopping someone from being involved in their beliefs and traditions. Or it can be about forcing someone to take part in beliefs and traditions they don't agree with.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • preventing someone from practising and being connected to their culture • stopping someone from going to their place of worship • stopping someone from having contact with other people who share their beliefs • stopping someone from celebrating days of cultural or spiritual significance • stopping someone from sharing their beliefs and traditions with their children • stopping someone who is Aboriginal or Torres Strait Islander from returning to Country or having contact with kin • stopping someone who has family connections outside Australia from visiting or connecting with family or community overseas • ridiculing someone's beliefs or traditions • forcing someone to do things that are against their beliefs, like eating certain foods or wearing certain clothes • forcing someone to marry • forcing someone to take part in spiritual practices they don't believe in • forcing someone to raise their children according to beliefs they don't agree with • using or claiming to use spiritual or religious beliefs: <ul style="list-style-type: none"> ○ as an excuse for violence or abuse ○ to pressure someone into staying in a relationship ○ to stop someone from getting medical care for themselves or family members.
Stalking and harassment	<p>Within DFV, stalking and harassment are behaviours that involve intense and unwanted monitoring of a person's movements. It can occur during a relationship, or after separation. Examples include:</p> <ul style="list-style-type: none"> • following and watching someone, for example watching them from a parked car • using technology to monitor their movements. This is also called tech abuse • sending unwanted gifts to a person's home or workplace • repeatedly making unwanted contact through phone calls, text messages, emails, social media and other messaging or chat apps • turning up, uninvited, at the person's home or workplace, or at social activities • installing spyware on a person's digital devices to get private information, or to secretly record or video them • using webcams and other forms of video surveillance without the person's knowledge or consent.
Substance abuse	Excessive use of drugs and/or alcohol.
Suicide-filicide	Suicide-filicide is the killing of children by a parent, where the parent then commits suicide.

Technology-facilitated abuse	<p>Technology-facilitated abuse is when someone uses technology to control, frighten or humiliate a person. It can include abusive online communication. It can also include using technology to stalk someone and gather information about them. Examples include:</p> <ul style="list-style-type: none"> • monitoring text messages, phone records, social media activity and internet search history • preventing or forbidding a person from owning or having access to a phone or computer • sending abusive messages through text, email, social media or other online platforms • using technology to track a person’s movements without their permission • using technology to gather personal information about someone without their permission • accessing or ‘hacking’ a person’s online accounts without their permission • impersonating a person online • using technology to share personal and private images or videos without consent (<i>see Image-based abuse</i>).
Verbal abuse	<p>Verbal abuse is when a person says things, privately or publicly, to shame or humiliate someone, or to make them feel scared or unsafe. This includes what they say and how they say it. Examples include:</p> <ul style="list-style-type: none"> • ridiculing or humiliating someone • criticising their appearance, intelligence, sexuality, religious beliefs, or ethnicity • criticising their actions as a partner or parent • using cruel or abusive nicknames • swearing at someone • yelling or screaming at someone.
Victim (or primary DFV victim)	<p>A person who was the primary victim of DFV behaviours.</p>
Victim-blaming	<p>Refers to comments that directly or indirectly blame the victim of DFV for the abuse they have or continue to experience.</p>

APPENDIX D - AUSTRALIAN DOMESTIC AND FAMILY VIOLENCE REVIEW NETWORK

Following the implementation of DFV death review functions across Australia, significant work has been undertaken to establish a national DFV death review platform and database. The Australian Domestic and Family Violence Review Network (ADFVRN) was established in 2011 to formalise and coordinate collaboration between death review functions across Australia. The ADFVRN comprises representatives from all state and territory DFV death review teams. The aim of the ADFVRN is to share findings and recommendations nation-wide to improve the service system and ultimately prevent future deaths by:

- improving knowledge regarding the frequency, nature and determinants of DFV deaths
- identifying practice and system changes that may improve outcomes for people affected by DFV and reduce these types of deaths
- analysing and comparing themes and issues arising in DFV-related deaths and
- analysing and comparing DFV death review findings and recommendations.

The ADFVRN adopted a consistent definition of DFV, taken from the definition of FV in the [Family Law Act 1975 \(Cth\)](#) for national data conceptualisation and analysis. The ADFVRN has also established a national minimum data set (NMDS) along with a supporting National Consensus Statement and Data Collection Protocol to identify and examine national trends and patterns through anecdotal histories of DFV intimate partner homicides. This work is the foundation for the collection of authoritative and consistent national DFV data and reporting.

The ACT DFVR joined the ADFVRN in 2022, which also comprises membership from the:

- Victorian Systemic Review of FV Deaths, Coroners Court of Victoria
- Domestic Violence Death Review Team, NSW Department of Communities and Justice
- DFV Death Review Unit, Coroner's Court of Queensland
- South Australian Coroner's Court and Office for Women
- Ombudsman Western Australia
- Northern Territory Coroner's Office

The NSW Domestic Violence Death Review Team and ACT DFVR are the current Co-Chairs of the ADFVRN. Tasmania is currently exploring the implementation of a DFV death review function in their jurisdiction and is considered a standing member of the ADFVRN.

Through the ADFVRN, individual DFV death review teams have collaborated to report on national data on intimate partner homicide. In 2018, the ADFVRN published the inaugural [Australian Domestic and Family Violence Death Review Network Data Report](#), which provided national data with respect to all intimate partner homicides that occurred following an identifiable history of domestic violence between July 2010 and June 2014. The report was informed by the NMDS, which collects information relating to:

- the history of DFV between homicide offenders and victims and the types of abusive behaviours adopted by the domestic violence perpetrators
- details of the fatal episode
- socio-demographic characteristics of the homicide victim and homicide offender

- relationship characteristics
- family violence order (previously known as domestic violence order) histories and
- the number of surviving children.

In 2019, under the [Fourth Action Plan of the National Plan to Reduce Violence against Women and their Children 2010–2022](#), the [Australia’s National Research Organisation for Women’s Safety](#) (ANROWS) was funded by the Department of Social Services to lead a program of research that continues to produce, disseminate and assist in providing evidence for policy and practice to address violence against women and their children.

As a result of this, ANROWS and the ADFVRN have worked collaboratively since 2019-2020 to undertake research projects for preventing DFV, producing their first joint report the [second iteration of the Australian Domestic and Family Violence Death Review Network Data Report](#). This report builds on the ADFVRN’s inaugural *Australian Domestic and Family Violence Death Review Network national data report* published in 2018 and includes IPV homicide data from 1 July 2010 to 30 June 2018. In 2022, ANROWS and the ADFVRN commenced work on a national filicide project.

Overall, the work of the ADFVRN in collaboration with ANROWS seeks to contribute to evidence-based policy and decision-making for DFV, enhancing intervention and response systems to support victims of DFV and hold perpetrators to account.

APPENDIX E – RELEVANT SECTIONS OF DVA ACT

Section 16A of the *DVA Act* provides that the role of the DFVR Coordinator is to:

- a. identify preventative measures to reduce family violence.
- b. increase recognition of the impact of, and circumstances surrounding, FV and gain a greater understanding of the context in which FV occurs and
- c. make recommendations to the Minister for implementation by government and the private sector to prevent or reduce the likelihood of FV.

Section 16D of the *DVA Act* provides that:

- (1) The Minister must appoint a public servant as the DFVR Coordinator.
- (2) However, the Minister may only appoint the person as the DFVR coordinator if satisfied that the person has suitable qualifications and experience to exercise the functions of the DFVR coordinator.

Section 16V of the *DVA Act* provides that in relation to the requirements for the biennial report:

- (1) The DFVR coordinator must report to the Minister about domestic or family violence incidents included on the register (registered incidents) during the reporting period.
- (2) The report must include the following:
 - a. the number of registered incidents,
 - b. the incidence of interactions between people involved in registered incidents and police, the courts, or community-based services.
- (3) The DFVR coordinator may include in the report—
 - a. demographic information about people involved in domestic or family violence incidents.
 - b. any patterns or trends identified in relation to registered incidents.
 - c. any recommendations about legislation, policies, practices, or services for implementation by the Territory and non-government bodies to help prevent or reduce the likelihood of family violence.
 - d. information about the implementation of any previous recommendations of the DFVR coordinator
 - e. any other matter the DFVR coordinator considers relevant.
- (4) However the DFVR coordinator must not include in the report any information that, in the opinion of the coordinator, would—
 - a. disclose the identity of people involved in a registered incident, or
 - b. allow the identity of a person involved in a registered incident to be easily worked out.
- (5) The DFVR coordinator must give the Minister the report within 4 months after the end of the review period.
- (6) The Minister must present the report to the Legislative Assembly within 6 sitting days after the day the report is given to the Minister.
- (7) Within 3 months after receiving a report under subsection (1), the Minister must give information to the DFVR coordinator about any action the Minister has taken, or will take, in relation to the matters raised in the report.
- (8) In this section:

reporting period means a period of 2 years, beginning on 1 July 2021.

APPENDIX F – DATABASE

The database was established for the purposes of the DFVR. Its functions include:

- security measures to ensure the database protects sensitive information.
- separate profiles for victims and perpetrators to capture demographics, relationship dynamics, history of violence, support services and contributing factors.
- separate risk assessment section to capture factors leading to the incident.
- ability to store, integrate and generate reports on quantitative data across cases, allowing for identifying trends and patterns.
- reporting capacity for both the NMDS and the ACT dataset.

Data storage and handling protocols: The data storage and handling protocols provided the framework to ensure ethical and secure management of data throughout the review process. This includes secure processes for requesting and receiving information, secure processes for storing of information, methods of anonymising data and processes for reporting data breaches.

Data dictionary: The data dictionary combined the NMDS with additional ACT specific items. Specific items are included in the dataset to capture variables that are not included in the NDMS for a broader understanding of the context. This includes demographic variables such as religion, culturally and linguistically diverse background and sexuality and risk assessment variables such as history of safety plans, risk management plans and whether support was sought from services in the 12 months prior to the incident. Aboriginal and Torres Strait Islander status and disability status were not included as these were not identified in the dataset or only limited information was available. This is a known data limitation.

Issues of Interest (IOIs) register: The IOI register is a central register that provided a structured way to categorise significant factors from a case into discrete ‘issues of interest’ categories. The IOIs register served as a historical record for all themes and findings in each case. Each case may fit into multiple IOI categories.

The IOI categories were:

- Categorisation of tiers (with a category for each tier)
- Aboriginal and Torres Strait Islander identity
- Culturally and linguistically diverse identity
- Significant history of mental illness
- Psychotic disorders
- Method of death (with a category for each type of method)
- DFV exposure to children
- Significant abuse of drugs and alcohol
- Perpetrator younger than victim
- Relationship less than one year
- Recent separation before death
- Not premeditated
- Killed in victim’s own home
- No physical abuse prior to homicide

APPENDIX G – CASE REVIEW METHODOLOGY

This section provides an overview of the methodology used to conduct case reviews of 12 cases of homicide within the review period.

Case review occurred over 5 stages: identification and inclusion, information gathering, database coding, individual in-depth case reviews and the collective case review.

Figure 9: Case review methodology



Case identification and inclusion

All cases were considered for inclusion in accordance with the *DVA Act*, as well as the inclusion criteria specified by the NMDS. The inclusion criteria can be found at [Appendix B](#).

Information gathering

Information was gathered from a range of sources including the National Coronial Information System (NCIS), information from the former review on deaths conducted by the DVPC, ACT Supreme Court records and the Australian Federal Police's (AFP) Real Time Online Management Information System (PROMIS) records.

Approval was sought from the Justice Human Research Ethics Committee, the Coroners Court of Victoria Research Committee and the NCIS Research Committee to obtain access to the NCIS.

As part of the ongoing review of cases on the DFV register, the DFVR will consider additional sources of information in future reports.

Information from the former review of deaths by the Domestic Violence Prevention Council

The DVPC death review was conducted to provide a clearer picture of DFV in the ACT and provide advice to government to inform future decisions about violence prevention and detection mechanisms. This review analysed deaths that were no longer before the courts or coroner when cases were identified in May 2015. A total of 11 cases were reviewed.

Seven cases reviewed by the DVPC were also reviewed as part of the current DFVR. The DVPC consulted an extensive range of sources to collect their material, including:

- ACT Corrective Services
- ACT Health
- Housing ACT
- ACT Policing
- Australasian Legal Information Institute (AustLII)
- Canberra Men's Centre (now Everyman Australia)
- CRCC

- CYPs
- Coroner's Court
- DVCS
- NCIS
- Office for the Director of Public Prosecutions (DPP)
- Supreme Court
- Victim Support ACT and
- newspaper articles.

To avoid duplication, the DFVR built on the information from DVPC review and examined these cases from a contemporary perspective.

ACT Supreme Court records

Many of the cases considered in this report proceeded to a hearing in the ACT Supreme Court, and so this report included examination of public records from the ACT Supreme Court, including court proceedings, judgements and sentencing decisions.

Australian Federal Police PROMIS records

ACT Policing provided information relating to notes on PROMIS. PROMIS is AFP's central administrative system used to record crime, incidents and offences. These notes detailed the nature of police interaction with each case, including the extent of abuse disclosed to police and whether victims wished to accept follow up support.

Desktop research

Public facing materials, such as contemporary news articles, were also used to gain an understanding of each case.

Database coding

The collected information was coded onto the database. The DFVR database includes 4 main sections to capture relevant data. This includes summary and details, victim profiles, perpetrator profiles and risk factors.

Summary and Details

This section captured date of homicide event, relationship length, location and [manner of death](#), agency information sharing details, history of DFV, protection orders, family law proceedings, separation status, criminal/coronial outcome, children and pregnancy details.

Victim

This section captured demographic details for the victim, including sex, Aboriginal and Torres Strait Islander or cultural and linguistically diverse status, age, occupation, disability and housing situation. The section also captured if the victim had previous convictions, interactions with service agencies and whether any risk managements were conducted for the victim.

Perpetrator

This section captured demographic details for the perpetrator, including sex, Aboriginal and Torres Strait Islander or cultural and linguistically diverse status, age, occupation, disability and

housing situation. The section also captured if the perpetrator had previous convictions, interactions with service agencies and whether any risk managements were conducted for the perpetrator.

Risk factors

This section captured risk factors as prescribed by [the ACT Domestic and Family Violence Risk Assessment and Management Framework \(RAMF\)](#). This includes:

- Recent, pending, or planned separation
- Assaulted while pregnant or with a new baby
- Escalation in severity and/or frequency
- Strangulation and/or choking
- Coercive control
- Perpetrator has threatened to harm or kill the victim and/or the children
- History of DFV
- Sexual violence
- Stalking
- Access to and/or has made threats with weapons
- Breach of orders
- Threats or harm to pets
- Perpetrator misuse of drugs and alcohol
- Perpetrator mental illness and/or threatened suicide and
- Victims' perception of risk

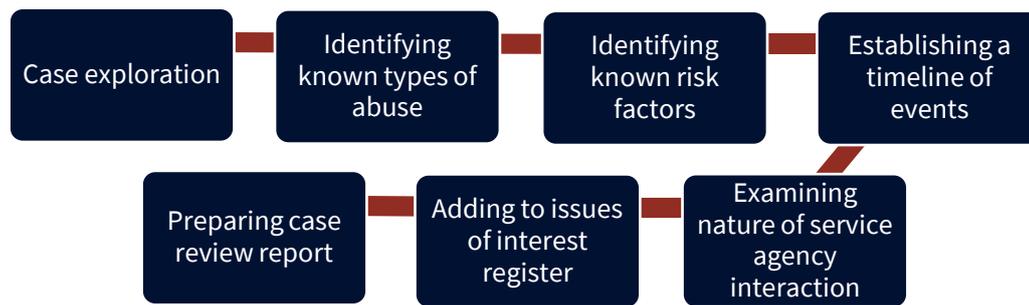
Other evidence-based risk factors were also drawn from the [Family Violence Multi-Agency Risk Assessment and Management Framework \(MARAM\)](#), including:

- Imminence
- Financial abuse/difficulties and
- Homicide offender childhood history.

Individual case reviews

The individual case reviews entailed a thorough examination of specific events leading up to the homicide, involving an extensive analysis of the circumstances, dynamics of DFV and service agency responses in each death (Figure 10).

Figure 10: Individual case review process



Case exploration

The case exploration stage involved understanding the details and contextual nuances of the case to analyse the factors leading up to the death. The focus areas guiding this stage included:

Contextual factors including broader societal, cultural and systemic factors that might be at play during the time of the homicide.

Victim and perpetrator profiles to understand demographic information, characteristics or vulnerabilities that might be relevant to understanding the dynamics of DFV. For example, noting the nuances of the intersection between DFV and mental health if the perpetrator/victim suffered from mental illnesses.

Other persons of interest, such as family members who may have been aware of the DFV or tried to support the victim.

Circumstances and events to understand the sequence of events leading up to the death, such as specific interactions, incidents and behaviours that occurred.

Identifying types of abuse

This stage involved identifying the types of abuse featuring in the DFV. This included physical violence, coercive control or controlling behaviour, sexual violence, image-based abuse, emotional or psychological abuse, verbal abuse, social abuse, spiritual, religious, or cultural abuse, elder abuse, lateral violence, legal abuse, financial abuse, technology-facilitated abuse, stalking and harassment and reproductive abuse⁷⁰.

Identifying risk factors

This stage mapped risk factors with the available information, using the RAMF and the MARAM to identify the individual's risk of victimisation, harm and/or lethality and/or escalation of violence before the homicide.

⁷⁰ Refer to *Definitions and Key Concepts* for definitions on DFV behaviours.

Establishing a timeline of events

This stage created a timeline for each case to map out the sequence of events leading up to the death. The timeline commenced for IPV cases when the relationship started and for FV cases when the first instance of abuse/interaction with service agency occurred. The timeline captured significant incidents, interactions and interventions by individuals, systems or institutions involved. A chronology was established to facilitate an understanding of DFV dynamics, while looking for recurring themes or cycles of violence and changes in severity of frequency.

Examining nature of service agency interaction

This stage involved analysis of interactions with service agencies to examine system responses. This involved understanding the nature of each interaction, the supports provided, information sharing across agencies and the recognition of DFV signs by agencies involved.

Preparing case report

A case report was drafted to document the relevant information, context and findings of the analysis in a standard case review template.

Collective case review

The collective review included analysis of all cases in connection with each other to draw insights on broader patterns, themes and systemic issues. This review allowed for the identification of overarching themes that extended beyond individual cases and informed recommendations for policy development, prevention strategies and system improvements.

Theme development

Data was analysed across shared characteristics including circumstances, risk factors, perpetrator behaviours, victim profiles or systemic issues that recur across cases. Information from multiple cases was combined to identify common themes and overarching patterns that highlight areas of system improvement by aggregating by a variable of interest such as methods of violence or demographics.

Themes were identified through pattern recognition by aggregated variable of interest/s. For example, the number of cases with identified coercive control in the absence of physical violence. These themes were then interpreted to understand the underlying significance and implications of each theme, in consideration with the broader context, theoretical frameworks and relevant literature.