



**NSW DOMESTIC VIOLENCE
DEATH REVIEW TEAM**

REPORT

2019/2021





The cover image represents the theme of reflection that has guided the development of this report.

Reflection on the Team's contribution to reforming the domestic violence response system over the past decade; reflection on the limitations and challenges that continue to obstruct pathways to safety for victims of violence; and reflection on the tireless work of responders and advocates to overcome these challenges.

Most importantly, however, this report reflects on the courage, resilience, and diversity of victims of violence. The Team honours the lives that are considered in this report and remains committed to ensuring their stories are heard and their experiences acknowledged. Every person deserves to live a life free from violence and the Team will continue to listen, to learn and strive to translate this knowledge into positive change.



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A report of the Domestic Violence Death Review Team

A report of the Domestic Violence Death Review Team pursuant to section 101J(1) of the *Coroners Act 2009* (NSW).

The views expressed in this report do not necessarily reflect the private or professional views of individual Team members or the views of their individual organisations. A decision of the majority is a decision of the Domestic Violence Death Review Team – Schedule 3, clause 11 *Coroners Act 2009* (NSW).

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ACKNOWLEDGMENT OF COUNTRY

The Domestic Violence Death Review Team acknowledges Australia's First Nations peoples as the Traditional Custodians of the lands, waters and seas of Australia.

We pay our respects to ancestors and Elders, past and present, and recognise the strength, resilience and diversity of First Nations peoples in this land.

CONTENT WARNING & SUPPORT

This report contains information that may be distressing to readers. It includes accounts of violence and abuse and references to suicide and self-harming behaviour.

First Nations readers should be aware that this report contains information about First Nations people who have passed away.

If you or someone you know is experiencing domestic violence, there are a range of services that can provide assistance and support. In an emergency, always call 000.

Service	Location	Phone	Website
1800RESPECT	Nationwide	1800 737 732	www.1800respect.org.au
24/7 helpline that provides counselling, information and support for sexual assault, domestic and family violence.			
Domestic Violence Line	State-wide	1800 656 643	www.domesticviolence.nsw.gov.au
24/7 helpline that provides information, support and assistance about domestic violence.			
Women's Legal Service NSW	State-wide	1800 801 501	www.wlsnsw.org.au
A community legal centre that provides free specialised legal services for women, including domestic violence, sexual assault, family law, victims support and child protection, operating Mon-Fri 9am-1pm and 2pm-4:30pm. See website for legal advice line times.			
Men's Referral Service NSW	NSW, VIC, TAS	1300 766 491	www.ntvmrs.org.au
24/7 men's telephone counselling, information and referral service.			
Immigration Advice and Rights Centre	State-wide	02 8234 0700	www.iarc.asn.au
Provides free immigration advice and legal representation to refugees and financially disadvantaged immigrants in NSW, operating Mon-Fri, 9am-4pm.			



Wirringa Baiya Aboriginal Women's Legal Centre	State-wide	1800 686 587	www.wirringabaiya.org.au
Community legal centre for Aboriginal women, children and youth with a focus on issues relating to violence, operating Mon-Fri, 9am-5pm (closed Wed). Legal advice line 10am-4pm.			
Women's Domestic Violence Court Advocacy Services	State-wide	1800 938 227	www.wdvcasnw.org.au
Provides information, assistance and court advocacy services to women and children experiencing domestic violence. 29 locally-based services have different operating hours.			
NSW Ageing and Disability Abuse Helpline	State-wide	1800 628 221	www.ageingdisabilitycommission.nsw.gov.au
Provides information, support and referrals for older people and people with disability in NSW, operating Mon-Fri, 9am-5pm.			
Kids Helpline	Nationwide	1800 551 800	www.kidshelpline.com.au
24/7 counselling service for young people aged 5-25 years.			
Link2Home	State-wide	1800 152 152	www.housing.nsw.gov.au
24/7 information and referral service for people who are homeless or at risk of becoming homeless.			
Beyond Blue	Nationwide	1300 224 636	www.beyondblue.org.au
24/7 counselling, information and referral service for people experiencing anxiety and depression.			

CONVENOR'S MESSAGE



I am pleased to present the 2019-2021 report of the Domestic Violence Death Review Team. This publication, the Team's seventh report to date, marks a decade since the Team published its first case studies, data findings and recommendations in its 2011-2012 Report.

In the ten years that have passed since its first substantive report, the Team has worked tirelessly to shine a light on the lived experience of victims of violence and expose limitations and challenges in the domestic violence response system. These ongoing efforts are reflected in the Team's now substantial body of work and its sustained efforts to translate knowledge from this work into positive systems change.

This report builds on the Team's prior work but is, in a number of respects, different to the six reports that the Team has previously published. Most notably, in this report the Team makes no new recommendations, electing instead to reflect critically on the implementation of the recommendations it has made to date, its review processes, and consider how it can effect system reform in the most meaningful way possible into the future.

Over the past decade, the Team's contribution to reform has been realised through the three key components of its work - quantitative data findings, qualitative case analyses and the development of recommendations aimed at improving systems responses to violence. The specialised domestic violence homicide data the Team produces tells us how common domestic violence-related homicides are in New South Wales and provides us with information about the victims and perpetrators of fatal violence. This important research establishes an evidence-base which informs policy, service provision and advocacy in New South Wales and across Australia. In this report the Team has continued to extend its data capture, producing the most in-depth analysis of intimate partner violence homicides produced to-date, as well as focused analyses of intimate partner homicide-suicide and domestic violence-related filicide cases.

Quantitative data is important, but it provides only part of the picture. Over the last ten years the Team has produced hundreds of in-depth qualitative case reviews which yield critical insights into the life histories of victims and perpetrators of domestic violence-related homicides. The Team's case reviews promote greater awareness and understanding of the complexities of domestic violence, highlighting how the system and the community more broadly responded to the violence, and critically examining how systems, services and bystander responses could have been improved. During this reporting period, the Team has reviewed ten cases and this report not only profiles those cases, but focuses on examining a range of emerging issues arising that have not previously been considered in-depth by the Team.

Over the past ten years this Team has also made 122 recommendations for change which target a wide range of actors and agencies within the complex domestic violence response system. Recommendation implementation is one key method of measuring impact, and in this report the Team reflects on the public uptake of its recommendations

In this report the Team has continued to extend its data capture, producing the most in-depth analysis of intimate partner violence homicides produced to-date, as well as focused analyses of intimate partner homicide-suicide and domestic violence-related filicide cases.



Over the past decade Australia has increasingly recognised the pervasive and harmful nature of this violence and, thanks to the tireless advocacy of those in the sector, victim survivors and their families, domestic violence is now widely recognised as one of the most significant issues we face as a nation.



to date, analysing the extent to which implementation has progressed and where further change may still be required.

As the work of the Team has progressed, so too has community awareness of domestic and family violence. Over the past decade Australia has increasingly recognised the pervasive and harmful nature of this violence and, thanks to the tireless advocacy of those in the sector, victim survivors and their families, domestic violence is now widely recognised as one of the most significant issues we face as a nation. The COVID-19 pandemic has also impacted victims of violence as well as the domestic and family violence sector, producing challenges that the Team will no doubt identify in many of its reports to come. However, despite increasing public awareness of this social harm, the Team's work highlights that there are ongoing challenges and limitations in how we, as a society, respond to domestic violence. While much has been, and is continuing to be, achieved, there is more work to be done.

So, ten years after its first substantive report I am pleased to present a report that pauses and reflects on the burden of domestic and family violence in our community and how we, as a community, respond to it. Most importantly, this report also bears witness to the courage, resilience, and diversity of victims of violence and their families. The Team honours the lives of those whose cases are examined in this report and remains committed to ensuring their stories are heard and their experiences are acknowledged.

Every person deserves to live a life free from violence. Looking to the future of its work, the Team commits to listening, to learning and to striving to translate this knowledge into improved practice and effective responses to those whose lives are affected by domestic and family violence.

Magistrate Teresa O'Sullivan
Convenor, Domestic Violence Death Review Team
State Coroner

SECRETARIAT ACTIVITIES REPORT

The DVDRT Secretariat comprises a Manager and a Research Analyst and is permanently based in the NSW State Coroner's Court in Sydney. Since the Team tabled its last report the Secretariat has:

- shared its research and learnings with numerous government inquires and projects for reform;
- worked closely with the Australian Domestic and Family Violence Death Review Network (the Network) and Australia's National Research Organisation for Women's Safety (ANROWS) to produce the second National Data Report;
- assisted NSW Coroners on high-profile open cases; and
- sought to promote the work of the Team through various forums and presentations.

Government inquires and projects for reform

In this reporting period the Secretariat has provided assistance to a number of government investigations and inquiries. In 2021, the Secretariat (on behalf of the Team) prepared a public submission and, together with the Convenor, gave evidence at a private briefing to the NSW Parliament Joint Select Committee on Coercive Control in 2021.¹ The research of the DVDRT formed the basis of a number of the key findings and recommendations in the Final Report.²

Legal Aid NSW approached the Secretariat to share learnings to inform the redesign of the Domestic Violence Safety Assessment Tool (DVSAT).³ This included providing relevant data to establish an evidentiary basis to enhance the effectiveness of the tool and addressing the various issues the Team has identified in relation to the DVSAT case reviewed in this and previous reporting periods.

The Secretariat engaged in consultations to inform the Auditor-General's report into the Police responses to domestic and family violence⁴, as well as with the Australian Human Rights Commission on the implementation of the *Respect@Work: Sexual Harassment National Inquiry Report (2020)* recommendations.⁵

The Secretariat collaborated with other research bodies, namely the Australian Institute of Criminology, and participated in a working group to provide guidance on the recent research into 'Pathways to intimate partner homicide'.⁶

Utilising its expertise in analytical coronial research, the Secretariat assisted the State Coroner to undertake a discrete research project into Aboriginal deaths in custody and the preparation of the 'Report by the NSW

1 NSW Domestic Violence Death Review Team (2021), 'Submission 24', *Joint Select Committee on Coercive Control*, <https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=271>

2 Joint Select Committee on Coercive Control (2021), 'Coercive control in domestic relationships' Report 1/57, <https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=271>

3 For more detail on the DVSAT redesign see *Chapter 8: Emerging Reforms*.

4 NSW Auditor-General (2022), *Police responses to domestic and family violence*, <https://www.audit.nsw.gov.au/our-work/reports/police-responses-to-domestic-and-family-violence>.

5 Australian Human Rights Commission (2020), *Respect@Work: Sexual Harassment National Inquiry Report*, <https://humanrights.gov.au/our-work/sex-discrimination/publications/respectwork-sexual-harassment-national-inquiry-report-2020>

6 Boxall, H. et al (2022) 'The "Pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia, ANROWS Research report, <https://www.anrows.org.au/publication/the-pathways-to-intimate-partner-homicide-project-key-stages-and-events-in-male-perpetrated-intimate-partner-homicide-in-australia/>.



State Coroner into First Nations People's Deaths in Custody in NSW 2008-2018⁷ for the NSW Parliament Select Committee on the High Level of First Nations People in Custody and Oversight and Review of Deaths in Custody in 2020 ('Deaths in Custody Inquiry').⁸

The findings and recommendations from the above Deaths in Custody Inquiry led to a further inquiry into the coronial jurisdiction, namely the 2021 Select Committee on the coronial jurisdiction in NSW. While the Secretariat did not prepare a submission for this Inquiry, many stakeholders who did contribute to the inquiry acknowledged the *'significant intervention and prevention contribution made by the Domestic Violence Death Review Team since it was established in the Coroners Court of NSW in 2010'*.⁹

The Select Committee found that the work of the DVDRT *'fulfils substantially the same public policy objective [as an inquest] and in many ways is more comprehensive than an inquest'* and recommended that the NSW Government establish a specialist preventive death review unit in the Coroners Court that expands on the processes of the DVDRT to undertake in-depth qualitative analysis of a broad range of reported deaths, including First Nations deaths, suicide deaths and drug-related deaths.¹⁰

Activities with the Australian Domestic and Family Violence Death Review Network

Since the Team's establishment, an additional key role of the Secretariat has been to collaborate with equivalent review bodies in other jurisdictions to share information and learnings. This engagement culminated in the establishment of the Australian Domestic and Family Violence Death Review Network (the Network) in 2011.

The Network is comprised of members from the various domestic violence death review mechanisms operating across Australia.¹¹ Since its establishment, one of the key achievements of the Network has been the development of National Data Collection and Data Sharing Protocols which enabled the Network to publish its first National Data Report in May 2018 providing, for the first time in Australia, national data with respect to all intimate partner homicides that occurred in the context of domestic violence.¹² This report was the culmination of years of extensive work and collaboration and as the jurisdiction most progressed in terms of data reporting, the NSW Secretariat drove the development, design and implementation of this project. The report was extremely well received and was the subject of significant positive media reporting.

In 2020, the national domestic violence research organisation ANROWS was funded to establish a collaborative partnership with the Network to produce a second National Data Report on domestic violence context intimate partner homicides.¹³ This report was launched at the 2022 ANROWS Annual Conference with the opening presentation from the NSW DVDRT Manager, Anna Butler titled 'What we know about intimate partner homicide'.¹⁴ In April 2022, Ms Butler was also invited to present on the National Data Report for a second time at

7 NSW State Coroner (2021), 'Report by the NSW State Coroner into First Nations People's Deaths in Custody in NSW 2008-2018', <https://www.parliament.nsw.gov.au/tp/files/79741/NSW%20Coroner%20-%20Report%20into%20First%20Nations%20People%27s%20Deaths%20in%20Custody%20in%20NSW%202008-2018.pdf>

8 Select Committee on the High Level of First Nations People in Custody and Oversight and Review of Deaths in Custody (2020), <https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=266>

9 Select Committee on the Coronial jurisdiction in New South Wales (2022), 'Coronial jurisdiction in New South Wales', Report no.1, p.94, <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2809/Report%20No.%201%20-%20Select%20Committee%20on%20the%20coronial%20jurisdiction%20in%20New%20South%20Wales.pdf> (accessed 15 February 2022).

10 Select Committee on the Coronial jurisdiction in New South Wales (2022) (n 9), Recommendation 16.

11 Domestic violence death review mechanisms have been established in all jurisdictions with the exception of Tasmania.

12 Australian Domestic and Family Violence Death Review Network (2018), Data Report, <https://www.coroners.nsw.gov.au/coroners-court/resources/domestic-violence-death-review.html#The3>

13 Australian Domestic and Family Violence Death Review Network and Australia's National Research Organisation for Women's Safety (2022), 'Data Report: Intimate partner violence homicides 2010-2018', 2nd ed., *Research report 03/2022*, ANROWS, <https://www.anrows.org.au/project/australian-domestic-and-family-violence-death-review-network-national-data-update/>

14 ANROWS (2022), 'Evidence Presentation 1: What we know about intimate partner homicide', *ANROWS Conference*, 22 February 2022, <https://anrows.delegateconnect.co/events/sessions/evidence-presentation-1>

a live-streamed ANROWS webinar with almost 1000 participants nationwide.¹⁵

In conjunction with the Network's data reports, ANROWS has launched two factsheets titled *Domestic & Family Violence Lethality: The facts about intimate partner homicide (2019)* and *Updated facts about intimate partner homicide (2022)*¹⁶ based on the findings of the Network's National Data Reports. The Secretariat has been advised that these factsheets are some of the most heavily trafficked documents on the ANROWS website.

The collaborative partnership with ANROWS and the Network has been extended (and will likely become ongoing) to publish a national data report in 2023 with respect to filicides that occurred in the context of domestic violence in order to provide a more complete picture of all types of homicides that occur in the context of domestic violence across Australia.

In a separate piece of work, this reporting period the Network has also commenced engagement with the Federal Circuit and Family Court of Australia to better identify cases where family court proceedings preceded a domestic violence homicide and improve the data sharing mechanisms between the Network and the Family Court.¹⁷ This work will contribute to more detailed findings in the future, regarding the intersection of family law and domestic violence deaths and will hopefully provide an important evidence base to guide reform.

In addition, in its role as a founding Network member, the Secretariat also presented to the Australian and New Zealand Child Death Review Group & Prevention Group at its Annual Conference in May 2021 to share learnings about the Network's experiences in developing a National Minimum Dataset.

Open case function

The Secretariat continued to work with Coroners on open cases throughout the reporting period, including on two high profile Inquests namely the *Inquest into the deaths of John, Jack and Jennifer Edwards*¹⁸ and the *Inquest into the death of Renae Marsden*.¹⁹ In this role, the Secretariat assisted Coroners by: preparing a domestic and family violence expert report based on the brief of evidence and a comparative analysis using its quantitative and qualitative data; recommending additional brief requisitions to enhance the investigation; and proposing potential areas for recommendation.

Conferences, publications and other information sharing forums

Throughout the reporting period, the Secretariat has continued to share the Team's findings to a range of academic, sector and more general audiences including:

- **October 2019:** Briefing the NSW State Coroner for a key note address and panel discussion for the ANROWS Launch of the 'Domestic & Family Violence Lethality: The facts about intimate partner homicide' Factsheet.
- **November 2019:** Presentation at the Northern Sydney Local Health District's 'Domestic Violence Forum'.

15 ANROWS (2022), 'What we know about intimate partner homicide', *ANROWS Webinar*, 11 April 2022, <https://www.youtube.com/watch?v=-YsTAX5Egyw>

16 ANROWS (2019), *Domestic and family violence lethality: The facts about intimate partner homicide* and ANROWS (2022), *Updated facts about intimate partner homicide*, <https://www.anrows.org.au/resources/domestic-and-family-violence-lethality-the-facts-about-intimate-partner-homicide/>

17 This work stemmed from findings of the Queensland Domestic and Family Violence Death Review and Advisory Board, which identified that there is no process whereby the family court system is notified when a domestic violence context death occurs involving parties engaged with the court. The Board was of the perspective that this represented a missed opportunity for the family law system to derive learnings from and develop practice improvements in response to such deaths. See Queensland Department of Justice and Attorney-General, Queensland Government's implementation updates to recommendations arising from the Domestic and Family Violence Death Review and Advisory Board 2018-19 Annual Report, undated, pp.5-6, <https://www.courts.qld.gov.au/courts/coroners-court/review-of-deaths-from-domestic-and-family-violence>

18 NSW State Coroner's Court (2021), *Inquest into the deaths of John, Jack and Jennifer Edwards: Findings*, 7 April 2021.

19 NSW State Coroner's Court (2020), *Inquest into the death of Renae Marsden: Findings*, 20 May 2020.



- **November 2019:** Participation in the panel discussion re 'Opportunities and improve suicide data management' at the NSW Health Suicide Prevention Data Forum.
- **March 2020:** Recorded presentation for the Legal Studies Association of NSW Annual Conference.
- **May 2020:** Presentation at the NSW Health's Education Centre Against Violence 'Domestic Violence Routine Screening Forum (DVRS) Forum'.
- **August 2020:** Facilitating a professional development training session with staff at the NSW Coroners' State Court.
- **November 2020:** Presentation to the Department of Communities and Justice 'Domestic Violence Regional Strategy Groups'.
- **May 2021:** Presentation to the Australian and New Zealand Child Death Review Group & Prevention Group at its Annual Conference.
- **October 2021:** Facilitating a professional development training session with solicitors at the NSW Crown Solicitor's Office.
- **November 2021:** Facilitating a professional development training workshop with Community Corrections for Community Corrections Officers and specialised staff.
- **February 2022:** Opening presentation at the 2022 ANROWS Annual Conference, 'Evidence Presentation 1: What we know about intimate partner homicide.'
- **April 2022:** Presentation for the ANROWS Webinar: 'What we know about intimate partner homicide'.
- **May 2022:** Presentation at the Community Corrections Officer Conference at UTS focusing on domestic and family violence.
- **June 2022:** Presentation at the Legal Aid NSW Conference.

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NSW State Coroner

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* At the time of writing these members were not active as they were no longer engaged in their listed position. The Convenor extends thanks to the DCJ representatives who contributed to the development of the report.



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LIST OF ACRONYMS

ABS	Australian Bureau of Statistics
ACASI	Arizona Child and Adolescent Survivor Initiative
ACPO	Aged Crime Prevention Officer (NSW Police Force)
ADFVDRN	Australian Domestic and Family Violence Death Review Network
ADVO	Apprehended Domestic Violence Order
AFW	Aboriginal Focus Worker (WDVCAS)
AIC	Australian Institute of Criminology
ALRC	Australian Law Reform Commission
ALS	Aboriginal Legal Service (NSW/ACT)
AOD	Alcohol and other drug
ANROWS	Australia's National Research Organisation for Women's Safety
BOCSAR	NSW Bureau of Crime Statistics and Research
CAPI licence	Commercial Agents and Private Inquiry licence (for private investigation)
COPS	Computerised Operational Policing System (NSW Police Force)
CRP	Central Referral Point (part of Safer Pathway)
CSNSW	Corrective Services NSW (DCJ)
CTO	Community Treatment Order
CWES	Centre for Women's Economic Safety
DCJ	NSW Department of Communities and Justice
DEC	NSW Department of Education
DFV	Domestic and family violence
DV	Domestic Violence
DVDRT	Domestic Violence Death Review Team
DVO	Domestic Violence Officer (NSW Police Force)
DVNSW	Domestic Violence NSW (peak body)
DVRS	Domestic Violence Routine Screening (NSW Health)
DVSAT	Domestic Violence Safety Assessment Tool (part of Safer Pathway)
DVSOPS	Domestic Violence Standard Operating Procedures (NSW Police Force)
ECAV	Education Centre Against Violence (NSW Health)
ESTIE Project	Evidence to Support Safe and Together Implementation and Evaluation (NSW Health)
FACS	The former NSW Department of Family and Community Services (now DCJ)
IDFVS	Integrated Domestic Family Violence Services (DCJ)
IPARVAN Framework	Integrated Prevention and Response to Violence Abuse and Neglect Framework (NSW Health)
IPV	Intimate partner violence
IRSD	Index of Relative Socio-economic Disadvantage (ABS)
LCM Program	Local Coordinated Multiagency offender management program
LECC	Law Enforcement Conduct Commission
MBCP	Men's Behaviour Change Programs

MERIT	Magistrate's Early Referral into Treatment Program
MVA	Motor vehicle accident
NAATI	National Accreditation Authority for Translators and Interpreters
NGMI	Not guilty by reason of mental illness
NGO	Non-government organisation
NRAP	National Risk Assessment Principles (ANROWS)
NSWPF	NSW Police Force
OOHC	Out-of-home care
PARVAN	Prevention and Response to Violence Abuse and Neglect (NSW Health)
PHN	Primary Health Network
PTSD	Post-traumatic stress disorder
RACGP	Royal Australian College of General Practitioners
ROSH	Risk of Serious Harm (Child Protection)
SAM	Safety Action Meeting (part of Safer Pathway)
SHLV	Staying Home Leaving Violence (DCJ)
SSHV	Sustained Health Home Visiting (NSW Health)
STACY Project	Safe & Together Addressing ComplexitY Project (NSW Health)
TEI	Targeted Early Intervention (DCJ)
TFM	Their Futures Matter (DCJ)
UHHV	Universal Home Visiting (NSW Health)
UNSW	University of New South Wales
VAN	Violence, Abuse and Neglect (NSW Health)
VSS	Victim Support Scheme (DCJ)
WDVCAS	Women's Domestic Violence Court Advocacy Service
WFT	Whole of Family Teams (NSW Health)



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DEFINITIONS & KEY CONCEPTS

Alcohol and drug use

Refers to substance use that is negatively impacting on a person's health, family, relationships, work, school or other social situations. Substance dependence, also known as 'alcohol/drug use disorder', may occur when a person continues to use substances even though their use causes them significant problems. It is regarded by many as a medical condition not directly under the control of the individual.

Bystander/informal support network

Encompasses friends, family, neighbours, faith and cultural leaders, and other members of the community who have a formal or informal relationship with the domestic violence victim or abuser. They may have observed or be otherwise aware of the violence perpetrated by the abuser against the victim - and their responses can have either a positive or negative effect on the future behaviour of the victim and/or abuser. Positive bystander responses can result in primary, secondary and tertiary prevention and intervention.

Children experiencing (or living with) domestic violence

Includes children hearing or witnessing violence, being used in the course of violence, being told that they are to blame for the violence, defending a parent/family member/sibling, or intervening in violence.²⁰ Children can also be exposed to the traumatic aftermath of violence, including for example: having to call emergency services or seek help; seeing a parent's injuries; dealing with a parent who alternates between violence and caring roles; witnessing parents being arrested; and being dislocated from their friends/family/school in attempts to flee from the abuser.²¹

This report intentionally refrains from using the terms 'exposed to' or 'witnessed' when referring to children living in households with domestic violence, as these descriptors make the child's experience appear passive and detached from abuse. These terms fail to capture the profoundly traumatic impact of abuse and equally fail to recognise a child's incredible capacity to cope, to maintain a sense of agency, to be resilient, and to find ways of resisting violence, and build a positive sense of self.²²

20 Richards, K. (2011), 'Children's Exposure to domestic violence in Australia', *Australian Institute of Criminology*, <https://aic.gov.au/publications/tandi/tandi419> (accessed 20 June 2022).

21 Ibid.

22 Callaghan, J. and Alexander, J. (2015) *Understanding agency and resistance strategies (UNARS): children's experiences of domestic violence*, <https://doi:10.13140/rg.2.1.2509.2324> (accessed 27 May 2022).



Coercive control

A concept that recognises domestic violence as a gendered harm and provides a framework or lens through which to better understand and articulate the ‘multidimensionality of oppression’ in the lives of women who experience domestic violence.²³ The coercive control framework emphasises both the breadth of behaviours used by domestic violence perpetrators and the patterned and repeated nature of such behaviours. Coercive control does not, therefore, prescribe a particular type of abuse, nor does it relate only to non-physical violence. Rather it describes the context and means by which domestic violence perpetrators repeatedly and intentionally ‘hurt, humiliate, intimidate, exploit, isolate and dominate their victims’ over time so as to rob them of their agency, identity and autonomy.²⁴

Cross-applications/mutual orders

Where the defendant of an Apprehended Domestic Violence Order (ADVO) also applies for an ADVO against the protected person.²⁵ Abusers may use cross-applications as a tactic of *systems abuse* (see below) or as a ‘bargaining tool’ to obtain a favourable outcome in negotiations.²⁶ *Mutual orders* refers to the Court making final orders in respect of both the original ADVO and the *cross-application*.

Cultural safety

An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need.²⁷

Domestic violence

A pattern of coercive control that is used intentionally and systematically by a person to gain and maintain power and dominance over another person with whom they share (or have shared) an intimate or familial relationship. This includes psychological/emotional abuse, physical abuse, sexual abuse, social abuse, financial/economic abuse, spiritual abuse, or cultural abuse, and includes the abuse of systems. Abusive behaviours can be direct or indirect, actual or threatened.

23 Stark, E. (2007), ‘Coercive Control: How Men Entrap Women in Personal Life’ (Oxford University Press), p.10.

24 Australia’s National Research Organisation for Women’s Safety (2021), ‘Defining and responding to coercive control: Policy Brief’, *ANROWS Insights 01/2021*, p.2. <https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2021/07/Coercive-Control-Policy-Brief-ANROWS-Insights-1.1.pdf> (accessed 12 July 2021).

25 Law Access NSW (undated), Cross Applications, https://www.lawaccess.nsw.gov.au/Pages/representing/lawassist_avo/lawassist_defendingavo_home/lawassist_responding_avo/lawassist_cross_app_def.aspx (accessed 15 February 2022).

26 Douglas, H. (2018) ‘Legal systems abuse and coercive control’, *Criminology & Criminal Justice*, vol. 18(1), pp.84 –99. 96 <https://doi.org/10.1177/1748895817728380> (accessed 7 March 2022); Australian Law Reform Commission, ‘Pathways to Justice–Inquiry into the Incarceration Rates of Aboriginal and Torres Strait Islander Peoples’, *Summary Report No 133 (2017)* https://www.alrc.gov.au/wp-content/uploads/2019/08/summary_report_133_amended.pdf (accessed 7 March 2022).

27 Williams, R. (1999) ‘Cultural safety – what does it mean for our work practice?’, *Australian and New Zealand Journal of Public Health*, vol.23(2), pp. 213-214.

Economic or financial violence

Involves an abuser interfering with a victim's ability 'to acquire, use or maintain economic resources' in a way that undermines the victim's 'potential for economic security and self-sufficiency.'²⁸ For instance: withholding and controlling the use of cash or bank cards; scrutinising the victim's spending and setting unrealistic budgets for day-to-day living expenses; preventing the victim from engaging in paid employment or controlling the victim's wages; and forcing the victim to borrow money from third parties (known as 'coerced debt').

This could result in a range of poor economic circumstances for the victim including: compounding debt; bad credit; and poor tenancy records and is known to be a key reason victims are unable to leave abusers - or if they have left, why they may return to the abuser.²⁹

Emotional or psychological violence

A broad spectrum of behaviours employed by abusers to frighten, belittle, humiliate, unsettle and undermine a victim's sense of self-worth. This type of abuse targets the emotional and psychological well-being of the victim.³⁰ This can include for example: verbally denigrating the victim; making threats about parenting arrangements as a means to control the victim; blaming the victim for all adverse events; gaslighting; exploiting the victim's mental illness; making unfounded accusations of infidelity and making threats of self-harm or suicide if the victim attempts to leave.³¹

Familicide

Where a parent (including non-biological or stepparent) kills one or more of their children, and their current or former intimate partner.

Filicide

Where a parent (including non-biological or stepparent) kills one or more of their children.

Gender

The term gender is used in this report to indicate a person's gender identity notwithstanding their biological sex classification. It is acknowledged that a person's biological sex may differ from their gender identity. This term also more comprehensively reflects the gendered nature of domestic and family violence; related to the socially constructed classifications and characteristics attributed in particular to male and female sex categorisations.

Homicide offender

The person whose actions inflicted the injuries that caused the death/homicide.

Homicide victim

The person who died because of the injuries inflicted by the homicide offender.

28 Adam, A. (2008) in Centre for Women's Economic Safety, *What is Economic Abuse?* (undated) <https://cwes.org.au/what-is-economic-abuse/> (accessed 12 November 2021).

29 Junseok, K. and Gray, K. (2008) 'Leave or Stay? Battered Women's Decision after Intimate Partner Violence', *Journal of Interpersonal Violence*, vol. 23(10) 1465.

30 Karakurt, G. and Silver, K. (2013). 'Emotional abuse in intimate relationships: the role of gender and age' *Violence and victims*, vol. 28(5), pp. 804–821, <https://doi.org/10.1891/0886-6708.vv-d-12-00041> (accessed 20 June 2022).

31 Council of Australian Governments (2019) 'The Fourth Action Plan of the National Plan to Reduce Violence Against Women and their Children 2010–2022', *Commonwealth of Australia*, <https://www.dss.gov.au/women-publications-articles-reducing-violence/fourth-action-plan> (accessed 2 February 2022).



Homicide-suicide	Where a homicide offender kills one or more individuals and then takes their own life.
Intergenerational trauma	The transmission of trauma and its negative consequences across generations. Intergenerational trauma can impact individuals, families and communities, and disproportionately affects Aboriginal and Torres Strait Islander Communities as a consequence of colonisation. ³²
Intimate partner violence	A pattern of coercive control that is used intentionally and systematically by a person to gain and maintain power and dominance over another person with whom they share or have previously shared an intimate relationship.
Intimate partner violence homicide	A homicide that occurs between individuals who are or have been in an intimate relationship following an identifiable history of domestic violence.
Intractable offender	A repeat domestic violence abuser that is not dissuaded from offending by civil orders or criminal sanction.
Long-term specialist domestic violence case management	Sustained, long-term intervention with victims to rebuild their lives, self-esteem, and foster in-depth understanding about the dynamics of coercive control. ³³
Manner of death	The manner by which the homicide offender kills the homicide victim, for instance: assault with or without a weapon, stab wounds, suffocation/strangulation, shooting, fire/heat related, poisoning/noxious substance and drowning.
Misidentification of victims as abusers	Where a responder (for example police) mistakes the <i>predominant domestic violence victim</i> for the <i>predominant domestic violence abuser</i> , often due to misunderstanding the use of retaliatory violence against the genuine predominant aggressor or failing to challenge the perpetrator narrative. ³⁴ Women most at risk of misidentification are First Nations women, women from culturally and linguistically diverse, backgrounds, women with disabilities and/or mental health issues, and women with substance abuse issues. ³⁵

32 Dudgeon, P. et al (2017), 'Trauma in the Aboriginal and Torres Strait Islander Population', *Australian Clinical Psychologist*, vol.3(1), pp. 19-30.

33 DVDRT Report 2017-19, p. 55.

34 Monash Gender and Family Violence Prevention Centre (2021), *Coercive Control in Domestic Relationships*, Submission No. 119 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70584/Submission%20-%20119.pdf> (accessed 3 March 2022).

35 Nancarrow, H. et al (2020), 'Accurately identifying the "person most in need of protection" in domestic and family violence law', *ANROWS Research report*, 23/2020, <https://20ian81kynqg38b3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/10/Nancarrow-PMINOP-RR.3.pdf> (accessed 4 March 2022); Reeves, E. (2020), 'Family violence, protection orders and systems abuse: views of legal practitioners' *Current Issues in Criminal Justice*, vol. 32(1), pp. 91-110, <https://doi.org/10.1080/10345329.2019.1665816> (accessed 4 March 2022); Mansour, J. (2014), 'Women Defendants to AVOs: What is their Experience of the Justice System?', *Women's Legal Services NSW*, <http://www.wlsnsw.org.au/wp-content/uploads/womendefAVOsreport.pdf> (accessed 4 March 2022); Ulbrick, M. (2020), 'Officer she's psychotic and I need protection': Police misidentification of the 'primary aggressor' in family violence incidents in Victoria', *Women's Legal Service Victoria*, Policy Brief, https://www.researchgate.net/publication/340646781_Officer_she's_psychotic_and_I_need_protection_Police_misidentification_of_the_primary_aggressor_in_family_violence_incidents_in_Victoria_-_Women's_Legal_Service_Victoria_Policy_Brief (accessed 4 March 2022).

Perpetrator accountability

Acknowledging and holding perpetrators responsible for their abusive behaviour. This could take many forms, for instance: through the justice system by the imposition of penalties; through compulsory attendance at a Men's Behaviour Change Program; or by taking opportunities to appropriately identify and call out coercive control in public and private settings.

It is noted that this foundational concept underpins most domestic violence policies and programs, and yet there is limited consensus over a universal definition.³⁶

Perpetrator narratives

The false reconstruction of events by an abuser in order to conceal, minimise, justify or excuse their abusive behaviour. If left unchallenged, this narrative can be intentionally or unintentionally reinforced by third parties and often shifts accountability for the violence to the victim (see *Victim blaming*) or other external factors. These distortions make it difficult to obtain accurate self-reports from abusers.

Physical violence

Any physical assault on another person such as shaking, slapping, pushing, spitting, punching, non-lethal strangulation, kicking or pulling hair. This can also include assaulting the victim with a weapon such as a brick, hammer, rope or boiling water.

Primary, secondary and tertiary prevention and intervention

Primary prevention aims to stop domestic violence before it starts and address the underlying drivers that condone domestic violence in order to create equal and respectful relationships.

Secondary prevention (sometimes referred to as *early intervention*) aims to positively intervene early into the perpetration of domestic violence which prevents its escalation or recurrence.

Tertiary prevention aims to mitigate the long-term effects of existing domestic violence.³⁷

36 Chung, D. et al (2020), 'Improved accountability: The role of perpetrator intervention systems' ANROWS Research report. <https://www.anrows.org.au/project/improved-accountability-the-role-of-perpetrator-intervention-systems/> (accessed 20 June 2022)

37 Powell, A. (2011) 'Review of bystander approaches in support of preventing violence against women' *Victorian Health Promotion Foundation*, <https://www.vichealth.vic.gov.au/media-and-resources/publications/review-of-bystander-approaches-in-support-of-preventing-violence-against-women> (accessed 20 June 2022).



Predominant domestic violence abuser/victim

The *predominant domestic violence abuser* is the person who is the main user of coercive control towards another person (i.e. the predominant domestic violence victim).³⁸ Sometimes referred to as an *abuser* or *perpetrator*.

The *predominant domestic violence victim* is the person who has coercive control used against them by the predominant domestic violence abuser.

These terms acknowledge that victims of domestic violence are rarely passive, and may resist abuse in many different ways, including using retaliatory violence (see *Retaliatory violence/violent resistance*). They are also used to distinguish between the domestic violence abuser/victim, and the homicide offender/victim and highlight that a person may be the *predominant domestic violence victim* in the relationship but may ultimately perpetrate the homicide (for instance, a victim who kills an abuser in self-defence).

This enables a more accurate framing of the gendered patterns of domestic violence and reveals that almost all male *homicide offenders* and male *homicide victims*, are the *predominant domestic violence abuser* within the relationship.

Repeat perpetration

Where a domestic violence perpetrator uses violence against multiple victims in their lifetime.

Repeat victimisation

Where a victim of domestic violence has experienced domestic violence from multiple perpetrators in their lifetime.

Reproductive coercion

The use of coercive control in the context of reproductive health, including: pressuring a person into pregnancy; controlling access to and use of contraception; forced or coerced abortion or sterilisation; and forced continued pregnancy.

Retaliatory violence/violent resistance

The use of violence by a predominant domestic violence victim in response to coercive control by the predominant abuser. This may be a defence mechanism to protect themselves, their children, their dignity, or as a consequence of trauma.³⁹

38 No to Violence (2019), *Discussion Paper: Predominant Aggressor Identification and Victim Misidentification* <https://ntv.org.au/wp-content/uploads/2020/06/20191121-NTV-Discussion-Paper-Predominant-Aggressor-FINAL.pdf> (accessed 26 October 2021).

39 Swan, S. and Sullivan, T. (2009) 'The Resource Utilization of Women Who Use Violence in Intimate Relationships', *Journal of Interpersonal Violence*, vol. 24(6), pp.940-958. <https://doi.org/10.1177/0886260508319365> (accessed 27 October 2021); and Johnson, M. (2010). *A Typology of Domestic Violence Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Lebanon, New Hampshire: Northeastern University Press. <http://dx.doi.org/10.2307/23044209> (accessed 27 October 2021).

Safety plan

A 'personalised, detailed, action-oriented document that enables victims, with the support of professionals and services, to outline clear and specific help-seeking and escape strategies for themselves and their children, based on available resources.'⁴⁰

It can also be an informal plan proactively developed by a victim to protect themselves or their family and could include actions such as: accessing crisis accommodation; upgrading home security; obtaining an ADVO; improving tech security; assistance and advocacy with the legal system; school safety planning for children; increased monitoring and compliance by Community Corrections or police; or making a plan with bystanders (neighbours, family, friends, colleagues).

Separated under one roof

A couple that has ended their relationship but remain living in the same accommodation.

Sexual violence

Any unwanted, painful or humiliating sexual act that was obtained through physical force or psychological/emotional coercion. It includes being forced to watch pornography, recording sexual acts without consent and/or the non-consensual sharing of such recordings.⁴¹

Spiritual or cultural violence

A range of abusive behaviours used by an abuser against a victim under the guise of religion, including harassment or humiliation, which may result in psychological trauma. Behaviours may include an abuser denying a victim's spiritual or religious beliefs and practices in an attempt to control and dominate them.

Social violence

A range of abusive behaviours designed to limit or prevent the victim from engaging with their support networks and participating in social activities. This could include behaviours such as: the abuser being abusive, threatening or rude to the victim's friends and family; intentionally relocating the victim away from their support networks; restricting the victim's access to transport; and controlling the victim's appearance, for example, only allowing her to wear certain clothes or hair styles.

Socially abusive behaviours are designed to isolate victims and break down their support networks, making it more difficult for the victim to seek help and enabling abusers to gain and maintain control over them.

40 See Toivonen, C., and Backhouse, C. (2018) 'National Risk Assessment Principles for domestic and family violence', *ANROWS Insights*, 07/2018, p.5, https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2018/07/ANROWS_NRAP_National-Risk-Assessment-Principles.1.pdf (accessed 16 September 2021).

41 Australia's National Research Organisation for Women's Safety (2019) *Research Synthesis: Intimate partner sexual violence*, 2nd ed. <https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/IPSV-Research-Synthesis-2ed.pdf> (accessed 28 October 2021).



Systems abuse

Systems abuse describes a pattern of behaviour where perpetrators manipulate and abuse systems (such as the courts, child protection agencies, or welfare providers) in order to threaten, harass, and maintain or reassert control over a victim.⁴² Abusers may make multiple applications and complaints in multiple systems with the intention of interrupting, deferring, prolonging or dismissing judicial and administrative processes, which may result in depleting the victim's financial resources and eroding their emotional wellbeing.⁴³

Stalking/victim surveillance

A diverse range of tactics that abusers use to extend their reach of power and control and deprive victims of privacy, autonomy and a sense of safety.⁴⁴ Such tactics can include physically following the victim or using a GPS to track the victim's location, loitering or breaking into the victim's home or other places they frequent. Abusers may also force the victim to regularly report on their whereabouts to the abuser, or time the victim's activities (such as social outings and shopping trips). Stalking/surveillance also includes acts of technology-facilitated abuse such as persistent text messaging, maintaining surveillance over the victim's phone or email, covertly recording the victim's activities, and engaging with the victim on social media/dating sites under a false identity.

Stalking can occur both during an intimate relationship, or after a relationship has ended.

Trauma-informed

A program, organisation or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatisation.⁴⁵

Victim blaming

Directly or indirectly attributing blame and/or assigning responsibility to the victim for abuse that is perpetrated against them, by the abuser.⁴⁶ This commonly suggests that the victim could have partially or entirely prevented the abuse from occurring had they modified their own behaviour. Victim blaming therefore also diminishes *perpetrator accountability*.

42 Reeves, E. (2018) 'Research Brief: Systems Abuse', *Monash Gender and Family Violence*, Monash University Melbourne, https://arts.monash.edu/__data/assets/pdf_file/0005/1529852/rb-systems-abuse.pdf (accessed 4 February 2022).

43 Douglas, H. et al (2021) *National Domestic and Family Violence Bench Book*, Brisbane: Australian Institute of Judicial Administration, at 3.1.11, <https://dfvbenchbook.aija.org.au/> (accessed 4 February 2022).

44 Douglas, H. et al (2021) (n43), at 3.1.6.

45 Substance Abuse and Mental Health Services Administration (2014), *SAMHSA's concept of trauma and guidance for a trauma informed approach*, p.9. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf (accessed 4 February 2022).

46 Sutherland, G. et al (2016), 'Media representations of violence against women and their children: Final report', *ANROWS Horizons*, <https://www.anrows.org.au/publication/media-representations-of-violence-against-women-and-their-children-final-report/> (accessed 20 June 2022).

Introduction to our work

This chapter provides an overview of the underlying principles which guide the operation of domestic violence death review mechanisms and sets out the background, establishment and function of the NSW Domestic Violence Death Review Team.





What is domestic violence?

Domestic violence is a term used to describe a range of coercive and controlling behaviours that are used intentionally and systematically by a person to gain and maintain power and dominance over another person with whom they share (or have shared) an intimate or family relationship.⁴⁷

Manifestations of domestic violence can include:

- psychological and emotional abuse;
- physical abuse;
- sexual abuse;
- verbal abuse;
- social abuse;
- financial or economic abuse;
- abuse of systems;
- spiritual or cultural abuse; or
- any other forms of behaviour used by the abuser to control and subjugate the victim.⁴⁸

A gendered (but preventable) social harm

It is acknowledged that while men can be victims of domestic violence, the vast majority of domestic violence is perpetrated by men against their female intimate partners.⁴⁹ This has led to an understanding of domestic violence as a gendered harm, with male perpetrators motivated by gendered drivers of violence against women.⁵⁰ These drivers of violence are underpinned by entrenched patriarchal social conditions that ignore, excuse, justify, or even promote violence against women, as well as gender inequality more broadly. While these conditions are complex and entrenched, they are alterable – and therefore domestic violence is seen as a preventable social harm.⁵¹

Despite changing community attitudes regarding the criminality of these behaviours, and decades of policy intervention, domestic violence remains one of the most serious social issues confronting NSW as a state, and Australia as a nation.

Domestic violence is more than intimate partner violence

In NSW, the term ‘domestic violence’ is used broadly in criminal and civil legislation to include abusive behaviours

47 Council of Australian Governments (2019) (n31).

48 For definitions of these terms see *Key Concepts & Definitions*.

49 Australian Bureau of Statistics (2016), *Personal Safety Survey, Australia*, <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2016> (accessed 7 February 2022); Bryant and Cussen (2015), Homicide in Australia: 2010–11 to 2011–12 National Homicide Monitoring Program Annual Report, *Australian Institute of Criminology*; Dobash, R.P. et al (1992), ‘The myth of sexual symmetry in marital violence’ (1992) 39(1) *Social Problems* 71; Grech, K. and Burgess, M. (2011), ‘Trends and patterns in domestic violence assaults: 2001 to 2010’, *NSW Bureau of Crime Statistics and Research*, <https://www.bocsar.nsw.gov.au/Publications/BB/bb61.pdf> (accessed 7 February 2022).

50 Council of Australian Governments (2019) (n31).

51 Our Watch (2021) *Change the Story: A shared framework for the primary prevention of violence against women in Australia* (second edition) <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2021/11/23131846/Change-the-story-Our-Watch-AA.pdf> (accessed 16 March 2022).

not only between intimate partners but also between family members, kin and other close relationships.⁵² Accordingly, this report uses the term ‘domestic violence’ to refer to both domestic violence and family violence.

However, it is noted that other Australian jurisdictions, for example Victoria, have adopted the term ‘family violence’ to encapsulate both intimate partner and relative/kin violence. This approach has been adopted partly in recognition of First Nations communities, where family violence is often the preferred term as it is considered to better reflect the broader issue of violence within extended families, kinship networks and community relationships, as well as intergenerational issues.⁵³

Where appropriate, this report distinguishes between intimate partner violence and other kinds of family violence.

Domestic violence includes violence perpetrated by both heterosexual and LGBTIQ+ intimate partners. It is noted that there is an overlap between the drivers of domestic violence and violence in LGBTIQ+ communities which reflect rigid gender roles, homophobia, heteronormativity and cisnormativity – attitudes, norms and behaviours that value heterosexuality as the ideal sexual orientation, and cisgender as the ideal gender identity.⁵⁴ Moreover, traditional notions of ‘family’ for LGBTIQ+ people may be redefined as the ‘chosen family’ sometimes created in the context of rejection by biological families.⁵⁵

This report also recognises that children living in a household with domestic violence is itself a form of victimisation that can have profoundly negative impacts on children, even where they are not direct victims of the violence and abuse.⁵⁶ The Team acknowledges, however, that children are not passive and helpless victims, and can demonstrate an incredible capacity to cope, maintain a sense of agency, be resilient, and find ways of resisting violence, building a positive sense of who they are.⁵⁷ Children’s experiences of domestic violence are distinct and unique and need to be recognised and responded to in their own right.

For this report, the data analysis and commentary focuses primarily on intimate partner violence homicide and domestic violence context filicide. However, the Team is exploring the opportunity to undertake an in-depth examination of family violence data as part of its future work agenda.

Why review domestic violence homicides?

Research has highlighted that an identifiable history of domestic violence is a feature in a high proportion of homicides. This is particularly true for female homicide victims, the majority of whom are killed by a domestic violence abuser in a context of ongoing coercive control.⁵⁸

Domestic violence-related homicides are considered to exhibit predictable patterns and aetiologies.⁵⁹ When a homicide occurs in a domestic violence context it can be characterised by a history of abusive behaviours that may have been known to service providers, friends and family prior to the homicide. Accordingly, these deaths warrant particular attention and analysis. This has been the impetus for the establishment of domestic violence death review teams worldwide.⁶⁰

52 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 5.

53 Stanley, J. et al (2003) ‘Child abuse and neglect in Indigenous Australian communities’, *NCPC Issues no. 19*, Australian Institute of Family Studies.

54 *Our Watch* (2021) (n51).

55 Rainbow Health Victoria (2020) *Pride in Prevention Evidence Guide*, <https://rainbowhealthaustralia.org.au/news/launch-pride-in-prevention-evidence-guide> (accessed 27 May 2022).

56 Humphreys, C. et al (2020) ‘Safe & Together Addressing ComplexitY for Children (STACY for Children)’ *ANROWS Research report*, https://20oian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/RR.19.01_RR_Humphreys_STACY-for-children.pdf (accessed 27 May 2022).

57 Callaghan and Alexander (2015) (n22).

58 Toivonen and Backhouse (2018) (n40); Alderidge and Browne (2003), ‘Perpetrators of Spousal Homicide: A Review’ 4(3) *Trauma, Violence & Abuse*, pp. 265 – 276, <https://doi.org/10.1177/1524838003004003005> (accessed 27 May 2022); Boxall et al (2022) (n6).

59 Websdale, N. et al (1999) ‘Domestic Violence Fatality Reviews: From a culture of Blame to a culture of safety’ *Juvenile and Family Court Journal* (Spring), p.61; Office of the Chief Coroner for Ontario, *Domestic Violence Death Review Committee 2012 Annual Report*, 2014, available at http://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/PublicationsandReports/DVDR/DVDR.html (accessed 3 March 2022).

60 Dawson, M. (2017) (ed.) *Domestic Homicides and Death Reviews: An International Perspective*, (Palgrave Macmillan, London, 2017).



Domestic violence death review teams are varied in nature but frequently operate as collaborative multi-agency committees which conduct in-depth analyses of domestic violence homicides. Such teams undertake a careful examination of the circumstances surrounding these homicides with a view to providing a better understanding of agencies' roles and constraints in responding to domestic violence, as well as other barriers and limitations (qualitative analysis). Teams can also undertake data collection and analysis with a view to mapping trends and dynamics across domestic violence homicide cases (quantitative analysis).

Examining homicides which occur in a domestic violence context enables review teams to identify where systems could be improved to better respond to domestic violence victims and abusers, but also promotes greater awareness and understanding of the broader dynamics and issues around domestic violence more generally.

The NSW Domestic Violence Death Review Team

Background and establishment

Recognising the long history of death review processes operating in other jurisdictions,⁶¹ from the early 2000s, feminist advocates and other service responders began campaigning for a domestic violence death review process to be established in NSW.⁶²

In December 2008, the NSW Government convened the Domestic Violence Homicide Advisory Panel, which considered the merit, key elements and best practice model of any ongoing review mechanism for NSW. The panel handed down its report in mid-2009, unanimously recommending that a permanent domestic violence death review team be established and identifying its key features and functions.

In July 2010, the *Coroners Amendment (Domestic Violence Death Review Team) Act 2010* (NSW) commenced, amending the *Coroners Act 2009 (NSW)* by inserting Chapter 9A and thereby establishing the Domestic Violence Death Review Team (the Team).

The Team's overarching objective is to examine domestic violence-related deaths so as to reduce the incidence of such deaths and to facilitate improvements in systems and services.⁶³

The Act provides that the functions of the Team are to:

- review and analyse individual closed cases of domestic violence-related deaths;
- establish and maintain a database so as to identify patterns and trends relating to such deaths; and
- develop recommendations from qualitative and quantitative data and undertake research that aims to prevent or reduce the likelihood of such deaths.⁶⁴

Since its establishment there have been a number of amendments to the Team's legislative framework to enhance and fine tune its review function. Some amendments have been in response to recommendations made by the Team⁶⁵ and others as a consequence of the statutory review of Chapter 9A of the *Coroners Act*

61 For example, in the United States and Canada such processes have existed since the 1990s, see David, N. (2007) 'Exploring the Use of Domestic Violence Fatality Review Teams' *Australian Domestic & Family Violence Clearinghouse Issues Paper*.

62 NSW Ombudsman (2006) *Domestic Violence: Improving Police Practice* (NSW Ombudsman, Sydney).

63 *Coroners Act 2009* (NSW) s 101A.

64 *Coroners Act 2009* (NSW) s 101F(1).

65 See, for example, *DVDRT Report 2011-12*, Recommendations 1-3; *DVDRT Report 2013-15*, Recommendation 6; *DVDRT Report 2017-19*, Recommendations 33-34.

2009 (NSW).⁶⁶

As a result of these amendments the Team now has the benefit of additional expertise in its membership including, representation from Corrective Services, Legal Aid NSW, the Commissioner of Victims Rights, an alcohol and drug specialist, a mental health specialist, and a Deputy Chief Magistrate.

Review and Recommendation: Understanding the function of the Team

The functions of the Team closely parallel the function of other investigative bodies and/or persons, including the recommendation function of Coroners, the investigative and reporting function of the Ombudsman, and the function of other death review bodies in Australian states and territories.

The purpose of these reviews is to investigate individual cases or groups of cases to identify issues within systems, including deficiencies in the way systems operate, omissions or oversights, and to consider how systems and approaches may benefit from change.

The domestic violence 'system' in NSW is complex, dynamic and multi-stratum. When a homicide occurs, the Team is afforded a unique opportunity to identify issues that might otherwise be obscured within this complex system. The Team's review process, therefore, acts as a lens into systems and affords a critical analysis of the effectiveness of those systems, where improvements have been made, or where systems and services do not, but should, reach.

Much like Coronial inquests, the operation of death review processes, and particularly the in-depth case review process, is premised on the understanding that the issues arising within single, or small groups of cases can reveal inadequacies within systems and the ways in which systems do, or do not, work. The Teams data collection and analysis then provides a further layer of insights into the trends and dynamics across domestic violence homicide cases, both of which inform the Team's findings and recommendations.

The Team makes recommendations as to legislation, policies, practices and services for implementation by government and non-government organisations which aim to facilitate improvements in systems and services and promote better outcomes for victims more broadly. Recommendations are developed by Team members in consultation with agencies to ensure that the work of the Team is informed by current practice and policies. The complexity of the domestic violence service system is reflected in the broad scope of the Team's recommendation function.

An analysis and reflection of the past decade of recommendations made by the Team has been undertaken for the first time in this report (see *Chapter 7: Recommendation Analysis*).

66 Statutory Review of Chapter 9A of the *Coroners Act 2009* – The Domestic Violence Death Review Team available at [https://www.parliament.nsw.gov.au/la/papers/DBAssets/taledpaper/webAttachments/67991/Report%20on%20the%20review%20of%20Chapter%209A%20of%20the%20Coroners%20Act%20\(Domestic%20Violence.pdf](https://www.parliament.nsw.gov.au/la/papers/DBAssets/taledpaper/webAttachments/67991/Report%20on%20the%20review%20of%20Chapter%209A%20of%20the%20Coroners%20Act%20(Domestic%20Violence.pdf) (accessed 30 October 2019).

Case review summaries

This chapter sets out the ten domestic violence homicides reviewed by the Team for the reporting period 1 July 2019 to 30 June 2021. The names in the case review summaries have been changed to protect the identities of people involved and respect the privacy of surviving family and friends.



WARNING: These case review summaries include information that some readers may find distressing. The details in these summaries are included to assist readers in understanding the complex dynamics of domestic violence and the characteristics of these cases. The Team hopes that these commentaries help readers to understand more about victims' experiences, and that learnings can be derived from these tragic deaths to prevent future loss of life.

Case review methodology

Each case review is prepared by the DVDRT Secretariat and is then subject to in-depth analysis by the Team.

The Secretariat approaches each in-depth qualitative case review through a domestic violence lens and with a victim-focused orientation. This method is adopted to counterbalance dominant narratives of domestic violence perpetrators, who may have successfully concealed their violence and avoided responsibility until the homicide. Post-homicide the perpetrator frequently continues to dominate the narrative through court processes and the media, with the victim's experiences often rendered invisible.

With much of the violence obscured from service providers, responders and social networks, it is only through a holistic examination of patterns of behaviour over the life course of the victim and perpetrator that the complex dynamics of domestic violence become apparent. The Secretariat endeavours to uncover these patterns to ensure the victim's experience of violence is represented in the case reviews in its most complete and contextual form, while also acknowledging that the true extent of violence may never be known. This work also seeks to highlight that victims may conceal or minimise the violence they experience in an effort to increase their safety and maintain maximum control of their circumstances.

The in-depth reviews are prepared following a comprehensive examination and analysis of all available case material, including:

- police reports to the Coroner;
- the brief of evidence (prosecutorial or coronial) including witness statements;
- post mortem and toxicology reports;
- remarks on sentence;
- coronial findings;
- media reports; and
- any additional information called for by the Team such as: health, child protection, education, corrective services, housing, specialist domestic violence or other service provider records.⁶⁷

The Secretariat then prepares a case review report which sets out, in as much detail as possible, information including:

- *deceased/homicide offender profiles* – including demographic information (such as age, sex, ethnicity, family history, education, relationship status, housing status, employment history, and criminal history);
- *chronology of events* – including any relevant events, both proximal and distal, to the death;
- *domestic violence 'status' of the deceased/homicide offender* – i.e. whether they were the predominant domestic violence victim or abuser in the relationship;
- *relationship history* – including the nature, duration and history of the relationship between the homicide victim and perpetrator, and any former intimate relationships;
- *details of the death*;
- *criminal justice outcome*; and

⁶⁷ Coroners Act 2009 (NSW) s 101L.



- *service contact and response history* – including the availability and effectiveness of any services and systems, and any failures that may have contributed to, or failed to prevent, the death.

In preparing the case review, the Secretariat also articulates relevant issues for discussion, and any reoccurring themes that are apparent across the Team’s body of work.

Each case review report is then examined by the Team in a series of workshops to discuss the issues and themes arising from the case, highlight areas where policy or law has shifted, and develop areas for recommendation.

Intimate partner violence homicide

Case Review 3959

This case involved the shooting murder of Rose by her former de facto husband Henry. They were both aged in their 70s. Henry killed Rose on her property in regional NSW and then died by suicide.

Rose loved animals of all kinds and dedicated her life to caring for them. Earlier in her life she ran a successful horse-riding school and later purchased a more rural property where she looked after her beloved dogs, cats, horses, pigs, chickens, and birds. Despite living some distance from her immediate family, she maintained close and loving relationships with her two daughters and grandchildren.

As a younger woman, Rose experienced domestic violence from previous partners but never disclosed these experiences to police. When she attempted to divorce her first husband in the 1960s, the Court initially refused her request and directed her to ‘work on her marriage.’ Family and friends suspected Rose was experiencing violence because she often had unexplained injuries, however they did not ask her about her experiences or report the violence to police.

Henry had a history of domestic violence perpetration against his former partners and his children, but none of his abuse was reported to police or other services. There were police reports relating to Henry’s ongoing neighbour disputes and witnesses reported that he was widely disliked in the local community.

Over the course of their 30-year relationship Henry used coercive control to assert dominance over Rose, which included a range of psychological, verbal, physical, social, economic, and sexual abuse. Henry exploited Rose’s love for animals and killed and tortured a number of her pets. He forced Rose to sell her house and buy a new property in their joint names, although he did not contribute to the mortgage or any household expenses. He criticised her driving to the point where she lost confidence in her own ability and had to rely on him for all transport to and from their geographically isolated property. On one occasion, Henry forced Rose out of the car while they were on a road trip holiday and left her on the side of the road to hitchhike hundreds of kilometres back home.

Family and friends were somewhat aware of Henry’s abusive behaviour towards Rose and tried to encourage her to contact police. Friends found it difficult to find opportunities to speak with Rose privately because Henry was always hovering nearby. Henry constantly monitored Rose and did not let her attend her medical appointments by herself. Rose formed a close relationship with her hairdresser as this was one of the few places that she was not under Henry’s constant surveillance. Overtime she opened up to her hairdresser about the severity of the violence she was experiencing, including to disclose her experiences of sexual abuse.

Three months prior to the homicide, Rose was speaking on the phone with her daughter when Henry physically attacked her. During the assault Henry punched Rose in the face multiple times and threatened her with a hammer. Rose’s daughter contacted police who took almost an hour to arrive due to the relatively remote location of the property. When police arrived, they found four unregistered firearms. Henry was charged with

assault, stalking/intimidation and a range of firearms offences but was granted bail. Rose was treated in hospital for her injuries and was referred to a NGO for support.

Police applied for an ADVO protecting Rose and this was in place when she was killed. The ADVO precluded Henry from living at their property and, at the time of the homicide, he was staying in premises about 100km away.

Rose continued to live at the property because she needed to take care of her animals and was concerned that Henry would harm them if they remained on the property without her.

Henry breached the ADVO multiple times and two weeks prior to the homicide, after encouragement from her NGO caseworker, Rose reported these breaches to police. Henry was charged with breach offences and was again granted bail despite Rose's concerns that he would kill her. Henry continued to breach both the ADVO and his bail conditions however Rose did not report further breaches to police as she thought it would 'make him even angrier.'

On the night of the homicide, Henry forced his way into Rose's house armed with an unregistered and unlicensed firearm. Rose called 000 and tried to escape but was pursued by Henry who shot and killed her in a paddock near the house. Henry subsequently killed himself.

Case Review 3947

Kelly was strangled by her former de facto husband, Tim, at her home in metropolitan NSW. She suffered an irreversible brain injury and died in hospital the following day. After he was charged with Kelly's murder, Tim died by suicide in custody. They were both aged in their 30s.

Kelly worked in the beauty industry and was known to her family and friends as a kind and charitable person. After making the difficult decision to switch off Kelly's life support, her family donated her organs and the local community organised a fundraiser for the couple's surviving son, Riley.

As a child, Tim experienced domestic violence perpetrated by his father against his mother. He came to the attention of police as a teenager and was convicted of assault and stealing offences. He worked in the building and construction industry up until the homicide. It appears Tim had connections to the Aboriginal community but did not identify as Aboriginal to police or corrective services.

Tim used coercive control against at least one prior partner (including both physical and non-physical abuse) and was also violent and intimidating towards other adult family members. Tim had a criminal record for domestic violence offending however the majority of his abusive behaviour had never been reported to police.

Tim and Kelly were in an on-off relationship for about five years and Tim used non-physical abuse tactics to coercively control Kelly throughout their relationship. He forced Kelly to sync her phone to his account so that he could read her text messages. He made derogatory comments about her appearance and destroyed her personal property. Tim made it extremely difficult for Kelly to maintain relationships with her friends and family and the only time Kelly could speak with her mother was in the car on her way to work. On one occasion when Kelly arrived at Tim's house an hour later than expected, he refused to let her in, and she was forced to drive over 100kms back to her house.

Tim had a history of engaging in drugs and alcohol use, including crystal methamphetamine. Tim was abusive when he was using drugs and when he was sober however when Kelly reported Tim's abusive behaviour to police, she disclosed that his violent and controlling behaviour escalated when he was using drugs.

Kelly separated from Tim when she was six months pregnant with their son, Riley. She disclosed the violence she was experiencing to the midwives during her prenatal care however this information was not responded



to adequately by psychosocial workers during her hospitalisation for the birth. Kelly and newborn Riley were discharged home without any specialist postnatal support or referral to domestic violence services. There was also no record of the Mandatory Reporting Guide being completed or contact with child protection services.

Tim's abusive behaviour and drug use began to escalate immediately following Riley's birth. He started arriving uninvited to Kelly's house late at night under the pretence of helping with the baby. Kelly was frightened that if she didn't go along with Tim's requests, he would become violent towards her or take the baby.

Kelly attended a police station to report Tim's abusive behaviour and expressed her fear that he was going to assault her and take their son. She requested an ADVO but was (incorrectly) advised by the Domestic Violence Officer that there were insufficient grounds for an ADVO. Two days later Kelly attended a different police station to report that Tim's intimidating behaviour was escalating and again expressed her fears. She showed police derogatory text messages she had received from Tim and described explicit threats he had made about taking their child. Despite this evidence, Kelly was again (incorrectly) advised that there were insufficient grounds for an ADVO or charges. The police officer who dealt with Kelly's complaint was later found to have falsified records to downplay the seriousness of Kelly's concerns. Following these two engagements Kelly stopped seeking help from police.

Six months prior to the homicide, Tim was convicted of a domestic violence assault against his former partner (not Kelly) and received a 7-month Intensive Correction Order with supervision by Community Corrections. This was in place at the time of the homicide. During the period of the Order Tim did not comply with the direction to participate in a domestic violence intervention program, nor was he adequately supervised in relation to his drug use. Tim told his Community Corrections supervisor that his mental health was deteriorating but he did not receive a timely response to this disclosure.

While under Community Corrections supervision, Tim was regularly visiting Riley at Kelly's house. During one of these visits, he strangled Kelly who later died in hospital as a result of her injuries. Riley was present during the fatal assault on his mother. After Tim was taken into custody and charged with Kelly's murder, he died by suicide.

Kelly and Tim were survived by their son Riley and Tim's three children from his previous relationship.

Both Corrective Services and the NSW Police Force (overseen by the Law Enforcement Conduct Commission) undertook internal investigations into their responses to this case and found them to be inadequate. These investigations resulted in Corrective Services making changes to their policies and procedures. The police officer who falsified records was subject to disciplinary actions however no systemic issues were identified in relation to the police response Kelly received.

The Coronial Inquest into Kelly's death made passing reference to the couple experiencing 'relationship difficulties' but did not accurately reflect the history of domestic violence perpetrated by Tim against Kelly. No recommendations were made as a result of this inquest.

Case Review 3810

This case review involved the murder of Kera, aged in her 30s, by her former de facto husband, Joseph, aged in his 40s, at his home in metropolitan NSW. After the murder, Joseph died by suicide. The couple's only daughter, Francie, aged under five years, was present during the fatal episode but was physically unharmed.

Both Kera and Joseph had migrated to Australia separately around 2009. They were each born in different countries and met in Australia.

Kera was intellectually gifted and after finishing high school undertook tertiary studies in science. Before migrating to Australia, she married a man who perpetrated physical and sexual abuse against her. She migrated to Australia on a partner visa sponsored by her abusive husband.

Joseph was employed as a courier and regularly consumed kava, a controlled depressive substance. He had two children with a former partner who denied any history of domestic violence when interviewed by police following the homicide.

After arriving in Australia, Kera met Joseph at work and the two commenced an intimate relationship. Joseph encouraged Kera to leave her abusive husband and he assisted her in applying for a temporary protection visa. Kera and Joseph lived together for six years however for much of that time they were living 'separately under one roof'.

There was evidence that Joseph was controlling towards Kera throughout their relationship, socially isolating her from her family and culture. Joseph would monitor Kera's movements by checking her phone. When she became pregnant with their daughter Francie, Joseph tried to force Kera to terminate the pregnancy against her wishes (an example of reproductive coercion). After Francie was born, they began living 'separated under one roof' and Joseph did not assist Kera with any domestic duties or caring for Francie. Joseph's coercive control continued, and he would use threats of suicide to continue to prevent Kera from socialising with her family or friends. There was no evidence that Joseph used physical violence against Kera prior to the homicide.

After several years of living 'separated under one roof', Kera started a relationship with another man. About five weeks prior to the homicide Kera told Joseph she was moving out and he threatened to suicide. The next day, Kera went to the police station to report Joseph's abusive behaviour however the station was too busy, so she left. She returned to the station the following day and made a police report. Police records indicated that they did not apply for an ADVO because Kera was concerned about how Joseph would react and that it may result in him losing his employment. When police spoke with Joseph, he denied the offending behaviour and there was no further action.

After making the report to police Kera and Francie moved in with family friends and she began looking for rental accommodation. Joseph's coercive control continued, and he texted Kera on a daily basis to try and get her to return to the home. Kera refused to reconcile with Joseph, and he learned that she was in a new relationship. Shortly after, he fatally strangled Kera at his home during a parental visit with Francie. Joseph's suicide note indicated that he had also intended to murder Francie but changed his mind.

Following the homicide-suicide Francie was taken into the care of the Minister and permanently placed with one of Joseph's relatives.

Case Review 4065

This case involved the stabbing murder of Ishaani by her former boyfriend, Viraj, at a hotel in metropolitan NSW. They were both aged in their 30s and Viraj died by suicide after being questioned by police in response to the missing person's report filed by Ishaani's family.

Ishaani grew up in a loving and supportive family who migrated to Australia when she was a child. Ishaani completed tertiary qualifications and worked as a healthcare professional.

Viraj also completed tertiary qualifications in healthcare and had migrated to Australia as an adult, a few years prior to the homicide. There were anecdotal reports that Viraj had undiagnosed mental health issues and that he had experienced childhood trauma.

Ishaani and Viraj were in a relationship for approximately five years which had ended about eight months prior to the homicide. Ishaani's family described Viraj as controlling and manipulative towards Ishaani both during the relationship and after it had ended. He used coercive control, which included non-physical tactics of psychological, verbal and social abuse. He was described as 'very possessive' and used threats of suicide to prevent Ishaani from leaving the relationship. There was no police recorded history of domestic violence and no disclosures of any physical violence.



Ishaani tried to end the relationship a number of times however Vraj would manipulate her back into the relationship. When Ishaani reconciled with Viraj she became isolated from her support networks because her friends and family did not like Viraj and did not approve of the relationship. As a result, Ishaani kept their reconciliations a secret from them.

Eight months prior to the homicide Ishaani had again ended the relationship with Viraj and planned to move interstate with her new partner. During this period friends described Ishaani as relaxed and happy. By contrast Viraj was described as becoming increasingly stressed and despondent.

The day before the homicide, Viraj encountered Ishaani at a work conference. They went to a restaurant for dinner that evening after which they went back to the hotel where Viraj was staying. The following morning Viraj fatally assaulted Ishaani in his hotel room when she would not agree to his demands to reconcile. Viraj then cleaned the hotel room and concealed evidence of the murder before returning to his home in regional NSW.

Ishaani's family reported her missing to police that day. Viraj was questioned by police about Ishaani's disappearance, and he denied any knowledge of her whereabouts. After leaving the police station Viraj died by suicide.

Case Review 4131

This case involved the murder of Sue, aged in her 50s, by her estranged husband, Craig, aged in his 60s, on a camping trip in regional Victoria. Craig suicided a few days later.

Sue was described by her friends as a vibrant person who was always helping others. She was caring and generous to her three children and ten grandchildren.

Craig used coercive control against Sue throughout their 30+ year marriage and his abuse continued after the relationship had ended. Early on in the relationship he perpetrated severe physical violence against Sue including non-fatal strangulation, sexual abuse and inflicted physical injuries that required reconstructive surgery. After two decades, the severity and frequency of Craig's physical violence decreased, while his non-physical abuse tactics escalated. Craig subjected Sue to a wide-range of psychological abuse and gaslighting; financial abuse; social abuse; technology-facilitated stalking; spiritual abuse; and systems abuse. He threatened to kill her and other family members including their own children.

Despite this calculated and comprehensive suite of both physical and non-physical abuse tactics, Sue was resilient and strategic in her resistance. She managed to keep her elderly and vulnerable mother safe while living with Craig and maintained a close and supportive network of friends. She kept diaries as a tangible record of her version of events to counter the constant confusion and false reality created by Craig's psychological abuse and gaslighting. Later in life, Sue began studying counselling to gain insight into her own experiences of violence and Craig's abusive behaviour.

Over the years Sue made several attempts to leave the relationship and sought protection via ADVOs, however Craig's knowledge of the criminal justice system (as an ex-police officer) thwarted these attempts. Craig made counter allegations to police against Sue and in doing so was able to manipulate her into withdrawing ADVO applications. Ultimately Sue disengaged with the legal system. She began to seek help and support via other means and disclosed her experiences of violence to her family, friends, church community and GP.

Two months prior to the homicide Sue's GP contacted police after she disclosed an episode of non-fatal strangulation. Police applied for an ADVO protecting Sue and charged Craig with intimidation and assault offences however he denied the offending behaviour and the charges were withdrawn. In a clear demonstration of systems abuse, Craig applied for a cross-ADVO against Sue. Final orders were made (by agreement) protecting Sue from Craig, and Craig from Sue - despite there being no evidence that she had ever been abusive towards Craig.

Following this police engagement Sue was referred to a specialist domestic violence service provider (through the Women's Domestic Violence Court Advocacy Service) who assessed her as 'at serious threat' and referred her to a Safety Action Meeting. However, Sue's threat level was downgraded prior to the meeting because she was engaged with services, an ADVO was in place for Sue and Craig was thought to be living in a town hundreds of kilometres away.

During this period Sue was also referred to a Domestic Violence Duty Solicitor and received legal advice regarding property settlement (as well as the cross-ADVO). It appears that the solicitor may have advised Sue to immediately recover her possessions from their jointly owned property where Craig was living. Sue asked her friends and family members to recover the property on her behalf however they were reluctant to assist because they were afraid of Craig.

Over the next six weeks Craig breached the non-contact provisions of the ADVO many times while attempting to coerce Sue into reuniting with him. He constantly texted, called and emailed her to coax her into travelling to see him at their jointly owned property. She also wanted to recover her belongings before he destroyed them - as he had in the past with many of her other precious possessions. Sue eventually agreed to travel to the property but did not tell her friends or family where she was going because she felt a sense of shame and guilt for visiting Craig. Sue was killed by Craig during this trip.

Before she was killed, Sue disclosed to a number of friends and service providers that Craig had threatened to murder her and said he would make it look like suicide. It is suspected that Craig strangled Sue during the camping trip and buried her somewhere in the surrounding bushland. It is thought that Craig initially intended on misleading police, but upon his realisation that the murder would be discovered, died by suicide. Sue's body has never been found.

Case Review 3821

This case involved the shooting homicide of Michelle, aged in her early 50s, by her husband, Peter, who was aged in his late 60s. Shortly after Peter killed Michelle at their home in regional NSW, he died by suicide.

Michelle loved the dramatic arts and was an avid theatre goer. After many years undertaking home duties for her family, she completed a tertiary training course to work in the aged care industry.

Michelle and Peter had been in a relationship for almost 30 years, having married when Michelle was in her early 20s and Peter was almost 40. Although there was evidence that both Peter and Michelle perpetrated abuse against each other throughout the course of their relationship, in the period leading up to the homicide Peter's coercive control began to escalate.

There was no police recorded history of domestic violence by either Peter or Michelle.

In the months prior to her murder, Michelle indicated that she wanted to separate from Peter. Peter did not want the relationship to end and told their adult children that Michelle had an undiagnosed mental health issue which was causing her to behave strangely.

Peter had rigid ideas about gender roles and how the family home should be run. He would complain about Michelle not doing all the housework, grocery shopping and cooking. This was during a period where Peter was retired while Michelle continued to work.



About a month before she was killed, Michelle began an intimate relationship with another man. Peter suspected that Michelle was seeing someone else, and friends and family described him as becoming increasingly anxious and erratic. Peter convinced the children to assist him in stalking Michelle and with their help installed a tracking device on Michelle's car to monitor her movements. Peter also contacted Michelle's GP to request access to her medical file, however the GP refused. Peter also contacted a number of mental health services under the guise of seeking help for Michelle.

Peter attended a solicitor to seek legal advice about the financial implications of separation and took steps towards removing Michelle as a beneficiary of his superannuation.

A few days prior to the homicide, Peter made a number of comments about killing Michelle and himself to close family members. He held a current firearms license and owned a number of guns and his children queried whether they should confiscate the keys to Peter's gun safe. Peter reassured them, however, that he was fine. Shortly afterwards, Peter used one of his registered firearms to kill Michelle and then himself.

Initially the coronial inquest was incorrectly dispensed with, however when the Team identified the error, the case was re-opened for mandatory inquest. Peter's use of coercive control against Michelle was not identified or examined as domestic violence at inquest.

Domestic violence familicide⁶⁸

Case Review 3820

This case involved the familicide of Ana and her two children, Camila and Diego, by their husband (and father) Carlos in their home in metropolitan NSW. Ana and Carlos were both aged in their 40s, and their two children were in primary school.

Ana and Carlos were both born overseas, commenced a relationship as teenagers, and migrated to Australia after they married. In Australia, their children Camila and Diego were both born with disabilities. Ana, who was a tertiary-educated professional, stopped working in order to care for their children full-time. She developed strong networks through the children's school and disability support groups. Ana obtained a qualification to work as a teachers' aide for students with learning differences and was looking forward to commencing work in this capacity when the children went to high school.

Witnesses described Carlos as controlling and narcissistic. He was not actively involved in the day-to-day lives of his children and refused to change or accommodate his priorities for them. He severely limited Ana's access to money, and she told friends that she couldn't wait to return to work to earn her own wage. Carlos was often absent for extended periods of time for work. During these absences he had sexual relationships with other women. There was no evidence of physical violence by Carlos against Ana or the children.

Two years prior to the murders, Ana and Carlos stopped sleeping in the same room and were effectively living 'separated under one roof'. Two weeks before the homicides, Ana told Carlos to move out of their house and he immediately began preparations for the murder. He ordered carbon monoxide cylinders online and built an apparatus to pipe gas from the cylinders into the bedrooms of the family home. He also transferred a large sum of money overseas to a teenage woman he was having an intimate relationship with.

Carlos used carbon monoxide gas to kill Ana and the children while they slept. Carlos was found deceased in the hallway of the house. The officer in charge of the investigation was of the view that Carlos did not intend to take his own life and was accidentally overcome by the gas as he was preparing to leave the home, however when the issue was considered at Inquest it was ultimately found that Carlos intentionally killed himself.

68 Familicide refers to the killing of a current or former intimate partner, and one or more children by a parent (including non-biological or stepparent).

Domestic violence filicide⁶⁹

Case Review 3978

This case concerned the homicide of two school-aged children at the home where they lived with their mother in metropolitan NSW. The children's father, Thomas, shot them multiple times using a registered firearm, before returning to his premises and dying by suicide.

Thomas had a long history of domestic violence against his intimate partners and children which appeared to involve mainly non-physical coercive control. Throughout his life Thomas formed relationships with young, frequently vulnerable, female partners (including women that were vulnerable due to their experiences of trauma, or socially isolated recent immigrants). Once in a relationship Thomas would further isolate his partners, preventing them from speaking to their families or engaging with friends. Thomas' partners often became pregnant within a short period of the relationship commencing, and when the babies were born, Thomas required those partners to call their children either after him or required them to give them names starting with the letter 'T'.

Thomas would control where his partners could go and what they could do. He forced them to behave in particular ways for him and controlled their appearance. He prevented some of his partners from cutting their hair and required them to wear short dresses, high heels and make up. One of Thomas' partners described that he wanted it to be 'just the two of them' all the time. Thomas would also control the finances, including to take his partners' salary and then giving them only a small fraction of their earnings.

When his relationships ended Thomas would stalk and intimidate his partners, often turning up at locations he knew they frequented, telling them that he knew where they were living and that they would never be able to escape him. He also had a history of hiring private investigators to facilitate stalking and surveillance of his former partners and children.

Although some of Thomas' partners reported his abuse to police, including physical abuse, Thomas was never convicted of any domestic violence offences, and had only been subject to a final ADVO on one occasion. This was partly due to multiple failures on behalf of police to adequately respond to victims' disclosures of violence, combined with the strategic ways Thomas would evade criminal responsibility. For example, he often made false reports to police and child protection services against his former partners as a form of systems abuse. This negatively impacted subsequent responses to the women's disclosures of abuse and acted to undermine their confidence in the service system so that they would be less likely to report his abusive behaviour in the future.

In a number of relationships Thomas also commenced family law proceedings and used access to children as a way to manipulate and maintain control over his former partners. In the period leading up to the homicide of his two children, family law proceedings relating to property and parenting of the child victims were finalised.

During this period, Thomas was able to procure a registered firearm, which he used to kill the two children and then himself. Within 6 months of the murders, the children's mother died by suicide.

The Inquest found numerous failures in the domestic violence service system, particularly concerning the police response and family law proceedings which were subject to recommendations. The Coroner also made a number of recommendations around firearm regulation control.

⁶⁹ Filicide refers to the killing of one or more children by a parent/s (including non-biological or stepparent/s).



Case Review 3615

This case involved the homicide of a newborn child, Lily, by her father, Jordan, aged in his 20s, at their family home in metropolitan NSW.

Jordan experienced childhood trauma as a result of domestic violence perpetrated by his father against both him and his mother. His family lived transiently across state borders, and he did not complete primary school. He had a significant criminal record for violence, property theft and drug related offences for which he had served several years in prison.

Jordan commenced a relationship with Fiona two years prior to the homicide. In this time, they had two children together and were also caring for two children from Fiona's prior relationship.

Fiona had experienced severe domestic violence from her former partner, with one physical assault causing a miscarriage. She had reported some of her former partner's abuse to police, but this did not result in any charges.

Jordan was controlling and physically violent towards Fiona and the four children. Some of these episodes were witnessed by bystanders and reported to police and Jordan had been convicted of a domestic violence assault on Fiona. An ADVO protecting Fiona and three of her children from Jordan had expired five days before the homicide. Lily was not listed under the ADVO as she was born after the final orders were made.

Jordan regularly engaged in substance use including cannabis, crystal methamphetamine and alcohol. He perpetrated violence and abuse both when he was intoxicated and when he was sober, although Fiona gave evidence that the severity of his violence escalated when he was using crystal methamphetamine.

In the 12 months leading up to Lily's death, the family had contact with a number of agencies including child protection services, health, education, police and a non-government family service provider.

A number of reports to child protection about domestic violence and child abuse were closed due to competing priorities. Eventually the family was allocated to a child protection caseworker, however there was a lack of meaningful engagement with the family and a lack of understanding around intergenerational abuse and neglect, which led to inadequate risk assessment and safety planning.

When Fiona became pregnant with Lily, child protection did not undertake a re-assessment of risk or trigger a High-Risk Birth Alert. Lily was born prematurely and was discharged into the care of her parents after a two-week hospital admission. Safety concerns were raised by health staff at the hospital, but child protection services permitted Lily's discharge into the care of her parents.

Post-discharge Jordan assaulted Lily on multiple occasions which resulted in the fracturing of her skull and brain injuries which ultimately caused her death.

Jordan initially claimed that one of the other children had hit Lily and later said that he had accidentally dropped her, however the autopsy report found that the infant's injuries were not consistent with these descriptions. At trial Jordan was found not guilty of murder and the jury were unable to reach a verdict in relation to manslaughter. He subsequently pleaded guilty to manslaughter.

After the homicide, Child Protection undertook an internal investigation into their responses and found them to be inadequate. As a result, they made several changes to their policies and practice in terms of risk assessment and supervision of case workers.

Case Review 3813

This case concerned the homicide of Zara, aged under 5 years, who was drowned by her mother, Adele, at their home in metropolitan NSW.

It appears that Adele was a long-term victim of sexual abuse and violence from both her father Khalil, and her former partner, Damien (Zara's father). As a consequence of this abuse, she experienced a decline in her mental health and was formally diagnosed with depression, schizophrenia, anxiety, obsessive-compulsive disorder and post-partum psychosis.

Khalil's alleged sexual abuse of Adele was reported to police on multiple occasions, with no criminal justice outcome. When Adele was a teenager and living with her father, his former partner reported to police that she had witnessed multiple instances of sexual abuse by Khalil against Adele. The investigation was closed without anyone speaking to Khalil or Adele due to 'competing work priorities.' When Adele was admitted to an in-patient mental health facility as an adult, allegations of sexual abuse by Khalil were again reported to police by her treating providers. Police attended the health facility, but Adele was unable to be interviewed due to concerns around her mental health. The investigation was subsequently closed without further action.

Adele experienced intimate partner violence from her former de facto partner, Damien, and disclosed to friends and family that he had attempted to kill her. Adele became pregnant early on in their relationship, with Damien continuing to inflict serious physical violence against her throughout the pregnancy. Some of Damien's violence towards Adele was reported to police, however this did not result in any criminal charges.

Damien was also violent towards their children and Adele witnessed him shaking and choking their babies. Adele and Damien's children were temporarily removed by child protection services after reports of Damien's domestic violence against Adele and the children, as well as concerns around Adele's mental health.

After Adele's children were removed, she experienced a further decline in mental health, suicidality and periods of homelessness. Adele and Damien continued in an on-off relationship until the homicide. Adele was in frequent contact with mental healthcare providers, and child protection services.

Adele experienced housing instability for many years due to her mental health issues. This meant that she was forced to live with her abusive father, Khalil, for extended periods of her adult life. A year before the homicide, after five years of attempted applications through the priority housing register, Adele secured a social housing residence.

A year before the homicide Adele commenced a new relationship with a man who moved in to live with her and Zara. During this time, Adele's mental health significantly deteriorated, and she stopped sleeping and taking her antipsychotic medication. Adele believed that her house was haunted by poltergeists and her new partner appeared to encourage these delusions by confirming that he had also seen ghosts in the house. Adele became fixated on Zara being possessed by the devil and began restricting the toddler's food intake.

The day before the homicide Adele's GP referred her to an acute mental health team for assessment however there was an issue with the referral, and it was not received by the hospital. Child protection services were not notified about the decline in Adele's mental health. The next day Adele drowned Zara in the bath. It appears that she had stopped feeding Zara (and herself) for several days prior to the homicide.

Adele was charged with Zara's murder and at trial was found not guilty by reason of mental illness. An Inquest into Zara's death was undertaken which made a number of recommendations focusing on Adele's mental health supports and child protection interventions proximal to the homicide.

Intimate partner violence homicide in NSW, 2000-2018

This chapter presents the most detailed examination of IPV homicide data the Team has produced to-date, providing an in-depth analysis of the 252 closed IPV homicides that occurred in NSW between 1 July 2000 and 30 June 2018, and contextualizing the findings with the extant literature.



Key findings

All Intimate Partner Homicides

- The vast majority (86.3%) of intimate partner homicides in NSW occur following an identifiable history of domestic violence.

Intimate Partner Violence Homicides

Gender

- Nearly 80% of all intimate partner violence (IPV) homicide victims were women.
- The vast majority of men who killed their female intimate partner were the *predominant domestic violence abuser* in the relationship (98.5%).
- The vast majority of women who killed their male intimate partner were the *predominant domestic violence victim* in the relationship (91.3%).
- There were no cases where a woman was identified as the predominant domestic violence abuser in the relationship.

Male predominant abuser behaviours and histories of violence

- Emotional/psychological violence was evident in almost all cases (96.7%).
- In more than a quarter of cases there was no identifiable history of physical violence prior to the fatal assault (27.3%).
- Almost 60% of male abusers were known to have perpetrated violence against at least one prior partner, as well as the victim (58.1%).
- In 22.9% of cases there was a current enforceable ADVO at the time of the homicide.
- In 46.9% of cases there was no police contact prior to the homicide.

Homicide offender and victim characteristics

- Aboriginal and Torres Strait Islander peoples continue to be significantly overrepresented in intimate partner homicides:
 - 15.5% of female and 34.8% of male IPV homicide *victims*.
 - 28.3% of female and 11.2% of male IPV homicide *offenders*.
- Intimate partner homicide victims were most commonly living in areas with the lowest socio-economic status.
- One third of male homicide offenders engaged in alcohol (39.8%) or drug use (33%).
- More than half of male homicide offenders had a confirmed or suspected background of mental health issues (up to 51.9%).
- Over 40% of male homicide offenders had experienced significant trauma and/or adversity in their childhood (41.7%).

Relationship characteristics

- Separation was a factor in two-thirds of IPV homicides involving a male offender killing a female intimate partner (66.5%).
- From the 252 IPV homicides in the dataset there were at least 267 child survivors.



Introduction

Intimate partner violence describes a spectrum of behaviours whereby a person intentionally and systematically uses violence and abuse to gain and maintain power over another person with whom they share (or have shared) an intimate relationship. At the heart of this definition is the abuser's use of coercive control to assert and maintain power and dominance over the victim.

Research has demonstrated that the vast majority of intimate partner violence is perpetrated by men against women.⁷⁰ This has led to an understanding that domestic violence is a gendered harm. Research into intimate partner violence homicide (IPV homicide) plays a vital role in better understanding the gendered nature of intimate partner violence more broadly and, accordingly, the Team has continued to expand its focused intimate partner dataset. This dataset now spans almost two decades of IPV homicides, more than double the number of cases analysed in the Team's previous report.

This chapter provides in-depth data analysis of the 252 closed IPV homicides that occurred in NSW between 1 July 2000 and 30 June 2018. The data is drawn from a rich repository of primary source material that offers detailed information about the life course and relationship histories of homicide offenders and victims, as well as the nature of the domestic violence they used or experienced. It presents data findings relating to a range of factors, including: IPV homicide characteristics, the nature of coercive control used by abusers, ADVOs, criminal history, separation or intention to separate, service contact, family law proceedings and reported and anecdotal issues around mental health and drug and alcohol use.

Importantly, some of the data is framed in terms of the predominant domestic violence abuser/victim relationship (rather than only focusing on the homicide offender/victim). This enables a more accurate framing of the gendered patterns of these behaviours, highlighting that most men who killed an intimate partner, and most men who were killed by an intimate partner, were the predominant domestic violence abuser in the relationship.

Methodology

Case identification

The data outlined in this chapter was captured through a retrospective population-based case analysis with a view to determining overall trends and patterns in relation to homicides perpetrated in the context of intimate partner violence. This required the creation and continual expansion of the Team's 'real time' IPV Homicide Dataset.

To develop this dataset the DVDRT Secretariat identifies and examines every homicide that occurs in NSW, capturing detailed demographic information and case characteristics for each death.

Each case in the total homicide dataset is then examined to determine the relationship between the homicide offender and the deceased person, and whether the death occurred in the context of intimate partner violence.

Inclusion criteria

For this analysis, IPV homicides are those in which a person is killed:

- **by their current or former intimate partner** – the homicide offender and the deceased person were in an intimate heterosexual or LGBTIQ+, current or former relationship;

⁷⁰ Australian Bureau of Statistics (2006), *Personal Safety Survey Australia 2005*, ABS cat. No 4906.9, Canberra; Chan and Payne (2013) *Homicide in Australia: 2008-09 to 2009-10 National Homicide Monitoring Program Annual Report*, (Australian Institute of Criminology, Canberra); Dobash et al (n49); Grech and Burgess (2011) (n49).

- **in a context of domestic violence** – there was evidence (reported or anecdotal) of a history of domestic violence⁷¹ between the homicide offender and the deceased person;
- **within the data reporting period** – 1 July 2000 and 30 June 2018; and
- **the deceased person was ordinarily a resident in NSW** – the deceased person permanently resided in NSW, notwithstanding that they may have been killed in another state or territory.

Data sources

The DVDRT Secretariat has access to a range of data sources that provide detailed information about the life course and relationship histories of IPV homicide offenders and victims and the nature of domestic violence behaviours evident in the relationship. Source material used to populate the database includes coronial files, prosecution and sentencing briefs of evidence, police records, and records held by government and non-government organisations.

Data collection and coding

Data variables captured include:

- Socio-demographic characteristics of the homicide offender and victim, including: gender, age, country of birth, visa status, Aboriginal and/or Torres Strait Islander status, disability, place of residence in NSW, socioeconomic status, employment, education, mental health background, alcohol and/or other drug use, pregnancy, and childhood trauma histories.
- Characteristics of the relationship and histories of violence, including: predominant domestic violence abuser/victim classification, the nature of the abusive behaviours, police recorded histories of domestic violence and convictions, ADVOs, prior intimate relationships and histories of domestic violence victimisation or perpetration, separation or intention to separate, family law proceedings, relationship length, age disparity, and children.
- Details of the homicide event, including location, mechanism of fatal assault and outcomes of criminal or coronial proceedings.

The complete dataset was analysed using univariate and bivariate descriptive statistics.

For some variables, data was disaggregated by the gender of the homicide offender and victim to distinguish between cases where a male IPV homicide offender killed a female partner, those where a male offender killed a male partner, and those where a female homicide offender killed a male partner.

For the remaining variables, data was disaggregated by the predominant domestic violence abuser and victim. The predominant abuser refers to the partner who is the main user of coercive control towards the other person, and the predominant victim is the partner who has experienced the greatest harm from this behaviour.⁷²

⁷¹ See definition of domestic violence in *Chapter 1: Introduction to our work*.

⁷² No to Violence (2019) (n38).



Limitations

The datasets in this report draw on the expertise of the Team and the diverse range of primary source materials that the Team has access to. The combined expertise and diversity of primary source material offers a unique opportunity to undertake in-depth analysis of the domestic violence characteristics preceding an IPV homicide, setting the findings in this chapter apart from many other studies exploring homicide.

There are, however, a number of limitations that may impact the accuracy of the data presented in this chapter.

Identifying histories of violence

As described in the case inclusion criteria above, the data presented in this chapter focuses on IPV homicides, that is, homicides between intimate partners which were preceded by an identifiable history of domestic violence. Despite the comprehensive primary source material analysed in the development of this dataset, it is acknowledged that in some cases the history of violence may never have been disclosed and was not otherwise observed (or recognised) by bystanders. Similarly, it is acknowledged that while a history of violence may be identified in a case, the complete nature of that violence may not be evident from the material reviewed. Accordingly, the figures presented may represent an undercount of the true prevalence of IPV homicides, and the prevalence or nature of different forms of violence perpetrated by the predominant abuser.

Aboriginal and Torres Strait Islander status

This report draws on service data, such as government records, health records, police reports and support services records, to identify Aboriginal and Torres Strait Islander peoples in this dataset. The consistency and quality of this administrative data as a means of identifying Aboriginal and Torres Strait Islander status can be compromised by structural issues – such as the services not explicitly asking the client or making assumptions about their identity – and by a client’s choice not to self-identify as Aboriginal and/or Torres Strait Islander.⁷³ Accordingly, there is the potential for underreporting of IPV homicides involving Aboriginal and Torres Strait Islander peoples.

People with disability

Similarly, there are gaps and inconsistencies in data collection around disability. Many service providers do not identify disability, and for those that do, there are stark variations in the definitions of disability. The Victorian Royal Commission into Family Violence and the current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability have both identified the need to improve the collection and reporting of domestic violence data so that governments can better understand and respond to violence and abuse against people with disability.⁷⁴ These issues have likely resulted in a significant underreporting of the experiences of IPV homicide for people with disability, who are known to experience IPV and abuse at higher rates than people without disability.⁷⁵

73 Limitations in the data capture of Aboriginal and Torres Strait Islander identity, as well as barriers to Aboriginal identification are discussed in *DVDRT Report 2017-19*, p.94. See also NSW Aboriginal Affairs (2015), *Aboriginal identification in NSW: the way forward, An Aboriginal peoples’ perspective*, <https://apo.org.au/sites/default/files/resource-files/2015-10/apo-nid308575.pdf> (accessed 25 May 2022).

74 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2021) ‘Research Report: Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia’, *Centre of Research Excellence in Disability and Health (CRE-DH)*. <https://disability.royalcommission.gov.au/system/files/2021-11/Research%20Report%20-%20Nature%20and%20extent%20of%20violence%2C%20abuse%2C%20neglect%20and%20exploitation%20against%20people%20with%20disability%20in%20Australia.pdf> (accessed 26 October 2021); Victorian Royal Commission into Family Violence (2016), *Vol V: Report and Recommendations*, p.67, <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-V.pdf> (accessed 5 March 2022).

75 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2021) (n74).

LGBTIQ+ communities

As described above, this research draws on service data from police, judicial and coronial systems to identify cases where an intimate partner homicide has occurred. It is possible that cases where the relationship between the homicide offender and victim was not disclosed or was otherwise not evident to those external to the relationship are misclassified as other forms of homicide. For example, a couple may be identified as housemates rather than intimate partners. As a result, there is the potential for the underreporting of IPV homicides. This may be particularly relevant for LGBTIQ+ relationships, whether cohabiting or not, where one or both parties may not have disclosed the relationship to family or friends and consequently the relationship is not acknowledged or recognised in system data.

Surviving children

The data sources used in this report do not always accurately capture information on surviving children, especially in the case of stepchildren (of either the homicide victim or offender) or children who are living outside the home. Due to this limitation, the data presented in this report on surviving children may represent an undercount, based on the known number of children identified in the source material.

Data findings

Overview

Between 1 July 2000 and 30 June 2018 there were 314 intimate partner homicides in New South Wales. Of these 314 intimate partner homicides, 271 (86.3%) were identified as having occurred following an identifiable history of intimate partner violence.

The 43 intimate partner homicides that were coded as *not* having occurred in a context of domestic violence are not included in the IPV Homicide Dataset and occurred in a range of non-domestic violence related circumstances, including: suicide pacts between the homicide offender and victim; sexual misadventure/accidents; financially motivated homicides; or mental health episodes (absent any identifiable history of domestic violence).

Of the 271 IPV homicides identified in the reporting period, 12 cases have been excluded from the IPV Homicide Dataset on the basis that the criminal or coronial proceedings were not finalised at the time of writing (n=10) or the homicide investigation and subsequent criminal proceedings were more closely linked to another jurisdiction (n=2).

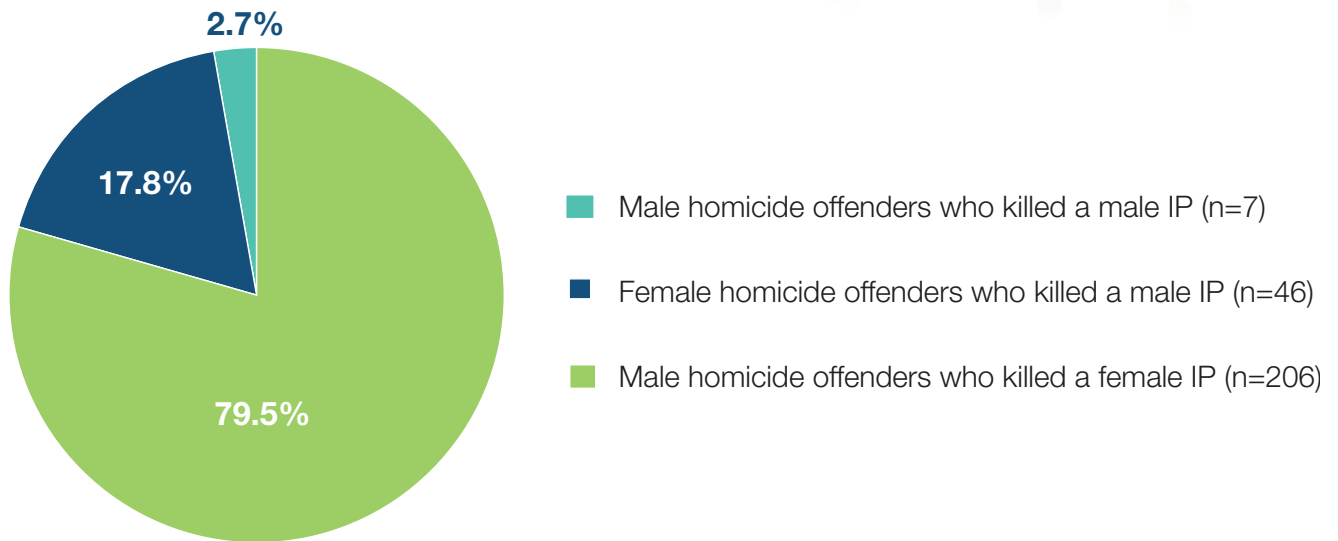
Accordingly, the findings presented in this chapter relate to the 259 closed IPV homicides in the dataset.

IPV homicide and gender

Of the 259 IPV homicides in the dataset, the vast majority involved a male homicide offender killing a female intimate partner (n=206, 79.5%). Forty-six cases involved a female homicide offender killing a male intimate partner (17.8%) and seven cases involved a male homicide offender killing a male intimate partner (2.7%). There were no cases in the reporting period where a woman killed a female intimate partner in a context of domestic violence.



Figure 3.1: IPV homicide offenders by gender (n=259)



Data in context – IPV homicide and gender

An examination of national and international literature reveals that the Team’s analysis is relatively unique in its in-depth and focussed analysis of domestic violence context intimate partner homicides. This is partly due to the breadth of information the Team has access to, including unreported anecdotal histories of abuse. The few comparable studies are mentioned briefly below, although it is noted that these do not explore the breadth of variables presented in the Team’s dataset. However, one clear trend - that is apparent from all the available research on IPV homicides - is the gendered pattern of harm, with men most often killing their female intimate partner.

The Australian Domestic and Family Violence Death Review Network recently published its national data report on intimate partner homicide in a domestic violence context between 2010 and 2018.⁷⁶ This research closely aligns with the data findings above, with approximately three-quarters (77.2%) of the IPV homicides involving a male offender killing a female intimate partner. One fifth of the IPV homicide cases (20.9%) involved a female homicide offender killing a male intimate partner and 1.9 per cent involved a man killing a male intimate partner. This research similarly did not identify any cases involving a woman killing a female intimate partner.⁷⁷

The high proportion of male-perpetrated IPV homicides is broadly consistent with comparable international research. In New Zealand, again approximately three-quarters (76%) of the IPV homicides (2009-2015) were perpetrated by male offenders, while a quarter (24%) were perpetrated by female offenders.⁷⁸ Data from the 2014 Arizona Domestic Violence Related Fatality Report (United States) also indicated a high proportion of IPV male homicide perpetrators (90.6%) compared with 9.4 per cent of female homicide perpetrators.⁷⁹ It is noted however that this US-based research includes a smaller sample size than the other studies referred to and this may account for the apparent differences in ratio between male and female IPV homicide offenders.

76 Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety (2022) (n13). The NSW DVDRT contributed data on behalf of NSW for this report.
 77 Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety (2022) (n13), p. 21.
 78 New Zealand Family Violence Death Review Committee (2017) ,‘Fifth Report Data: January 2009 to December 2015’, Wellington: Health Quality & Safety Commission, p. 12, <https://www.hqsc.govt.nz/resources/resource-library/family-violence-death-review-committee-fifth-report-data/> (accessed 26 October 2021).
 79 Arizona Coalition to End Sexual and Domestic Violence (2014), *Arizona Domestic Violence Fatality Report 2014*, <https://www.acesdv.org/wp-content/uploads/2016/02/2014-fatality-report-revised-FINAL-draft.pdf> (accessed 26 October 2021).

Predominant abuser/victim classification

The Team's IPV Homicide Dataset codes each homicide victim and offender by their role in the history of domestic violence, namely the predominant domestic violence abuser and the predominant domestic violence victim. The predominant abuser refers to the partner who is the main user of coercive control towards the other person, and the predominant victim is the partner who has experienced the greatest harm from these behaviours.⁸⁰ This distinction acknowledges that victims of domestic violence are rarely passive and may resist abuse in many different ways. This may include using retaliatory violence as a defence mechanism to protect themselves, their children, their dignity, or as a consequence of their victimisation and trauma.⁸¹

The Team has shifted to the term 'predominant abuser/victim' instead of 'primary abuser/victim' in line with a number of other international jurisdictions and advocates who have similarly moved to use these terms. The rationale for this shift is that the term 'primary' has been misunderstood by responders to mean the party who was the instigator of a particular domestic violence episode (rather than viewing the pattern of behaviour over time) and has resulted in the misidentification of many victims as the abuser.⁸²

In a small number of cases the Team has not been able to identify (based on the available evidence) who was the predominant abuser and who was the predominant victim as there were indicators that both parties used abusive behaviours against the other. However, this does not mean that both parties engaged in mutual violence against each other in equal measure, but rather these cases lacked the sufficient contextual information required to make a definitive assessment about predominant abuser/victim status. The Team recognises that the existence of genuine mutual violence between men and women is extremely rare, if it exists at all, noting that some experts consider the concept of mutual violence to be a 'myth'.⁸³

Women's use of violence in intimate relationships is not symmetrical with men's and must be understood through the lens of their own victimisation.⁸⁴ The Team acknowledges that widespread misunderstanding of the ways in which women use violence against their abusive intimate partners has contributed to the misidentification of women as predominant abusers⁸⁵ (as described above and discussed in more detail in *Chapter 8: Emerging Reforms*).

Almost all 206 male homicide offenders who killed a female intimate partner were identified as the predominant abuser against the female partner they killed (n=203, 98.5%). In three cases where a male homicide offender killed a female partner it was not possible to identify who was the predominant abuser and who was the predominant victim (1.5%). There were no cases where the male homicide offender who killed a female intimate partner was the predominant victim.

Conversely, of the 46 women who killed a male intimate partner, the majority were identified as the predominant victim of violence from the male partner they killed (n=42, 91.3%). In four cases where a female homicide offender killed a male partner it was not possible to distinguish who was the predominant abuser/victim due to limited contextual information about the use of abusive behaviours (8.7%). There were no cases where the female homicide offender who killed a male intimate partner was the predominant abuser.

80 No to Violence (2019) (n38).

81 Swan and Sullivan (2009) (n39); Johnson, M. (2010) *A Typology of Domestic Violence Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Lebanon, New Hampshire: Northeastern University Press. <http://dx.doi.org/10.2307/23044209> (accessed 27 October 2021).

82 Erwin, T. (2004), 'When is Arrest Not an Option? The Dilemmas of Predominant Physical Aggressor Language and the Regulation of Domestic Violence', *Battered Women's Justice Project*, https://www.bwjp.org/assets/documents/pdfs/when_is_arrest_not_option.pdf (accessed 27 October 2021).

83 Ulbrick (2020) (n35).

84 Wangmann, J. (2009), "'She said...' 'He said...': Cross applications in NSW apprehended domestic violence order proceedings', p. 229 <http://hdl.handle.net/2123/5819> (accessed 7 February 2022); Warren, A., et al (2020) 'Women who use force: Final Report Volume 2', *International Literature Review*, University of Melbourne, <https://vawc.com.au/women-who-use-force-evaluation-of-positive-shift/> (accessed 5 September 2022).

85 Reeves, E. (2021), "'I'm Not at All Protected and I Think Other Women Should Know That, That They're Not Protected Either': Victim-Survivors' Experiences of 'Misidentification' in Victoria's Family Violence System' *International Journal for Crime, Justice and Social Democracy*, vol. 10(4), pp. 39-51. <https://doi.org/10.5204/ijcsd.1992> (accessed 3 March 2022).



The seven cases where a male homicide offender killed a male intimate partner included: five cases where the homicide offender was the predominant abuser in the relationship (71.4%); one case where the homicide offender was the predominant victim of violence (14.3%); and one case where it was not possible to distinguish who was the predominant abuser/victim (14.3%).

Table 3.1: IPV homicide offender predominant abuser/victim classification (n=259)

Predominant abuser/victim classification	Male homicide offenders who killed a female intimate partner	Female homicide offenders who killed a male intimate partner	Male homicide offenders who killed a male intimate partner
Homicide offender was predominant abuser	203	0	5
Homicide offender was predominant victim	0	42	1
Homicide offender was both abuser and victim	3	4	1
TOTAL	206	46	7

Data in context – predominant abuser/victim

These findings align with comparable national research (with a similar approach to the predominant abuser/predominant victim status) which found that nearly all (94.6%) male IPV homicide offenders had been the predominant domestic violence abuser against the female partner they killed.⁸⁶ For female IPV homicide offenders, 70.8 per cent killed a man who was their predominant domestic violence abuser, which further supports the finding that the vast majority of female IPV homicide offenders kill their abusive male intimate partners.⁸⁷

Research from New Zealand on IPV homicides has found an even stronger evidentiary basis to support the finding that, for the most part, male abusers kill their female victims, and female victims kill their male abusers. In 99 per cent of New Zealand IPV homicides the women were the predominant victim in the relationship, while men were the predominant abuser in 98 per cent of cases.⁸⁸ This research also found that all of the women who killed their male partners were the predominant victim in the relationship.⁸⁹

For the analysis that follows, the seven cases where a man killed a male intimate partner have been excluded on the basis that the sample size is too small to undertake meaningful data analysis. However, the Team is committed to contributing to research around non-heterosexual IPV homicides and accordingly the Team's future work agenda will explore opportunities to undertake a focused qualitative analysis of this cohort of cases.

86 Australian Domestic and Family Violence Death Review Network and Australia's National Research Organisation for Women's Safety (2022) (n13), p.22.

87 Australian Domestic and Family Violence Death Review Network and Australia's National Research Organisation for Women's Safety (2022) (n13), p.33.

88 New Zealand Family Violence Death Review Committee (2017) (n78), p.12.

89 Ibid.

Domestic violence behaviours and histories of violence

Domestic violence death review teams are uniquely positioned to conduct in-depth analysis and reviews so as to identify discrete characteristics present within a relationship prior to an IPV homicide. This section explores the range of different abusive behaviours used by the predominant abuser that preceded the IPV homicide, including: emotional and psychological violence, physical violence, sexual violence, social violence, financial (or economic) violence and stalking. It also examines reported and unreported histories of violence.

These data findings are oriented in terms of the predominant abuser/predominant victim in the relationship (as opposed to the homicide victim/homicide offender) as this enables a more accurate framing of the gendered patterns of domestic violence behaviours.

As described above, in 245 of the 252 IPV homicides, the male partner was the predominant abuser, and the female partner was the predominant victim in the relationship. In the remaining seven cases it was not possible to identify a predominant abuser or predominant victim and therefore these cases have been excluded from the analysis below.

Domestic violence behaviours

The data presented in this section draws on both reported and anecdotal accounts of coercive control in the relationship prior to the homicide from a broad range of sources including police records, prosecution briefs, coronial files, witness statements of friends and family, and records from various support services (for example, domestic violence specialists, health, housing, child protection, and corrections).

Figure 3.2: Domestic violence behaviours of predominant male abusers in IPV homicides

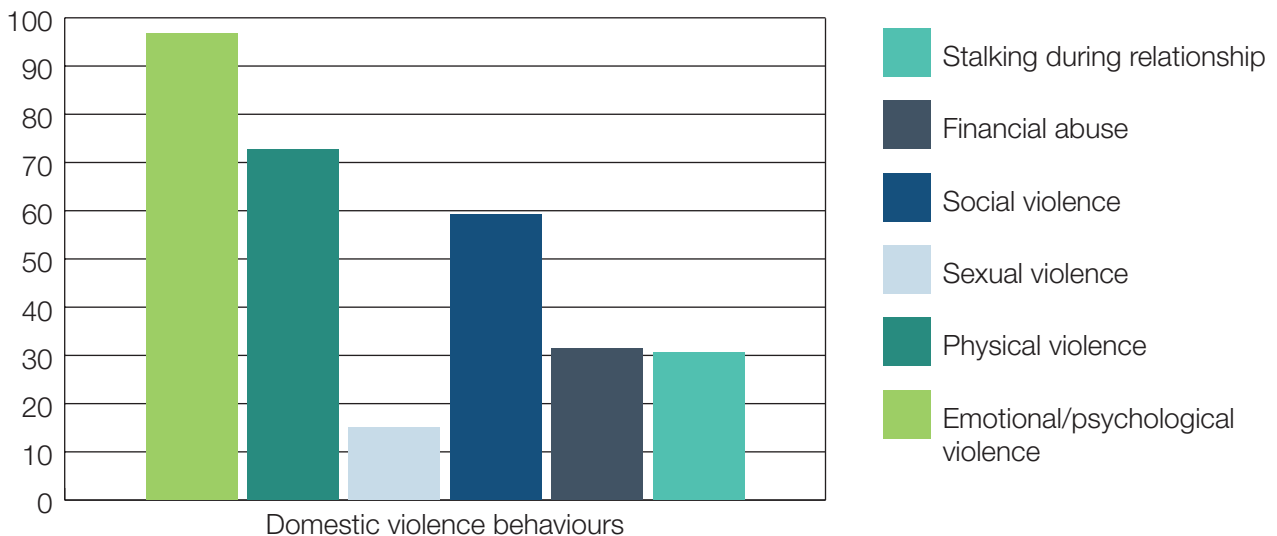




Table 3.2: Domestic violence behaviours of predominant male abusers in IPV homicides

Domestic violence behaviours by predominant male abusers	Behaviours demonstrated by predominant male abusers in IPV homicides (%)
Emotional/psychological violence	96.7%
Physical violence	72.7%
Sexual violence	15.1%
Social violence	59.2%
Financial violence	31.4%
Stalking during relationship	30.6%

Emotional/psychological violence

Almost all of the 245 male predominant abusers used emotional/psychological violence against the female predominant victim prior to the fatal episode (n=237, 96.7%).

Emotional and psychological abuse refers to a broad spectrum of behaviours employed by abusers in order to frighten, belittle, humiliate or undermine the victim’s sense of self-worth. This type of abuse targets the emotional and psychological well-being of the victim.⁹⁰

In the Team’s cases this included:

- verbally denigrating the victim;
- making threats regarding custody of children as a means to control the victim;
- blaming the victim for all adverse events;
- gaslighting;
- exploiting the victim’s mental illness;
- making unfounded accusations of infidelity; and
- making threats of self-harm or suicide if the victim attempts to leave or to otherwise control the victim.⁹¹

Physical violence

Just under three-quarters of the 245 male predominant abusers used physical violence against the female predominant victim prior to the fatal episode (n=178, 72.7%). Accordingly, for just over a quarter of IPV homicides there was no known history of physical violence prior to the fatal episode.

The physical violence perpetrated by these men ranged from physical assaults without a weapon (e.g. punching, slapping, shoving, kicking) to non-fatal strangulation, and assaulting the victim with weapons (e.g. bricks, tools, household objects, boiling water).

The frequency of physical assaults ranged from one or two assaults reported to friends, family or services, to extensive and sustained patterns of physical abuse.

90 Karakurt and Silver (2013) (n30).

91 Council of Australian Governments (2019) (n31).

Sexual violence

Sexual violence refers to any unwanted, painful or humiliating sexual act obtained through physical force or psychological/emotional coercion. It includes being forced to watch pornography, recording sexual acts without consent and/or the non-consensual sharing of such recordings.⁹²

An identifiable history of sexual abuse by the male predominant abuser was evident in approximately 15 per cent of cases (n=37, 15.1%).

This is a significantly lower figure than other total population estimates which suggest that between 40-45 per cent of women who are physically abused are also sexually abused by their intimate partner.⁹³ It is therefore suspected that these findings may not reflect the true prevalence of sexual violence in these relationships.

Low levels of disclosure of sexual violence to police, services and/or friends and family may reflect:

- persistent stigma and shame around sexual assault and sexual violence;
- the victim's perception of risk or fear of the abuser;
- a lack of confidence in the justice system to respond to sexual violence;
- assumptions that sexual violence is a private matter; and
- minimisation of sexual violence or not regarding it or recognising it as a serious/criminal matter.⁹⁴

Social violence

Over half of the male predominant abusers used social violence against the female predominant victim (n=145, 59.2%).

Social violence refers to a range of abusive behaviours designed to limit or prevent a victim from engaging with family and friends and participating in social activities. Socially violent behaviours isolate victims, allowing abusers to maintain control over them.

In the Team's cases, this included the predominant male abuser using such behaviours as:

- controlling the extent to which the victim could see family or friends;
- being abusive, threatening or rude to the victim's friends or family;
- intentionally relocating the victim away from support networks, friends and family;
- restricting the victim's access to transport; and
- controlling the victim's appearance, for example, only allowing her to wear certain clothes or hair styles.

These behaviours were designed to isolate victims and break down their support networks, making it more difficult for the victim to seek help. Social violence may also limit opportunities to gain employment or disrupt existing employment opportunities, which further limits access to support and may result in financial dependence on the abuser.

92 Australia's National Research Organisation for Women's Safety (2019) (n41).

93 Wall, L. (2012) 'Asking women about intimate partner sexual violence', *Australian Centre for the Study of Sexual Assault: Australian Institute of Family Studies*, <http://www3.aifs.gov.au/acssa/pubs/sheets/rs4/rs4.pdf> (accessed 30 September 2021).

94 Australia's National Research Organisation for Women's Safety (2019) (n41); Lievore, D. (2003) 'Non-reporting and hidden recording of sexual assault: an international literature review.' *Canberra: Australian Institute of Criminology*. <https://www.aic.gov.au/publications/archive/archive-135> (accessed 30 September 2021); Wall (2012) (n93).



Economic/financial violence

Almost a third of the male predominant abusers were identified as using economic/financial violence against the female predominant victim (n=77, 31.4%).

Financial violence involves an abuser interfering with a victim's ability to acquire, use or maintain economic resources in a way that undermines the victim's potential for economic security and self-sufficiency.⁹⁵

In the Team's cases this included behaviours such as:

- withholding and controlling use of bank cards, cash and other forms of money;
- controlling access to bank accounts;
- scrutinising the victim's spending and setting unrealistic expectations/budgets for day to day living and other necessary household expenditures;
- preventing the victim from working or controlling the victim's wages; and
- forcing the victim to borrow money from third parties (also referred to as 'coerced debt').

This form of coercive control can result in a range of poor economic circumstances for the victim, including compounding debt, bad credit, and poor tenancy records and is recognised as a key reason that victims are unable to leave abusers - or if they have left it is a key reason victims return to the abuser.⁹⁶ Financial violence is explored in further detail in *Chapter 6: Issues Analysis*.

Stalking during relationship

Almost a third of the 245 male predominant abusers stalked the female predominant victim during the relationship (n=75, 30.6%).

Stalking involves a diverse range of tactics whereby an abuser frightens, intimidates or otherwise controls a victim through intentionally and persistently pursuing them or by monitoring their activities. Abusers use stalking to extend their reach of power and control and deprive victims of privacy, autonomy and a sense of safety.⁹⁷

In the Team's cases this included behaviours such as:

- physically following the victim;
- hiring a private investigator to surveil the victim;
- loitering near or breaking into the victim's home or work; and
- reading the victim's diary.

Stalking also includes acts of technology-facilitated abuse such as:

- using a GPS or other device to track the victim's location;
- persistently messaging the victim's phone or social media accounts;
- maintaining surveillance over the victim's phone, email or other online accounts;

95 Adam (2008) (n28).

96 Junseok and Gray (2008) (n29), p. 1465.

97 Douglas et al (2021) (n43), at 3.1.6.

- covertly recording the victim’s activities; and
- engaging with the victim on social media/dating sites under a false identity.

Stalking after relationship had ended

Of the 245 IPV homicides with an identifiable predominant abuser/predominant victim, in 109 cases the relationship was not ongoing at the time of the fatal episode.

In over half of the 109 cases where the relationship had ended, the male predominant abuser stalked the female predominant victim after the relationship had ended (n=56, 51.4%).

Data in context – abuse behaviours

The prevalence of the domestic violence behaviours used by predominant abusers broadly reflects the available national data on IPV homicides.⁹⁸

The findings from the Australian Domestic and Family Violence Death Review Network generally align with the Team’s findings, as set out in the table below.

Table 3.3: National/NSW DV behaviours of predominant male abusers in male-perpetrated IPV homicides

Domestic violence behaviours in IPV homicide	National (%)	NSW (%)
Emotional/psychological violence	81.6%	96.7%
Physical violence	79.7%	72.7%
Sexual violence	16.0%	15.1%
Social violence	63.2%	59.2%
Financial/economic violence	27.4%	31.4%
Stalking during relationship	33.5%	30.6%

There is, however, an absence of comparable data on abuse behaviours preceding an IPV homicide in an international context as the vast majority of studies focus on male-perpetrated IPV homicide only,⁹⁹ and do not distinguish between the predominant domestic violence abuser/victim and the homicide perpetrator/victim.

While there has been increasing focus on domestic violence lethality risk indicators which can be related to the prevalence of abuse behaviours,¹⁰⁰ Australia appears to be at the forefront of capturing and reporting on abuse behaviours preceding an IPV homicide within the predominant abuser/victim paradigm.

In terms of relevant abuse behaviours that have been identified as increasing the risk of male-perpetrated IPV homicide when compared with non-fatal intimate partner violence, a recent international meta-analysis found that sexual violence increases the risk of lethality five-fold, while stalking resulted in three times greater risk of IPV homicide.¹⁰¹

98 Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety (2022) (n13), pp. 49-52.

99 In a 2019 meta-analysis of international research on IPV homicide it was found that 68% of research articles focused on intimate partner femicide, and only 32% focused on IPV homicide perpetrated by either partner. See, Matias, A. et al (2020), ‘Intimate partner homicide: A meta-analysis of risk factors’, *Aggression and Violent Behaviours*, vol. 50, pp. 1–12. <https://doi.org/10.1016/j.avb.2019.101358> (accessed 14 March 2022).

100 See, for example, the Ontario Domestic Violence Death Review Committee (2018), ‘Analysis of Risk Factors: Common Risk Factors’, in *Domestic Violence Death Review Committee 2018 Annual Report*, <https://www.ontario.ca/document/domestic-violence-death-review-committee-2018-annual-report> (accessed 2 March 2022).

101 Spencer, C. and Stith, S. (2020) ‘Risk Factors for Male Perpetration and Female Victimization of Intimate Partner Homicide: A Meta-Analysis’, *Trauma, Violence, & Abuse*, vol. 21(3), pp. 527–540, <https://doi.org/10.1177/1524838018781101> (accessed 3 March 2022).



Multiple abuse behaviours

While a small proportion of the 245 male predominant abusers used one type of domestic violence against the female predominant victim, the vast majority used two or more abusive behaviours (n=229, 93.5%).

Of the six types of domestic violence identified in cases where the relationship was ongoing, the predominant male abuser was most likely to use three different abusive behaviours against the female victim.

Of the seven types of domestic violence identified in cases where the relationship had ended (with the addition of stalking after the relationship had ended), the predominant male abuser was also most likely to use three different abusive behaviours against the female predominant victim.

Table 3.4: Number of domestic violence behaviours used by male predominant abuser – relationship ongoing (n=136)

No. of DV behaviours used (relationship ongoing)	N (%)
1	6 (4.4%)
2	38 (27.9%)
3	40 (29.4%)
4	30 (22.1%)
5	15 (11%)
6	7 (5.1%)

Table 3.5: Number of domestic violence behaviours used by male predominant abuser – relationship ended (n=109)

No. of DV behaviours used (relationship ended)	N (%)
1	11 (10.1%)
2	25 (22.9%)
3	28 (25.7%)
4	21 (19.3%)
5	14 (12.8%)
6	6 (5.5%)
7	4 (3.7%)

Data in context – multiple abuse behaviours

These findings demonstrate that abusers most often use a diverse range of abuse tactics against their victims. This reinforces the understanding of domestic violence as a pattern of coercive control that is used intentionally and systematically by an abuser to gain and maintain power and dominance over their intimate partner.¹⁰²

Again, this data finding appears to be unique to the Team, with an apparent lack of comparable IPV homicide research documenting the number and type of abuse behaviours and their coexistence.

¹⁰² See definition of domestic violence in *Chapter 1: Introduction to our work*.

Police recorded history of domestic violence

Of the 245 IPV homicides with an identifiable predominant abuser/predominant victim, in 53.1 per cent of cases, the history of abuse that preceded the homicide had been reported to police (n=130). This includes all cases where domestic violence had been reported to the police regardless of whether there was further police action in response to that report (for instance, charging the alleged offender, or applying for an ADVO to protect the victim).

Accordingly, in just under half of the cases, the history of abuse had never been reported to police (n=115, 46.9%).

Data in context – police recorded history of domestic violence

This finding accords with New Zealand research into IPV homicides which similarly found that in just over half of all cases (51%), the history of abuse was unknown to police at the time of the homicide.¹⁰³

It is widely accepted that a large proportion of intimate partner violence is never reported to police, (or other services) however quantifying the extent of unreported violence in the community is a challenging and complex task. The 2016 ABS Personal Safety Survey indicated that 82 per cent of women who experienced *current* intimate partner violence had never contacted the police.¹⁰⁴ While women who were no longer with their abusive partner were more likely to contact police, there remained 65 per cent of women who had experienced violence from a *former* partner and never contacted police.¹⁰⁵

The proportion of unreported violence is likely to be even higher than the ABS Personal Safety Survey results as the survey itself requires victims to self-disclose their experiences of unreported violence which, for a variety of complex reasons, many may choose not to do. Further discussion around the factors that may influence low levels of reporting for First Nations women in particular is set out in *Chapter 8* of this report.

ADVOs

Current ADVO between predominant abuser and victim

In almost a quarter of the 245 IPV homicides with an identifiable predominant abuser/predominant victim, there was a current ADVO in place at the time of the homicide (n=56, 22.9%).

In almost all of these 56 cases the female predominant victim was named as the person in need of protection from the male predominant abuser (n=52, 92.9%).

In three of these cases, the male predominant abuser had been misidentified as the domestic violence victim and was named in the ADVO as the person in need of protection from the female predominant victim (5.4%). The misidentification of victims as abusers by responders is discussed further in *Chapter 8* in the context of the criminalisation of coercive control in NSW.

In one case there were cross-ADVOs protecting the female predominant victim and the male predominant abuser from each other at the time of the homicide (1.8%). Cross-ADVOs as a form of systems abuse is discussed in detail in *Chapter 6*.

Of the 56 current ADVOs, in 23 cases there were interim/provisional orders in place (41.1%); in 20 cases there were final orders for 12 months (35.7%); in 9 cases there were final orders for 2 years (16.1%); and there was one instance of final orders for 6 months, 18 months, 3 years and 5 years (1.8% respectively).

103 New Zealand Family Violence Death Review Committee (2017) (n78), p.33.

104 Australian Bureau of Statistics (2016) (n49).

105 Australian Bureau of Statistics (2016) (n49).



Table 3.6: Current ADVOs between predominant abuser/victim

Current ADVO at time of homicide	IPV homicide with predominant abuser/victim	% of IPV homicide with predominant abuser/victim
No ADVO at time of homicide	189	77.1%
Predominant victim protected	52	21.2%
Predominant abuser protected	3	1.2%
Cross-ADVO	1	0.4%
TOTAL	245	-100%

Note: figures may not add to 100 due to rounding.

Historical ADVO between predominant abuser and victim

In 40 of the 245 IPV homicides with an identifiable predominant abuser/predominant victim, there had been an ADVO/s between the parties that had expired at the time of the homicide (16.3%).

In the vast majority of these cases the female predominant victim was previously named as the person in need of protection from the male predominant abuser (n=37, 92.5%).

In three cases the female predominant victim had been named as both the person in need of protection and the defendant in ADVOs with the male predominant abuser (7.5%).

There were no cases where the male predominant abuser was named only as the person in need of protection from the female predominant victim.

Table 3.7: Historical ADVOs between predominant abuser/victim

Historical ADVO	IPV homicide with predominant abuser/victim	% of IPV homicide with predominant abuser/victim
No historical ADVO between parties	205	83.7%
Predominant victim protected	37	15.1%
Predominant abuser protected	0	0%
Predominant abuser both protected and defendant	3	1.2%
TOTAL	245	100%

Data in context – ADVOs

These findings align with the results from the 2016 ABS Personal Safety Survey which also found that one-quarter of women (24%) who experienced previous intimate partner violence had an ADVO (or interstate equivalent) issued against their former partner.¹⁰⁶ Despite obtaining an ADVO, more than half of the women surveyed (51.4%) disclosed experiencing further episodes of violence after the ADVO was issued.¹⁰⁷

The significant proportion of abusers who appear undeterred by an ADVO is concerning, particularly in light of the Team's finding above that a quarter of the predominant victims were protected from their abuser by a current ADVO at the time of the homicide. The Team has previously made a number of recommendations around improving ADVO compliance¹⁰⁸ and better responding to intractable domestic violence offenders (that is offenders who are not deterred by civil or criminal penalties for domestic violence).¹⁰⁹

Criminal history – domestic violence related

Male predominant abuser DV criminal history

Of the 245 male predominant abusers, 71 had been convicted of a domestic violence offence/s against the female predominant victim and/or another intimate partner (29%).

This includes: 10 men who had been convicted of a domestic violence offence against both the female predominant victim and a prior partner; 25 men who had been convicted of a domestic violence offence/s against the female predominant victim; and 36 who had been convicted of a domestic violence offence against a prior intimate partner/s only.

Of the 71 male predominant abusers who had been convicted of a domestic violence offence, 43 had served a custodial sentence in relation to their domestic violence offending (17.6% of all male predominant abusers).

Table 3.8: DV criminal history – Male predominant abuser

DV Criminal history	Male predominant abuser	% Male predominant abuser
Never convicted of a DV offence	174	71%
Convicted of DV offence against both female predominant victim and a prior partner	10	4.1%
Convicted of DV offence against female predominant victim only	25	10.2%
Convicted of DV offence against prior intimate partner only	36	14.7%
TOTAL	245	100%

106 Australian Bureau of Statistics (2016) (n49). See also Ramsey, S. (2015) 'Intimate partner homicides in NSW: 2005 to 2014', *NSW Bureau of Crime Statistics and Research*, Issue Paper: no.111, <https://www.bocsar.nsw.gov.au/Publications/BB/Report-2015-Intimate-partner-homicides-in-NSW-2005-to-2014-BB111.pdf> (accessed 7 June 2022).

107 Australian Bureau of Statistics (2016) (n49).

108 *DVDRT Report 2013-15*, Recommendation 9.

109 *DVDRT Report 2015-17*, Recommendation 6.



Data in context – male abuser DV criminal history

The Team's findings demonstrate that the vast majority of abusers are never held accountable for their violent behaviour by way of a criminal justice penalty. This may reflect the fact that the violence is unreported, or if it is reported to police, charges do not progress. The results from the ABS Personal Safety Survey indicated that only 25-40 per cent of abusers were charged with an offence after the female victim reported the abuse to police.¹¹⁰ For many victims of violence, negative or challenging engagement with police and/or the criminal justice system shapes their future help-seeking, as well as impacting perpetrator accountability. This has been evident across the Team's cases where prior negative engagements with police or courts have detrimentally impacted victims' help-seeking going forward, and which the Team has attempted to redress through recommendations aimed at improving police engagement with victims of violence.¹¹¹

Recent literature suggests that a prior criminal history generally is not a significant risk factor for IPV homicide offenders.¹¹² As a group, IPV homicide offenders have a significantly less extensive offending history than other types of homicide offenders¹¹³ (i.e. those who kill people other than their intimate partners). This may be due to the fact that, as discussed above, a large proportion of domestic violence offending goes unreported. However it has also been shown that a criminal history that involves violent offending against a woman drastically increases the risk of IPV homicide (over eleven times), when compared to other homicide offenders more broadly.¹¹⁴

Female predominant victim DV criminal history

Of the 245 female predominant victims, eight had been convicted of a domestic violence offence/s against the male predominant abuser or a former intimate partner (3.3%).

This includes: four women who had been convicted of a domestic violence offence against the male predominant abuser; and four women who had been convicted of a domestic violence offence/s against a prior intimate partner/s. No female predominant victims had been convicted of a domestic violence offence against both a prior partner and the male predominant abuser.

Of the eight female predominant victims who had been convicted of a domestic violence offence, none had served a custodial sentence in relation to their domestic violence offending.

110 Australian Bureau of Statistics (2016) (n49).

111 See, for example, *DVDRT Report 2017-19*, Recommendations 15, 21 and 27; *DVDRT Report 2015-17*, Recommendations 2, 3, 4 and 22.

112 Spencer and Stith (2020) (n101).

113 Boxall et al (2022) (n6); Caman, S. et al (2016) Differentiating male and female intimate partner homicide perpetrators: A study of social, criminological and clinical factors. *International Journal of Forensic Mental Health*, vol. 15(1), pp.26–34. <https://doi.org/10.1080/14999013.2015.1134723> (accessed 4 March 2022); Dobash, R. et al (2004) 'Not an ordinary killer – Just an ordinary guy: When men murder an intimate woman partner', *Violence Against Women*, vol. 10(6), pp.577–605. <https://doi.org/10.1177/1077801204265015> (accessed 4 March 2022); Eriksson, L. (2018) 'The offending histories of homicide offenders: Are men who kill intimate partners distinct from men who kill other men?' *Psychology of Violence*, vol. 9(4), pp.471–480. <https://doi.org/10.1037/vio0000214> (accessed 4 March 2022).

114 Dobash et al (2004) (n113).

Table 3.9: DV Criminal history – Female predominant victim

DV Criminal history	Female predominant victim	% Female
Never convicted of a DV offence	237	96.7%
Convicted of DV offence against both male predominant abuser and a prior partner	0	0%
Convicted of DV offence against male predominant abuser only	4	1.6%
Convicted of DV offence against prior intimate partner only	4	1.6%
TOTAL	245	-100%

Note: figures may not add to 100 due to rounding.

Data in context – female victim DV criminal history

The misidentification of female victims as the abuser is an emerging issue of concern in domestic violence research and one that disproportionately affects Aboriginal and Torres Strait Islander women.¹¹⁵ Much of the research underpinning this issue is often framed in terms of identification of the person most in need of protection in relation to an ADVO. For instance the 2016-17 Queensland Domestic Violence Death Review and Advisory Board reported that in just under half (44.4%) of all cases of female deaths subject to review, the woman had been identified as a respondent to a domestic violence protection order on at least one occasion.¹¹⁶ However it is arguably even more problematic for a victim when the misidentification leads to criminal charges and an (arguably wrongful) conviction as suggested by the Team’s data findings above. Misidentification is discussed further below in relation to Aboriginal and Torres Strait Islander female homicide offenders, and in detail in *Chapter 8*.

Repeat domestic violence perpetration

In 59 of the 245 cases, the male predominant abuser’s relationship with the female victim was their only significant intimate relationship, i.e. they had had no prior intimate partners (24.1%).

Of the 186 male predominant abusers who had prior intimate partner/s, 108 (58.1%) were known to have perpetrated domestic violence against those partners, including recorded and unrecorded histories of abuse.

Data in context – repeat domestic violence perpetration

Again, this finding appears to be unique to the Team’s dataset. The Team’s research has identified that while some victims may be able to escape an abusive partner, the abuser will frequently re-partner and go on to perpetrate domestic violence against their new partner. Interrupting this cycle of violence through early intervention and effective evidence-based tertiary responses for perpetrators has been a key focus of a number of the Team’s recommendations.¹¹⁷

115 Douglas, H. and Fitzgerald, R. (2018) ‘The Domestic Violence Protection Order system as entry to the criminal justice system for Aboriginal and Torres Strait Islander people’ *International Journal for Crime, Justice and Social Democracy*, vol. 7(3) pp.41-57 <https://doi:10.5204/ijcjsd.v7i3.499> (accessed 5 March 2022); Nancarrow et al. (2020) (n35); Reeves E (2021) (n85); Wangmann, J. et al (2020) ‘Exploring gender differences in domestic violence reported to the NSW Police Force’ *Current Issues in Criminal Justice*, vol. 32(3), pp.255-276.

116 Queensland Domestic and Family Violence Death Review and Advisory Board (2017) *2016-17 Annual Report*, https://www.courts.qld.gov.au/__data/assets/pdf_file/0003/541947/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2016-17.pdf (accessed 5 March 2022). See also Nancarrow et al (2020) (n35).

117 See *Chapter 7: Recommendation Analysis* (Focus Area: Perpetrators).



In NSW in 2015 the rate of domestic violence re-offending within twelve months was 14.2 per cent.¹¹⁸ Research from Victoria found that over half of the police-reported domestic violence offenders (51%) were involved in another police-recorded episode of domestic violence within four years.¹¹⁹ Given the high proportion of intimate partner violence that goes unreported (see above, *Police recorded history of domestic violence*), the actual rate of repeat perpetration is likely to be much higher than these findings suggest.

Unlike the Team’s research, however, these studies were limited to police-reported violence or actual convictions and did not distinguish between violence perpetrated against the same victim, or multiple victims.¹²⁰

A study from New Zealand found that 35 per cent of male predominant abusers in IPV homicides were known to police for abusing an intimate partner in a previous relationship.¹²¹ This rate is notably lower than the Team’s finding, and again this is most likely because the New Zealand study only examined reported episodes of violence.

Male predominant abuser ADVOs with prior partners

Of the 186 men who had engaged in prior intimate relationships, 67 men had an ADVO/s with their prior intimate partner (36%).

In the majority of these 67 cases, the male predominant abuser was named as the defendant in the ADVO protecting their former partner/s (n=63, 94%).

In one case the male predominant abuser was named as the person in need of protection from their former partner (1.5%).

In three cases the male predominant abuser had been named as both a person in need of protection and a defendant in ADVO/s with their former partner/s (4.5%).

Table 3.10: Male predominant abuser - ADVOs with prior intimate partners

ADVO with prior partner	Male predominant abuser
No prior partner	59
No ADVO with prior partner	119
ADVO protected person	1
ADVO defendant	63
Both protected and defendant with prior partner	3
TOTAL	245

118 Trevena, J. and Poynton, S. (2016) 'Does a prison sentence affect future domestic violence reoffending?', *Crime and Justice Bulletin No. 190*, Sydney: NSW Bureau of Crime Statistics and Research, p.2 <https://www.bocsar.nsw.gov.au/Publications/CJB/Report-2016-Does-a-prison-sentence-affect-future-domestic-violence-reoffending-cjb190.pdf> (accessed 12 November 2021).

119 Millsted, M. and Coghlan, S. (2016) 'Predictors of recidivism amongst police recorded family violence perpetrators' *In Brief no. 4*. <https://www.crimestatistics.vic.gov.au/research-and-evaluation/predictors-of-recidivismamongst-police-recorded-family-violence> (accessed 2 March 2022).

120 Millsted and Coghlan (2016) (n119).

121 New Zealand Family Violence Death Review Committee (2017) (n78), p. 33.

Male predominant abuser DV criminal history with prior partners

As noted above, 46 out of the 186 men who had engaged in prior intimate relationships had been convicted of a domestic violence offence against a prior intimate partner/s (24.7%).

Repeat domestic violence victimisation

In 80 of the 245 cases, the female predominant victim's relationship with the male abuser was their only significant intimate relationship, i.e. they had had no prior intimate partners (32.7%).

Of the 165 female predominant victims of violence who had previous intimate relationships, 75 were known to have experienced domestic violence from a prior partner/s, including recorded and unrecorded histories of abuse (45.5%).

Data in context – repeat domestic violence victimisation

There is a scarcity of research on the prevalence of domestic violence victimisation by multiple partners and this may reflect that victimology (i.e. the study of victims of crime, including the psychological effects on victims) remains a contentious area of study.¹²² Some commentators have argued that focusing on victims and prior victimisation minimises perpetrator accountability and has led to problematic attitudes more broadly around victims 'choosing' abusive men, effectively shifting the blame from the perpetrator to the victim.¹²³ Others, however, have argued that better understanding the needs and experiences of victims can lead to the development of more responsive social policy.¹²⁴

A study from New Zealand found that 30 per cent of female predominant victims in IPV homicides were known to police as victims of domestic violence in a previous relationship.¹²⁵ A European study from 2018 found that 23.7 per cent of women who had a history of intimate partner violence victimisation, also experienced intimate partner violence from their current partner.¹²⁶ Another smaller study from the United States in 2015 found a higher proportion of women had reported experiencing abuse from multiple intimate partners (35%).¹²⁷ While slightly lower than the Team's data findings (which may reflect that the studies did not include or have access to unreported episodes of violence with prior partners), this research demonstrates that a substantial proportion of women (both victims of IPV homicide and intimate partner violence more generally) are repeat victims of domestic violence.

Many of the Team's in-depth case reviews demonstrate the cumulative impact of repeat victimisation, including: eroding the victim's self-esteem and mental health; the victim developing trauma-coping responses such as drug and alcohol use; and the victim becoming isolated from their families and support networks. For this reason, the Team has previously made a recommendation aimed at better supporting women who have experienced violence from multiple partners.¹²⁸

122 Ørke E. et al (2018) 'Risk for revictimization of intimate partner violence by multiple partners: a systematic review', *J. Fam. Violence* vol. 1–15, <https://doi.org/10.1177/1524838010378299> (accessed 12 November 2021).

123 Walklate, S. (1994) 'Can there be a progressive victimology?' *International Review of Criminology*, vol.3 (1/2).

124 Walklate, S. (2011) *Handbook of Victims and Victimology*, 2nd ed, Routledge, New York.

125 New Zealand Family Violence Death Review Committee (2017) (n78), p. 33.

126 Herrero, J. et al (2018) 'When Violence Can Appear With Different Male Partners: Identification of Resilient and Non-resilient Women in the European Union', *Frontiers in psychology*, vol. 9, p. 877. <https://doi.org/10.3389/fpsyg.2018.00877> (accessed 3 March 2022).

127 Stein S. et al, 'The Social and Individual Characteristics of Women Associated With Engagement With Multiple Intimate Violent Partners. *Journal of Interpersonal Violence*. 2019;34(21-22):4572-4596. doi:10.1177/0886260516676477 (accessed 3 March 2022).

128 DVDRT Report 2017-19, Recommendation 6.



Female predominant victim ADVOs with prior partners

Of the 165 women who had a prior intimate relationship, in 40 cases the woman had an ADVO/s with the prior intimate partner (24.2%).

In the majority of these 40 cases, the female predominant victim was named as the person in need of protection from their former partner/s (n=35, 87.5%).

In five cases the female predominant victim was named as both a person in need of protection and a defendant in the ADVO/s with their former partner/s (12.5%).

There were no cases where the female predominant victim had been named only as a defendant in ADVO/s with a former partner/s.

Table 3.11: Female predominant victim - ADVOs with prior intimate partners

ADVO with prior partner	Female predominant victim
No prior partner	80
No ADVO with prior partner	125
ADVO protected person	35
ADVO defendant	0
Both protected and defendant with prior partner	5
TOTAL	245

Female predominant victim DV criminal history with prior partners

As noted above, four out of the 165 women who had engaged in a prior intimate relationship, had been convicted of a domestic violence offence/s against a prior intimate partner/s (2.4%).

IPV homicide victims

This section presents data findings on demographic and personal characteristics for homicide victims. Accordingly, while this data reverts to a more traditional homicide offender/victim structure it is important to keep in mind the predominant offender/victim framework from the previous section, namely that the majority of male homicide offenders were the predominant abuser, and the majority of female homicide offenders were the predominant victim.

As noted above, the IPV Homicide Dataset includes:

- 206 female IPV homicide victims killed by a male partner;
- 46 male IPV homicide victims killed a female partner; and
- 7 male IPV homicide victims killed by a male partner (who have been excluded from the analysis below on the basis that the sample size is too small to undertake meaningful data analysis).

Homicide victim age

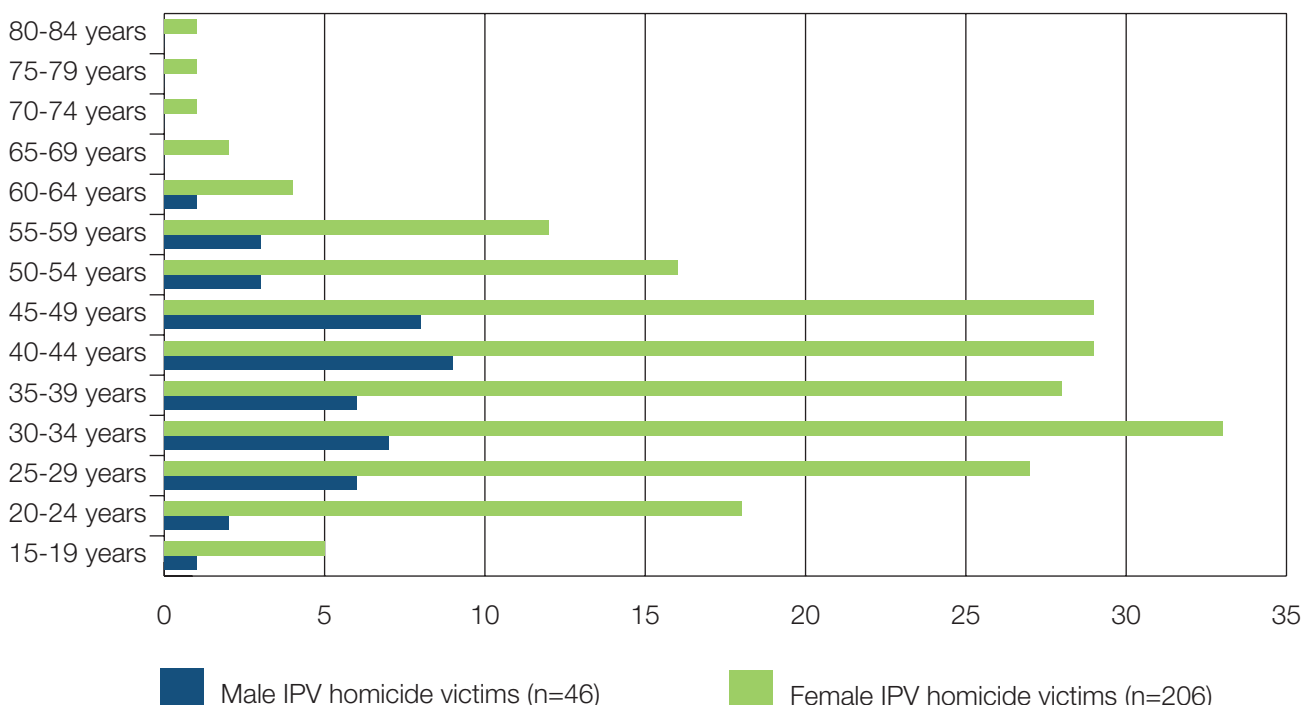
Female homicide victims

The 206 female IPV homicide victims killed by a male intimate partner ranged in age from 15 to 80 years. The average age was 38 years with a standard deviation of 12.04.

Male homicide victims

The age of the 46 male IPV homicide victims killed by a female intimate partner ranged from 19 to 61 years. The average age was 39 with a standard deviation of 10.09.

Figure 3.3: Age of IPV homicide victims (n=252)





Data in context – IPV homicide victim age

These findings align with the recent national study on IPV homicides which similarly found that women can experience violence across their lifespan (with female victims aged from 16 to 78 years of age).¹²⁹

One of the most notable, and perhaps unexpected findings, is that one in ten female IPV homicide victims were aged 55 and over (n=20). And yet, older women can be forgotten or overlooked in primary prevention work and reports of their homicides frequently receive little or no media attention.¹³⁰

Older women, having encountered the cumulative impacts of gender inequality over a lifetime, can also experience unique barriers to accessing support. In the past, women were not supported to report or leave abusive intimate partners¹³¹ and many forms of domestic violence were not recognised as harmful or illegal, for instance sexual assault by a spouse was only criminalised in NSW in the 1980s.¹³² These women also lived through a generation where more rigid social norms prescribed that women forwent careers to undertake multiple unpaid caring roles and had limited control over their finances and decision-making.¹³³ As a result, many older women may be more likely to be financially dependent on the perpetrator, as well as physically reliant due to deteriorating health or disability.¹³⁴

Responses to older women's experiences of violence need to specifically recognise these unique barriers and support women to overcome them. Both in Australia and internationally there is limited visibility on older women's experiences of intimate partner violence¹³⁵ and where they are recognised, these experiences can often be misconstrued as elder abuse. This can be misleading because it implies that the abuser is not also an older person perpetrating violence against his intimate partner (discussed further below, see *Homicide Offender Age*).¹³⁶ The Team is exploring the possibility of undertaking a focused cluster review to examine the experiences of older women as part of its future work.

Homicide victim country of birth and visa status

Female homicide victims

Approximately two-thirds of the 206 female IPV homicide victims were born in Australia (n=137, 66.5%) and one-third of women were born outside Australia (n=69, 33.5%). The 69 women who were born outside Australia were born in 37 different countries.

Of the 69 women who were born outside Australia, eight were on a temporary visa at the time they were killed (11.6% of women born outside Australia and 3.9% of all female IPV homicide victims).

Male homicide victims

The vast majority of the 46 male IPV homicide victims were born in Australia (n=38, 82.6%). The eight men that were born outside Australia were born in seven different countries.

129 Australian Domestic and Family Violence Death Review Network and Australia's National Research Organisation for Women's Safety (2022) (n13), p. 16.

130 Our Watch (undated) *Preventing violence against older women*, <https://handbook.ourwatch.org.au/resource-topic/tailor-primary-prevention-to-groups-and-settings/preventing-violence-against-older-women/> (accessed 5 March 2022).

131 Victorian Royal Commission into Family Violence (2016), *Vol V: Report and Recommendations*, p. 67, <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-V.pdf> (accessed 5 March 2022).

132 Featherstone, L. (2018) 'Women's rights, men's rights, human rights: Discourses of rights and rape in marriage in 1970s and 1980s Australia' *Law & History*, vol. 5(2), pp.1–29. <https://search.informit.org/doi/10.3316/informit.037662939729409> (accessed 5 March 2022).

133 Pathak, N. et al (2018) 'The experience of intimate partner violence among older women: A narrative review.' *Maturitas*. vol. 121, pp. 63-75, <https://doi:10.1016/j.maturitas.2018.12.011> (accessed 5 March 2022).

134 Pathak et al (2018) (n133).

135 Victorian Royal Commission into Family Violence (2016) (n131), p. 67; Pathak et al (2018) (n133).

136 Victorian Royal Commission into Family Violence (2016) (n131), p. 67. See also Bows, H. (2019) (Ed.) *Violence Against Older Women: Research, Policy and Practice* (Basingstoke, Palgrave Macmillan).

Of the eight men who were born outside Australia, three were on a temporary visa at the time they were killed (37.5% of men born outside Australia and 6.5% of all male IPV homicide victims).

Table 3.12: IPV homicide victim country of birth and visa status

Country of Birth	Female homicide victims (%)	Male homicide victims (%)
Australia	137 (66.5%)	38 (82.6%)
Outside Australia (not on temporary visa)	61 (29.6%)	5 (10.9%)
Outside Australia (on temporary visa)	8 (3.9%)	3 (6.5%)
TOTAL	206	46

Data in context – IPV homicide victim country of birth and visa status

According to the Australian Bureau of Statistics, 29.8 per cent of Australia’s population was born outside of Australia, so these data findings would appear to accord with the general population statistics.¹³⁷ The Team has made a conscious decision not to list the countries of birth for victims born outside Australia to avoid the risk of unintentionally contributing to harmful stigmatisation of any particular nationality. The Team’s work has continually identified issues relating to the systemic discrimination that people from culturally and linguistically diverse communities can experience when accessing services and does not wish to contribute to problematic attitudes and biases.¹³⁸

Temporary visa status is a well-recognised barrier to safety for victims because it precludes access to critical support services (including healthcare, crisis accommodation and income support) and can also create a dependency on the perpetrator for economic security and residency rights.¹³⁹ Recommendations aimed at enhancing support and protections for women on temporary visas have been a key focus across the Team’s body of work and have contributed to improvement in the supports that are now available for these women.¹⁴⁰

Homicide victim Aboriginal and Torres Strait Islander status

Female homicide victims

Of the 206 female IPV homicide victims, 32 identified as Aboriginal (15.5%). No victims identified as Torres Strait Islander.

The Team recognises that Aboriginal and Torres Strait Islander women experience domestic violence from both Aboriginal and Torres Strait Islander men and non-indigenous men.¹⁴¹ Of the 32 women who identified as Aboriginal, 19 were killed by a man who also identified Aboriginal (59.4%) and 13 were killed by a non-indigenous male offender (40.6%).

137 Australian Bureau of Statistics (2021) *Migration, Australia 2019–2020*. <https://www.abs.gov.au/statistics/people/population/migration-australia/2019-20#key-statistics> (accessed 22 November 2021).

138 *DVDRT Report 2017-19*, pp. 96-100.

139 Vaughan, C. et al (2015) ‘Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE Project: State of knowledge paper,’ *ANROWS Landscapes*, 12/2015, p. 2.

140 See *Chapter 7: Recommendations Analysis*. See also *DVDRT Report 2015-17*, Recommendation 20; *DVDRT Report 2011-12*, Recommendation 13.

141 Our Watch (2018) *Changing the picture: Background paper – Understanding violence against Aboriginal and Torres Strait Islander women*, <https://mediacdn.ourwatch.org.au/wp-content/uploads/sites/2/2020/09/20231756/Changing-the-picture-Part1-AA.pdf> (accessed 22 November 2021).



Male homicide victims

Of the 46 male IPV homicide victims, 16 identified as Aboriginal (34.8%). No victims identified as Torres Strait Islander.

Of these 16 men, 10 were killed by a woman who also identified as Aboriginal (62.5%) and six were killed by a non-indigenous female offender (37.5%).

Table 3.13: IPV homicide victim Aboriginal and Torres Strait Islander status

Aboriginal and Torres Strait Islander status	Female homicide victims (%)	Male homicide victims (%)
Aboriginal	32 (15.5%)	16 (34.8%)
Non-indigenous	174 (84.5%)	30 (65.2%)
TOTAL	206	46

Data in context – Homicide victim Aboriginal and Torres Strait Islander status

These findings demonstrate an overrepresentation of Aboriginal Peoples in the IPV Homicide Dataset compared to the proportion of Aboriginal and Torres Strait Islander peoples in the NSW population (which in 2016 was approximately 2.9 per cent).¹⁴²

Aboriginal and Torres Strait Islander women who experience intimate partner violence can experience complex barriers to accessing services and receiving support. For example, the literature highlights that poor or discriminatory practices from frontline services, such as the police or child protection services, can result in inadequate outcomes for victims and foster a mistrust of these services.¹⁴³ This experience can be compounded for women living in regional or remote locations, where there may be fewer service options, less access to information, and concerns pertaining to privacy and confidentiality in small communities.¹⁴⁴

International research on IPV homicide from New Zealand echoes the Team’s findings with an overrepresentation of Maori homicide victims and offenders comprising almost one-third of their IPV homicides (31.5%).¹⁴⁵ This study examines some of the complexities underlying the rates of IPV homicide and other forms of violence in Māori communities which, although unique to Māori culture, also place the destructive and pervasive impacts of colonisation at its core.

In the United States, it is estimated that in some tribal communities, Native American women experience IPV homicide at a rate of ten times the national average. However, the actual rates of IPV homicide for Native American women are relatively unknown due to poor data capture and a lack of media interest in their deaths which means many homicides affecting these communities are rendered invisible.¹⁴⁶

142 Australian Bureau of Statistics (2017) *Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians*, <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/census-population-and-housing-counts-aboriginal-and-torres-strait-islander-australians/latest-release> (accessed 22 November 2021).

143 SNAICC National Voice for Our Children, National Family Violence Prevention Legal Services Forum, & National Aboriginal and Torres Strait Islander Legal Services (2017) *Strong families, safe kids: Family violence response and prevention for Aboriginal and Torres Strait Islander children and families*, https://www.snaicc.org.au/wp-content/uploads/2017/09/Strong_Families_Safe_Kids-Sep_2017.pdf (accessed 22 November 2021).

144 Langton, M. et al (2020) 'Improving family violence legal and support services for Aboriginal and Torres Strait Islander women', *ANROWS*, <https://www.anrows.org.au/project/improving-family-violence-legal-and-support-services-for-indigenous-women/> (accessed 22 November 2021).

145 New Zealand Family Violence Death Review Committee (2017) (n78).

146 United States Office on Violence Against Women (2012) *Protecting Native American and Alaska native women from violence: November is Native American heritage month*, <https://www.justice.gov/archives/ovw/blog/protecting-native-american-and-alaska-native-women-violence-november-native-american> (accessed 2 March 2022); Arizona Coalition to End Sexual and Domestic Violence (2016), *Domestic Violence Fatality Report 2005-2015*, https://www.acesdv.org/wp-content/uploads/2016/11/ACESDV_FatalityReport-Booklet_final.pdf (accessed 2 March 2022).

While acknowledging the overrepresentation of Aboriginal people in the Team’s dataset, the Team seeks to emphasise that violence is not a part of Aboriginal culture.¹⁴⁷ It is important to recognise that domestic violence affecting contemporary Indigenous peoples globally is located within a complex myriad of ‘historical trauma, dispossession of tribal lands, loss of cultural identity and connections, economic and social disenfranchisement, and loss of traditional protective roles and support within families and communities.’¹⁴⁸ For many First Nations communities, in Australia and abroad, these multiple and intersecting disadvantages, both contemporary and historical, continue to contribute to the higher prevalence of violence and IPV homicide that is evident today.

Homicide victim disability

Female homicide victims

Of the 206 female IPV homicide victims, 3.4 per cent were identified as having a disability (n=7).

Male homicide victims

One of the 46 male IPV homicide victims, was identified as having a disability (2.2%).

Table 3.14: IPV homicide victim disability

Disability status	Female homicide victims (%)	Male homicide victims (%)
With disability	7 (3.4%)	1 (2.2%)
Without disability	199 (96.6%)	45 (97.8%)
TOTAL	206	46

Data in context – Homicide victim disability

According to the Australian Bureau of Statistics, 17.7 per cent of the Australian population are living with disability.¹⁴⁹ These data findings are, therefore, well below the population statistics. However, this finding should be interpreted with caution given the limitations described at the outset of this chapter with respect to the identification and definition of disability in service data.

Deficiencies in disability data extend Australia-wide and as a result there is no reliable comparable national IPV homicide rate for women with disability.¹⁵⁰ International research is further limited, with overseas death review counterparts failing to report on IPV homicide rates for women with disability.

Notwithstanding the lack of research in this critical area, it is acknowledged that women with disability experience intimate partner violence at higher rates than women without disability,¹⁵¹ with some research suggesting they are 40 per cent more likely to experience domestic violence.¹⁵² On this basis, it appears likely that the actual proportion of IPV homicide victims with disability is higher than the finding above.

147 Cripps, K. and Adams, M. (2014) ‘Indigenous family violence: Pathways forward’, In R. Walker, P. Dudgeon, & H. Milroy (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, pp. 399–416, [http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-\(2014\)/](http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-(2014)/) (accessed 2 March 2022).

148 Wilson, D. (2017) *Indigenous Populations and the Domestic Violence Death Review Process*, https://doi:10.1057/978-1-137-56276-0_10 (accessed 2 March 2022).

149 Australian Bureau of Statistics (2019) *Disability, ageing and carers, Australia: Summary of findings*, <https://www.abs.gov.au/statistics/health/disability/disabilityageing-and-carers-australia-summary-findings/latestrelease> (accessed 5 March 2022).

150 Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety (2022) (n13), p. 35.

151 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020) (n74).

152 Frohmader, C. et al (2015) ‘Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective’, https://wwda.org.au/wp-content/uploads/2013/12/Think_Piece_Revised_Edition.pdf (accessed 5 March 2022).



While women with disability can experience many of the same abusive behaviours as other victims, violence may also take unique forms, including withholding medications or aids and limiting access to support services.¹⁵³ The Team is exploring the possibility of undertaking a more focused cluster review into the experiences of women with disability in its future work agenda to build on the available research and examine how these women could be better supported.

Homicide victim place of residence

Female homicide victims

Over two-thirds of the female IPV homicide victims were residing in a major city at the time they were killed (n=141, 68.4%). Women not living in a major city were residing in: inner regional areas (n=36, 17.5%); outer regional areas (n=18, 8.7%); remote areas (n=4, 1.9%); and very remote areas (n=2, 1%). Two female IPV homicide victims had no fixed address at the time they were killed (1%) and three women ordinarily resided outside NSW (1.5%).

Accordingly, almost one-third of the 201 female IPV homicide victims with a fixed address within NSW were residing outside a major city at the time of the fatal episode (n=60, 29.9%).

Male homicide victims

Over half of the male IPV homicide victims were residing in a major city at the time they were killed (n=25, 54.3%). Accordingly, 43.2 per cent (n =19) of the male IPV homicide victims (with a fixed address within NSW) were residing outside a major city, in: inner regional areas (n=12, 26.1%); outer regional areas (n=6, 13%); and remote areas (n=1, 2.2%). Two male IPV homicide victims had no fixed address at the time they were killed (4.3%).

Table 3.15: IPV homicide victim residence remoteness

Homicide victim residence remoteness	Female IPV homicide victims	% Female	Male IPV homicide victims	% Male
Major city	141	68.4%	25	54.3%
Inner regional	36	17.5%	12	26.1%
Outer regional	18	8.7%	6	13%
Remote	4	1.9%	1	2.2%
Very remote	2	1%	0	0%
No fixed address	2	1%	2	4.3%
Outside NSW	3	1.5%	0	0%
TOTAL	206	100%	46	-100%

Note: figures may not add to 100 due to rounding.

153 Maher, J., et al (2018) 'Women, disability and violence: Barriers to accessing justice: Key findings and future Directions', *ANROWS Compass*, 02/2018, <https://www.anrows.org.au/publication/women-disability-and-violence-barriers-to-accessing-justice-key-findings-and-future-directions/> (accessed 6 March 2022).

Data in context – Homicide victim place of residence

While there are inherent difficulties in ascertaining accurate rates of domestic violence in any context (due to low levels of reporting), a number of studies suggest that women living in regional, rural and remote areas are more likely to have experienced intimate partner violence.¹⁵⁴ The Australian Longitudinal Study on Women's Health found that women in rural, regional and remote areas were more likely to have experienced intimate partner violence than women living in capital cities.¹⁵⁵ An analysis of domestic violence cases reported to the NSW Police Force in 2010 found that more incidents of domestic and family violence were reported in regional, rural and remote areas.¹⁵⁶

There are many commonalities between women in regional and remote areas and women in urban communities in relation to experiences of domestic violence and the barriers to leaving violent situations. It is recognised, however, that there are social and geographical issues that are specific to the experience of domestic violence for women living in regional and remote areas, including: geographical isolation; complex financial arrangements (for example in farming communities); high rates of gun ownership; and particular attitudes around masculinity and more narrowly defined traditional gender norms.¹⁵⁷

Further, for women living in rural and remote areas, access to domestic violence and other support services can be compromised by their scarcity and the distance that is often required to reach them. Other challenges may arise in relation to privacy and confidentiality in smaller communities with a limited number of service providers; a lack of specialised or culturally appropriate services; a lack of affordable legal services; and a shortage of crisis/refuge accommodation.

As discussed in *Chapter 6*, the Team's future work agenda will explore the opportunity to undertake a focused qualitative analysis of cases occurring in rural and remote settings.

Homicide victim socio-economic status

For this data analysis, the Team has relied on the ABS Index of Relative Socio-economic Disadvantage (IRSD) to determine the socio-economic status of homicide victims.¹⁵⁸

The ABS Index of Relative Socio-economic Disadvantage (IRSD) ranks areas in Australia based on social and economic conditions, including income, education, employment, internet access, relationships and family structure. The IRSD is a summary of people in an area and does not apply to an individual or dwelling. It refers to the general level of socioeconomic disadvantage of all the people in the area in which a person lives, not the person or family unit itself. Areas are grouped in quintiles, with Quintile 1 being the most disadvantaged (lowest socioeconomic areas) and Quintile 5 being the least disadvantaged (highest socioeconomic areas).

Together with other indices of advantage and disadvantage,¹⁵⁹ the IRSD is designed to assist governments and policy makers identify areas of greatest need and plan the development and distribution of resources

154 Campo, M. and Tayton, S. (2015) 'Domestic and family violence in regional, rural and remote communities: An overview of key issues', *Child Family Community Australia Practitioner Resource*, <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities> (accessed 6 March 2022).

155 Mishara, G. et al. (2014), *Health and wellbeing of women aged 18-23 in 2013 and 1996: Findings from the Australian Longitudinal Study on Women's Health*, Report prepared for the Australian Government Department of Health, <https://alswh.org.au/post-outcomes/2014-major-report-health-and-wellbeing-of-women-aged-18-to-23-in-2013-and-1996-findings-from-the-australian-longitudinal-study-on-womens-health/> (accessed 7 March 2022).

156 Grech and Burgess (2011) (n49).

157 Campo and Tayton (2015) (n 154).

158 Australian Bureau of Statistics (2018) 'Index of Relative Socio-economic Disadvantage (IRSD) Interactive Map', *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016*, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001-2016-Main%20Features-IRSD%20Interactive%20Map~15> (accessed 12 October 2021); Australian Bureau of Statistics (2018), 'Technical Paper: Socio-Economic Indexes for Areas (SEIFA)', [https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/756EE3DBEFA869EFC258259000BA746/\\$File/SEIFA%202016%20Technical%20Paper.pdf](https://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/756EE3DBEFA869EFC258259000BA746/$File/SEIFA%202016%20Technical%20Paper.pdf) (accessed 12 October 2021).

159 See other SEIFA indices, Australian Bureau of Statistics (2018) (n158).



accordingly. It is important to note that the IRSD is an average calculation and generalises that everyone in the one area will have the same income and lifestyle. Further, it is important to acknowledge that the index is a basic economic measure with some commentators arguing that such measures are deficient in that they support a dominant cultural narrative that the white middle-class norm is the most desirable standard of living and fail to acknowledge the strength and diversity of non-dominant communities.¹⁶⁰

Female homicide victims

Almost two-thirds of female IPV homicide victims were living in the two quintiles with the lowest socio-economic status (n=130, 63.1%). The remaining women were spread fairly evenly across the three quintiles with the highest socio-economic status.

Male homicide victims

Over half of the male homicide victims were living in the two quintiles with the lowest socio-economic status (n=25, 54.3%). Approximately one-fifth of male homicide victims were living in the areas with the highest socio-economic status (n=9, 19.6%).

Table 3.16: IPV homicide victim residence – relative socio-economic disadvantage

Homicide victim socio-economic status	Female IPV homicide victims	% Female	Male IPV homicide victims	% Male
1st quintile	94	45.6%	17	37%
2nd quintile	36	17.5%	8	17.4%
3rd quintile	24	11.7%	4	8.7%
4th quintile	26	12.6%	6	13%
5th quintile	24	11.7%	9	19.6%
No fixed address	2	1%	2	4.3%
TOTAL	206	-100%	46	100%

Note: figures may not add to 100 due to rounding.

Data in context – Homicide victim socio-economic status

These findings indicate that domestic violence homicides occur across all socioeconomic groups. However, it would also appear to demonstrate that victims who live in lower socioeconomic groups are at greater risk. This is a common trend not only in IPV homicide, but in relation to health outcomes and life expectancy more generally.¹⁶¹ Research has shown that people who live in lower socioeconomic groups are at greater risk of poor health, have higher rates of illness, disability and death, and live shorter lives than people from higher socioeconomic groups.¹⁶² This recognises that access to financial and social resources and being able to participate in society are vital for maintaining good health.

¹⁶⁰ See for example Eckersley, R. (2006) 'Is modern Western culture a health hazard?', *International Journal of Epidemiology*, vol. 35(2), Issue 2, pp. 252–258, <https://doi.org/10.1093/ije/dyi235> (accessed 8 June 2022); See also Australian Bureau of Statistics (2006) *2039.0 - Information Paper: An Introduction to Socio-Economic Indexes for Areas (SEIFA)*, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2039.0Main+Features12006?OpenDocument> (accessed 8 June 2022).

¹⁶¹ Australian Institute of Health and Welfare (2020) *Health across socioeconomic groups*, <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups> (accessed 12 April 2022).

¹⁶² Mackenbach, J. (2015) 'Socioeconomic inequalities in health in high-income countries: the facts and the options' in Detels R, Gulliford M, Karim QA & Tan CC (eds). *Oxford textbook of global public health*. Vol. 1. 6th edn. (Oxford, Oxford University Press).

The Team’s data findings align with research from the Australian Institute of Health and Welfare which found that 45 per cent of hospitalisations caused by intimate partner violence involved people living in the lowest socioeconomic areas, meaning that they were more than six times as likely to be hospitalised for IPV assault compared to those living in the highest socioeconomic areas.¹⁶³ Research from New Zealand on IPV homicide similarly revealed a visible socioeconomic gradient for deaths occurring between 2009-15, with a sharp increase for the areas with the lowest socioeconomic status. Almost half (48%) of all the IPV homicide victims (both male and female) lived in the most deprived neighbourhoods in New Zealand.¹⁶⁴

However, these trends may be relevant for intimate partner violence more generally, as opposed to IPV homicide. A recent international meta-analysis comparing intimate partner violence with IPV homicide found that demographic characteristics such as an income level and employment status were not significant risk factors for female IPV homicide victimisation.¹⁶⁵

Homicide victim employment status

Female homicide victims

Almost half of the 206 female IPV homicide victims were engaged in paid employment at the time they were killed (n=99, 48.1%). This means that just over half of the IPV homicide victims were either unemployed, studying, caring for children or family members, retired or permanently unable to work.

Male homicide victims

Just over half of the 46 male IPV homicide victims were engaged in paid employment at the time they were killed (n=24, 52.2%).

Table 3.17: IPV homicide victim employment status

Employment status	Female homicide victims (%)	Male homicide victims (%)
Paid employment	99 (48.1%)	24 (52.2%)
No paid employment	107 (51.9%)	22 (47.8%)
TOTAL	206	46

Data in context – Homicide victim employment status

The average workforce participation rate over the previous decade is 59.7 per cent for women and 70.9 per cent for men.¹⁶⁶ The Team’s data findings are, therefore, below the national average and may reflect the above findings around the lower socioeconomic status experienced by a large proportion of the IPV homicide victims.

Lower workforce participation rate for female victims can also be considered in the context of coercive control where tactics such as sabotaging the victim’s employment or restricting the victim’s earning capacity may be used to limit a victim’s financial independence and foster reliance on the abuser. Paid employment

¹⁶³ Australian Institute of Health and Welfare (2020) *Health impacts of family, domestic and sexual violence*, <https://www.aihw.gov.au/reports/australias-health/health-impacts-family-domestic-and-sexual-violence> (accessed 12 April 2022).

¹⁶⁴ New Zealand Family Violence Death Review Committee (2017) (n78).

¹⁶⁵ Spencer and Stith (2020) (n101).

¹⁶⁶ The participation rate expresses the labour force as a percentage of the working-age population (Australian residents aged 15 years and over): Reserve Bank of Australia (undated), *Unemployment: Its Measurement and Types* <https://www.rba.gov.au/education/resources/explainers/unemployment-its-measurement-and-types.html> (accessed 8 March 2022); and Australian Bureau of Statistics (2022), *Labour Force, Australia February 2022*, <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/feb-2022#participation> (accessed 8 March 2022).



can provide victims with the opportunity to gain financial independence from the perpetrator in order to leave the relationship, and not return. One of the primary reasons women return to abusive relationships is due to their lack of economic security, and financial resources.¹⁶⁷ A more detailed discussion around financial/ economic abuse is set out in *Chapter 6: Issues Analysis*.

Workplaces can be an important site for the primary prevention of and early intervention for domestic and family violence. Some workplaces actively promote this, through the delivery of awareness-raising and active bystander programs and by improving the supports offered to victims and survivors of domestic and family violence.¹⁶⁸ Formal employment may provide a victim and survivor an opportunity to access support through their peers or other services, while away from their abusive partners.

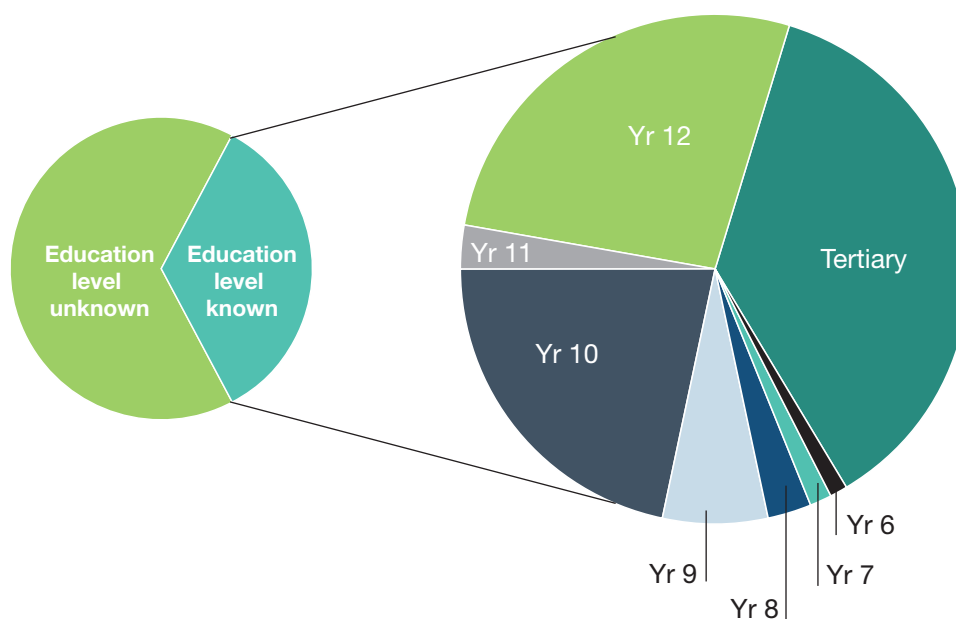
As discussed above in relation to socio-economic status, the findings may be relevant for intimate partner violence more generally, as opposed to IPV homicide, noting that employment status has not been found to be a significant risk factor for female IPV homicide victimisation, when compared with intimate partner violence victims more broadly.¹⁶⁹

Homicide victim level of education

Female homicide victims

The highest level of education attained was able to be determined for approximately one-third of the 206 female IPV homicide victims (n=74, 35.9%). Of the 74 females where the level of education was known: 36.5 per cent had completed tertiary studies (n=27); 29.7 per cent had completed Year 11 or 12 (n=22); 21.6 per cent had completed Year 10 (n=16); and the remaining women had finished school between Year 6 to Year 9 (n=9, 12.2%).

Figure 3.4: Female IPV homicide victim - level of education (n=206)



167 Australian Bureau of Statistics (2016) (n49).

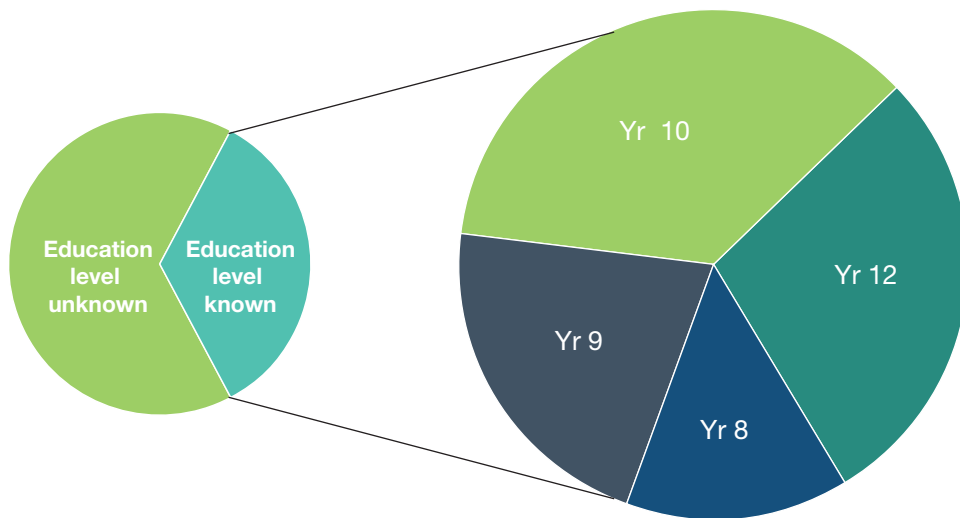
168 See for example, Katula, S. (2012) 'Creating a Safe Haven for Employees Who Are Victims of Domestic Violence', *Nursing Forum*, vol. 47(4), pp. 217-225, <https://doi.org/10.1111/j.1744-6198.2012.00278.x> (accessed 8 June 2022).

169 Spencer and Stith (2020) (n101).

Male homicide victims

The highest level of education attained was able to be determined for less than one-third of the 46 male IPV homicide victims (n=14, 30.4%). Of the 14 males where the level of education was known: 35.7 per cent had completed Year 10 (n=5); 28.6 per cent had completed Year 12 (n=4); and 35.7 per cent (n=5) had completed Year 8 or 9.

Figure 3.5: Male IPV homicide victim - level of education (n=46)



Data in context – Homicide victim level of education

The rationale for collecting data in relation to the highest level of education attained for IPV homicide victims accords with considerations around the availability of appropriate educational programs about domestic violence for young people. The Team understands that some programs may only target students in the later years of high school meaning that many vulnerable young people may miss out on the benefit of these crucial primary prevention initiatives because they have already exited the education system.

The Team does not, however, draw any other conclusions from this data, as the majority of the IPV homicide victims' level of educational attainment is unknown. Moreover, the impact of victim education level on the incidence of intimate partner homicide is varied when looking at the international literature. For instance, two recent international meta-analysis studies both found that women who had less than a high-school education were at twice the risk of IPV homicide when compared with victims of intimate partner violence more broadly.¹⁷⁰ However another large study of 4000 female IPV homicide victims from the United States found that the women were killed regardless of their education level.¹⁷¹

170 Spencer and Stith (2020) (n101); Matias et al (2020) (n99).

171 Carmichael, H. et al (2019), 'It doesn't just happen to "other" people – An exploration of occupation and education level of women who die from intimate partner violence', *American Journal of Surgery*, vol. 218(4), pp. 744–748. <https://doi.org/10.1016/j.amjsurg.2019.07.021> (accessed 13 March 2022).



Homicide victim mental health issues

Female homicide victims

Of the 206 female IPV homicide victims, 58 had either confirmed or suspected, current and/or historical mental health issues (28.2%).

Like many of the variables in this dataset (and as described in the Methodology), information regarding the victim’s mental health status is drawn from both official government records such as medical records, as well as witness statements and other anecdotal evidence. This approach to coding mental health status (diagnosed as well as anecdotal evidence) recognises that there are many complex barriers to accessing mental health services, including: stigma, shame, the availability or cost of services, concerns about confidentiality or the impact that a diagnosis may have on parental or other legal rights, as well as difficulties in identifying and communicating distress.¹⁷² These known barriers are further compounded for victims of domestic violence who may be actively prevented by the abuser from help-seeking and accessing services.

Male homicide victims

Of the 46 male IPV homicide victims, 11 had either confirmed or suspected, current and/or historical mental health issues (23.9%).

Table 3.18: IPV homicide victim mental health issues

Mental health status	Female homicide victims (%)	Male homicide victims (%)
Mental Health issues	58 (28.2%)	11 (23.9%)
No mental health issues	148 (71.8%)	35 (76.1%)
TOTAL	206	46

Data in context – Homicide victim mental health

While it is well understood that intimate partner violence has a detrimental impact on the victim’s mental health,¹⁷³ the mental wellbeing of IPV homicide victims prior to their death remains an underexplored area of research. Rather, the majority of research has focussed on the intersection between mental health and IPV homicide offenders (discussed later in this chapter).

Looking at intimate partner violence more broadly, women who have experienced abuse are known to be at a significantly higher risk of experiencing a range of mental health conditions including post-traumatic stress disorder, depression, anxiety and suicidal ideation.¹⁷⁴ In a recent Australian survey of women who had experienced intimate partner violence, over half (52%) reported that they had received a diagnosis of a mental illness, with the vast majority receiving their diagnosis either while they were experiencing abuse or after they left the relationship (85%).¹⁷⁵ Furthermore, three-quarters of the woman surveyed described having good psychological well-being before they were victimised, and yet in the absence of a prior history

172 Salaheddin, K., and Mason, B. (2016) ‘Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey’ *The British journal of general practice: the journal of the Royal College of General Practitioners*, vol. 66(651) pp. 686–692. <https://doi.org/10.3399/bjgp16X687313> (accessed 13 March 2022).

173 Trevillion, K. et al (2012) ‘Experiences of Domestic Violence and Mental Disorders: A Systematic Review and Meta-Analysis’, *PLoS ONE* 7(12): e51740. <https://doi.org/10.1371/journal.pone.0051740> (accessed 13 March 2022).

174 Trevillion et al (2012) (n173).

175 Moulding, N. et al (2021) ‘Rethinking Women’s Mental Health After Intimate Partner Violence.’ *Violence Against Women*, vol. 27(8), pp. 1064–1090, doi:10.1177/1077801220921937 (accessed 13 March 2022).

of mental illness many of these women reported persistent and debilitating psychological effects long after they left the abuser.¹⁷⁶ Many of these women also reported profoundly negative impacts on other aspects of their life, including: workforce participation and income; housing; and social relationships - which were found to be interconnected with their experiences of coercive control and deteriorating mental health, further compounding their psychological distress.¹⁷⁷ The study found that abusers used coercive control to deprive victims of their autonomy, sense of self, and their place in the world and many of these women described losing their identities, trust in others, and perception of the world as a safe place.

The Team's *2017-19 DVDRT Report* explored the intersection of violence victimisation and mental health and the additional barriers in accessing services that are experienced by these victims.¹⁷⁸ The Team has made recommendations to improve discharge safety planning and domestic violence screening rates for women accessing mental health services¹⁷⁹ but acknowledges that this complex area warrants further attention by the Team.

Homicide victim alcohol and drug use

In this dataset, alcohol and drug use refers to substance use that is negatively impacting on a person's health, family, relationships, work, school or other social situations. Substance dependence, also known as 'alcohol/drug use disorder', may occur when a person continues to use substances even though their use causes them significant problems. It is regarded by many as a medical condition not directly under the control of the individual.

Female homicide victims

Almost a quarter of the 206 female IPV homicide victims had a history of alcohol use (n=50, 24.3%) and approximately one-fifth had a history of drug use (n=37, 18%).

Male homicide victims

Almost two-thirds of the 46 male IPV homicide victims had a history of alcohol use (n=29, 63%) and just over half had a history of drug use (n=24, 52.2%).

Table 3.19: IPV homicide victim alcohol and drug use

Alcohol and drug	Female homicide victims (%)	Male homicide victims (%)
Alcohol use	50 (24.3%)	29 (63%)
Drug use	37 (18%)	24 (52.2%)
TOTAL	206	46

176 Moulding et al (2021) (n175).

177 Moulding et al (2021) (n175).

178 *DVDRT Report 2017-19*, 106-107.

179 *DVDRT Report 2015-17*, Recommendation 12.



Data in context – Homicide victim alcohol and drug use

Female victims may use alcohol and other drugs as a way to cope with the trauma from their experiences of violence or may have been coerced into substance use by their abusive partner.¹⁸⁰ Like mental health, the vast majority of research has primarily focused on the intersection between substance use and IPV homicide offending (discussed below, see *Homicide Offender - alcohol and drug use*). However, a recent meta-analysis suggests that victims who engaged in alcohol use may be twice as likely to be victims of IPV homicide, than victims of domestic violence more broadly.¹⁸¹

Other international research into intimate partner violence more broadly has found that victims are at a greater risk of engaging in drug and alcohol use, with rates of substance use amongst victims varying from around one-fifth to three-quarters of victims depending on the sample and methodology - and in particular how dependence is defined in each study.¹⁸²

In previous reports the Team has explored the additional barriers faced by victims of violence who also use alcohol and other drugs.¹⁸³ For example, women who experience violence may not be believed or considered unreliable due to their alcohol or other drug use and may experience victim-blaming by responders who do not consider them to be the 'ideal victim'. Abusers can also utilise the discrimination and stigma associated with the victim's alcohol or drug use to undermine or manipulate their access to services, typically casting the victim as hysterical, uncooperative, and unruly while the abuser presents as calm, in control and cooperative.

The Team has made a number of recommendations aimed at promoting better integration of substance use, mental health and domestic violence services, as well as promoting training for responders to overcome problematic attitudes that foster stigma and discrimination for victims of violence who use alcohol or drugs.¹⁸⁴

Homicide victim pregnancy

Four of the 206 female IPV homicide victims were pregnant at the time they were killed (1.9%).

Data in context – Homicide victim pregnancy

According to the Australian National Maternal Mortality Data Collection (which monitors the deaths of women reported to have died while pregnant or within 42 days of the end of pregnancy) homicide accounted for 2 per cent of the 251 maternal deaths in Australia from 2009 to 2018¹⁸⁵ - and is far from the leading cause of maternal death in Australia contrary to the suggestion of some research.¹⁸⁶

The Team's data finding does not necessarily support an inference that women are at an increased risk of lethality during pregnancy - and some Australian research has similarly queried whether pregnancy, in itself, is

180 Rivera, E. et al (2015) 'An applied research paper on the relationship between intimate partner violence and substance use' Chicago, IL: *National Center on Domestic Violence, Trauma & Mental Health*, <http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/09/IPV-SAB-Final202.29.1620NO20LOGO-1.pdf> (accessed 13 March 2022).

181 Spencer and Stith (2020) (n101).

182 Rivera et al (2015) (n180).

183 See, for example, *DVDRT Report 2017-19*, pp. 110-111.

184 *DVDRT Report 2017-19*, Recommendations 20-21.

185 This data is held by the Australian Institute of Health and Welfare in the National Maternal Mortality Data Collection (NMMDC). Data are provided by states and territories and contain information on the deaths of women reported to have died while pregnant or within 42 days of the end of pregnancy between 2006 and 2018. It is noted that this does not disaggregate into whether the homicide was an IPV homicide, or another type of homicide: Australian Institute of Health and Welfare (2020), *Maternal deaths in Australia*, <https://www.aihw.gov.au/reports/mothers-babies/maternal-deaths-in-australia/contents/maternal-deaths-in-australia> (accessed 13 March 2022).

186 Toivonen and Backhouse (2018) (n40).

a risk factor for domestic violence homicide in Australia.¹⁸⁷ It is noted, however, there is contrary international literature which asserts that pregnancy can increase the risk of IPV homicide by two or three-fold.¹⁸⁸

The Team's in-depth case review analysis reflects that some women experience increases in the severity and frequency of violence during pregnancy, and other women begin or continue to experience often very serious violence during pregnancy. The 2016 ABS Personal Safety Survey found that nearly half (48%) of women who experienced intimate partner violence continued to experience the abuse while pregnant. Abuse during pregnancy is particularly harmful and 'double-intentioned' because the violence can endanger both the mother and the unborn child.¹⁸⁹ The Team has previously recognised the importance of the prenatal period as providing opportunities to support vulnerable women and has made recommendations around increasing domestic violence screening for women in post-natal settings.¹⁹⁰

IPV homicide offenders

The IPV Homicide Dataset includes:

- 206 male homicide offenders who killed a female partner;
- 46 female homicide offenders who killed a male partner; and
- 6 male homicide offenders that killed a male partner (noting that one man killed two male partners six months apart).

As explained above, the seven cases where a male killed a male intimate partner have been excluded in the following data analysis.

Homicide offender age

Male homicide offenders

The age of the 206 male IPV homicide offenders who killed a female intimate partner ranged from 17 to 85 years. The average age was 43 with a standard deviation of 12.80.

Female homicide offenders

The age of the 46 female homicide offenders who killed a male intimate partner ranged from 20 to 58 years. The average age was 36 with a standard deviation of 9.89.

187 Humphreys, C. (2007), 'Domestic violence and child protection: exploring the role of perpetrator risk assessments', *Child & Family Social Work*, vol.12, pp. 360-369, <https://doi.org/10.1111/j.1365-2206.2006.00464.x> (accessed 13 March 2022).

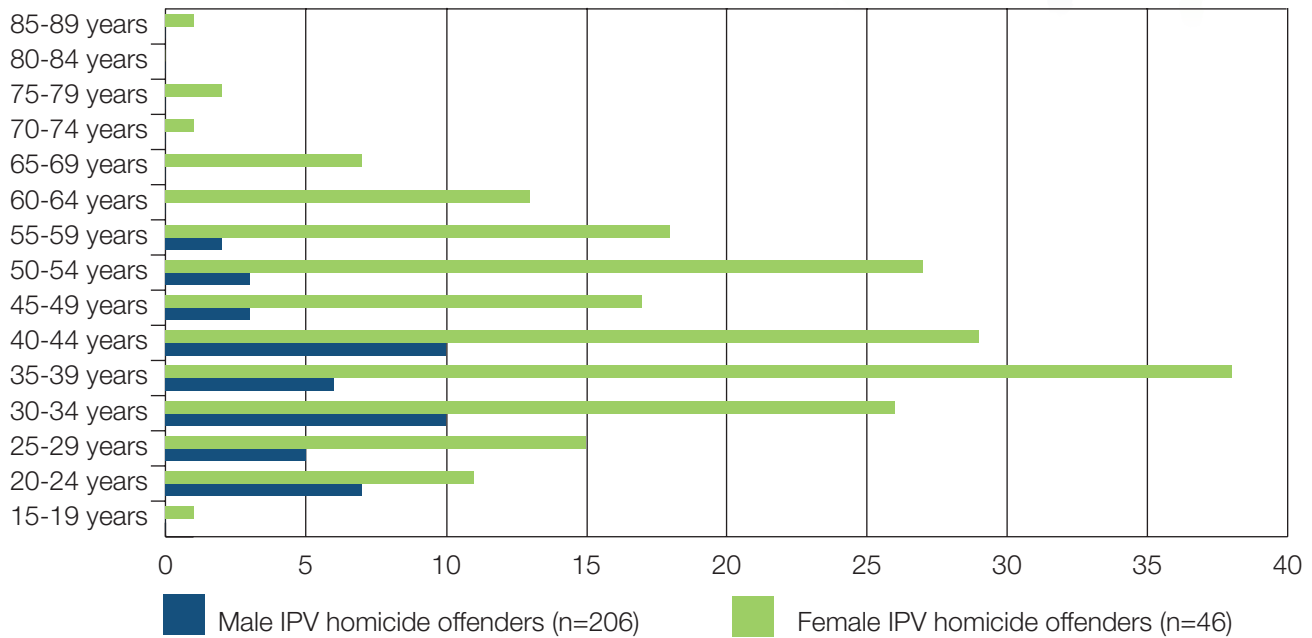
188 Campbell, J. et al (2007), 'Intimate partner homicide: Review and implications of research and policy.' *Trauma, Violence, & Abuse*, vol. 8(3), pp. 246-269. <https://doi.org/10.1177/1524838007303505> (accessed 14 March 2022); Matias et al (2020) (n99).

189 Humphreys (2007) (n187).

190 DVDRT Report 2015-17, Recommendation 19.



Figure 3.6: Age of IPV homicide offenders (n=252)



Data in context – Homicide offender age

This finding aligns with the recent national study on IPV homicides which similarly found that men can perpetrate intimate partner violence at any age (with male offenders aged from 18 to 82 years of age, with an average age of 42).¹⁹¹ With one in five male IPV homicide offenders aged over 55 years, the Team’s data finding counteracts common misconceptions that domestic violence is only perpetrated by younger men. For this reason, framing all abuse of older people as ‘elder abuse’ fails to recognise that older people can be abusers, as well as victims, and that a long history of violence and complex interpersonal dynamics may exist.¹⁹² These older offenders are likely to have used coercive control against their intimate partner/s for decades,¹⁹³ and many older men in the Team’s in-depth case reviews had perpetrated violence throughout long-term relationships for which they had never been held accountable until the period immediately preceding or after the IPV homicide.

Homicide offender country of birth and visa status

Male homicide offenders

Approximately two-thirds of the 206 male IPV homicide offenders were born in Australia (n=137, 66.5%) and one-third of male offenders were born outside Australia (n=69, 33.5%). The 69 male offenders who were born outside Australia were born in 35 different countries.

Of the 69 male offenders who were born outside Australia, seven were on a temporary visa at the time they committed the homicide (10.1% of male offenders born outside Australia and 3.4% of all male IPV homicide offenders).

191 Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety (2022) (n13).

192 Wijeratne, C. and Reutens, S. (2016) ‘When an elder is the abuser’, *Med J Aust*, vol. 205 (6), pp. 246-247, <https://doi:10.5694/mja16.00333> (accessed 13 March 2022).

193 Wijeratne and Reutens (2016) (n192).

Female homicide offenders

Almost all of the 46 female homicide offenders were born in Australia (n=41, 89.1%). The five women that were born outside Australia were born in four different countries.

Of the five females that were born outside Australia, one was on a temporary visa at the time they committed the homicide (20% of woman born outside Australia and 2.2% of all female IPV homicide offenders).

Data in context – Homicide offender country of birth and visa status

Currently approximately 29.8 per cent of Australia's population were born outside of Australia, so these data findings would appear to accord with the general population statistics.¹⁹⁴

Homicide offender Aboriginal and Torres Strait Islander status

Male homicide offenders

Of the 206 male IPV homicide offenders, 23 identified as Aboriginal (11.2%). No offenders identified as Torres Strait Islander.

Of these 23 men, 19 killed a woman who also identified as Aboriginal (82.6%) and 4 killed a non-indigenous female intimate partner (17.4%).

Female homicide offenders

Of the 46 female homicide offenders, 13 identified as Aboriginal (28.3%). No offenders identified as Torres Strait Islander.

Of these 13 women, 10 killed a man who also identified as Aboriginal (76.9%) and three killed a non-indigenous intimate partner (23.1%).

Data in context – Homicide offender Aboriginal and Torres Strait Islander Status

These findings demonstrate an overrepresentation of Aboriginal Peoples in the IPV Homicide Dataset compared to the proportion of Aboriginal and Torres Strait Islander peoples in the NSW population (which in 2016 was approximately 2.9 per cent).¹⁹⁵ While acknowledging these high rates, again it is important to recognise that domestic and family violence is not a part of Aboriginal culture (as discussed in the broader International context above).¹⁹⁶ Prominent literature explores the complex range of interrelated factors associated with domestic and family violence in Aboriginal Communities. Much of this literature calls for greater recognition of the impacts of colonisation, dispossession, child removal, institutional and structural violence, overrepresentation in the criminal justice system, and limited access to services.¹⁹⁷ This does not serve to absolve individuals of accountability for engaging in violent behaviour, however it provides an important framework to better understand, respond to and prevent family violence.¹⁹⁸

Having regard to comments made earlier in this report, caution must be adopted when interpreting this data as Aboriginal and Torres Strait Islander women's experiences and use of domestic and family violence are shaped by complex factors. For example, research demonstrates that societal and systemic racism, coupled with stereotypes of the expected behaviour of a domestic violence victim, contribute to the misidentification

194 Australian Bureau of Statistics (2021) (n137).

195 Australian Bureau of Statistics (2017) (n142).

196 Cripps and Adams (2014) (n147).

197 Cripps and Adams (2014) (n147); Langton et al, (2020) (n144).

198 Cripps and Adams (2014) (n147).



of Aboriginal and Torres Strait Islander women as abusers rather than victims and survivors in domestic violence cases.¹⁹⁹

Homicide offender disability

Male homicide offenders

Of the 206 male IPV homicide offenders, 14 were identified as men with disability (6.8%).

Female homicide offenders

Of the 46 female homicide offenders, two were identified as women with disability (4.3%).

Data in context – Homicide offender disability

The above data findings are substantially lower than the general population statistics of people living with disability, which is approximately 17.7 per cent.²⁰⁰ However these findings should be interpreted with caution and may reflect systemic issues with the identification and definition of disability in service data.

Like the challenges discussed with respect to the national IPV homicide rate for victims with disability, there is no reliable comparable national or international research to contextualise the Team's findings in relations to IPV homicide offender disability status.

Homicide offender employment status

Male homicide offenders

Just over half of the 206 male IPV homicide offenders were engaged in paid employment at the time they killed their female intimate partner (n=112, 54.4%).

Female homicide offenders

Of the 46 female IPV homicide offenders less than one-quarter were engaged in paid employment at time they killed their male intimate partner (n=10, 21.7%).

Data in context – Homicide offender employment status

As noted above, the average workforce participation rate over the previous decade is 59.7 per cent for women and 70.9 per cent for men.²⁰¹ These data findings are therefore lower than the national average and may reflect the disproportionately lower socioeconomic status experienced by a large proportion of the IPV homicide victims and offenders. As noted previously, workplaces have also been identified as an important site of intervention and prevention for domestic violence both victims and abusers.

Abuser unemployment is sometimes cited as an IPV homicide risk factor.²⁰² There is, however, limited evidence that abuser unemployment, of itself, increases risk²⁰³ and National Risk Assessment Principles recently compiled by ANROWS did not identify this as a high-risk factor for predicting domestic and family

199 Douglas and Fitzgerald (2018) (n115); Nancarrow et al (2020) (n35).

200 Australian Bureau of Statistics (2019) (n149).

201 The participation rate expresses the labour force as a percentage of the working-age population (Australian residents aged 15 years and over): See Reserve Bank of Australia (undated) (n166); Australian Bureau of Statistics (2022) (n166).

202 Boxall, H. et al (2022) (n6).

203 Spencer and Stith (2020) (n101).

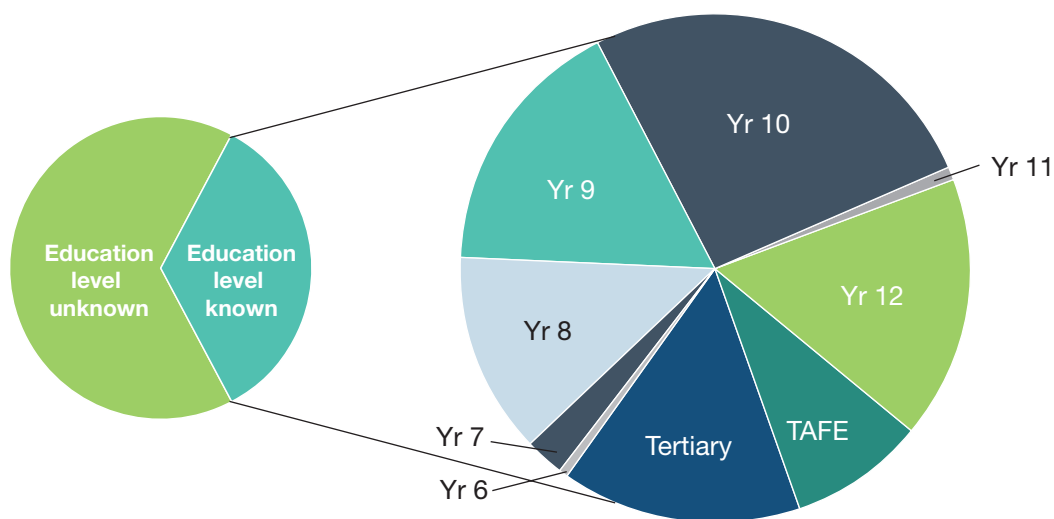
violence.²⁰⁴ A recent meta-analysis from the United States examined a number of commonly cited risk factors for male intimate homicide perpetration, including abuser unemployment, and found that of all the risk factors examined, unemployment had one of the weakest correlations to an increased risk of IPV homicide.²⁰⁵ Another relevant meta-analysis found that male IPV homicide offenders were *more* likely to be employed than other homicide offenders more broadly.²⁰⁶

Homicide offender level of education

Male homicide offenders

The highest level of education was able to be ascertained for 126 of the 206 male IPV homicide offenders (61.2%). Of the 126 males where the level of education was known: 23.8 per cent had completed TAFE or tertiary studies (n=30); 17.5 per cent had completed Year 11 or 12 (n=22); 26.2 per cent had completed Year 10 (n=33); 16.7 per cent had completed Year 9 (n=21); and 15.1 per cent had completed Year 7 or Year 8 (n=19). One male offender's highest level of education was Year 6.

Figure 3.7: Male IPV homicide offender – level of education (n=206)



Female homicide offenders

The highest level of education was able to be ascertained for 28 of the 46 female IPV homicide offenders (60.9%). Of the 28 females where the level of education was known: 14.3 per cent had completed TAFE or tertiary studies (n=4); 17.9 per cent had completed Year 12 (n=5); 21.4 per cent had completed Year 10 (n=6); 17.9 per cent had completed Year 9 (n=5); and 28.6 per cent had completed Year 7 or 8 (n=8).

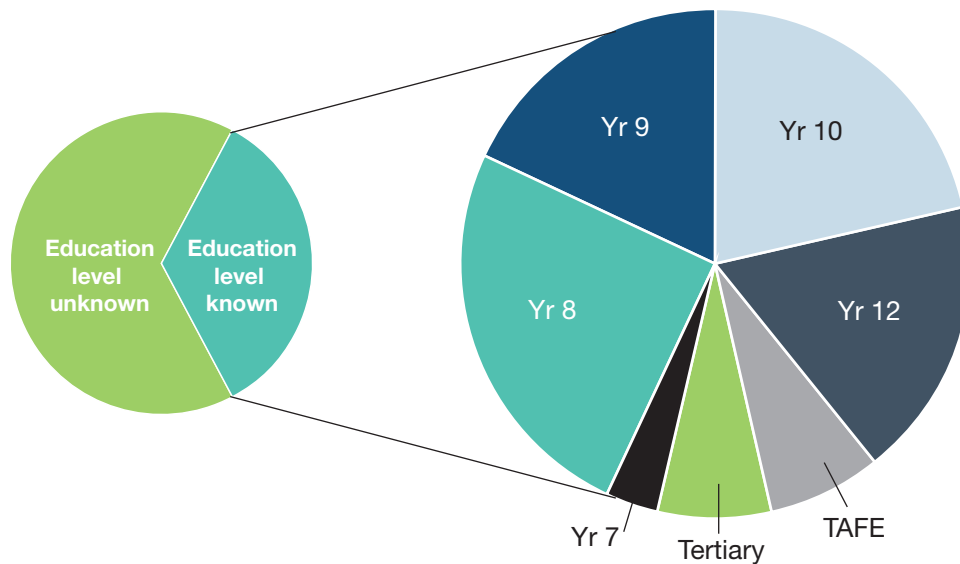
204 Toivonen and Backhouse (2018) (n40).

205 Spencer and Stith (2020) (n101).

206 Matias et al (2020) (n99).



Figure 3.8: Female IPV homicide offender – level of education (n=46)



Data in context – Homicide offender level of education

As described above, the rationale for collecting data in relation to the highest level of education attained for victims and offenders accords with considerations around the availability of appropriate educational programs about domestic violence for young people.

The Team acknowledges that, like unemployment, limited educational attainment for domestic violence abusers is sometimes referred to as a risk factor for IPV homicide,²⁰⁷ however research has failed to demonstrate a strong correlation between abuser education and an increased risk of IPV homicide.²⁰⁸ For this reason, like unemployment, a low level of educational attainment was not included as a high-risk factor for domestic and family violence in the National Risk Assessment Principles developed by ANROWS.²⁰⁹ Other recent international research has reported that male IPV homicide offenders were *more* likely to have higher levels of education than other homicide offenders more generally.²¹⁰

Moreover, this data can be difficult to ascertain and collate even with access to the broad range of information available to the Team, as illustrated by the large proportion of offenders with unknown education levels in the Team’s dataset. Therefore, it may be problematic to draw conclusions on the basis of a minority of known data.

207 Boxall et al (2022) (n6), p. 131.

208 Spencer and Stith (2020) (n101).

209 Toivonen and Backhouse (2018) (n40).

210 Matias et al (2020) (n99).

Homicide offender mental health

Male homicide offenders

Just over half of the 206 male IPV homicide offenders had confirmed or suspected, current and/or historical mental health issues (n=107, 51.9%).

As described above (in relation to homicide victim mental health), this analysis necessarily relies on both official government records such as medical records, as well as witness statements and other anecdotal evidence in an attempt to capture mental health conditions that may have gone undiagnosed.

Female homicide offenders

Of the 46 female homicide offenders, 27 had confirmed or suspected, current and/or historical mental health issues (n=27, 58.7%).

Data in context – Homicide offender mental health

There are wide variations in the estimates around the rate of abusers with a history of mental health issues, ranging from 11 to 46 per cent,²¹¹ which are most likely attributable to differences in study samples and methodologies (particularly in regard to the different ways mental health conditions are measured either in terms of a diagnosed condition, accessing mental health services, and an anecdotal or self-reports). Notwithstanding these variations, suicidal ideation and/or suicide attempts, which directly relate to perpetrator mental health, have been specifically incorporated into the National Risk Assessment Principles developed by ANROWS, on the basis that such behaviour has been demonstrated to almost double the risk of IPV homicide offending.²¹² This issue is particularly relevant to homicides-suicide offenders, who present with a greater prevalence of mental health issues, as discussed in *Chapter 4: IPV Homicide-Suicide data*.

Homicide offender alcohol and drug use

Male homicide offenders

Of the 206 male IPV homicide offenders, 82 were identified to have a history of alcohol use (39.8%) and 68 had a history of drug use (33%).

Female homicide offenders

Half of the 46 female IPV homicide offenders were identified to have a history of alcohol use (n=23, 50%) and 21 women had a history of drug use (45.7%).

Data in context – Homicide offender alcohol and drug use

For this dataset, information regarding alcohol and drug use is derived from toxicology analysis soon after the homicide, witness statements, and offender self-reports concerning their alcohol and other drug use in the period leading up to and at the time of the homicide. This information is captured by the Team as it represents a pattern of behaviour and identifies possible opportunities for intervention. These findings do not, however, purport to identify substance use as a causative factor for the homicide, and it is important to recognise that many domestic violence offenders who use alcohol or drugs are abusive both when they are

211 Boxall et al (2022) (n6), p. 131; Bridger, E. et al (2017) 'Intimate partner homicide in England and Wales 2011–2013: Pathways to prediction from multi-agency domestic homicide reviews', *Cambridge Journal of Evidence-based Policing*, vol. 1, pp. 93–104. <https://doi.org/10.1007/s41887-017-0013-z> (accessed 14 March 2022); Campbell et al (2007) (n188); Sebire, J. (2017) 'The value of incorporating measures of relationship concordance when constructing profiles of intimate partner homicides: A descriptive study of IPH committed within London, 1998–2009', *Journal of Interpersonal Violence*, vol. 32(10), pp. 1476–1500. <https://doi.org/10.1177/0886260515589565> (accessed 14 March 2022).

212 Boxall et al (2022) (n6); Matias et al (2020) (n99).



substance affected and when they are not.

As with offender mental health, there are mixed findings in relation to the prevalence of substance use and IPV homicide offending. International research suggests that drug and/or alcohol use may increase the risk of IPV homicide by 80 per cent,²¹³ and the National Risk Assessment Principles have included the ‘misuse of drugs or excessive alcohol consumption’ as a high-risk factor.²¹⁴ However a recent Australian study into homicide offenders more broadly found that approximately a third of all offenders displayed high levels of alcohol problems (38.8%) and drug problems (30.8%).²¹⁵ Moreover, the offenders with substance use issues were more likely to have killed non-family members, compared with those who killed their intimate partners.

Homicide offender trauma history

The Team’s review process traces the life course of victims and perpetrators and highlights that in many cases as children age, they transition from being known to police or child protection services as domestic violence victims, to becoming known as perpetrators – often in the context of them using violence against their parents or other family members. A trauma-informed response is now widely recognised as best practice across the NSW service system and is being incorporated into many new programs and interventions.

Male homicide offenders

Of the 206 male IPV homicide offenders, 86 were known to have experienced significant trauma and/or adversity in their childhood (41.7%). Approximately two-thirds of the 86 male offenders with identifiable childhood trauma histories had experienced domestic and family violence as a child (n=57, 66.3%). The remaining 29 offenders (33.7%) had experienced other trauma or adversity in their upbringing (for example, non-familial sexual abuse, the death of a parent or sibling, or experiencing the trauma of war).

Female homicide offenders

Half of the 46 female IPV homicide offenders were known to have experienced significant trauma and/or adversity in their childhood (n=23, 50%). More than two-thirds of these 23 female offenders with identifiable childhood trauma histories had experienced domestic and family violence as a child (n=16, 69.6%). The remaining seven offenders (30.4%) had experienced some other kind of trauma or adversity in their upbringing.

Data in context – Homicide offender trauma history

Recent literature has identified a history of childhood trauma as a characteristic of IPV homicide offenders.²¹⁶ One international literature review found that approximately one-quarter of male IPV homicide offenders were victims of child abuse, and almost 40 per cent of IPV offenders witnessed parental domestic violence.²¹⁷ Another recent Australian study identified more than half (55%) of male IPV homicide offenders had experienced traumatic life events, including war and conflict, homelessness, incarceration, abuse and neglect, and the death of significant family members (including carers).²¹⁸ This included one-third of IPV homicide offenders (32%) who had experienced abuse and neglect during their childhood and adolescence. This study links childhood abuse and the development of dysfunctional attachment among individuals, to the

213 Spencer and Stith (2020) (n101).

214 Toivonen and Backhouse (2018) (n40).

215 Eriksson, L. (2021) ‘Alcohol and drug problems among Australian homicide offenders.’ *Addiction*, vol. 116(3), pp. 618-631. <https://doi:10.1111/add.15169> (accessed 14 March 2022).

216 Aldridge, M. and Browne, K. (2003). ‘Perpetrators of spousal homicide: A review’, *Trauma, Violence, & Abuse*, vol.4(3), pp. 265–276. <https://doi.org/10.1177/1524838003004003005> (accessed 14 March 2022); Boxall et al (2022) (n X); Kivisto, A. (2015) ‘Male perpetrators of intimate partner homicide: A review and proposed typology’ *Journal of the American Academy of Psychiatry and the Law online*, vol. 43(3), pp. 300–312. https://www.researchgate.net/publication/282574250_Male_Perpetrators_of_Intimate_Partner_Homicide_A_Review_and_Proposed_Typology (accessed 14 March 2022).

217 Kivisto (2015) (n216).

218 Boxall et al (2022) (n6), p. 11.

use of violence as a means of mitigating the stress they experience within intimate relationships, and further suggests that children who experience IPV may believe that violence is a legitimate method of resolving conflict within intimate relationships.²¹⁹

Childhood trauma is often evident in the Team's in-depth case reviews however the Team acknowledges that most children and young people who experience domestic violence do not go on to perpetrate violence. Similarly, not all abusers will have experienced violence or trauma themselves during their childhood.

Female homicide offender pregnancy

Three of the 46 female IPV homicide offenders were pregnant at the time they committed the homicide (6.5%).

Data in context – Homicide offender pregnancy

The higher incidence of pregnancy in female IPV homicide offenders than homicide victims, could be attributed to the smaller proportion of cases in this sample which may have distorted the results. There is no relevant research available to further explain this data finding as all the research in relation to IPV homicide and pregnancy relates to IPV homicide victims.

Homicide offender criminal justice outcomes

Male homicide offenders

Approximately three-quarters of the 206 male IPV homicide offenders were dealt with by way of criminal proceedings (n=156, 75.7%) and the remaining male offenders were subject to coronial proceedings, primarily in circumstances where the man died by suicide following the homicide or otherwise died prior to the criminal proceedings being finalised (n=50, 24.3%). A spotlight on homicide-suicide cases is set out in *Chapter 4* of this report.

Of the 156 male IPV homicide offenders that were dealt with by way of criminal proceedings: 66 per cent were convicted of murder (including guilty pleas and guilty verdict at trial, n=103); 21.2 per cent were convicted of manslaughter (n=33); 9 per cent were found not guilty by reason of mental illness (NGMI) (n=14); 3.2 per cent were acquitted or homicide charges were withdrawn (n=5); and one man was found guilty of a lesser charge (0.6%).

Data in context – Male homicide offender criminal justice outcomes

At a national level, the criminal outcomes for male homicide offenders largely align with the above findings, with slight variations in the rates in murder conviction (63%), manslaughter conviction (26%) and NGMI (4.2%).²²⁰

Research into IPV homicide outcomes from New Zealand showed greater variation from the Team's findings with higher rates of murder conviction, and lower incidences of manslaughter and findings of mental illness.²²¹ In New Zealand 15% of the total male IPV offenders died by suicide prior to criminal proceedings, which is a comparably lower rate of IPV homicide-suicide.

219 Ibid.

220 Australian Domestic and Family Violence Death Review Network and Australia's National Research Organisation for Women's Safety (2022) (n13).

221 New Zealand Family Violence Death Review Committee (2017) (n78).



Female homicide offenders

Almost all 46 female IPV homicide offenders were dealt with by way of criminal proceedings (n=44, 95.7%). Two women died by suicide following the homicide and the cases were therefore subject to coronial proceedings (4.3%).

Of the 44 women that were dealt with by way of criminal proceedings: 52.3 per cent were convicted of manslaughter (including guilty pleas and guilty verdicts at trial, n=23); 34.1 per cent were acquitted or homicide charges were withdrawn (n=15); 6.8 per cent were convicted of murder (n=3); and 6.8 per cent were found not guilty by reason of mental illness (n=3).

Table 3.20: IPV homicide offender criminal justice outcomes – criminal proceedings

Criminal justice outcome	Male IPV homicide offender	% Male	Female IPV homicide offender	% Female
Acquitted	2	1.3%	12	27.3%
Charges withdrawn	3	1.9%	3	6.8%
Guilty plea manslaughter	18	11.5%	14	31.8%
Guilty verdict manslaughter	15	9.6%	9	20.5%
Guilty plea murder	43	27.6%	1	2.3%
Guilty verdict murder	60	38.5%	2	4.5%
NGMI	14	9%	3	6.8%
Lesser charge	1	0.6%	0	0%
TOTAL	156	100%	44	100%

Data in context – Female homicide offender criminal justice outcomes

When compared with national data on the criminal outcomes for female IPV homicide offenders, female homicide offenders across Australia experienced higher incidences of manslaughter (62.5%) and murder convictions (10.9%), and lower rates of acquittal (10.9%).²²² At a glance, the higher prevalence of more serious criminal convictions is concerning given the large proportion of these female homicide offenders who were also the predominant victim of domestic violence.

Research into IPV homicide outcomes for female homicide perpetrators from New Zealand aligns more closely with the Team’s findings. In New Zealand, of the female offenders who were subject to criminal proceedings: 50 per cent were convicted of manslaughter; 19 per cent were convicted of murder; 19 per cent were acquitted; 6 per cent were NGMI; and 6 per cent were ‘unresolved’.²²³

222 Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety (2022) (n13).

223 New Zealand Family Violence Death Review Committee (2017) (n78).

IPV homicide case characteristics

Method of fatal assault

Female homicide victims

Almost a third of the 206 female IPV homicide victims killed by a male intimate partner died as a result of stab wounds (n=65, 31.6%). The second most common manner of homicide was assault-no weapon (n=35, 17%) followed by shooting (n=32, 15.5%) and suffocation/strangulation (n=30, 14.6%). The manner of death is unknown for four women in circumstances where their body has never been found (n=3) or the cause of death was otherwise unable to be determined (n=1).

Male homicide victims

Approximately three-quarters of the 46 male IPV homicide victims killed by a female intimate partner died as a result of stab wounds (n=35, 76.1%). The second most common manner of homicide was shooting (n=5, 10.9%). The body of one man has never been found and his manner death is unknown.

Table 3.21: Method of fatal assault

Manner of death	Female IPV homicide victim	% Female	Male IPV homicide victim	% Male
Assault – sharp weapon	65	31.6%	35	76.1%
Assault – blunt weapon	13	6.3%	1	2.2%
Assault – MVA related	4	1.9%	1	2.2%
Assault – no weapon	35	17%	0	0%
Shooting	32	15.5%	5	10.9%
Suffocation/strangulation	30	14.6%	0	0%
Multiple assaultive behaviours	15	7.3%	2	4.3%
Poison/noxious substance	3	1.5%	0	0%
Fire related	4	1.9%	1	2.2%
Drowning	1	0.5%	0	0%
Unknown	4	1.9%	1	2.2%
TOTAL	206	100%	46	-100%

Note: figures may not add to 100 due to rounding.



Data in context – Method of fatal assault

The findings above illustrate distinct differences in the methods of the fatal assault used on female IPV homicide victims, compared with male IPV homicide victims. Male IPV homicide offenders were more likely to use methods such as assault without a weapon, shooting and strangulation, whereas female offenders most often fatally stabbed their intimate partner.

Unsurprisingly, research from the United States on cause of death in IPV homicides reveals far higher incidences of shootings as a result of the ready access to firearms in that country. For instance, 62 per cent of women who were killed by intimate partners in Arizona were killed with a firearm.²²⁴

Interestingly, research from New Zealand has conceptualised information relating to manner of death in IPV homicide to include an examination of the incidence of ‘overkill’ in IPV homicides. Overkill describes the ‘the use of violence far beyond what would be necessary to cause death’,²²⁵ for instance it includes the excessive use of one form of violence (e.g. severe prolonged assault or multiple stab wounds) or multiple forms of violence (e.g. strangulation and stabbing). In deaths involving overkill, the male predominant abuser was almost always the offender, and the use of excessive brutalisation could be interpreted as an extension of his prior pattern of coercive control.²²⁶ Well over half (65%) of all male-perpetrated IPV homicides in that research involved overkill.

In contrast, most of the female predominant victims who killed their male abuser were found to be typically responding to a situation of escalating threat and used a weapon readily at hand (usually a knife) that they had picked up in response to threatening behaviour from the abuser, inflicting one or two wounds. These events were described as having notable defensive features, with the women responding to male abusers who were capable of seriously hurting them, and in many instances the abusers had already started to physically abuse them immediately prior to the homicide. In this way, there is often an accidental element to these offences, without any evidence of planning or premeditation prior to the homicide.²²⁷

Given the notable differences in the methods of the fatal assault used by male and female IPV homicide offenders in the Team’s data, similar conclusions may be able to be drawn in terms of overkill for the male IPV homicide offenders and a lack of planning or premeditation on behalf of the female IPV homicide offenders. The Team will consider exploring this issue further and commence collating the additional data in the next reporting period.

Location of homicide

Female homicide victims

Approximately three-quarters of the 206 female IPV homicide victims were killed in their own home (n=155, 75.2%). In 103 of these cases this was the home the woman shared with the offender (noting that in four of these 103 cases the relationship had ended, and the victim continued to reside with the offender ‘separated under one roof’). In 52 cases this was the home the woman lived in separately from the offender (25.2%). The next most common homicide location was a public/open place (n=24, 11.7%); followed by the male homicide offender’s residence (n=15, 7.3%).

224 Arizona Coalition to End Sexual and Domestic Violence (2016) (n146), p. 11.

225 New Zealand Family Violence Death Review Committee (2014) ‘FVDRC, Fourth Annual Report’, Wellington: Health Quality & Safety Commission, p. 14, <https://www.hqsc.govt.nz/resources/resource-library/family-violence-death-review-committee-fourth-annual-report/> (accessed 26 October 2021).

226 New Zealand Family Violence Death Review Committee (2017) (n78), p. 50.

227 New Zealand Family Violence Death Review Committee (2017) (n78), p. 54.

Male homicide victims

Approximately two-thirds of the 46 male IPV homicide victims were killed in their home (n=31, 67.4%). In 28 of these cases this was the home the man shared with the female homicide offender (including one case where the couple was 'separated under one roof') and in 3 cases this was the home the man lived in separately. The next most common homicide location was the female homicide offender's residence (n=6, 13%) followed by a public/open place (n=5, 10.9%).

Table 3.22: Location of fatal episode

Location of fatal episode	Female IPV homicide victim	% Female	Male IPV homicide victim	% Male
Shared residence	99	48.1%	27	58.7%
Shared residence (separated under one roof)	4	1.9%	1	2.2%
Homicide victim residence	52	25.2%	3	6.5%
Homicide offender residence	15	7.3%	6	13%
Other residence	7	3.4%	3	6.5%
Public/open place	24	11.7%	5	10.9%
Hotel/motel	2	1.5%	1	2.2%
Victim's workplace	3	1.9%	0	0%
TOTAL	206	-100%	46	100%

Note: figures may not add to 100 due to rounding.

Data in context – Location of homicide

The higher proportion of women killed in their own residence (i.e. not shared with the offender) and at their workplace, when compared to the male IPV homicide victims, could be indicative of a higher incidence of premeditation and planning on behalf of the male IPV homicide offenders – who were almost all the predominant domestic violence abuser. Some of the male offenders stalked the primary victim prior to the homicide to monitor her movements and forced entry into the victim's home or workplace in order to carry out the homicide.

In comparison, for the female IPV homicide offenders - who were almost all predominant domestic violence victims - almost three-quarters (73.5%) of these women killed the male abuser while in their home (either a shared residence or their own home) often in response to an imminent threat of physical harm from the man.

The national data on IPV homicides in Australia generally aligns with the Team's findings with the largest proportion of women killed by a male IPV homicide offender in their shared residence (40.4%), followed by the women's residence (22.5%) and then a public/open place (18.8%).²²⁸

228 Australian Domestic and Family Violence Death Review Network and Australia's National Research Organisation for Women's Safety (2022) (n13).



IPV homicide relationship characteristics

Relationship status, separation, and Family Law proceedings

The Team often has access to detailed information regarding a couple’s separation or intention to separate prior to the homicide. This includes details of how soon before the homicide separation occurred, or when an intention to separate was expressed and by whom. This section examines the relationship status at the time of the homicide, as well as any concurrent family law proceedings.

Female homicide victims

Almost two-thirds of the female IPV homicide victims were killed by their current male intimate partner, including husbands, de facto husbands and boyfriends (n=131, 63.6%). Accordingly, just over one-third of women were killed by their intimate partner after the relationship had ended (n=75, 36.4%).

Table 3.23: Relationship of male IPV homicide offender to female victim (n=206)

Relationship type	Female IPV homicide victim	%
Husband	59	28.6%
De facto husband	54	26.2%
Boyfriend	18	8.7%
Former husband	31	15%
Former de facto husband	27	13.1%
Former boyfriend	17	8.3%
TOTAL	206	-100%

Note: figures may not add to 100 due to rounding.

Of the 75 female IPV homicide victims who were killed by a former male intimate partner, in 46 cases the relationship had ended within 3 months of the homicide (61.3%). In the remaining 29 cases the relationship had ended more than 3 months prior to the homicide (38.7%).

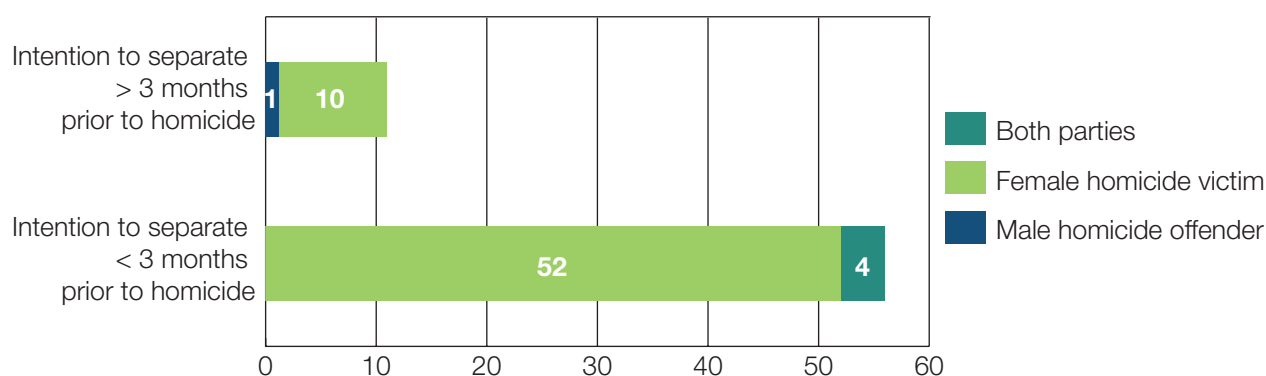
Family law proceedings were ongoing in 10 of the 75 cases where a female IPV homicide victim was killed by a former male partner (13.3%).

Of the 131 female IPV homicide victims who were killed by a current male intimate partner, in 64 cases (48.9%) the relationship was ongoing at the time of the fatal episode with no apparent intention to separate.

However, in the remaining 67 cases (51.1%) where the relationship was ongoing, one or both parties had indicated an intention to end the relationship. In 62 of these 67 cases the woman had indicated an intention to end the relationship and most often this intention had been indicated within three months of the homicide (n=52). In four cases both parties had indicated an intention to end the relationship and in one case the male homicide offender had indicated an intention to end the relationship.

Accordingly, in over two-thirds of IPV homicides involving a female victim and a male offender, the relationship had ended or was breaking down (with one or both parties intending to separate) at the time of the fatal episode (n=142, 68.9%).

Figure 3.9: Intention to separate – male homicide offender, female homicide victim



Male homicide victims

The vast majority of male IPV homicide victims were killed by their current female intimate partner, including wives, de facto wives and girlfriends (n=39, 84.8%).

Table 3.24: Relationship of female IPV homicide offender to male victim (n=46)

Relationship type	Male IPV homicide victim	%
Wife	6	13.0%
De facto wife	31	67.4%
Girlfriend	2	4.3%
Former wife	3	6.5%
Former de facto wife	3	6.5%
Former girlfriend	1	2.2%
TOTAL	46	-100%

Note: figures may not add to 100 due to rounding.

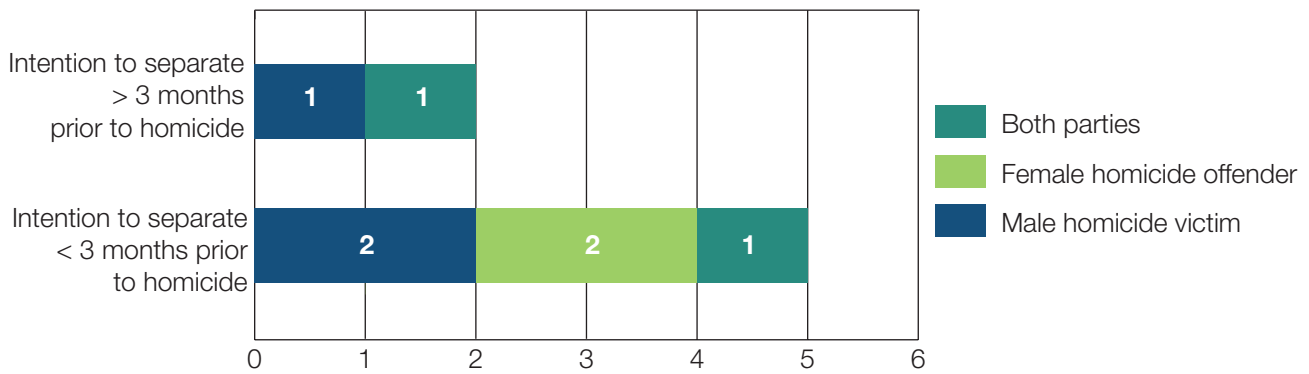
Of the seven male IPV homicide victims who were killed by a former female intimate partner, in two cases the relationship had ended within three months of the homicide (28.6%) and in five cases the relationship had ended more than three months prior to the homicide (71.4%).

Family Law proceedings were ongoing in two of the seven cases where a male IPV homicide victim was killed by a former female partner (28.6%).

Of the 39 male IPV homicide victims who were killed by a current female intimate partner: in three cases the male homicide victim had indicated an intention to end the relationship; in two cases the female homicide offender had indicated an intention to end the relationship; and in two cases both parties had indicated an intention to end the relationship.



Figure 3.10: Intention to separate – female homicide offender, male homicide victim



Data in context – Separation

There have been inconsistent approaches to assessing risk around separation by responders. For instance, while separation may now be routinely treated as an indication of heightened risk of future violence by specialist domestic violence service providers, separation is often the goal of interventions by social workers in child protection cases.²²⁹ Separation may be put forward as the means by which victims can protect themselves, however this approach ignores the fact that many abuser’s coercive control continues, and often escalates, after a physical separation.²³⁰ The fact that separation does not equal safety is discussed further in *Chapter 6: Issues Analysis*.

The above findings reinforce the fact that separation, of itself, should not be seen as the solution to ending domestic violence. And, conversely, separating from the abuser can in fact heighten the risk of the victim being killed in the period immediately prior to and after separation. This finding reinforces the need to strengthen support and protection for women who intend to separate or have recently separated from their abusive partner.

National data on IPV homicides similarly established a majority of cases where actual or intended separation was a feature of male-perpetrated IPV homicide (58%).²³¹ Research from New Zealand further reinforces the Team’s findings with 67 per cent of the female IPV homicide victims killed by male offenders in the time leading up to or following separation.²³² Moreover the ANROWS National Risk Assessment Principles have also identified separation (actual or pending) as one of the key lethality/high-risk factors for domestic and family violence.²³³

In contrast the separation rates for incidents of female-perpetrated IPV homicide are relatively small, making it difficult to draw conclusions about this data.

229 Robinson, A., et al (2016) ‘A small constellation: Risk factors informing police perceptions of domestic abuse’ *Policing and Society*, vol. 28(2), pp. 189-204.

230 New Zealand Family Violence Death Review Committee (2017) (n78), p. 35.

231 Australian Domestic and Family Violence Death Review Network and Australia’s National Research Organisation for Women’s Safety (2022) (n13), p. 14.

232 New Zealand Family Violence Death Review Committee (2017) (n78), p. 10.

233 Toivonen and Backhouse (2018) (n40).

Relationship length

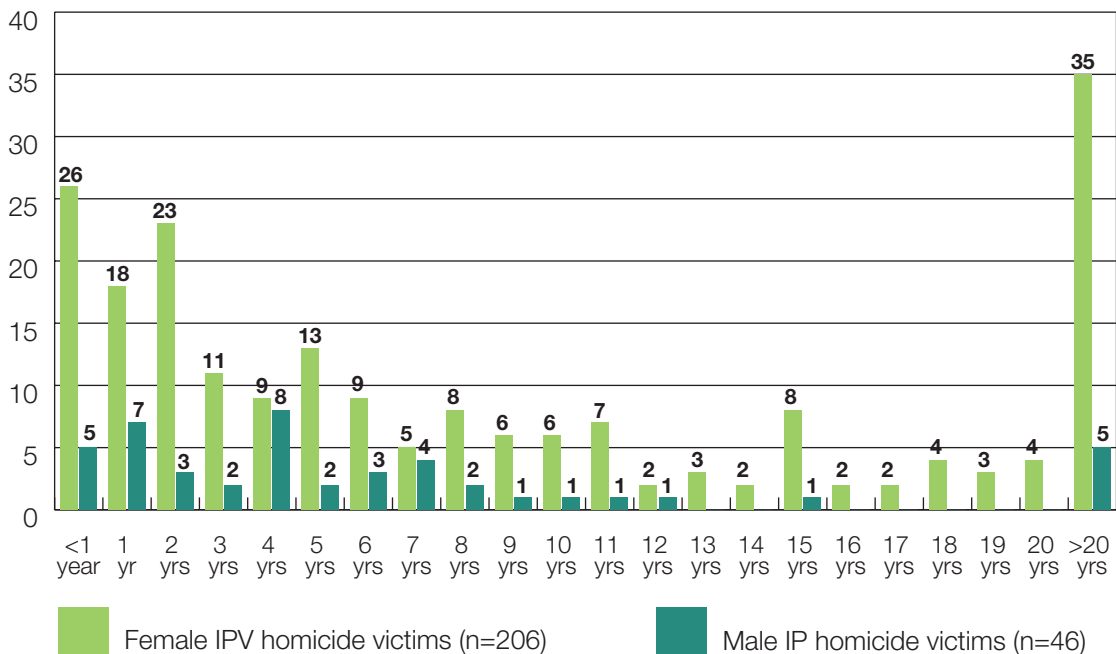
Female homicide victims

The duration of the relationships between the 206 female IPV homicide victims and the male intimate partner who killed them ranged from less than 12 months to 45 years. The average relationship length was 11.7 years.

Male homicide victims

The duration of the relationships between the 46 male IPV homicide victims and the female intimate partner who killed them ranged from less than 12 months to 33 years. The average relationship length was 7.5 years.

Figure 3.11: IPV homicide relationship length (n=252)



Data in context – Relationship length

A recent Australian study into male-perpetrated IPV homicide similarly found that the average length of the relationships was 10 years, with both very brief and long-term relationships at either end of the spectrum.²³⁴

These data findings demonstrate that IPV homicides can occur at any stage during a relationship, with homicides occurring after relationships as brief as four weeks, as well as after many decades of protracted violence by abusers.

This appears in contrast to a common belief that IPV homicides are the end result on a continuum of protracted and escalating violent behaviour over a significant period of time in a relationship (sometimes referred to as the exposure reduction hypothesis).²³⁵

234 Boxall et al (2022) (n6), p. 26.

235 Reckdenwald, A. and Parker, K. (2012), *Understanding the change in male and female intimate partner homicide over time: A policy and theory-relevant investigation.* *Feminist Criminology*, vol. 7, pp. 167–195, <https://doi:10.1177/1557085111428445> (accessed 3 February 2022).



Age disparity

Female homicide victims

The majority of the 206 female IPV homicide victims were younger than the male intimate partner that killed them (n=152, 73.8%). The age difference ranged from 1 to 42 years and on average the woman was 7.6 years younger than the male IPV homicide offender.

Forty-five women were older than the male homicide offender (21.8%). The age difference ranged from 1 and 19 years and on average the woman was 5.5 years older than the male IPV homicide offender.

Nine women were the same age as the homicide offender (4.4%).

Therefore, on average the 206 male IPV homicide offenders were 4.4 years older than their female partners.

Male homicide victims

The majority of the 46 male IPV homicide victims were older than the female intimate partner that killed them (n=30, 65.2%) The age difference ranged from 1 to 25 years difference and on average the woman was 7.9 years younger than the male IPV homicide victim.

Thirteen men were younger than the female homicide offender (28.3%). The age difference ranged from 1 to 16 years and on average the man was 5.2 years younger than the female IPV homicide offender.

Three men were the same age as the homicide offender (6.5%).

Accordingly, the 46 male IPV homicide victims were on average 3.7 years older than their female partners.

Table 3.25: Age disparity between IPV homicide victims and offenders

Age disparity between homicide victim and homicide offender	Female IPV homicide victim	% Female	Male IPV homicide victim	% Male
>20 years younger than homicide offender	11	5.3%	0	0%
16-20 years younger than homicide offender	4	1.9%	1	2.2%
11-15 years younger than homicide offender	15	7.3%	1	2.2%
6-10 years younger than homicide offender	49	23.8%	3	6.5%
1-5 years younger than homicide offender	73	35.4	8	17.4%
Same age as homicide offender	9	4.4%	3	6.5%
1-5 years older than homicide offender	28	13.6%	12	26.1%
6-10 years older than homicide offender	9	4.4%	9	19.6%
11-15 years older than homicide offender	6	2.9%	7	15.2%
16-20 years older than homicide offender	2	1%	1	2.2%
>20 years older than homicide offender	0	0%	1	2.2%
TOTAL	206	100%	46	100%

Data in context – Age disparity

A recent Australia-wide study into male-perpetrated IPV homicide confirmed the Team's findings with the male offender being older than the victim in 64 per cent of cases (with an average age difference of seven years). The female victim was on average older than the male offender by six years in one-quarter (25%) of cases and there was no age difference for the remaining 11 per cent of cases.²³⁶

In heterosexual marriages in Australia over the past forty years, the average age difference between couples was the male partner being 1.9 years older.²³⁷ It would appear therefore that the age disparity between partners in IPV homicides is greater than the national average, however this is an imperfect comparison because the national statistics do not take into account the large proportion of de facto and boyfriend/girlfriend relationships in this dataset.

Domestic violence dynamics are characterised by a power imbalance between the predominant abuser and the predominant victim, and this could be exacerbated by significant age differences between the partners.²³⁸ Some studies have identified female victims who are younger their partner are at an increased risk of intimate partner homicide,²³⁹ while another meta-analysis found no evidence of increased risk due to age disparity.²⁴⁰ It is noted that further research is needed in this area.²⁴¹

IPV homicide and children

In just over two-thirds of the 252 IPV homicides in the dataset, there were children living full or part time with either the homicide victim and/or the homicide offender (n=169, 67.1%). In 100 cases these were biological children of the victim and offender (59.2% of relationships with children); 58 cases involved stepchildren in the relationship - meaning the homicide victim and homicide offender did not have children together but one or both parties had children from a previous relationship/s and these children resided with them full or part time (34.3% of relationships with children); and 11 cases where there was both biological and stepchildren in the relationship (6.5% of relationships with children).

In the vast majority of the 169 cases where there were children in the relationship, the children were identified as having experienced domestic violence at some point prior to the IPV homicide, including being directly abused (including physical and non-physical abuse); and/or experiencing the violence between the homicide victim and offender (n=151, 89.3% of relationships with children).

The homicide victims and offenders were known to be parents (either together or separately) to at least 267 surviving children who were aged less than 18 at the time of the homicide.

Data in context – IPV homicide and children

Better supporting child survivors of IPV homicide has been a key focus for the Team since its establishment. The Team's recommendations, and the government responses to proposed reforms for this vulnerable cohort of children, are discussed in detail in *Chapter 7: Recommendation Analysis*.

236 Boxall et al (2022) (n6), p. 28.

237 Qu, L. (2020), 'Couple Relationships', *Australian Families Then & Now*, Australian Institute of Family Studies, <https://aifs.gov.au/publications/couple-relationships> (accessed 3 February 2022).

238 Boxall et al (2022) (n6).

239 Garcia, L. et al (2007) 'Homicides and intimate partner violence: A literature review' *Trauma, Violence, & Abuse*, vol. 8(4), pp. 370–383. <https://doi.org/10.1177/1524838007307294>; Aldridge, M. L. and Browne, K. (2003) 'Perpetrators of spousal homicide: A review', *Trauma, Violence, & Abuse*, vol. 4(3), pp. 265–276. <https://doi.org/10.1177/1524838003004003005> (accessed 3 February 2022).

240 Spencer and Stith (2020) (n101).

241 Volpe, E. et al (2013) 'What's age got to do with it? Partner age difference, power, intimate partner violence, and sexual risk in urban adolescents', *Journal of interpersonal violence*, vol.28(10), pp. 2068–2087. <https://doi.org/10.1177/0886260512471082> (accessed 3 February 2022).



As further described below and in the Domestic Violence Context Filicide Dataset in *Chapter 5*, in 11 cases of male-perpetrated IPV homicide and one case involving female-perpetrated IPV homicide, a child or children were also killed in the fatal episode, resulting in the deaths of 14 children and 4 unborn children.

Multiple homicide events

There were 15 cases where the homicide offender killed their current/former intimate partner as well as another person/s.²⁴² All but one of the 15 multiple homicide events were perpetrated by a male IPV homicide offender. Of the 15 multiple homicide events:

- 7 involved a male IPV homicide offender killing his female intimate partner together with one or more of their children;
- 1 involved a female IPV homicide offender killing her male intimate partner together with their children;
- 1 involved a male IPV homicide offender killing his female intimate partner together with one of their children and her new partner;
- 4 involved a male IPV homicide offender killing his female intimate partner together with another relative/s; and
- 2 involved a male IPV homicide offender killing his female intimate partner together with her new male partner.

In eight of these cases the IPV homicide offender died by suicide after committing the multiple homicide event.

Future directions

This chapter represents the most detailed analysis of IPV homicide data the Team has produced to-date, almost doubling the focused IPV homicide analysis in the *2017-19 DVDRT Report* and contextualizing the findings with the extant literature. It does, however, highlight limitations in analysing discrete cohorts within the broader dataset. For this reason, as part of its future work agenda the Team will explore the opportunity to undertake focused cluster reviews for specific IPV homicides, for example, homicides in non-heterosexual couples; homicides of older women; homicides of women with disability; and homicides in non-metropolitan regions.

²⁴² Cases where a homicide offender killed their intimate partner and then died by suicide are not coded as a multiple homicide event in the DVDRT database.

IPV Homicide-suicide in NSW, 2000-2018

This chapter presents a data analysis of the 52 IPV homicide-suicides that occurred in NSW between 1 July 2000 to 30 June 2018 and considers the findings in the context of the broader IPV Homicide Dataset.





Key findings

- The vast majority of intimate partner homicide-suicides in NSW occur following an identifiable history of IPV (83.9%).
- IPV homicide-suicides are almost exclusively perpetrated by male offenders against a current or former female intimate partner.
- Male IPV homicide-suicide offenders were almost exclusively the predominant domestic violence abuser in the relationship with the woman they killed.
- Compared to all IPV homicides, IPV homicide-suicides are:
 - more likely to involve the use of firearms in the fatal episode;
 - more likely to occur in a context of separation; and
 - more likely to involve former intimate partners who continue to cohabit after the relationship has ended ('separated under one roof').
- Compared to all female victims of IPV homicide, female IPV homicide-suicide victims are:
 - slightly older;
 - less likely to be residing in the most socioeconomically disadvantaged areas of NSW;
 - less likely to identify as Aboriginal;
 - more likely to have completed a tertiary education;
 - more likely to be engaged in paid employment;
 - more likely to have experienced mental health issues; and
 - less likely to engage in alcohol or drug use.
- Compared to all male offenders of IPV homicide, male IPV homicide-suicide offenders are:
 - slightly older;
 - less likely to identify as Aboriginal;
 - more likely to have completed tertiary education;
 - more likely to be engaged in paid employment;
 - more likely to have experienced mental health issues; and
 - less likely to engage in alcohol or drug use.
- Compared to all IPV homicides, male abusers in IPV homicide-suicides are:
 - less likely to have a history of physical violence against their female intimate partner;
 - more likely to have a history of social violence against their female intimate partner; and
 - more likely to have a history of stalking their female intimate partner, both during the relationship and after the relationship had ended.
- There were at least 52 child survivors from the 49 IPV homicide-suicides in the dataset.
- There were six *familicides* where the male offender killed his female intimate partner as well as one or more children before dying by suicide (12.2%).

Introduction

Homicide-suicide describes the phenomenon where an offender kills one or more individuals and then takes their own life. Homicide-suicides constitute approximately 6.5 per cent of all homicides in Australia²⁴³ and while such events are therefore relatively rare, they have far-reaching and long-lasting impacts on individuals, families, and communities.²⁴⁴

Homicide-suicides often attract widespread media coverage and public attention, and as a result can promote dialogue and drive reform across a range of public health, social and justice issues. This highlights the importance of better understanding the phenomenon of homicide-suicide and the shared or unique characteristics of such events compared to homicide alone.

Australian research has identified that the most common type of homicide-suicide is that involving current or former partners.²⁴⁵ This mirrors research in other jurisdictions, which has similarly identified that the majority of homicide-suicides involve a male killing their current or former female intimate partner.²⁴⁶

A number of theoretical and typology-based frameworks have been proposed to explain and better understand the phenomenon of homicide-suicide. Marzuk's system of classifying homicide-suicides according to the offender's motive remains prevalent in the literature and identifies the following motivational categories: 'amorous jealousy' (including cases where an offender kills their partner following an actual or impending separation); 'mercy killing'; 'altruistic or extended suicide'; 'family, financial or social stressors'; and 'retaliation'.²⁴⁷

'Amorous jealousy', has been identified as the most common motivational factor in intimate partner homicide-suicides,²⁴⁸ however such classification fails to capture the complexities of intimate partner violence and provides limited insights into the role of such violence in the cases. Further, it is the Team's perspective that framing IPV homicide-suicides in terms of 'jealousy' is highly problematic in that it obscures offender accountability. Attempts to explain or provide a rationale for the offender's behaviour in such terms effectively excuses their behaviour rather than holding them accountable for their attitudes and actions.²⁴⁹ Moreover, this arguably misdirects blame to the victim who is positioned as having done something untoward to provoke the 'jealous' reaction by the offender.

243 Australian Institute of Criminology (2008) 'Murder-suicide in Australia', *Crime facts info no. 176*, <https://www.aic.gov.au/publications/cfi/cfi1762008> (accessed 12 September 2021).

244 McPhedran et al (2018), 'Characteristics of Homicide-Suicide in Australia: A Comparison With Homicide-Only and Suicide-Only Cases', *Journal of Interpersonal Violence*, vol. 33(11), pp. 1805-1829 doi:10.1177/0886260515619172 (accessed 14 September 2021).

245 Carcach, C. and Grabosky, P. (1998), 'Murder-suicide in Australia', *Trends & issues in crime and criminal justice no. 82*. Canberra: Australian Institute of Criminology, <https://www.aic.gov.au/publications/tandi/tandi82> (accessed 14 September 2021); Eastal, P. (1994), 'Homicide Suicides Between Adult Sexual Intimates: An Australian Study' *Suicide and Life-Threatening Behavior* vol. 24, pp. 140 – 151, https://www.researchgate.net/publication/227750769_Homicide-Suicides_Between_Adult_Sexual_Intimates_An_Australian_Study (accessed 14 September 2021); Australian Institute of Criminology (2008) (n243).

246 See, for example, Zeppegno, P. et al (2019), 'Intimate Partner Homicide Suicide: a Mini-Review of the Literature (2012–2018)', *Curr Psychiatry Rep* 21, p.13, <https://doi.org/10.1007/s11920-019-0995-2> (accessed 17 September 2021); Yip, P. et al (2009), 'An empirical study of characteristics and types of homicide-suicides in Hong Kong, 1989-2005', *Journal of affective disorders*, vol. 112(1-3), pp. 184–192, <https://doi.org/10.1016/j.jad.2008.05.005> (accessed 17 September 2021).

247 Marzuk, P. et al (1992), 'The epidemiology of murder-suicide', *JAMA*, vol. 267(23), pp. 3179–3183, <https://pubmed.ncbi.nlm.nih.gov/1593740/> (accessed 17 September 2021).

248 Rouchy, E. et al (2020), 'Characteristics of homicide-suicide offenders: A systematic review', *Aggression and Violent Behavior*, vol. 55, 101490, <https://doi.org/10.1016/j.avb.2020.101490> (accessed 18 September 2021); Liem, M. and Koenraadt, F. (2007), 'Homicide-suicide in the Netherlands: A study of newspaper reports, 1992-2005', *Journal of Forensic Psychiatry & Psychology*, vol. 18(4), pp. 482–493, <https://doi.org/10.1080/14789940701491370> (accessed 18 September 2021); Shiferaw, K. et al (2010), 'A half century retrospective study of homicide-suicide in Geneva – Switzerland: 1956–2005', *Journal of Forensic and Legal Medicine*, vol. 17(2), pp. 62-66, <https://doi.org/10.1016/j.jflm.2009.09.003> (accessed 18 September 2021); Schwab-Reese, L. and Peek-Asa, C. (2019) 'Factors contributing to homicide-suicide: differences between firearm and non-firearm deaths', *J Behav Med*, 42(4), pp. 681-690, <https://doi.org/10.1007/s10865-019-00066-9> (accessed 18 September 2021).

249 Buxton-Namisyk, E. and Butler, A. (2017), 'What's language got to do with it? Learning from discourse, language and stereotyping in domestic violence homicide cases', *Judicial Officers Bulletin*, vol. 29(6), pp. 49–52, <https://search.informit.org/doi/10.3316/agispt.20173208> (accessed 22 September 2021).



While a number of studies have considered the history of domestic violence in intimate partner homicide-suicide cases,²⁵⁰ the findings have been varied and the domestic violence context of such cases remains an underexplored focus in the research. Recent research has also emphasised the need to consider homicide-suicide populations within their own right and to draw out jurisdictional nuances.²⁵¹ Accordingly, in an effort to better understand the phenomenon of homicide-suicide in the Australian context and the prevalence and characteristics of intimate partner violence in such cases, this section presents data on all IPV homicide-suicides in NSW from 1 July 2000 to 30 June 2018 and considers the findings in the context of the broader IPV Homicide Dataset.

Methodology

The same methodology as set out in *Chapter 3: IPV homicide* was adopted for this dataset with the additional inclusion criteria that the homicide offender died by suicide.

Limitations

The limitations identified in *Chapter 3: IPV homicide* similarly apply to the analysis of IPV homicide-suicide cases, however there can be particular limitations in relation to the examination of these cases.

Under section 27 of the *Coroners Act 2009* (NSW) all homicide-suicides are the subject of a mandatory inquest however, as the Team has identified in previous reports, the nature and scope of information gathered in the course of homicide-suicide investigations is frequently narrower in focus compared to cases that proceed by way of criminal prosecution. Further, absent a prosecution, the Team's analysis does not have the benefit of additional material prepared in the course of a criminal trial such as forensic psychiatric or other expert reports and victim impact statements.

Similarly, the Team has previously identified that Coronial proceedings for domestic violence context homicide-suicides are often narrow in their scope of inquiry and are principally focused on identifying the manner and cause of death. In its *2017-19 DVDRT Report* the Team emphasised homicide-suicide inquests as an important site where perpetrators of violence can be held accountable for their abusive behaviours and victims' experiences of violence can be acknowledged and their lives celebrated. The Team identified homicide-suicide cases as warranting specialised attention and as a result of a recommendation by the Team, all homicide-suicide inquests are now held by Senior Coroners from the NSW State Coroner's Court.

Data findings

Overview

As described in *Chapter 3*, between 1 July 2000 and 30 June 2018 there were 314 intimate partner homicides in NSW, of which 271 (86.3%) were identified following an identifiable history of domestic violence.

Almost one-fifth of the 314 intimate partner homicides were homicide-suicides (n=62, 19.7%). This figure includes homicide-suicides where the offender suicided at the same time or shortly after the homicide, and cases where the offender suicided days, weeks or sometimes years following the homicide.

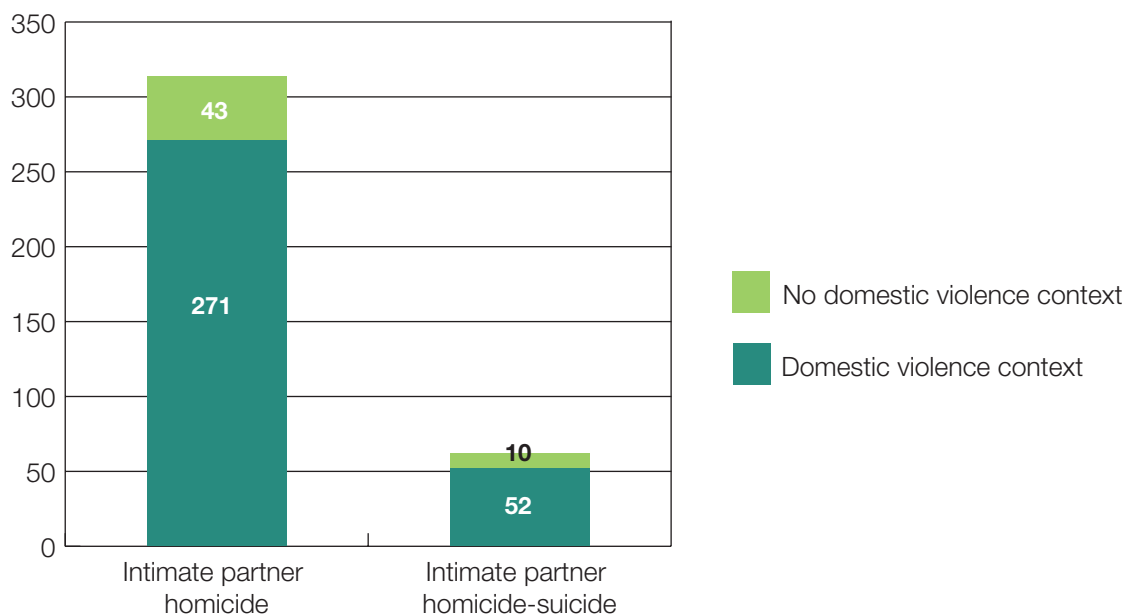
250 See for example, Eliason, S. (2009), 'Murder-suicide: A Review of the Recent Literature', *The Journal of the American Academy of Psychiatry and the Law*, vol. 37, pp. 371-6; Salari, S. (2007), 'Patterns of intimate partner homicide suicide later in life: Strategies for prevention', *Clinical interventions in aging*, vol. 2(3), pp. 441-452; Rouchy, E. et al (2020) (n248); Chopra, J. et al (2022), 'Risk factors for intimate partner homicide in England and Wales', *Health & social care in the community*, online (ahead of print) at <https://pubmed.ncbi.nlm.nih.gov/35178829/> (accessed 5 April 2022).

251 McPhedran et al (2018) (n244).

Of the 62 intimate partner homicide-suicides, 52 were identified as having occurred following an identifiable history of coercive control (83.9%). The 10 intimate partner homicide-suicides that were coded as not having occurred in a context of domestic violence are not included in the IPV Homicide-suicide Dataset.

The 10 cases excluded from the IPV Homicide-suicide Dataset occurred in a range of non-domestic violence related circumstances including: suicide pacts (n=4); terminal illness of the homicide victim²⁵² (n=1); sexual misadventure (n=1); and where there was otherwise no identifiable history of violence preceding the homicide-suicide (n=4). All 10 of the non-domestic violence context intimate partner homicide-suicides were perpetrated by a male and all the victims were female.

Figure 4.1: Intimate partner homicide and intimate partner homicide-suicide, 2000-2018



The proportion of intimate partner homicide-suicides that were identified as having occurred in a context of domestic violence (83.9%) closely aligns with the finding for intimate partner homicide, 86.3 per cent of which occurred following an identifiable history of domestic violence.

There are mixed findings in the literature with respect to the history of domestic violence in intimate partner homicide-suicides. Some studies reported a higher occurrence of domestic violence among intimate partner homicide-only cases compared to intimate partner homicide-suicides, while others, like the present study, reported comparable levels of domestic violence history.²⁵³

While the extant literature consistently identifies a history of domestic violence as a characteristic of intimate partner homicide-suicide, the prevalence varies widely across the research and no studies reported levels as high as have been found in the present study.²⁵⁴ This likely reflects methodological and definitional differences across the research, with many studies relying on formally reported histories of domestic violence (and often only physical violence). This highlights the important contribution of the Team's work in better understanding the true prevalence of domestic violence in these cases.

²⁵² In circumstances where the homicide victim had advanced dementia and was terminally ill and there was otherwise no identifiable history of domestic violence.

²⁵³ McPhedran et al (2018) (n244).

²⁵⁴ Zepegno et al (2019) (n246).



IPV homicide-suicide and gender

Of the 52 cases in the IPV Homicide-suicide Dataset, almost all involved a male homicide offender killing their current or former female partner before suiciding (n=49, 94.2%).

The IPV Homicide-suicide Dataset includes two cases where a female homicide offender killed a male intimate partner and one case where a male homicide offender killed his male intimate partner, before killing themselves. There were no cases where a female homicide offender killed a female partner before suiciding.

Accordingly, while all IPV homicides are gendered (with the broader IPV Homicide Dataset revealing 79.5 per cent of cases being perpetrated by a male homicide offender), this is even more pronounced for IPV homicide-suicides. This finding is consistent with both the Australian and international literature which has identified that intimate partner homicide-suicide cases almost exclusively involve a male homicide offender killing a female intimate partner before suiciding.²⁵⁵

Predominant abuser/victim classification

All but one of the 49 male IPV homicide-suicide offenders who killed their female partner were identified as the predominant abuser against the woman they killed before suiciding (n=48, 98%).

In one case it was not possible to distinguish who was the predominant abuser/victim due to limited contextual information about the use of abusive behaviours by each of the parties (2%). For more information see *Predominant abuser/victim classification* in Chapter 3.

These findings effectively mirror those in the broader IPV Homicide Dataset, where 98.5 per cent of male offenders who killed a female victim were the predominant abuser in the relationship.

Of the two female IPV homicide-suicide offenders who killed a male intimate partner, one was the predominant victim of violence from the man she killed and in the other case there was evidence that both parties used domestic violence against the other, prior to the homicide-suicide however on the information available it was not possible to distinguish who was the predominant abuser/victim.

In the one case where a male IPV homicide-suicide offender killed a male intimate partner, the homicide offender was the predominant abuser against the male homicide victim he killed.

255 Carcach and Grabosky (1998) (n245); Logan, J. et al (2008), 'Characteristics of Perpetrators in Homicide-Followed-by-Suicide Incidents: National Violence Death Reporting System – 17 US States, 2003-2005', *American Journal of Epidemiology*, vol. 168(9), pp. 1056-1064, <https://doi.org/10.1093/aje/kwn213> (accessed 22 September 2021); Zeppugno et al (2019) (n246).

Table 4.1: IPV homicide-suicide offender abuser/victim classification (n=52)

Predominant abuser/victim classification	Male homicide-suicide offenders who killed a female intimate partner	Female homicide-suicide offenders who killed a male intimate partner	Male homicide-suicide offenders who killed a male intimate partner
Homicide-suicide offender was predominant abuser	48	0	0
Homicide-suicide offender was predominant victim	0	1	1
Homicide-suicide offender was both abuser and victim	1	1	0
TOTAL	49	2	1

The small case numbers of female-to-male and male-to-male IPV homicide-suicides preclude meaningful comparison with the broader IPV Homicide Dataset. Accordingly, the analysis that follows focuses on the cases that involve a male homicide offender killing a female partner before dying by suicide.

Domestic violence behaviours and histories of violence

As noted in the IPV Homicide Dataset, the Team is uniquely positioned to conduct in-depth analysis and reviews to identify discrete characteristics present within a relationship prior to an IPV homicide-suicide. This section explores the range of different abusive behaviours used by the abuser that preceded the IPV homicide-suicide, including emotional and psychological violence, physical violence, sexual violence, social violence, financial (or economic) violence and stalking. It also examines reported and unreported histories of violence.

These data findings are oriented in terms of the predominant abuser/predominant victim in the relationship (as opposed to the homicide victim/homicide offender) as this enables a more accurate framing of the gendered patterns of domestic violence behaviours.

As described above, in 48 of the 49 cases in the IPV Homicide-suicide Dataset, the male homicide offender was the predominant abuser in the relationship with the female intimate partner they killed. This section excludes the remaining case where there was evidence that both parties had used abusive behaviours against the other prior to the homicide-suicide and only considers the behaviours of the 48 male predominant abusers.

Domestic violence behaviours

The following range of abusive behaviour types are defined in the IPV Homicide-suicide Dataset.

Emotional/psychological violence

In 85.4 per cent of murder-suicide cases there was evidence that the male predominant abuser had used emotional/psychological violence against the female victim prior to the fatal episode (n=41). A history of emotional/psychological violence was lower than for the broader IPV Homicide Dataset (cf. 96.7%).



Physical violence

Less than half of the male predominant abusers used physical violence against the female victim prior to the fatal episode (n=22, 45.8%). Accordingly, in over half of the IPV homicide-suicides there was no history of the male abuser using physical violence prior to the fatal episode (n=26, 54.2%). This finding varies from the broader IPV Homicide Dataset where a history of physical violence was evident in 72.7 per cent of cases.

Sexual violence

An identifiable history of sexual violence by the male predominant abuser was evident in approximately 10 per cent of murder-suicide cases (n=5, 10.4%). A history of sexual abuse was lower than for the broader IPV Homicide Dataset (cf. 15.1%) however the previous comments made in *Chapter 3* regarding the likely underreporting of this type of abuse are noted.

Social violence

Just over three-quarters of male predominant abusers used social violence against the female victim (n=37, 77.1%). A history of social violence was higher than for the broader IPV Homicide Dataset (cf. 59.2%).

Economic/Financial violence

Over a third of the male predominant abusers were identified as using economic/financial violence against the female victim (n=18, 37.5%). A history of financial violence was slightly higher than for the broader IPV Homicide Dataset (cf. 31.4%).

Stalking during relationship

Just over half of the male predominant abusers stalked the female victim during the relationship (n=25, 52.1%). In 16 of these cases, the stalking included technology-facilitated stalking, such as through the internet, computer or via a telecommunications device. A history of stalking during the relationship was considerably higher than for the broader IPV Homicide Dataset (cf. 30.6%).

Stalking after relationship had ended

In 23 out of the 48 cases, the relationship had ended prior to the homicide-suicide (47.9%). In over 80 per cent of these cases, the male predominant abusers stalked the female victim after the relationship had ended (n=19, 82.6%). A history of stalking after the relationship had ended was considerably higher than for the broader IPV Homicide Dataset (cf. 51.4%).

Table 4.2: Domestic violence behaviours of predominant abusers in IPV homicides-suicides/all IPV homicides

Domestic violence behaviours by predominant abusers	Behaviours demonstrated by predominant abusers in IPV homicide-suicides (%)	Behaviours demonstrated by predominant abusers in all IPV homicides (%)	Difference (%)
Emotional/psychological violence	85.4%	96.7%	- 11.3%
Physical violence	45.8%	72.7%	- 26.9%
Sexual violence	10.4%	15.1%	- 4.7%
Social violence	77.1%	59.2%	+ 17.9%
Economic/Financial violence	37.5%	31.4%	+ 6.1%
Stalking during relationship	52.1%	30.6%	+ 21.5%
Stalking after relationship had ended	82.6%	51.4%	+ 31.2%

Police recorded history of domestic violence

In just under one-third of the 48 IPV homicide-suicides in the dataset with a predominant victim/abuser, the history of abuse that preceded the fatal episode had been reported to police (n=15, 31.3%). In the majority of cases, therefore, the abuser's behaviour had not been reported (n=33, 68.8%). This finding is considerably lower than for the broader IPV Homicide Dataset where the abuse that preceded the IPV homicide was reported in 52.8 per cent of cases.

ADVOs

In eight of the 48 cases there was a current ADVO in place protecting the female predominant victim from the male predominant abuser at the time of the homicide-suicide (16.7%). Of the eight current ADVOs, half were interim/provisional orders (n=4, 50%); in two cases there were final orders for 12 months (25%); in one case there were final orders for two years (12.5%) and in one case there were final orders for three years (12.5%).

In one further case the female predominant victim had been named as the protected person in an ADVO with the male predominant abuser that had expired at the time of the homicide-suicide.

The proportion of women who were currently or had previously been named as a protected person in an ADVO with the male predominant offender is less than the broader IPV Homicide Dataset (cf. 21.6% with current ADVOs, 16.3% with historical ADVOs). This finding is unsurprising given the history of abuse was less likely to have been reported to police in the homicide-suicide cases.

There were no cases where the male predominant abuser was named as a protected person in an ADVO with the female victim (current or historical).



Criminal history – domestic violence related

Of the 48 male predominant abusers, two had been convicted of domestic violence offences against the female intimate partner they killed (4.2%), a finding considerably lower than for male predominant abusers in the broader IPV Homicide Dataset (cf. 14.3%). One male predominant abuser was on bail in relation to a serious physical assault of the female victim at the time of the homicide-suicide.

None of the male predominant abusers had served a custodial sentence in relation to their domestic violence offending.

None of the female predominant victims had been convicted of domestic violence offences against the male predominant abuser.

Repeat domestic violence perpetration

In one-third of the 48 cases the only significant intimate relationship the male predominant abuser had was with the woman he killed (n=16, 33.3%).

Of the 32 male predominant abusers who had another intimate partner/s, more than half were known to have perpetrated domestic violence against their prior partner/s, including recorded and unrecorded patterns of abuse (n=19, 59.4%). A history of repeat domestic violence perpetration was comparable with the broader IPV Homicide Dataset (cf. 58.1%).

Male predominant abuser ADVOs with prior partners

One-quarter of the 32 male predominant abusers who had a prior intimate relationship/s had been a defendant in an ADVO/s (n=8, 25%). This finding is lower than for male abusers in the broader IPV Homicide Dataset (cf. 36%).

Male predominant abuser DV criminal history with prior partners

Of the 32 male predominant abusers who had a prior relationship, five had been convicted of domestic violence offences against a former intimate partner (15.6%) and again this finding is lower than for male abusers in the broader IPV Homicide Dataset (cf. 24.7%).

As noted above, none of the male predominant abusers had served a custodial sentence in relation to their domestic violence offending (cf. 17.6% of male abusers in the broader IPV Homicide Dataset).

Repeat domestic violence victimisation

In 18 of the 48 cases the only significant intimate relationship the female predominant victim had was with the man who killed her (37.5%).

Of the 30 female predominant victims who had another intimate partner/s, one-third were known to have experienced domestic violence from their prior partner/s, including recorded and unrecorded patterns of abuse (n=10, 33.3%). A history of repeat domestic violence victimisation was lower than for the broader IPV Homicide Dataset (cf. 45.5%).

Female predominant victim ADVOs with prior partners

Of the 30 female predominant victims who had another intimate partner/s, two had previously been named as a protected person in an ADVO (6.7%), a finding substantially lower than for women in the broader IPV Homicide

Dataset (cf. 21.2%) which also accords with the finding above that repeat victimisation was less common for these women.

No women had been named as a defendant in an ADVO with a prior intimate partner/s.

Female predominant victim DV criminal history with prior partners

None of the female predominant victims had been convicted of domestic violence offences against the male predominant abuser or any other prior intimate partners.

IPV homicide-suicide victims

This section presents data findings on demographic and personal characteristics for homicide victims. Accordingly, this data reverts to a more traditional homicide offender/victim structure.

As noted above, the IPV Homicide-suicide Dataset includes 49 female homicide victims who were killed by a male partner, two male homicide victims who were killed by a female partner, and one man who was killed by his male intimate partner.

As the vast majority of homicide-suicide cases in the dataset involve a female homicide victim being killed by a male partner, the analysis that follows focuses on these 49 cases and compares the findings with those of female victims in the broader IPV Homicide Dataset. This analysis also draws on the broader literature however it is noted that homicide-suicide research almost exclusively focuses on offender characteristics, and detailed data relating to victims of homicide-suicide is limited.

Homicide-suicide victim age

Of the 49 female IPV homicide-suicide victims, the youngest was 22 years old, and the oldest was 76 years old. The average age of female victims was 40 years old.

The age range of female homicide-suicide victims was narrower than that for women in the IPV Homicide Dataset (cf. 15-80 years) and the average age was slightly older (cf. 38 years).

Approximately 12% of female victims in the IPV Homicide-suicide Dataset were aged 55 and older (n=6, 12.2%), which was slightly higher than in the broader IPV Homicide Dataset (cf. 10.1%).

While there is limited research regarding intimate partner homicide-suicide later in life, the extant literature suggests that the incidence of such cases is increasing with the aging population.²⁵⁶ Despite a history of domestic violence being recognised (to varying degrees) as a characteristic in intimate partner homicide-suicide, there has been little interrogation of this issue in cases involving older people.²⁵⁷ Many studies rely on newspaper surveillance however intimate partner homicide-suicides of older women (which rarely involve other victims such as children) often receive comparatively less media attention, or these case may be misrepresented as suicide pacts or 'mercy killings'. Research that does have the benefit of more detailed information such as police reports and medical records, tend to focus on apparent life stressors in the offender (such as offender and/or victim declining physical or mental health or financial issues) and histories of violence between older couples remain underexplored.²⁵⁸

256 Salari, S. (2007), 'Patterns of intimate partner homicide suicide in later life: strategies for prevention', *Clinical interventions in aging*, vol. 2(3), pp. 441-452, <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.864.2981&rep=rep1&type=pdf> (accessed 24 September 2021).

257 See, for example, Cheung, G. et al (2016), 'Late-life homicide-suicide: a national case series in New Zealand', *Psychogeriatrics*, vol. 16(1), pp. 76-81, <https://doi:10.1111/psyg.12120> (accessed 24 September 2021); Salari, S. (2007) (n256); and Cohen, D. et al (1998), 'Homicide-Suicide in Older Persons' *American Journal of Psychiatry*, vol. 155(3), pp. 390-396, <https://doi.org/10.1176/ajp.155.3.390> (accessed 24 September 2021).

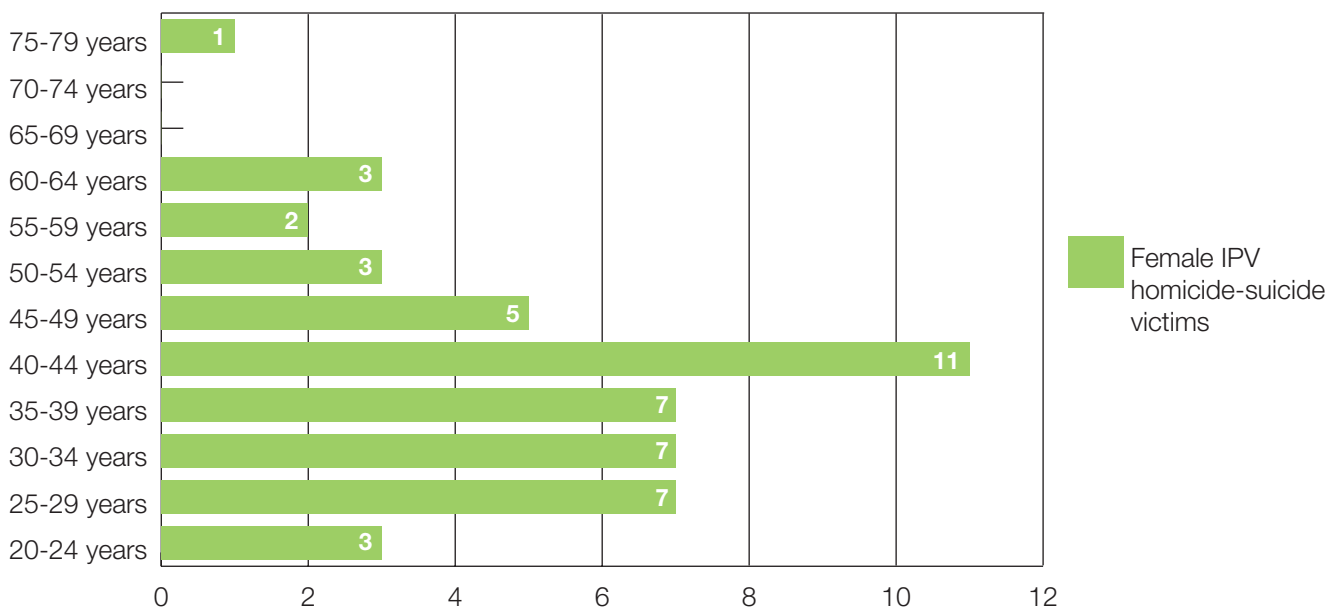
258 See, for example, Logan et al (2008) (n255).



In NSW all homicide-suicides are subject to a mandatory inquest and, therefore, have the benefit of the wide range of information gathered in the investigation into such deaths. The Team has identified, however, that these processes (both in terms of the investigation and the inquest that follows) often have a similar focus on the offender’s life stressors and may fail to recognise or otherwise minimise the offender’s abusive behaviour, thereby rendering invisible the older female victim’s experience of violence.

The Team’s findings demonstrate that women experience intimate partner violence (including fatal violence) at all stages across the life course. This highlights the need for intervention and prevention strategies that recognise and are responsive to the unique challenges and barriers that may be faced by older victims of violence.

Figure 4.2: Female IPV homicide-suicide victim age (n=49)



Homicide-suicide victim country of birth

Almost two-thirds of female IPV homicide-suicide victims were born in Australia (n=31, 63.3%). The remaining 18 women were born in 16 different countries. These findings roughly align with the female homicide victims in the broader IPV Homicide Dataset (cf. 66.5%).

Of the 18 women who were born outside Australia, three were on a temporary visa at the time they were killed (16.7% of women born outside Australia and 6.1% of all female IPV homicide-suicide victims). These findings are higher than those for female victims in the broader IPV Homicide Dataset (cf. 11.6% and 3.9% respectively). It is acknowledged, however, that the IPV Homicide-suicide Dataset is relatively small and accordingly the significance of this difference is not clear.

Homicide-suicide victim Aboriginal and Torres Strait Islander status

Two of the 49 female IPV homicide-suicide victims identified as Aboriginal (4.1%). Of these women, one was killed by a male who also identified as Aboriginal, and the other woman was killed by a non-Indigenous man.

While this figure still demonstrates an overrepresentation with respect to NSW Aboriginal population data, the marked overrepresentation of Aboriginal women in the broader IPV Homicide Dataset is not reflected in the IPV Homicide-suicide Dataset (cf. 15.5%). This finding does however align with previous Australian studies which have identified that victims of homicide-suicide are most frequently Caucasian.²⁵⁹

Homicide-suicide victim place of residence

Just over two-thirds of female IPV homicide-suicide victims lived in a major city when they were killed (n=33, 67.3%). The remaining victims lived in inner regional areas (n=12, 24.5%) and outer regional areas (n=4, 8.2%).

Compared with female victims in the broader IPV Homicide Dataset, no female homicide-suicide victims were residing in remote or very remote regions of NSW. However, the overall proportions of women living outside a major city are comparable between the two datasets (cf. 31.6% and 32.7%).

Homicide-suicide victim relative socio-economic status

As described in the IPV Homicide chapter, the ABS Index of Relative Socio-economic Disadvantage (IRSD) has been used to determine the socio-economic status of all homicide victims.

Approximately one-third of the 49 female homicide-suicide victims were living in the most disadvantaged areas of New South Wales (n=17, 34.7%). This finding is lower than for the broader IPV Homicide Dataset (cf. 45.6%).

Table 4.3: Homicide-suicide victim residence - relative socioeconomic disadvantage

Homicide-suicide victim socio-economic status	Female homicide-suicide victims	% female homicide-suicide victims
1 st quintile	17	34.7%
2 nd quintile	16	32.7%
3 rd quintile	2	4.1%
4 th quintile	9	18.4%
5 th quintile	5	10.2%
TOTAL	49	-100%

Note: figures may not add to 100 due to rounding.

Homicide-suicide victim employment status

Almost three-quarters of female IPV homicide-suicide victims were engaged in paid employment at the time of their death (n=35, 71.4%). This figure is substantially higher than female victims in the broader IPV Homicide Dataset (cf. 48.1%).

As noted previously in the IPV Homicide chapter, workplaces have been identified as an important site of intervention and prevention for domestic violence victims and appear to present an even greater opportunity for intervention for the victims of IPV homicide-suicide in particular.

259 Carcach and Grabosky (1998) (n245).



Homicide-suicide victim disability

Of the 49 female IPV homicide-suicide victims, one was a woman with disability (2%). This finding is lower than that for women in the broader IPV Homicide Dataset (cf. 3.4%) however having regard to the small sample size and the limitations with respect to identifying disability described previously, it is difficult to draw any conclusion as to the significance of this finding.

Homicide-suicide victim level of education

Information regarding the highest level of education attained was available for 26 of the 49 female IPV homicide-suicide victims. Of these 26 women, over half had completed a tertiary education ($n=15$, 57.7%); just over one-quarter had completed Year 12 ($n=7$, 26.9%), one woman had completed Year 11, and three women had completed Year 10.

The proportion of female IPV homicide-suicide victims who had completed tertiary studies is considerably higher than female victims in the broader IPV Homicide Dataset (cf. 36.5%).

The rationale for collecting data in relation to the highest level of education attained for victims and perpetrators is discussed in the IPV Homicide Dataset.

Homicide-suicide victim mental health

As described in *Chapter 3*, like many of the variables in this dataset, information regarding the victim's mental health status is drawn from both official government records such as medical records, as well as witness statements and other anecdotal evidence. This approach to coding mental health status (diagnosed as well as anecdotal evidence) recognises that there are many complex barriers to accessing mental health services, including: stigma, shame, the availability or cost of services, concerns about confidentiality or the impact that a diagnosis may have on parental or other legal rights, as well as difficulties in identifying and communicating distress.²⁶⁰ These known barriers are further compounded for victims of domestic violence who may be actively prevented by the abuser from help-seeking and accessing services.

Of the 49 female IPV homicide-suicide victims, less than half were identified as having suspected or confirmed current and/or historical mental health issues ($n=21$, 42.9%).

This is considerably higher than female homicide victims in the broader IPV Homicide Dataset (cf. 28.2%). It is acknowledged, however, that this difference may reflect the nature and orientation of the investigation and review that follows a murder-suicide, as compared to homicide cases that are subject to criminal proceedings.

As noted previously, all murder-suicides in New South Wales are subject to a mandatory coronial inquest which affords a greater opportunity to explore the characteristics and circumstances of victims in homicide-suicide cases. Criminal proceedings that follow a homicide, on the other hand, are focused on the objective and subjective circumstances of the offender and there is often only limited visibility of the victim or their life experiences.

260 Salaheddin, K., and Mason, B. (2016) 'Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey' *The British journal of general practice: the journal of the Royal College of General Practitioners*, vol. 66(651) pp. 686–692. <https://doi.org/10.3399/bjgp16X687313> (accessed 13 March 2022).

Homicide-suicide victim alcohol and drug use

As described in *Chapter 3*, in this dataset, alcohol and drug use refers to substance use that is negatively impacting on a person's health, family, relationships, work, school or other social situations. Substance dependence, also known as 'alcohol/drug use disorder', may occur when a person continues to use substances even though their use causes them significant problems. It is regarded by many as a medical condition not directly under the control of the individual.

Less than 10 per cent of female IPV homicide-suicides victims had a history of alcohol use (n=4, 8.2%) and fewer still had a history of substance use (n=2, 4.1%). These findings are considerably lower than those for females in the broader IPV Homicide Dataset (cf. 28.2% and 23.9%) and the difference may be even more pronounced given the varying degrees of victim visibility in a criminal prosecution versus coronial proceedings, as described above.

Homicide-suicide victim pregnancy

One of the 49 female IPV homicide-suicide victims was pregnant at the time she was killed (2%). This finding accords with that of the broader IPV Homicide Dataset (cf. 1.9%).

IPV homicide-suicide offenders

As noted above, the IPV Homicide-suicide Dataset includes 49 male offenders who killed a female partner, two female offenders who killed a male victim, and one male offender who killed a male intimate partner.

As the vast majority of homicide-suicide cases in the dataset involve a male homicide offender killing a female intimate partner, the analysis that follows focuses on these 49 cases and compares the findings with those of male offenders in the broader IPV Homicide Dataset. Where relevant, this analysis aims to contextualise these findings in the broader research relating to intimate partner homicide-suicide offenders.

Homicide-suicide offender age

The age of the 49 male IPV homicide-suicide offenders who killed their current or former female partner ranged from 23 to 76 years. The average age of male offenders was 45 years old.

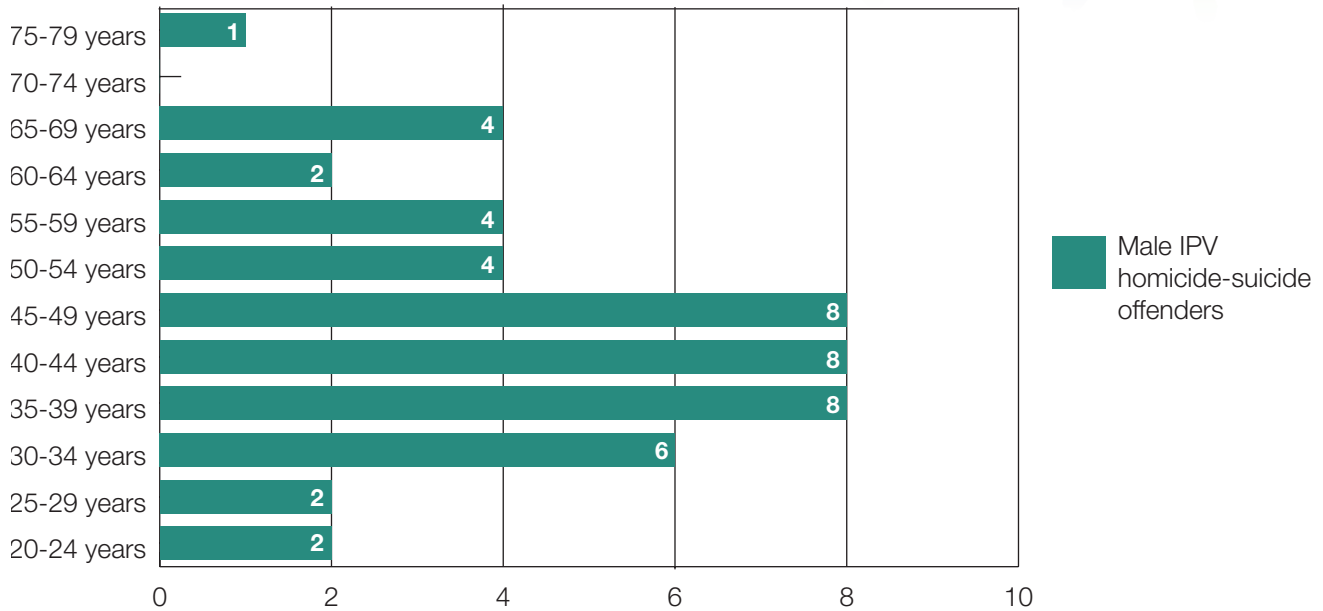
The age range of male homicide-suicide offenders was narrower than that in the IPV Homicide Dataset (cf. 17-85 years) and the average age was slightly older (cf. 43 years).

This finding is consistent with the broader literature which has identified that male intimate partner homicide-suicide offenders tend to be older than intimate partner homicide-alone offenders.²⁶¹

261 McPhedran et al (2018) (n244).



Figure 4.3: Male IPV homicide-suicide offender age



Homicide-suicide offender country of birth

Over two-thirds of male IPV homicide-suicide offenders were born in Australia (n=33, 67.3%). The remaining 16 men were born in 14 different countries. These findings align with the male homicide offenders in the broader IPV Homicide Dataset (cf. 66.5%).

Of the 16 men who were born outside Australia, two were on a temporary visa at the time they killed their intimate partner (12.5% of men born outside Australia and 4.1% of all male IPV homicide-suicide offenders). These findings roughly align with male offenders in the broader IPV Homicide Dataset (cf. 10.1% of men born outside Australia and 3.4% of all male IPV homicide offenders).

Homicide-suicide offender Aboriginal and Torres Strait Islander status

Two of the 49 male IPV homicide-suicide offenders identified as Aboriginal (4.1%). Of these men, one killed a female who also identified as Aboriginal and one killed a non-Indigenous woman.

While this figure demonstrates a slight overrepresentation with respect to NSW Aboriginal population data, the marked overrepresentation of Aboriginal male homicide offenders in the broader IPV Homicide Dataset (cf. 15.5%) is not reflected in the IPV Homicide-suicide Dataset.

While there is no recent Australian data regarding Aboriginal and Torres Strait Islander status for intimate partner homicide-suicide offenders, as noted above this finding aligns with previous Australian studies which have identified that offenders of homicide-suicide are most frequently Caucasian.²⁶²

262 Carcach and Grabosky (1998) (n245).

Homicide-suicide offender employment status

Over two-thirds of the male IPV homicide-suicide offenders were engaged in paid work at the time they killed their female intimate partner (n=34, 69.4%). This finding is higher than male homicide offenders in the broader IPV Homicide Dataset (cf. 54.4%).

While research around the employment status of homicide-suicide offenders is varied, this finding is consistent with the broader literature which has identified that male intimate partner homicide-suicide offenders are more likely to be employed than intimate partner homicide-alone offenders.²⁶³

Homicide-suicide offender disability

None of the 49 male IPV homicide-suicide offenders were identified as having disability however the limitations described in previous sections with respect to disability are again acknowledged.

Homicide-suicide offender level of education

Information regarding the highest level of education attained was available for 22 of the 49 male IPV homicide-suicide offenders. Of these 22 men, 40.9 per cent had completed tertiary education (n=9); about a quarter of offenders had completed Year 12 (n=5, 22.7%); another quarter had completed Years 10-11 (n=5, 22.7%) and three men had completed Years 7-8.

The proportion of male IPV homicide-suicide offenders who had completed tertiary studies is higher than male offenders in the broader IPV Homicide Dataset (cf. 23.8%).

Homicide-suicide offender mental health

Almost three-quarters of the male IPV homicide-suicide offenders had confirmed or suspected current and/or historical mental health issues (n=36, 73.5%). This finding is markedly higher than for male offenders in the broader IPV Homicide Dataset (cf. 51.9%).

Less than one-third of the 36 men with a history of mental health issues were receiving current mental health treatment at the time of the homicide-suicide (n=11, 30.6%).

Almost two-thirds of the male IPV homicide-suicide offenders had previously expressed suicidal ideation (n=32, 65.3%), and in the vast majority of these cases the offender had expressed suicidal ideation within 6 months of the homicide-suicide (n=27, 84.4%).

While there is a significant body of research regarding the prevalence of mental health issues in homicide-suicide offenders, the findings have been highly varied and likely reflect definitional variations adopted across the research.²⁶⁴ While few studies have confined their analysis to intimate partner homicide-suicide cases, the findings in the present study are consistent with the broader literature which reports that homicide-suicide offenders are more likely to have suffered a depressive disorder and are more likely to have a history of threatening suicide, compared to homicide-alone offenders.²⁶⁵

263 Panczak, R. et al. (2013), 'Incidence and Risk Factors of Homicide–Suicide in Swiss Households: National Cohort Study', *PLoS ONE*, vol. 8(1): e53714, <https://doi.org/10.1371/journal.pone.0053714> (accessed 26 September 2021); McPhedran et al (2018) (n244); Liem, M. and Roberts, D. W. (2009), 'Intimate Partner Homicide by Presence or Absence of a Self-Destructive Act' *Homicide Studies*, vol. 13(4), pp. 339–354, <https://doi.org/10.1177/1088767909347988> (accessed 26 September 2021).

264 Moskowitz, A. et al (2006), 'The role of mental illness in homicide-suicide in New Zealand, 1991–2000', *The Journal of Forensic Psychiatry & Psychology*, vol. 17, pp. 417–430, <https://doi.org/10.1080/14789940600761410> (accessed 26 September 2021).

265 McPhedran et al (2018) (n244); Flynn, S. et al. (2016), 'Homicide–suicide and the role of mental disorder: a national consecutive case series' *Soc Psychiatry Psychiatr Epidemiol*, vol. 51, pp. 877–884, <https://doi.org/10.1007/s00127-016-1209-4> (accessed 26 September 2021).



Homicide-suicide offender alcohol and drug use

As described above, in this dataset alcohol and drug use refers to substance use that is negatively impacting on a person's health, family, relationships, work, school or other social situations.

Of the 49 male IPV homicide-suicide offenders, nine had a history of alcohol use (18.4%) and nine had a history of drug use (18.4%). These findings are considerably lower than for male offenders in the broader IPV Homicide Dataset (cf. 39.8% and 33% respectively). These findings are consistent with the literature which has found the prevalence of alcohol and/or drug use to be lower for intimate partner homicide-suicide offenders compared to homicide-alone offenders.²⁶⁶

Homicide-suicide offender trauma history

Of the 49 male IPV homicide-suicide offenders, 14 were known to have experienced trauma and/or adversity in their childhood (28.6%), including having experienced family violence as a child (n=4) and other types of trauma (n=10).

This finding is considerably lower than for male offenders in the broader IPV Homicide Dataset (cf. 41.7%) and may reflect the greater likelihood for an offender's history of trauma to be identified in homicide-alone cases, for example through the preparation of forensic psychological reports in criminal proceedings. While it is, therefore, difficult to draw conclusions about the relevance of this difference between the two offender groups, it is noted that recent literature has identified a history of childhood adversity as a characteristic of intimate partner homicide-suicide offenders.²⁶⁷

IPV homicide-suicide case characteristics

Cause of death

Almost half of the female IPV homicide-suicide victims in New South Wales died as a result of gunshot wounds (n=23, 46.9%). The second most common manner of homicide was stabbing (n=10, 20.4%), followed by suffocation/strangulation (n=8, 16.3%), and assault with a blunt weapon (n=6, 12.2%). In one case the male offender intentionally crashed the car he was travelling in with his intimate partner (and their children). In another case the male offender intentionally ran over his intimate partner on the street.

The use of firearms by male homicide-suicide offenders is significantly higher than in the broader IPV Homicide Dataset (cf. 15.5%) and this is consistent with Australian research that homicide-suicides may be more likely than other homicides to involve the use of firearms.²⁶⁸

All 23 male homicide-suicide offenders who killed a female victim with a firearm used the firearm to suicide. Additionally, there were three cases in which the male offender suicided with a firearm after having killed their intimate partner by another method. In almost half of the 26 cases involving firearms, the male offender had a current firearms license (n=12, 46.2%). One male offender who killed his partner using a firearm had his licence

266 Banks, L. et al (2008), 'A comparison of intimate partner homicide to intimate partner homicide-suicide: One hundred and twenty-four New Mexico cases' *Violence Against Women*, vol. 14, <https://doi.org/10.1177/1077801208321983> (accessed 26 September 2021); Dobash et al (2004) (n113); Eliason, S. (2009), 'Murder-suicide: A review of the recent literature', *Journal of the American Academy of Psychiatry and the Law*, vol. 37, <https://journals.sagepub.com/doi/full/10.1177/0886260519849656#:~:text=37%2C%20371%2D376,-,Google%20Scholar,-%7C%20Medline%20%7C%20ISI> (accessed 26 September 2021); Knoll, J. and Hatters-Friedman, S. (2015), 'The homicide-suicide phenomenon: Findings of psychological autopsies,' *Journal of Forensic Sciences*, vol. 60, pp. 1253-1257, doi:10.1111/1556-4029.12819 (accessed 26 September 2021); and Panczak et al. (2013) (n263).

267 Cheng, P. and Jaffe, P. (2019), 'Examining Depression Among Perpetrators of Intimate Partner Homicide' *J Interpersonal Violence*, 2021 Oct; vol. 36(19-20), <https://doi:10.1177/0886260519867151> (accessed 27 September 2021); Harris Johnson, C. and Sachmann, M. (2014), 'Familicide Suicide: From Myth To Hypothesis And Toward Understanding', *Family Court Review*, vol. 52, <https://doi:10.1111/fcre.12073> (accessed 28 September 2021).

268 James, M. and Carcach, C. (1997), 'Homicide in Australia 1989-96', *Research and public policy series no. 13*. Canberra: Australian Institute of Criminology, <https://www.aic.gov.au/publications/rpp/rpp13> (accessed 28 September 2021).

suspended in the weeks before the murder-suicide after the victim reported to police that their relationship was breaking down, and his mental health was declining.

Location of homicide

Three-quarters of the 49 female IPV homicide-suicide victims were killed in their home (n=37, 75.5%). In 12 of these cases, the woman lived in a separate residence from the offender. In the remaining 25 cases where the victim was killed in her home, this was the home the woman shared with the offender. This includes six cases where the relationship had ended but the female victim and male offender continued to live together in the shared residence, 'separated under one roof' (see 'Relationship status, separation and family law proceedings' below).

The remaining victims were killed in a public place (n=8, 16.3%) or the male offender's home (n=4, 8.2%).

These data findings roughly align with the broader IPV Homicide Dataset for female homicide victims who were killed by a male homicide offender.

Suicide proximity to homicide and method

Over three-quarters of the male IPV homicide-suicide offenders suicided either at the time, or within 24 hours, of the homicide (n=38, 77.6%). The remaining 11 offenders died by suicide within several days to several years after the homicide (the latest suicide being 4 years after the homicide, in custody, following the offender being found guilty of the female victim's murder at trial).

As noted above, over half of the male IPV homicide-suicide offenders killed themselves with a firearm (n=26, 53.1%). Other methods of suicide included hanging (n=10, 20.4%), suffocation via poisonous gas or blocked airway (n=5, 10.2%), deliberate vehicular incident (n=4, 8.2%), deliberate fall from a height (n=2, 4.1%), stabbing (n=1, 2%), and intentional overdose (n=1, 2%).

IPV homicide-suicide relationship characteristics

Relationship status, separation and family law proceedings

Just over half of the female IPV homicide-suicide victims were killed by a current male intimate partner, including husbands, de facto husbands, and boyfriends (n=26, 53.1%). Accordingly, just under half of the women were killed by their former male intimate partner after the relationship had ended (n=23, 46.9%). This finding is noticeably higher than the women killed by a former male partner in the broader IPV Homicide Dataset (cf. 36.4%).

In over half of the 23 cases where a woman was killed by a former male partner, the relationship had ended within three months of the homicide-suicide (n=12, 52.2%).

As noted above, in over one-quarter of cases where the relationship had ended, the man and woman continued to cohabit, living 'separated under one roof' (n=6, 26.1% of cases where the relationship had ended and 12.2% of all homicide-suicides). This finding is higher than the broader IPV Homicide Dataset (cf. 5.3% and 1.9% respectively).

Family law proceedings were current in two of the 23 cases where the relationship between the couple had ended (8.7%). This finding is lower than that in the IPV Homicide Dataset (cf. 13.3%) however, given the small number of cases, it is difficult to draw any conclusion as to the significance of this finding.



While 26 of the 49 female IPV homicide-suicide victims were still in a relationship with the male offender, in the vast majority of these cases, the relationship was breaking down at the time of the fatal episode (n=22, 84.6% of cases where the intimate relationship was current).

Accordingly, nearly all IPV homicide-suicides occurred in the context of separation, meaning that the relationship between the male offender and the female victim had either ended or was breaking down at the time of the fatal episode (n=45, 91.8%).

The Team has consistently highlighted that the period immediately following separation is particularly dangerous for women with abusive partners and has emphasised the need for systems and services to be cognisant of and responsive to this heightened risk. It is noted that actual or intended separation in IPV homicide-suicides is considerably higher than in the broader IPV Homicide Dataset (cf. 66.5%). While the literature unanimously recognises separation as a characteristic in intimate partner homicide-suicides,²⁶⁹ more work is needed to better understand why this dynamic is so prevalent in cases where the offender suicides.

Relationship Length

The duration of the relationships between the female IPV homicide-suicide victims and the male offender ranged from less than 12 months to 45 years in length. The average length of the victim and offender's relationship was 14.2 years – higher than the average relationship length in the broader IPV Homicide Dataset (cf. 11.7 years).

Age disparity

The majority of female IPV homicide-suicide victims were significantly younger than the male offender (n=39, 79.6%). The age difference ranged from 1 to 23 years and on average the woman was 6.9 years younger than the male IPV homicide-suicide offender.

This age difference appears to be higher than both the broader IPV homicide dataset (cf. 4.4 years), and the average age difference between married couples over the past forty years, where the male partner is 1.9 years older than the female partner.²⁷⁰

Prior intimate relationships

For almost one-third of the 49 cases in the IPV Homicide-suicide Dataset, the relationship between the female victim and the male homicide-suicide offender was the only significant intimate relationship for both parties (n=16, 32.7%). This is higher than for the broader IPV Homicide Dataset (cf. 22.8%).

For a further two women, the relationship with the male homicide-suicide offender was their only significant relationship however the male offender had had prior intimate partners.

In the remaining 31 IPV homicide-suicides both the female victim and male offender had had prior partners (63.3%).

There were no cases where it was the male homicide-suicide offender's first relationship and the female victim had had prior partners.

269 Rouchy et al (2020) (n248).

270 Qu, L. (2020), 'Couple Relationships', *Australian Families Then & Now*, Australian Institute of Family Studies, <https://aifs.gov.au/publications/couple-relationships> (accessed 3 February 2022).

IPV homicide-suicide and children

The female IPV homicide-suicide victim and male offender were known to be parents (either together or separately) to at least 52 surviving children who were aged less than 18 at time of the homicide-suicide.

Familicides

Six of the 49 cases in the IPV homicide-suicide Dataset perpetrated by a male were familicides meaning the man killed his female intimate partner as well as one or more children before dying by suicide (12.2%).

The broader IPV Homicide Dataset includes eight familicide events in total (seven perpetrated by a man and one by a woman) and accordingly there was only one familicide perpetrated by a male where the offender did not suicide after killing his partner and children.²⁷¹

While the reported incidence of offender suicide in familicide events varies significantly in the research, a recent systematic review of the literature reported approximately 50 per cent of familicide events end with the offender's suicide.²⁷² While this figure is lower than that found in the present study, where 75 per cent of all familicides ended in the offender's suicide, it is difficult to draw any conclusions from this due to the small number of cases.

Future Directions

The chapter presents the Team's first focused review of IPV homicide-suicide, a relatively rare phenomenon in NSW but one that has a devastating and radiating impact on individuals, families and communities. The intimate partner homicides in the Team's IPV Homicide-suicide Dataset share many common characteristics with the broader IPV Homicide Dataset however this comparative analysis has revealed a number of features that distinguish cases where an offender suicides.

Compared to all male offenders of IPV homicide, male IPV homicide-suicide offenders are slightly older, more likely to have completed a tertiary education, more likely to be engaged in paid employment, less likely to engage in alcohol or drug use; and more likely to have experienced mental health issues.

Compared to all IPV homicides, IPV homicide-suicides are more likely to involve the use of firearms, more likely to occur in a context of separation, and more likely to involve former intimate partners who continue to cohabitate after the relationship has ended ("separated under one roof").

In particular, the high prevalence of mental health issues and the separation/continued cohabitation context of the IPV homicide-suicide cases indicates that further analysis and interrogation of these issues is warranted. Accordingly, for future iterations of this dataset the Team will explore the opportunity to better understand these characteristics in IPV homicide-suicides and their potential application in the context of risk assessment and safety planning.

271 In the single familicide perpetrated by a female with woman died by suicide after killing her intimate partner and children.

272 Karlsson, L. et al. (2021), 'Familicide: A Systematic Literature Review,' *Trauma, Violence, & Abuse*, vol. 22(1), pp. 83–98, <https://doi.org/10.1177/1524838018821955> (accessed 10 December 2021).

Domestic violence context filicide in NSW, 2000-2018

This chapter presents a data analysis
of the 87 domestic violence-related
filicides that occurred in NSW between
1 July 2000 and 30 June 2018.



Key Findings

All Filicides

- Approximately three-quarters of filicides in NSW occurred in a context of domestic violence (75.8%).

Domestic Violence Context Filicides

Filicide Victim Characteristics

- 87 children were killed in 72 domestic violence context filicide events:
 - 47 boys (54%)
 - 40 girls (46%)
- Almost three-quarters of filicide victims were aged 5 years or under (71.3%).
- Aboriginal and Torres Strait Islander Communities were overrepresented both in terms of filicide victims (14.9%) and offenders (13.4%).
- Children with disability were overrepresented as filicide victims (10.3%) with this likely to be an undercount given the limitations around disability data across the service system.
- Almost three-quarters of the filicide victims were living in areas with the lowest (or second lowest) socioeconomic status (72.4%).

Filicide Offender Characteristics

Gender and Relationship to Victim

- 82 filicide offenders perpetrated 72 domestic violence context filicides:
 - 51 male offenders (62.2%)
 - 31 female offenders (37.8%)

This includes 10 cases where both parents were held criminally responsible for the filicide.

- Children were most commonly killed by their biological parent:
 - 58.8% of male filicide offenders were the biological father.
 - 93.5% of female filicide offenders were the biological mother.

Intimate Partner Violence

- Almost all female filicide offenders were the predominant domestic violence *victim* in their intimate relationship (n=29, 93.5%).
- The vast majority of male filicide offenders were the predominant domestic violence *abuser* against the mother of the filicide victim (n=46, 90.2%).
- 17.6 per cent of male filicide offenders were defendants in current or historical ADVOs protecting the mother of the filicide victim.
- Separation was a characteristic in a significant proportion of filicides (37.5%).



Violence against the Filicide Victim

- 72.5% of male filicide offenders had a history of violence against the filicide victim.
 - In 40.5% of these cases, this violence had been reported to police and/or child protection services prior to the filicide.
- 48.4% of female filicide offenders had a history of violence against the filicide victim.
 - In 53.3% of these cases, this violence had been reported to police and/or child protection services prior to the filicide.

Other Filicide Offender Characteristics by Gender

- Female filicide offenders were more likely to have a background of confirmed or suspected mental health issues:
 - 83.9% of *female* filicide offenders.
 - 51% of *male* filicide offenders.
- Male filicide offenders were more likely to have a history of alcohol or drug use:
 - 41.9% of *female* filicide offenders.
 - 54.9% of *male* filicide offenders.
- Female filicide offenders were more likely to have a known childhood trauma history (with the majority experiencing domestic violence as children):
 - 80.6% of *female* filicide offenders.
 - 43.1% of *male* filicide offenders.
- Male filicide offenders were more likely to suicide after the filicide:
 - 12.9% of *female* filicide offenders.
 - 27.5% of *male* filicide offenders.

Multiple Filicide Events/ Familicides

- There were 7 multiple filicide events (where the offender killed more than one child) resulting in the deaths of 17 children.
- There were 8 familicides (where the offender killed children as well as their intimate partner) resulting in the deaths of 13 children and 9 adults.

Introduction

Filicide, or the killing of a child by a parent, has been described as a ‘virtually incomprehensible’ phenomenon; going against duties born of both evolutionary biology and strong social norms around a parent’s duty to care for their child.²⁷³

In Australia, approximately 10 per cent of homicides involve victims under the age of 18 and the overwhelming majority of such homicides are filicides.^{274,275} A number of studies have suggested that the incidence of filicide in Australia is above average among developed nations, highlighting the need to better understand this phenomenon in the Australian context and the importance of developing a strong evidence base to guide the development of intervention and prevention strategies.²⁷⁶

While filicide research from within criminology and the narrower field of victimology has often been localised in focus, it has typically attempted to draw meta-narratives and universal themes around the features and causes of this type of homicide event. Matters of gender, culture, reproductive rights, and socio-economic status have been cited as possible explanations for filicidal events within different local populations,²⁷⁷ while recent European-based research has attempted to classify filicide offenders to generate focused prevention initiatives for different groups.²⁷⁸

Research has also attempted to distinguish between filicide offenders and the characteristics of filicidal events along gender-lines although, as has been observed in the literature, a great deal of historical and contemporary filicide research has focused on examining the motivations and characteristics of filicidal mothers - this being despite at least half of filicides being perpetrated by fathers.²⁷⁹

The gender-differences in filicide perpetration have recently been explored by Eriksson et al in their Australian case study-based research,²⁸⁰ and this examination (in some ways similar to prior research²⁸¹) has also described that domestic violence victimisation and perpetration - itself a gendered phenomenon - may shape the offending of both male and female filicide offenders. To date, however, there has been little research with a discrete focus on examining filicidal events within a domestic violence context.

This chapter seeks to redress this gap in the research and contribute to the understanding of filicide in the Australian context, presenting data with respect to all domestic violence-related filicides in NSW between 1 July 2000 and 30 June 2018.

273 Klier, C. et al. (2019), ‘Filicide research in the twenty-first century’, *Arch Womens Ment Health*, vol. 22, pp. 135–137. <https://doi.org/10.1007/s00737-018-0924-0> (accessed 2 October 2021).

274 Dearden, J. and Jones, W. (2008) ‘Homicide in Australia: 2006-07 National Homicide Monitoring Program annual report’, *Monitoring reports no. 1*, Canberra: Australian Institute of Criminology, <https://www.aic.gov.au/publications/mr/mr1> (accessed 2 October 2021).

275 Kirkwood, D. (2012) ‘Just say goodbye: Parents who kill their children in the context of separation’, Domestic Violence Resource Centre Victoria. Available at: <http://www.dvrcv.org.au/knowledge-centre/our-publications/discussion-papers/just-say-goodbye> (accessed 2 October 2021).

276 Brown, T. et al. (2019) ‘Filicide in Australia, 2000–2012: A national study’, Report to the Criminology Research Advisory Council, <https://www.aic.gov.au/sites/default/files/2020-05/52-1415-FinalReport.pdf> (accessed 2 October 2021).

277 Klier et al. (2019) (n273).

278 Putkonen, H. et al. (2016), ‘Classifying Filicide’, *International Journal of Forensic Mental Health*, vol. 15:2, pp. 198–210, <https://doi.org/10.1080/14999013.2016.1152616> (accessed 2 October 2021).

279 Dawson, M. (2018) ‘Canadian trends in filicide by gender of the accused’ in Brown T, Tyson D, Fernandez Arias P (eds) *When parents kill children: understanding filicide* (Palgrave Macmillan, Cham 2018), pp 1961–2011. <https://doi.org/10.1016/j.chiabu.2015.07.010> (accessed 2 October 2021).

280 Eriksson, L. et al (2016) ‘Maternal and paternal filicide: case studies from the Australian homicide project’ *Child Abuse Review*, vol. 25, pp. 17–30. <https://doi.org/10.1002/car.2327> (accessed 2 October 2021).

281 Jaffe, P. et al (2014) ‘Paternal filicide in the context of domestic violence: Challenges in risk assessment and risk management for community and justice professionals’ *Child abuse review*, vol. 23(2), pp. 142–153, <http://dx.doi.org/10.1002/car.2315> (accessed 2 October 2021); Brown, T. et al (2014) ‘Filicide and parental separation and divorce’, *Child Abuse Review*, vol. 23(2), pp. 79–88.



Methodology

For this analysis, filicide cases are those in which a biological or non-biological parent (or parents) kills a child (or children) under the age of 18.²⁸² Cases where an unborn child died as a consequence of domestic violence (for example, physical assault against a pregnant mother), or forced abortion are not included in this analysis.²⁸³

Case identification was undertaken using a combination of coronial information systems, court databases and police information. Following case identification, the prosecutorial or coronial brief of evidence was examined for every closed filicide case, capturing demographic, case characteristic and service contact information (both proximal and distal to the homicide). Where required, further information was called for pursuant to provisions in the *Coroners Act 2009* (NSW).²⁸⁴

Having identified the complete dataset of filicide events, each case was reviewed to determine whether the case occurred in a context of domestic violence.

A filicide is considered to have occurred in a context of domestic violence where there was an identifiable history of domestic violence (including non-physical or physical violence) either directed against the child; directed against other children in the family unit; or where the child otherwise experienced domestic violence behaviours between their parents/other relevant parties. In adopting this approach, the Team seeks to highlight intimate partner violence as a risk indicator in filicide cases and emphasise the significant negative impact that seeing, hearing or otherwise experiencing such violence has on children more broadly.

Evidence of domestic violence was obtained from either official sources (such as police or child protection reports and court orders), as well as anecdotal evidence obtained via affidavits from family, friends and other parties.

Limitations

The limitations identified in *Chapter 3: IPV homicide* similarly apply to the analysis of domestic violence context filicides.

Data findings

Overview

Between 1 July 2000 and 30 June 2018 there were 95 filicide events in NSW resulting in the deaths of 111 children, meaning that in a number of cases more than one child was killed.

Approximately three-quarters of the 95 filicide events were identified as having occurred in a context of domestic violence (n=72, 75.8%). The 72 domestic violence context filicide events resulted in the deaths of 87 children.

The 23 filicide events that were coded as not having occurred in a context of domestic violence (and which resulted in the deaths of 24 children) occurred in a range of non-domestic violence related circumstances,

282 This includes the 6 IPV homicide-suicide familicide cases cited in the chapter on IPV homicide-suicide.

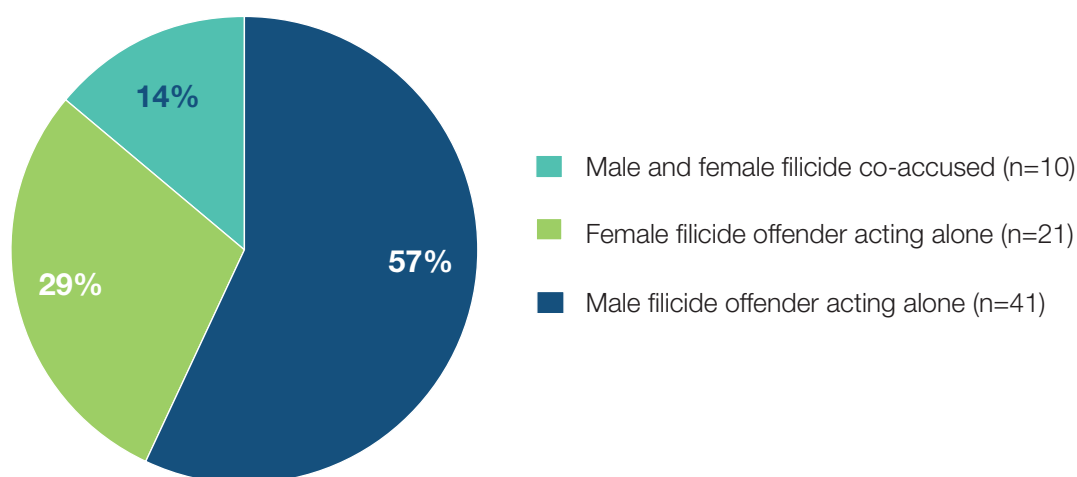
283 At the time of writing, in NSW the 'born alive rule' means that homicides can only be committed against a legally recognised person that has been 'fully born in a living state'. See *R v Iby* [2005] NSWCCA 178. However, the Team notes that there has been a recent development for foetal homicide laws in NSW that creates a separate offence for unborn children who are killed as a result of a criminal act (known as Zoe's law). The new laws will commence in 2022. See *Crimes Legislation Amendment (Loss of Foetus) Bill 2021* (NSW).

284 *Coroners Act 2009* (NSW) s101L.

most frequently an offender experiencing a significant mental health episode absent any identifiable history of domestic or family violence (n=14, 60.9%).²⁸⁵ For eight of the remaining nine filicide events that were coded as not having occurred in a context of domestic violence, the fatal episode appeared to be the first instance of violence and there was otherwise no identifiable history of abuse towards the child or in the offender's intimate relationship (34.7%). In the final filicide event coded as not having occurred in a context of domestic violence, a mother and father were both convicted of manslaughter for failing to seek medical attention for their infant daughter (opting instead to treat her chronic health conditions with homeopathic remedies).

Of the 72 domestic violence context filicides events: 41 (56.9%) were perpetrated by a male parent acting alone (resulting in the deaths of 53 children); 21 (29.2%) were perpetrated by a female parent acting alone (resulting in the deaths of 24 children); and in 10 cases (13.9%) both a male and female parent were held to be criminally responsible for the child's death (resulting in the deaths of 10 children).

Figure 5.1: Domestic violence context filicide events (n=72)



Domestic violence context filicide victims

This section presents the demographic characteristics of the 87 children killed in domestic violence context filicide events in NSW between 1 July 2000 and 30 June 2018, and where appropriate considers the findings in the context of Australian and international filicide research.

Victim gender

The 72 domestic violence context filicide events resulted in the deaths of 87 children, 47 boys (54%) and 40 girls (46%).

This finding is consistent with Australian research which has found that boys and girls are killed in approximately equal numbers.²⁸⁶ The relationship between filicide and the victim's gender in the international literature is,

²⁸⁵ The 23 filicide events that were not coded as occurring in a context of domestic violence were perpetrated by 24 filicide offenders, 9 men and 15 women.

²⁸⁶ Brown et al. (2019) (n276); Bourget, D. and Gagné, P. (2005), 'Paternal filicide in Québec', *The Journal of the American Academy Psychiatry and the Law*. Vol. 33, pp. 354–360; Flynn, S. et al (2013) 'Filicide: mental illness in those who kill their children', *PloS one*, vol. 8(4), <https://doi.org/10.1371/journal.pone.0058981> (accessed 2 October 2021); Laporte, L. et al (2003) 'Filicidal women: jail or psychiatric ward', *Canadian Journal of Psychiatry*, vol. 48, pp. 94–99, <https://doi.org/10.1177/070674370304800205> (accessed 2 October 2021); West, S. et al (2009) 'Fathers who kill their children: an analysis of the literature', *Journal of Forensic Science* vol. 54, pp. 463–468. <http://dx.doi.org/10.1111/j.1556-4029.2008.00964.x> (accessed 2 October 2021).



however, less clear with some studies reporting similar findings, while others describe significantly higher proportions of male victims.²⁸⁷

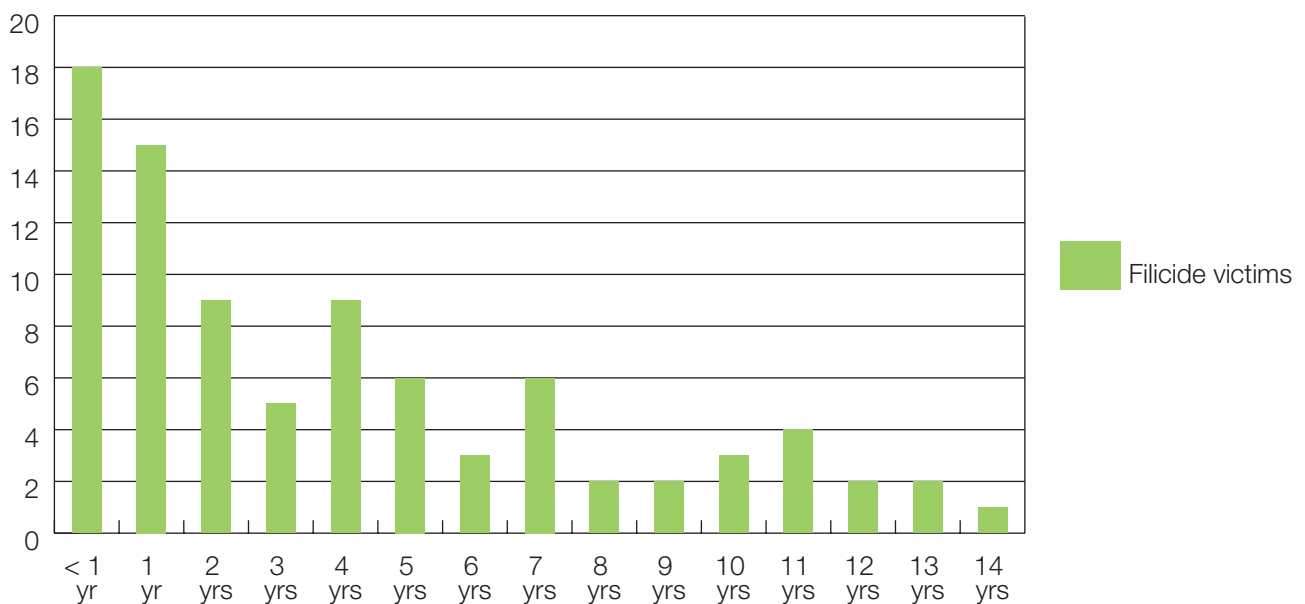
As the present study reveals little difference between the proportion of boys and girls killed in filicide events, the following demographic findings have not been disaggregated by gender.

Victim age

The 87 filicide victims ranged from 4 weeks to 14 years of age. The average age was 4.1 years with a standard deviation of 3.82.

Almost three-quarters of victims were aged 5 years or less (n=62, 71.3%) and a high proportion of all filicides involved the death of a child less than 1 year old (n=18, 20.7%).

Table 5.1: Age of filicide victims (n=87)



These findings are consistent with Australian and international research which describe younger children (aged five years or less) as being at a greater risk of filicide.²⁸⁸ Similarly, these findings are consistent with the broader literature which has identified that infants under the age of one are at particular risk.²⁸⁹

287 Brown et al. (2019) (n276); Kunz, J. and Bahr, S. (1996), 'A profile of parental homicide against children' *Journal of Family Violence* vol. 11, pp. 347–362, <https://doi.org/10.1007/BF02333422> (accessed 4 October 2021); Mariano, T. (2014) 'Towards a more holistic understanding of filicide: A multidisciplinary analysis of 32 years of U.S. arrest data', *Forensic Science International*, vol. 236: pp. 46–53, <http://dx.doi.org/10.1016/j.forsciint.2013.12.019> (accessed 4 October 2022); Marks, M. and Kumar, R. (1993) 'Infanticide in England and Wales', *Medicine, Science and the Law* vol. 33, pp. 329–339, <https://doi.org/10.1177%2F002580249303300411> (accessed 4 October 2021); Somander, L. and Rammer, L. (1991) 'Intra and extra familial child homicide in Sweden 1971–1989', *Child Abuse and Neglect* vol. 15(1–2), pp. 44–55, [https://doi.org/10.1016/0145-2134\(91\)90089-v](https://doi.org/10.1016/0145-2134(91)90089-v) (accessed 4 October 2021).

288 Brown et al. (2019) (n276); Bourget and Gagné (2005) (n286); Dixon, S. et al. (2014) 'Filicide: A gendered profile of offender, victim, and event characteristics in a national sample of reported incidents, 1995–2009', *Journal of Crime and Justice*, vol.37(3), pp. 339–355, <https://doi.org/10.1080/0735648X.2013.803440> (accessed 4 October 2021); Kunz and Bahr (1996) (n287); Mariano et al (2014) (n287); West et al (2009) (n286).

289 Bourget and Gagne (2005) (n286); Dixon et al (2014) (n288).

Victim country of birth

All but three of the 87 filicide victims were born in Australia (n=84, 96.6%). The three children who were born outside Australia were born in three different countries and were all permanent residents of Australia.²⁹⁰

Victim Aboriginal and Torres Strait Islander status

Of the 87 filicide victims, 13 (14.9%) identified as Aboriginal. All but three of the children who identified as Aboriginal were aged 2 years or less (n=10, 76.9%).

While the total numbers in the dataset are small, Aboriginal and Torres Strait Islander children (under 18 years) represent approximately 6.3% of the population in NSW, and accordingly this finding appears to demonstrate an overrepresentation of Aboriginal victims of filicide.²⁹¹

While acknowledging these high rates, it is important to recognise that domestic and family violence is not a part of Aboriginal and Torres Strait Islander culture, and there is a complex range of interrelated factors associated with the disproportionate incidence and severity of family violence in Aboriginal and Torres Strait Islander communities (discussed earlier in relation to the IPV Homicide Dataset).

Victim disability

Just over 10 per cent of the 87 filicide victims were identified as children with disability (n=10, 10.3%), including intellectual and physical disability or both.

It is estimated that around 7.4 per cent of children in Australia aged 0-14 years have some level of disability, with the proportion being slightly higher among boys than girls.²⁹² It would appear, therefore, that this finding demonstrates a slight overrepresentation of children with disability in the DV Filicide Dataset. However, having regard to the limitations identified in *Chapter 3*, it may be that these figures represent an undercount and that the overrepresentation of filicide amongst children with disability may be more significant.

There is a growing recognition that children with disability are increasingly vulnerable to abuse.²⁹³ While the literature has identified children with disability as being at greater risk of filicide (including homicide, neglect and maltreatment deaths),²⁹⁴ this remains an underexplored area of research and the need for improved data collection and consistent reporting around disability has been identified.²⁹⁵ To date the Team's work has been limited to an examination of how offender accountability is often significantly reduced or completely excused by the media in cases involving child victims with disability – the unacceptable inference being that disability was a causative and somehow justifiable trigger for the filicide, which effectively redirects blame onto the child with disability. Failing to hold offenders accountable creates a culture permissive of violence against all children with disability, and ultimately increases the likelihood of another offender acting violently towards their child with disability.²⁹⁶

290 As described in *Chapter 3: IPV Homicide*, the Team has made a conscious decision not to list the countries of birth for victims born outside Australia, in order to avoid the risk of unintentionally contributing to the harmful stigmatisation of any particular nationality. The Team's work has continually identified issues relating to the systemic discrimination that people from culturally and linguistically diverse communities can experience when accessing services and does not wish to contribute to problematic attitudes and bias (see, for example, *DVDRT Report 2017-19*, pp. 96-101).

291 Australian Bureau of Statistics (2018) (n291).

292 Australian Bureau of Statistics (2019) (n149).

293 Maclean, M. et al (2017) 'Maltreatment Risk Among Children with Disabilities', *Pediatrics*, vol. 139(4), <https://doi.org/10.1542/peds.2016-1817>; Frederick, J. et al (2019) 'Homicides and Maltreatment-related Deaths of Disabled Children: A Systematic Review', *Child Abuse Review*, vol. 28(5), pp. 321-338, <https://doi.org/10.1002/car.2574> (accessed 5 October 2022).

294 Criminal Justice, (undated) *Filicide and Children with Disabilities*, <http://criminal-justice.iresearchnet.com/crime/domestic-violence/filicide-children-disabilities>, (accessed 5 October 2021); Rupp, S. (2018). 'Filicide and Children with Special Health Care Needs in Arizona' in Brown, T. et al (eds) *When Parents Kill Children* (Palgrave Macmillan, Cham, 2018) https://doi.org/10.1007/978-3-319-63097-7_9 (accessed 5 October 2021).

295 Frederick et al (2019) (n293).

296 For a more detailed discussion see *DVDRT Report 2017-19*, pp. 101-104, 142-143.



As noted in the *Chapter 3* and in *Chapter 7: Recommendations Analysis*, further focused research of domestic violence related deaths involving people with disability will be considered as part of the Team’s future work agenda.

Victim place of residence - remoteness

Two-thirds of the 87 filicide victims were residing in a major city at the time they were killed (n=58, 66.7%). Children not living in a major city were residing in inner regional areas (n=21, 24.1%) and outer regional areas (n=5, 5.7%). One child’s family were homeless and had no fixed address at the time of the filicide (1.1%) and two children were ordinarily residents outside NSW (2.3%).

Accordingly, almost one-third of filicide victims in NSW were living in households outside a major city at the time they were killed (29.6%).

The specific social and geographical issues unique to victims of domestic violence in non-urban communities described in *Chapter 3: IPV homicide* are equally relevant in these cases. Access to domestic violence and more general family support services are compromised by their scarcity and the distance that is often required to reach them. Similar issues may also arise in relation to privacy and confidentiality in smaller communities with a limited number of service providers; a lack of specialised or culturally appropriate services; a lack of affordable legal services; and a shortage of crisis/refuge accommodation.²⁹⁷

Table 5.2: Filicide victim residence remoteness (n=87)

Remoteness	Filicide victims	%
Major city	59	66.7%
Inner regional	21	24.1%
Outer regional	5	5.7%
No fixed address	1	1.1%
Outside NSW	2	2.3%
TOTAL	87	-100%

Note: figures may not add to 100 due to rounding.

Victim place of residence – relative socio-economic disadvantage

For the present study, the ABS Index of Relative Socio-economic Disadvantage (IRSD) has been used to determine the socio-economic status of filicide victims.

As described in *Chapter 3*, the ABS Index of Relative Socio-economic Disadvantage (IRSD) ranks areas in Australia based on social and economic conditions and refers to the general level of socioeconomic disadvantage of all the people in the area in which a person lives, not the person or family unit itself.²⁹⁸ The areas are grouped in quintiles, with Quintile 1 being the most disadvantaged (lowest socioeconomic areas) and Quintile 5 being the least disadvantaged (highest socioeconomic areas). The policy implications and limitations around the IRSD are further discussed in the IPV Homicide Dataset.

297 Campo, M. and Tayton, S. (2015) ‘Domestic and family violence in regional, rural and remote communities: An overview of key issues’, *Child Family Community Australia Practitioner Resource*, Australian Institute of Family Studies, <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities> (accessed 14 October 2021).

298 Australian Bureau of Statistics (2018) (n158); Australian Bureau of Statistics (2018) (158).

Almost three-quarters of the 87 filicide victims were living in the two lowest socioeconomic areas of NSW (n=63, 72.4%) with smaller proportions residing in the least disadvantaged areas (see Table 5.3).

Table 5.3: Filicide victim residence – relative socio-economic disadvantage (n=87)

IRSD Quintile	Filicide victims	%
1st quintile	44	50.6%
2nd quintile	19	21.8%
3rd quintile	6	6.9%
4th quintile	9	10.3%
5th quintile	6	6.9%
No fixed address	1	1.1%
Outside NSW	2	2.3%
TOTAL	87	-100%

Note: figures may not add to 100 due to rounding.

The present study recognises that like domestic violence more broadly, filicides occur across all socioeconomic groups. These findings do, however, appear to align with the extant literature which identifies lower socio-economic status as part of the ‘constellation of stressors’ that may be present in families where filicides occur.²⁹⁹ This highlights the need for targeted and sustained support services to promote the health and well-being of vulnerable families.

Domestic violence filicide offenders

This section presents demographic and psychosocial characteristics of the 82 parents who killed a child or children in NSW between 1 July 2000 and 30 June 2018 and where appropriate considers the findings in the context of Australian and international filicide research.

The data findings presented in this section (particularly in relation to relevant psychosocial factors) are unique in that they reflect not only reported case characteristics that may have been ventilated through public criminal justice processes, but also unreported or anecdotal information that is not otherwise in the public domain. Such information can provide critical insights into these cases and contribute to a more meaningful and contextualised understanding of the complex circumstances surrounding filicides.

The Team’s analysis of primary source material means it is uniquely placed to take into consideration a range of factors (such as unreported histories of domestic violence perpetration/victimisation, suspected mental health issues, alcohol and drug use, and childhood trauma) that are unlikely to reach the criminal evidentiary threshold, or that otherwise go unrecognised or are deemed irrelevant from a prosecutorial or coronial perspective. Many of these data sources are not typically available to other research agencies, which sets this data apart from other filicide studies.

299 Stroud, J. (2008) ‘A Psychosocial Analysis of Child Homicide’ *Critical Social Policy*, vol. 28, pp. 482-505, <https://doi:10.1177/0261018308095281> (accessed 12 October 2021); Leveillee, S. et al. (2007) ‘Filicide: A Comparison by Sex and Presence or Absence of Self-Destructive Behavior’ *Journal of Family Violence*, vol. 22(5), pp. 287-295. <http://dx.doi.org/10.1007/s10896-007-9081-3> (accessed 19 October 2021); Wilczynski, A. (1997) ‘MAD OR BAD? Child-Killers, Gender and the Courts’, *The British Journal of Criminology*, vol. 37(3), pp. 419-436, <https://www.jstor.org/stable/23637950> (accessed 25 October 2021).



Offender gender and relationship to victim

As noted above, the 72 domestic violence context filicides were perpetrated by 82 offenders, 41 male parents acting alone (56.9% of filicide events), 21 female parents acting alone (29.2% of filicide events) and in 10 cases a male and female parent were both held to be criminally responsible for the child’s death (13.9%). Accordingly, of the 82 filicide offenders, 51 were male (62.2%) and 31 were female (37.8%).

Of the 51 male filicide offenders: 30 were the biological father of the child/ren they killed (58.8% of male offenders); 17 were the de facto stepfather of the child they killed (33.3% of male offenders); and four were the stepfather of the child they killed (7.8% of male offenders).

All but two of the 31 female filicide offenders were the biological mother of the child/ren they killed (n=29, 93.5% of female offenders). One female offender was the foster mother of the child she killed, and one was the de facto stepmother.

Table 5.4: Relationship of filicide offender to child victim/s (n=82)

Relation with child filicide victim/s	Male filicide offender	% Male	Female filicide offender	% Female
Biological parent	30	58.8%	29	93.5%
Stepparent	4	7.8%	0	0%
De facto stepparent	17	33.3%	1	3.2%
Foster parent	0	0%	1	3.2%
TOTAL	51	-100%	31	-100%

Note: figures may not add to 100 due to rounding.

Findings with respect to the proportion of male and female parents who perpetrate filicide are highly varied across the literature, with some studies reporting a higher proportion of male offenders,³⁰⁰ others reporting a higher proportion of female offenders,³⁰¹ and others still reporting roughly equal numbers of male and female offenders.³⁰² This likely reflects the diverse methodologies and case inclusion criteria adopted across the research groups.³⁰³

While the number of male and female biological parents were almost equally represented as filicide offenders in the present study, a significant proportion of domestic violence context filicides were perpetrated by a male step/de facto stepparent (n=21, 25.6% of all filicide offenders).

There is a small body of research examining filicides perpetrated by biological versus non-biological parents³⁰⁴ although it is noted that the extant literature is limited by definitional variation, small sample sizes and inconsistent

300 See for example Mouzos, J. and Rushforth, C. (2003) 'Family Homicide in Australia', *Trends & issues in crime and criminal justice*, No.255, Australian Institute of Criminology. <https://www.aic.gov.au/sites/default/files/2020-05/tandi255.pdf> (accessed 14 October 2021).

301 See for example Kauppi, A. et al (2010) 'Maternal and paternal filicides: a retrospective review of filicides in Finland', *The Journal of the American Academy of Psychiatry and the Law*, vol. 38(2), pp. 229–238. <http://jaapl.org/content/jaapl/38/2/229.full.pdf> (accessed 16 October 2021).

302 See for example Brown et al (2019) (n276); Kirkwood (2012) (n275), Adler, C. and Polk, K. (2001) *Child victims of homicide*, Cambridge: Cambridge University Press.

303 It is noted that the 22 non-domestic violence context filicide events excluded from the present study were perpetrated by 23 filicide offenders, 14 women and 9 men.

304 See for example, Liem, M. and Koenraadt, F. (2008) 'Filicide: A comparative study of maternal versus paternal child homicide', *Criminal Behaviour and Mental Health*, vol. 18 (3), pp. 166–176, <https://doi.org/10.1002/cbm.695> (accessed 16 October 2021).

or conflicting findings.³⁰⁵ A number of studies have concluded that stepparents kill their children (and particularly young children) at far greater rates than biological parents,³⁰⁶ with some citing evolutionary and selectionist theories to explain this phenomenon.³⁰⁷ However, these findings are not replicated across the literature³⁰⁸ and further research is needed to better understand the significance of the parental role in filicide events.

Offender history of domestic violence perpetration/victimisation

As described above, the 72 filicide events considered in this dataset occurred following an identifiable history of domestic violence, meaning a history of intimate partner violence was evident between the parents and/or there was a history of violence (including physical or non-physical) against the child that was killed.

This section presents an examination of the history of domestic violence victimisation and perpetration for each of the 82 domestic violence context filicide offenders (51 male parents and 31 female parents), including recorded and anecdotal histories of intimate partner violence, as well as violence against the filicide victim.

History of intimate partner violence

Male filicide offenders

The vast majority of the 51 male filicide offenders were identified as a predominant domestic violence abuser against their current or former intimate partner, the mother of the deceased child/ren (n=46, 90.2%).

In one case (2%) where both the male and female parent were held criminally responsible for the child's death, it was not possible to distinguish either party as the predominant abuser or predominant victim as there were indicators that both parties used abusive behaviours against the other (See *Predominant abuser/victim classification* in *Chapter 3: IPV Homicide*).

No male filicide offenders were identified as a predominant domestic violence victim in their intimate relationships.

For four male filicide offenders (7.8%) there was no evident history of intimate partner violence and accordingly the domestic violence context of the case related only to the male filicide offender's history of violence towards the filicide victim/s.

Nine male offenders were defendants in a current or historical ADVO protecting their current or former intimate partner - the deceased child's mother (17.6% of all male filicide offenders). Seven of the nine ADVOs were current at the time of the filicide event, and the remaining two ADVOs were historical orders.

No male filicide offenders were named as a person in need of protection under a current or historical ADVO.

Female filicide offenders

Of the 31 female filicide offenders, 29 (93.5%) were identified as a predominant victim of domestic violence in their current or former intimate relationship.

305 Dixon et al (2014) (n288).

306 Weekes-Shackelford, V. and Shackelford, T. (2004), 'Methods of Filicide: Stepparents and Genetic Parents Kill Differently' *Violence and Victims*, vol. 19(1), pp. 75–81. <https://doi.org/10.1891/vivi.19.1.75.33232> (accessed 16 October 2021). Daly, M. and Wilson, M. (1988) 'Evolutionary social psychology and family homicide', *Science*, vol. 242(4878), pp. 519–524. <https://doi.org/10.1126/science.3175672> (accessed 16 October 2021).

307 Harris, G. et al (2007), 'Children killed by genetic parents versus stepparents,' *Evolution and Human Behavior*, Vol. 28(2), pp. 85-95, <https://doi.org/10.1016/j.evolhumbehav.2006.08.001> (accessed 19 October 2021); Friedman, S. et al (2012), 'Child murder by parents and evolutionary psychology', *Psychiatric Clinics of North America*, vol. 35(4), pp. 781-95, <https://pubmed.ncbi.nlm.nih.gov/23107563/> (accessed 16 October 2021); West, S. and Friedman, S. (2007) 'Filicide: a Research Update', in Brown, R.C. (ed), *Forensic Psychiatry Research Trends*, Nova Science, pp. 29-62.

308 Dixon et al (2014) (n288).



As noted above, in one case where both parents were held criminally responsible for the child’s death, based on the information available it was not possible to identify either party as the predominant abuser or predominant victim.

No female filicide offenders were identified as a predominant domestic violence abuser in their intimate relationships.

In one case the female filicide offender had no evident history of experiencing intimate partner violence, and accordingly the case was coded as a domestic violence context filicide because there was a history of violence by the female filicide offender against the child victim.

Three female offenders were named as the person in need of protection in a current or historical ADVO with their current or former intimate partner – the deceased child’s father (9.7% of all female filicide offenders). Two of the ADVOs were current at the time of the filicide event, and one ADVO was historical.

One female offender (3.2%) was named as a defendant in a current ADVO protecting her intimate partner (not the deceased child’s father).

Table 5.5: Filicide offender history of intimate partner violence perpetration/victimisation (n=82)

Intimate partner violence history	Male filicide offenders	% Male	Female filicide offenders	% Female
Filicide offender was predominant IPV abuser	46	90.2%	0	0%
Filicide offender was predominant IPV victim	0	0%	29	93.5%
Filicide offender was both IPV victim and abuser	1	2%	1	3.2%
Filicide offender was neither IPV victim or abuser	4	7.8%	1	3.2%
TOTAL	51	-100%	31	-100%

Note: figures may not add to 100 due to rounding.

Both Australian and international research has identified a history of intimate partner violence between the parents of the child/ren as a common characteristic in filicides.³⁰⁹ The findings in the present study regarding the relative role in violence perpetration and victimisation for male and female filicide offenders is supported by much of the literature, namely male filicide offenders are often identified as perpetrators of abuse against intimate partners and female filicide offenders are often identified as victims of abuse from intimate partners.³¹⁰ The findings demonstrate the intersection of intimate partner violence and filicide and emphasise that intervention and prevention of domestic violence is a critical component in stopping filicide.

309 See for example, Leveille et al. (2007) (n299); Kauppi et al (2010) (n301); Johnson, C. (2006), 'Familicide and family law: A study of filicide-suicide following separation' *Family Court Review*, vol. 44, pp. 448 - 463. <https://doi:10.1111/j.1744-1617.2006.00099.x> (accessed 20 October 2021).

310 See for example, Kauppi et al (2010) (n301); Putkonen, H. et al. (2011), 'Gender Differences in Filicide Offense Characteristics--A Comprehensive Register-Based Study of Child Murder in Two European Countries', *Child abuse & neglect*, vol. 35, pp. 319-28. <https://doi:10.1016/j.chiabu.2011.01.007> (accessed 20 October 2021). Hatters Friedman, S. et al (2005), 'Filicide-suicide: common factors in parents who kill their children and themselves', *The Journal of the American Academy of Psychiatry and the Law*, vol. 33(4), pp. 496-504. <http://jaapl.org/content/33/4/496.long> (accessed 20 October 2021).

History of violence against the child/ren

Male filicide offenders

Almost three-quarters of the 51 male filicide offenders had a history of perpetrating domestic violence directly against the filicide victim prior to the fatal episode (n=37, 72.5%). In 15 of the cases where there was an evident history of domestic violence against the child/ren by the male parent, the violence had been reported to police, child protection services or both (40.5% of the 37 cases with an identifiable history of abuse against the child/ren).

One male filicide offender had been named as a defendant in a historical ADVO protecting the deceased child/ren, however the order had expired at the time of the filicide event.

For the 14 male offenders with no history of domestic violence against filicide victim prior to the fatal episode, the domestic violence context of the case related to the man's history of abusive behaviour towards his intimate partner (27.5%).

The Team acknowledges that seeing, hearing, or otherwise experiencing the traumatic effects of intimate partner violence has a significant and long-lasting impact on the emotional and psychological well-being of children. This finding also highlights intimate partner violence as a risk indicator in filicide cases, including in circumstances where the child has never been the direct target of domestic violence.

Female filicide offenders

Almost half of the female filicide offenders had a history of perpetrating domestic violence against the filicide victim prior to the fatal episode (n=15, 48.4%). In eight of the cases where there was an evident history of domestic violence against the child by the female parent, the violence had been reported to police, child protection services or both (53.3% of the 15 cases with an identifiable history of violence against the child/ren).

No female filicide offenders had been named as a defendant in an ADVO protecting the deceased child/ren.

For the 16 female filicide offenders with no history of domestic violence against the filicide victim prior to the fatal episode, the domestic violence context of the case related to the woman's experiences of domestic violence victimisation perpetrated by her intimate partner (51.6%).

Table 5.6: Filicide offender history of domestic violence against filicide victim (n=82)

Domestic violence history	Male filicide offenders	% Male	Female filicide offenders	% Female
History of domestic violence against the filicide victim	37	72.5%	15	48.4%
No history of domestic violence against the filicide victim	14	27.5%	16	51.6%
TOTAL	51	100%	31	100%

Having regard to both male and female filicide offenders, these findings reveal that in a significant proportion of cases, the filicide offender's history of domestic violence against the child/ren prior to their death had not been reported (n=29, 55.8% of cases where a history of abuse was identified).

Research examining the history of abuse against filicide victims is limited and the majority of studies rely on reported histories of abuse.³¹¹ This again highlights the important contribution the Team can make to in the filicide research space.

311 See, for example, Brown et al (2019) (n276).



Offender age

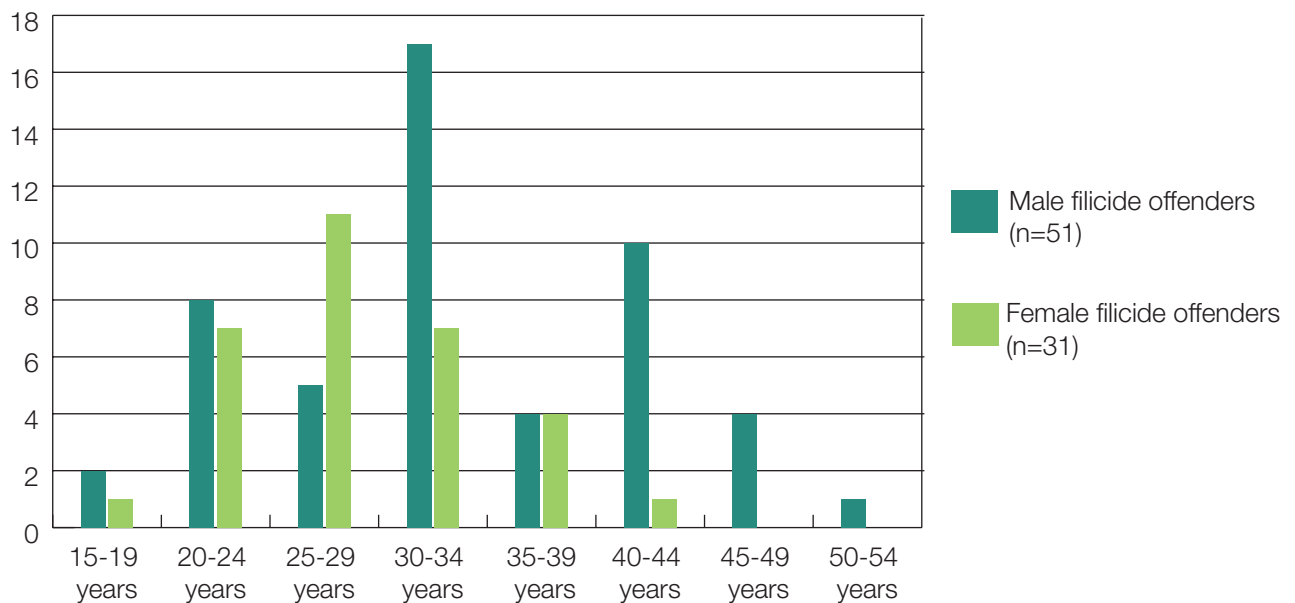
Male filicide offenders

The 51 male filicide offenders were aged between 18 years and 53 years, with the average age being 33.4 years.

Female filicide offenders

The 31 female filicide offenders were aged between 18 and 40 years, with the average age being 28.8 years.

Figure 5.2: Age of filicide offenders (n=82)



These findings largely align with national and international data for filicide offenders.³¹²

Filicide offender country of birth

Male filicide offenders

Three-quarters of all male filicide offenders were born in Australia (n=38, 74.5%). The remaining 13 offenders were born in 11 different countries.

For the reasons noted above in the IPV Homicide Dataset, the Team has made a conscious decision not to list all the specific countries of birth for offenders born outside of Australia.

Female filicide offenders

Over 80 per cent of all female filicide offenders were born in Australia (n=26, 83.9%). The remaining five female offenders were born in 3 different countries.

³¹² Brown et al (2019) (n276).

Filicide offender Aboriginal and Torres Strait Islander status

Male filicide offenders

Seven of the 51 male filicide offenders identified as Aboriginal (13.7%).

Again, the Team seeks to emphasise that violence is not a part of Aboriginal and Torres Strait Islander culture and acknowledges the complex range of intersecting factors associated with the disproportionate incidence and severity of family violence in Aboriginal and Torres Strait Islander communities.

The Team has previously sought to highlight the cumulative social disadvantage evident for this group of offenders (including intergenerational violence and the residual effects of social historical dispossession, fractured kinship networks and losses of culture, poverty, low levels of education, and high levels of alcohol and/or drug use) and sought to respond to the issue by recommending the development of trauma-informed parenting programs aimed at supporting Aboriginal fathers.³¹³

Female filicide offenders

Four of the 31 female filicide offenders identified as Aboriginal (12.9%).

Each of the four women experienced significant childhood trauma and then as adults were the victims of intimate partner violence. The unique experiences of domestic and family violence by Aboriginal women are discussed in the *Chapter 3: IPV homicide*.

Offender mental health issues

Male filicide offenders

Over half of the 51 male filicide offenders had confirmed or suspected, current and/or historical mental health issues (n=26, 51%).

Female filicide offenders

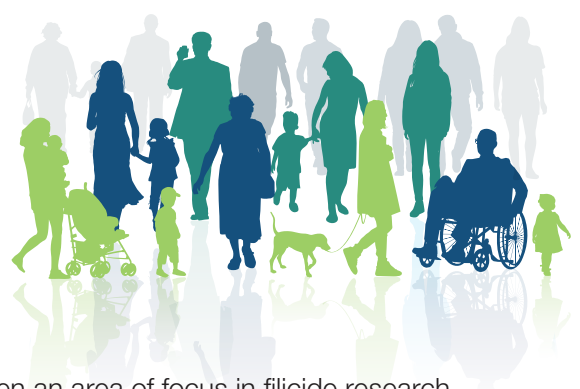
The vast majority of female filicide offenders had confirmed or suspected, current and/or historical mental health issues (n=26, 83.9%).

Almost all of the female filicide offenders were also victims of domestic violence. The correlation between domestic violence victimisation and the development of mental health issues as a consequence of the abuse is discussed in the IPV Homicide chapter.

Table 5.7: Filicide offender history of mental health issues (n=82)

Mental health history	Male filicide offenders	% Male	Female filicide offenders	% Female
Mental health issue identified	26	51%	26	83.9%
No mental health issue identified	25	49%	5	16.1%
TOTAL	51	100%	31	100%

313 DVDRT Report 2012-13, Recommendation 18.



The presence of mental health issues in filicide offenders has long been an area of focus in filicide research. While there is a general consensus in the literature that a high proportion of filicide offenders have mental health issues, there is otherwise little consistency in the findings. Rates of prevalence vary widely and there are contradictory findings with respect to the proportion of male and female offenders with a history of mental health issues.

The very high prevalence of mental health issues identified in the present study are not, to the same extent, replicated in the broader research and this likely reflects the inclusion of offenders with suspected and/or self-reported histories of mental health issues (as opposed to confirmed diagnoses of mental health conditions, see *Chapter 3* for further detail). As described previously, these suspected or self-reported histories are captured through the detailed analysis of a variety of primary source material that the Team is uniquely placed to take into consideration and provide important contextual information with respect to offender histories of mental health issues.

The high prevalence of mental health issues identified by the Team indicates that further analysis and interrogation of mental health histories in domestic violence context filicides is warranted and consideration of this issue will form part of the Team’s future work agenda.

Offender alcohol and drug use

As described in the IPV Homicide Dataset, alcohol and drug use refers to substance use that is negatively impacting on a person’s health, family, relationships, work, school or other social situations.

Male filicide offenders

Over half of the 51 male filicide offenders had a history of alcohol and/or drug use (n=28, 54.9%).

Female filicide offenders

Less than half of all female filicide offenders had a history of alcohol and/or drug use (n=13, 41.9%). Again, it is noted that almost all of these women were domestic violence victims in their intimate partner relationships and consideration of the way in which victims of violence may use alcohol or other drugs as a trauma coping mechanism is considered in the IPV Homicide chapter.³¹⁴

Table 5.8: Filicide offender history of drug and alcohol use (n=82)

AOD history	Male filicide offenders	% Male	Female filicide offenders	% Female
AOD use identified	28	54.9%	13	41.9%
No AOD issue identified	24	47.1%	18	58.1%
TOTAL	51	100%	31	100%

These findings are consistent with much of the broader literature to the extent that the proportion of alcohol and/or other drug use is higher for male filicide offenders compared to female offenders.³¹⁵ The high prevalence reported in the present study is not generally reflected in the research and again it is likely that this reflects the breadth of information that is reviewed for the development of this dataset.

314 For further analysis of victimisation and substance use see *DVDRT Report 2017-19*, pp. 113-115.

315 Eriksson et al (2016) (n280).

Offender childhood trauma history

Male filicide offenders

Of the 51 male filicide offenders, 22 were known to have experienced significant trauma and/or adversity in their childhood (43.1%). Almost three-quarters of the 22 male offenders with identifiable childhood trauma histories had experienced domestic and family violence (n= 16, 72.7%). The remaining six offenders had experienced some other kind of trauma or adversity in their upbringing (for example non-familial sexual abuse, the death of a parent or sibling, or experiencing the trauma of war).

Female filicide offenders

Of the 31 female filicide homicide offenders, 25 were known to have experienced significant trauma and/or adversity during their childhood (80.6%). Over three-quarters of the 25 female offenders with identifiable childhood trauma histories had experienced domestic and family violence (n= 19, 76%). The remaining six female offenders had experienced some other kind of trauma or adversity in their upbringing (for example non-familial sexual abuse, the death of a parent or sibling, or experiencing the trauma of war).

Table 5.9: Filicide offender childhood history of trauma and/or adversity (n=82)

Trauma history	Male filicide offenders	% Male	Female filicide offenders	% Female
History of domestic and family violence in upbringing	16	31.4%	19	61.3%
History of other trauma in upbringing	6	11.8%	6	19.4%
No identifiable trauma history	29	56.9%	6	19.4%
TOTAL	51	-100%	31	-100%

Note: figures may not add to 100 due to rounding.

A number of studies have examined childhood trauma in filicide offenders³¹⁶ however this remains underexplored in the research. In a recent Australian study by Eriksson et al (based on face-to-face interviews with 14 filicide offenders – 5 women and 9 men) a high proportion of offenders reported experiencing childhood adversity (including physical abuse, neglect and exposure to parental violence).³¹⁷ The study found higher reported rates of childhood adversity by male filicide offenders than by female offenders and this finding was supported by earlier research from England and Wales³¹⁸ and Finland.³¹⁹

The significant proportion of offenders with an identifiable history of trauma in the present study, and the contradictory findings in relation to the proportion of female offenders with such history, highlights the need for further focused research to better understand this characteristic of filicide offenders.

Notwithstanding these divergent findings, the apparent broader correlation between childhood trauma and filicide highlights the importance of domestic and family violence intervention and prevention strategies aimed at interrupting intergenerational cycles of violence and the critical need for meaningful and sustained supports for

316 See for example Kauppi et al (2010) (n301); Johnson, C. H. (2008), 'Intimate partner homicide and familicide in Western Australia.' [Keynote presentation], December 2008, *Australian Institute of Criminology International Conference on Homicide*, Surfers Paradise, Queensland.

317 Eriksson et al (2016) (n280).

318 Wilczynski (1997) (n299).

319 Kauppi et al (2010) (n301).



children who have experienced trauma. This has been a key area of focus across much of the Team's work and is reflected in a number of its recommendations.³²⁰

Criminal justice outcomes

Coronial proceedings

Male filicide offenders

Over one-quarter of the 51 male filicide offenders died by suicide after killing their child/ren (n=14, 27.5%). All of these offenders were the biological father of the child/ren they killed. Eight of the 14 male filicide offenders who died by suicide killed more than one victim, for instance multiple children, their intimate partner and/or other persons (see '*Multiple filicide events and familicide*' below).

The 14 cases where the male filicide offenders died by suicide were, therefore, finalised by way of Coronial Inquest. One further case was finalised by coronial proceedings in circumstances where the male filicide offender died accidentally in the house fire he intentionally lit, killing his former intimate partner and de facto stepchild.

Female filicide offenders

Of the 31 female filicide offenders, 12.9 per cent died by suicide after killing their child/ren (n=4). All of these offenders were the biological mother of the child/ren they killed. Two of the five female filicide offenders who died by suicide killed more than one victim, for instance multiple children, their intimate partner and/or other persons (see '*Multiple filicide events and familicide*' below).

Criminal proceedings

Male filicide offenders

For the 36 male filicide offenders who were dealt with by way of criminal proceedings: 17 were convicted of manslaughter (47.2% of the 36 offenders); 16 were convicted of murder (44.4% of the 36 offenders); two were found not guilty by reason of mental illness (5.6% of the 36 offenders); and one died of natural causes prior to trial and the matter was accordingly withdrawn.

Female filicide offenders

For the 27 female filicide offenders who were dealt with by way of criminal proceedings: 17 were convicted of manslaughter (63% of the 27 offenders); five were convicted of murder (18.5% of the 27 offenders); three were found not guilty by reason of mental illness (11.1% of the 27 offenders); one was found guilty of infanticide; and one matter was discontinued.³²¹

³²⁰ See, for example, *DVDRT Report 2017-19*, Recommendation 1.

³²¹ In this case the woman, who was a victim of intimate partner violence by the child's father, was charged with manslaughter on the basis of criminal negligence following the drowning death of her child. After lengthy delays in proceedings the charges were ultimately withdrawn as it was determined that there were no reasonable prospects of a conviction.

Table 5.10: Filicide offender criminal justice outcomes (n=82)

Criminal justice outcome	Male filicide offender	% Male	Female filicide offender	% Female
Coronial proceedings	15	29.4%	4	12.9%
Guilty plea manslaughter	15	29.4%	13	41.9%
Guilty verdict manslaughter	2	3.9%	4	12.9%
Guilty plea murder	6	11.8%	2	6.5%
Guilty verdict murder	10	19.6%	3	9.7%
Infanticide	0	0%	1	3.2%
NGMI	2	3.9%	3	9.7%
Charges withdrawn	1	2%	1	3.2%
TOTAL	51	100%	31	100%

Male and female co-accused filicide offenders

As described previously in this chapter, there were 10 filicide events where both the male and female parent were held to be criminally responsible for the death of the child (resulting in the deaths of 10 children).

In two cases the child died as a result of neglect, and in the remaining eight cases the child died as a result of an assault/s.

In the two neglect cases both the man and the woman were the biological parents of the child victim. In both cases the woman was the predominant victim of domestic violence from the co-accused male parent. In one of these cases the woman was convicted of manslaughter for failure to seek medical attention for the child but her abusive male partner (also charged with manslaughter) died of natural causes while on remand. In the other neglect case, the woman was convicted of the child's murder and her abusive male partner was convicted of manslaughter on the basis of failing to protect/seek medical attention for the child.

In all eight of the assault cases, the woman was the biological parent of the child. In seven of the eight assault cases, the man was the non-biological parent of the child. In seven of the eight assault cases, the woman was the predominant victim of domestic violence from the co-accused male parent. In one case it was not possible to distinguish (based on the available evidence) who was the predominant abuser and who was the predominant victim.

In five of the seven cases where the woman was the predominant victim of violence from the male co-accused parent, it was the male parent who inflicted the fatal assault/s that killed the child, and the woman was convicted of manslaughter on the basis of failing to protect/seek medical attention for the child. All five women received a custodial sentence in relation to their perceived role in the child's death.

While representing only a small subset of filicides in the dataset, these cases provide valuable insights into how the criminal justice system conceives of and responds to women who have experienced domestic violence, raising complex legal issues against a backdrop of powerful and pervasive attitudes regarding motherhood and gender-based harm more broadly. While consideration of these issues is outside the scope of the present data chapter, a focused cluster review of these cases will form part of the Team's future work agenda.



Filicide case characteristics

This section presents additional findings in relation to the characteristics and context of the filicide events considered in this chapter. Some case characteristics are described by reference to the 87 filicide victims (for example location of filicide, cause of death) while others are described by reference to the 72 filicide events, noting that in a number of cases multiple children were killed in a single event.

Location of filicide

The majority of the 87 filicide victims were killed in the home they shared with the offender/s (n=61, 70.1%). In 15 cases the child did not reside full time with the filicide offender and was either killed in the offender’s residence (n=9, 10.3%) or their own primary residence (n=6, 6.9%). In seven cases (8%) the child was killed in a public place, for example on a public road in an intentional motor vehicle accident, or in a public waterway. In two cases (2.3%) the child was killed in a hotel/motel and in two cases (2.3%) the child was killed in another person’s residence.

Method of fatal assault

Approximately one-third of the 87 filicide victims died as a result of a fatal assault (n=30, 34.4%). Fatal assault includes actions such as shaking, hitting, kicking or dropping/throwing the child onto a surface. All but three of the 30 victims who died as a consequence of fatal assault were aged 4 years or less (n=27, 90%) and the majority were aged 1 year or less (n=20, 66.7%).

The remaining filicide victims died as a result of: noxious substances including carbon monoxide poisoning and methadone intoxication (n=11, 12.6%); suffocation/strangulation (n=10, 11.5%); gunshot wounds (n=7, 8%); stab wounds (n=6, 6.9%); drowning (n=5, 5.7%); multiple causes (n=5, 5.7%); neglect (n=3, 3.4%); intentional motor vehicle accidents (n=2, 2.3%); fire/heat related (n=2, 2.3%); and one child was thrown from a height. In five cases the manner of death was unknown or not able to be determined (5.7%).

Table 5.11: Method of fatal assault (n=87)

Manner of death	Filicide victim	% filicide victim
Assault	30	34.5%
Poison/noxious substance	11	12.6%
Suffocation/strangulation	10	11.5%
Gunshot wounds	7	8%
Stab wounds	6	6.9%
Drowning	5	5.7%
Multiple causes	5	5.7%
Neglect	3	3.4%
Intentional MVA	2	2.3%
Fire related	2	2.3%
Thrown from height	1	1.1%
Unknown	5	5.7%
TOTAL	87	-100%

Note: figures may not add to 100 due to rounding.

The high proportion of deaths that followed an inflicted assault reflects the physical vulnerability of children in the filicide dataset, with almost three-quarters of the children being aged 5 years or younger. These findings are largely consistent with the Australian research³²² and like the IPV Homicide Dataset, distinguish the Australian context from the international literature (and in particular that from North America) where higher proportions of filicides are perpetrated using firearms.³²³

Evidence of planning

In over one-third of the 72 filicide events, the circumstances leading up to the fatal episode demonstrated a level of planning and/or premeditation by the filicide offender (n=25, 34.7%).

Evidence of planning included, for example, rigging cars to take in carbon monoxide, purchasing and administering prescription medications, writing notes or recording testimonials detailing intentions to kill the child/ren (usually in the context of filicide-suicide), taking the child/ren to a specific location for the purpose of carrying out the filicide.

All 25 filicide events where there was evidence of planning were perpetrated by a filicide offender acting alone (17 men and 8 women).

Of the 17 men who demonstrated planning or premeditation behaviours prior to the filicide, 14 were the child/ren's biological father and three were a non-biological parent. In 13 of the 17 cases where the male filicide offender demonstrated planning behaviours, the man suicided after killing his child/ren.

All eight of the women who demonstrated planning or premeditation behaviours prior to the filicide were the child/ren's biological mother. In four of the eight cases where the female filicide offender demonstrated planning behaviours, the woman suicided after killing her child/ren.

Separation and/or family law proceedings

In over one-third of the 72 filicide events, separation was a characteristic in the relationship of the filicide victim's parents (n=27, 37.5%). In the vast majority of cases where separation was a characteristic, the relationship had either ended within three months of the filicide or the relationship was breaking down and one or both parties had indicated an intention to separate (n=22, 81.5% of the 27 cases).

Over two-thirds of the 27 filicide events where separation was a characteristic, the filicide was perpetrated by a male filicide offender acting alone (n=19, 70.4% of the 27 cases). The eight remaining filicide events where separation was a characteristic were perpetrated by a female offender acting alone (n=8, 29.6% of 27 cases).

Separation was not a characteristic in any of the 10 cases where the male and female parents were jointly held responsible for the child's death.

In 10 of the 72 filicide events (13.9%), the filicide victim's parents were engaged in family law proceedings at the time of the filicide and in one further case proceedings had been finalised some years prior to the filicide.

322 Brown et al (2019) (n276).

323 See, for example, Mariano et al (2014) (n287).



Table 5.12: Filicide events and separation

Separation	Filicide events	% filicide event
Separation identified as a characteristic in the filicide event	27	37.5%
No separation identified as a characteristic of the filicide event	45	62.5%
TOTAL	72	100%

Parental separation as a characteristic of filicide events has attracted focused attention in recent literature.³²⁴ While separation is now more widely recognised as a feature in filicide cases, the issues that have challenged filicide research generally (diverse definitions, small study samples, singular gender focussed studies) have resulted in contradictory and/or inconclusive findings with respect to the theme of separation.³²⁵

The intersection of domestic violence, separation and filicide is acknowledged in the literature and this data finding has identified the need for large scale, quantitative and qualitative research in order to better understand the way these factors interact. The Team is uniquely placed to undertake such work and a focused review of separation in the context of filicide will be considered as part of the Team’s future work agenda.

Multiple filicide events and familicide

Multiple filicide events

In seven of the 72 filicide events the filicide offender killed more than one child (multiple filicide event), resulting in the deaths of 17 children.³²⁶ Of the seven multiple filicide events, five were perpetrated by the children’s biological father and two by the children’s biological mother. In four of the seven multiple filicide events, the filicide offender suicided, (including the suicides of three men and one woman).

Familicide events

In a further eight cases, the filicide offender killed one or more children as well as their current or former intimate partner (the child’s other parent), a phenomenon referred to as familicide. The eight familicide events resulted in the deaths of 13 children and eight current/former intimate partners.³²⁷ Seven of these cases were perpetrated by the child/ren’s father (6 biological and 1 stepfather) and one was perpetrated by the children’s biological mother. In all but one of the familicide events, the filicide offender suicided, (n=7, 87.5% including the suicides of six men and one woman).

The seven male familicide offenders were identified as a predominant domestic violence abuser against the intimate partner they killed and the one female familicide offender was the predominant victim of domestic violence from the intimate partner she killed. In all eight familicide cases the male domestic violence abuser demonstrated overt coercive control including physical and non-physical abusive behaviours and/or possessive and proprietary attitudes towards his female partner and their children.

These findings are consistent with both Australian and international research which report that the vast majority

324 See for example, Brown, T. and Tyson, D. (2012) ‘An Abominable Crime: Filicide in the Context of Parental Separation and Divorce’, *Children Australia*, vol. 37, <https://doi.org/10.1017/cha.2012.36> (accessed 22 October 2021); Kirkwood (2012) (n275); Putkonen et al (2016) (n278); Mouzos and Rusforth (2003) (n300); and Johnson (2008) (n316).

325 Brown and Tyson (2012) (n324).

326 In one case the children’s grandfather (the offender’s father-in-law) was killed trying to intervene in the fatal episode.

327 In one case a women’s new intimate partner was also killed.

of familicides are perpetrated by men.³²⁸ Similarly, the high proportion of suicide by filicide offenders is reflected in the broader literature.³²⁹

Like the broader literature relating to homicide-suicide, much of the research into familicide has focused on developing typologies based on the perceived motive of the offender and the contextual factors that may contribute to the phenomenon.³³⁰ While beyond the scope of the present study, a focused cluster review of domestic violence context familicides will be considered as part of the Team's future work agenda.

Future directions

This data chapter, while unique in its depth and breadth of filicide analysis in an Australian context, explores only aspects of the Team's filicide dataset. Interrogation and analysis of service contact histories will be included in future iterations of the Team's filicide data reports and as foreshadowed, two focused cluster reviews will be considered over the next reporting periods – one examining male and female co-accused filicide offenders and one examining familicides. The Team's future work agenda also anticipates a more detailed analysis of offender mental health issues and separation as a characteristic in domestic violence context filicides.

Over the next reporting period, the Team's Secretariat will also be contributing to the development of more robust filicide data at a national level as part of the Australian Domestic and Family Violence Death Review Network (the Network). Since 2020, the Network has been working in partnership with ANROWS to develop and publish national data relating to domestic and family violence deaths, which will include an upcoming project around designing a national minimum dataset for filicide.

328 Karlsson, L. et al (2021) (n272); Websdale, N. (2010) 'Familicidal hearts: The emotional styles of 211 killers', Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195315417.001.0001> (accessed 21 October 2021); Kirkwood (2012) (n275).

329 Kirkwood (2012) (n275); Wilson, M. et al (1995) 'Familicide: The killing of spouse and children', *Aggressive Behavior*, vol. 21(4), pp. 275–291. [https://doi.org/10.1002/1098-2337\(1995\)21:4<275::AID-AB2480210404>3.0.CO;2-S](https://doi.org/10.1002/1098-2337(1995)21:4<275::AID-AB2480210404>3.0.CO;2-S) (accessed 21 October 2021).

330 Karlsson, L. et al, (2021) (n272).

Issues analysis

This chapter presents analyses of a diverse range of complex issues identified by the Team in the cases reviewed over the past two years. This work seeks to contribute to ongoing reform dialogue by examining issues that have not previously been ventilated by the Team or have been the subject of only limited focus.



Introduction

This chapter examines a diverse range of complex issues identified by the Team in the cases reviewed over the past two years. Unlike the Team's previous reports, however, no new recommendations have been developed in this reporting period.

Over the past decade, the Team has established and progressed an ambitious reform agenda, developing 122 recommendations which have contributed to positive change in the NSW domestic violence response system. For this reporting period, the Team has elected to reflect on its body of work and *Chapter 7* of this report presents a comprehensive analysis of its recommendations made to date. This analysis demonstrates the important impact the Team has made in promoting system reform, with approximately 40 per cent of its recommendations having been implemented.

The Team acknowledges that meaningful change takes time, and this is particularly true having regard to the complex, system-wide reform anticipated by many of the recommendations. The Team is, therefore, encouraged by the finding that substantive progress is being made toward implementing many of its other recommendations. The analysis also highlights, however, that in a number of areas challenges persist in translating the Team's reform efforts into effective action. This has invited the Team to reflect on its review processes and consider what alternative approaches might be adopted to ensure that it continues to contribute to system reform in the most meaningful way possible. In a number of respects, this report is different to the six that have come before it, and these differences are the product of such reflection and consideration.

In contrast to the Team's previous report, the analysis presented in this section does not navigate issues relating to First Nations Peoples, culturally and linguistically diverse communities or people with disability who are also experiencing or using violence. The Team is of the perspective that the experiences of each of these communities warrant a full and considered analysis in their own right. Accordingly, over the next two reporting periods the Team will explore the opportunity to undertake discrete and in-depth analyses for these specific cohorts, informed by and in collaboration with specialist organisations working on the frontline with these communities. The opportunity for focused work of this kind, which is similarly considered in other areas in this report (see *Chapter 3* and *Chapter 5*) would enable the Team to draw on the rich repository of data and case reviews accrued over the past decade to develop findings and recommendations in a more targeted and dynamic way.

Since the Team commenced operation in 2011, the focus on domestic violence as a critical social harm has intensified and it is now widely recognised as one of the most significant issues we face as a nation. Despite unprecedented political, media and community attention, however, misperceptions around domestic violence remain evident across both the response system and the community more broadly. Similarly, while decades of reform and tireless efforts by those working in the response sector have significantly transformed the domestic violence response system, challenges and limitations persist. While much has been, and is continuing to be, achieved, there is more work to be done.

For this report, while not making any new recommendations, the Team seeks to contribute to ongoing reform dialogue by examining issues that have not previously been ventilated by the Team or have been the subject of only limited focus.

The analysis in this chapter is considered in two parts. **Part 1: Recognition** firstly seeks to promote greater awareness and understanding of the complexity of domestic violence. This section emphasises the importance of framing domestic violence in the context of coercive control and highlights that doing so can expose dimensions of abuse that may otherwise go unrecognised. In presenting this work the Team aims to reveal a clearer picture of the nature of abuse used by perpetrators and the lived realities of victims. **Part 2: Response** considers various aspects of the response system, identifying challenges and limitations that continue to obstruct pathways to safety for victims of violence, as well as highlighting some of the critical work being done to overcome such challenges and improve the safety and wellbeing of victims of violence and hold perpetrators to account.



Part 1: RECOGNITION - Understanding and identifying domestic violence

Viewing domestic violence through the lens of coercive control

Since its establishment, the work of the Team has been guided by an understanding of domestic violence as a pattern of behaviour where one person systematically uses a range of tactics to assert power and control over another person with whom they share (or have shared) an intimate or family relationship. The Team acknowledges that while violence can occur in all domestic relationships, in the overwhelming majority of cases, domestic violence is perpetrated by a man against his current or former female intimate partner.³³¹

The Team has long sought to emphasise that domestic violence perpetrators use both physical and non-physical behaviours, some of which are actionable under criminal and civil law and others that are not. The need for greater awareness regarding the range of behaviours used by perpetrators to assert and maintain control over victims has been the focus of a number of the Team's recommendations.³³² The Team approaches its review function with a focus on the perpetrator's pattern of behaviour and the cumulative impact of this behaviour on the victim. In doing so, the Team's cases demonstrate that by intentionally dominating and subjugating their victims – via whatever means - domestic violence perpetrators create a climate of fear and uncertainty through which control over their victim is realised.

Conceived of in this way, the Team's work aligns with a long-standing body of research that frames domestic violence in the context of 'coercive control'. First emerging in the 1970s and later popularised through the influential work of Evan Stark, coercive control recognises domestic violence as a gendered harm and provides a framework or lens through which to better understand and articulate the 'multidimensionality of oppression' in the lives of women who experience domestic violence.³³³

The coercive control framework emphasises both the breadth of behaviours used by domestic violence perpetrators and the patterned and repeated nature of such behaviours. Coercive control does not, therefore, prescribe a particular type of abuse, nor does it relate only to non-physical violence. Rather it describes the context and means by which domestic violence perpetrators repeatedly and intentionally 'hurt, humiliate, intimidate, exploit, isolate and dominate their victims' over time, robbing them of their agency, identity and autonomy.³³⁴

The Team's cases demonstrate the diverse pattern of behaviours perpetrators use to dominate and control of their victims. When viewed in isolation, some of these behaviours may appear relatively benign however when viewed through the lens of coercive control their insidious nature emerges.

331 Diemer, K. (2015) 'ABS Personal Safety Survey: Additional analysis on relationship and sex of perpetrator,' *University of Melbourne*, <https://violenceagainstwomenandchildren.files.wordpress.com/2015/07/abs-personal-safety-survey-victimperpetrator-sex-and-relationship6.pdf> (accessed 2 February 2022); Council of Australian Governments (2019) (n31).

332 See, for example, *DVDRT 2011-12*, Recommendation 10.

333 Stark (2007) (n23), p. 10.

334 Australia's National Research Organisation for Women's Safety (2021) (n24), p. 2." <https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2021/07/Coercive-Control-Policy-Brief-ANROWS-Insights-1.1.pdf> (accessed 12 July 2021).

Case Review 4131 involved a woman in her 50s who was killed by her husband who demonstrated coercive control throughout their 40-year relationship.

The abuser used physical violence and other non-physical forms of abuse to systematically intimidate, manipulate and isolate the woman. The abuser regularly subjected the woman to serious physical assaults including non-fatal strangulation and sexual violence. He used her religious faith to justify his behaviours, telling her that as his wife it was her duty to submit to him.

In the later years of the relationship the abuser predominantly used non-physical tactics of coercive control against the woman, including 'gaslighting', micro-regulation, social isolation and denigration.

The abuser used gaslighting to break down the woman's confidence and sense of self, causing her to question her perceptions of reality. He would drain their fish tank or unplug the freezer in the middle of the night and then in the morning would blame the woman for having done those things. The woman wrote in her diary that the abuser *'gets so convincing at this type of thing I start wondering if I actually did do it in the first place.'*

The abuser used a range of tactics to confuse the woman and create self-doubt about her mental health, preying on her pre-existing concerns about a family history of mental illness. The abuser encouraged the victim to seek treatment for anxiety and then told her friends and family that she had to take medication because she was 'crazy'. Through these actions, the perpetrator sought to discredit the woman and ensure that she would not be believed if she disclosed his abusive behaviour.

The abuser simultaneously micro-regulated all aspects of the woman's life - choosing her clothes, hairstyle, the food she ate, and what she watched on television. He made her perform all the household responsibilities and she described feeling like his slave. He forced her to pursue his interests and hobbies like camping, fishing and golfing and undermined her agency to participate in activities she enjoyed.

The abuser systematically isolated the woman from all her social and support networks. He stopped her from practising her religion by humiliating her in front of her church community. He forbade her from contacting their adult daughter and threatened that he would kill the daughter if she disobeyed. He maintained control of her mobile phone and sent offensive messages to her friends. He tampered with the locks on their house, restricting her liberty and effectively rendering her a prisoner in her home. He changed the passwords on her computer and deleted all her personal files and photos.

The abuser subjected the woman to financial abuse, forcing her to register her car and the house she inherited in his name only. He also falsely claimed the Centrelink income that she was entitled to for caring for her elderly mother. He subjected her to endless verbal abuse, criticisms, derogatory comments and humiliation.

Despite this calculated and comprehensive suite of physical and non-physical abuse, the woman was resilient and strategic in her resistance. She kept detailed diaries to combat the constant confusion and false reality created by the abuser's psychological abuse and gaslighting. She began studying counselling in an effort to gain insight into her experiences of violence and recognise abusive patterns of behaviour. She tried to leave many times, but the abuser's calculated and unrelenting manipulation and abuse eventually manoeuvred her back into the relationship. The woman ultimately succeeded in leaving the abuser and within three months of her ending the relationship he murdered her.

This case highlights the devastating and cumulative harm experienced by victims of violence and draws into sharp focus the way coercive control can erode a victim's physical, emotional, psychological, social, sexual and financial wellbeing. It also demonstrates that while some abusive behaviours used by perpetrators are



recognised under criminal and civil law in NSW (physical and sexual assault, intimidation, stalking, kidnapping, property damage) others are not (denigration, domination, social isolation, spiritual abuse, financial abuse, and gaslighting).

With its emphasis on the pattern and breadth of harmful behaviours, the coercive control framework highlights limitations with traditional criminal justice responses to domestic violence which remain focused on individual incidents of primarily physical or visible forms of violence.³³⁵ More recently, in an attempt to address these limitations, a number of jurisdictions have introduced legislation to criminalise coercive control behaviours. These developments are considered in detail in *Chapter 8: Emerging Reforms*.

Non-physical manifestations of coercive control

Viewing domestic violence through the lens of coercive control exposes dimensions of abuse that may be overlooked or unrecognised by criminal justice and other system responses and reveals the complexity of the lived experience of victims of violence.

The Team's current dataset reveals that in over a quarter of all IPV homicides (27.3%) there was no identifiable history of physical violence prior to the homicide. In the IPV homicide-suicide dataset, the proportion of cases with no identifiable history of physical violence increases to over half (54.2%).

In cases where there was no identifiable history of physical violence, abusers employed a range of non-physical tactics to systematically dominate and subjugate their victims. In many cases, the victim did not recognise these tactics as domestic violence, instead believing (or being conditioned to believe) that the abuser's behaviours were part of ordinary relationship dynamics. For a significant proportion of female victims in the IPV Homicide Dataset, the man that killed her was her only intimate partner and accordingly these women had never experienced an intimate relationship free from domestic violence.

In **Case Review 4065** the victim was described by a close relative as a highly intelligent and independent woman and while she had disclosed that her boyfriend was a '*bit controlling*' the woman never saw these behaviours as deliberate and systemised, or that he was perpetrating domestic violence.

The abuser exploited the woman's emotional vulnerabilities to make her feel insecure and foster reliance on him. He was extremely possessive and would get angry if he observed the woman speaking to other men. He told her he couldn't imagine life without her and threatened that he would suicide if she ever ended the relationship.

The abuser would criticise the woman's behaviour in work and social settings. The woman's friends and family observed that she would become reserved and anxious when the abuser was present and while they expressed that they did not like him, they did not name his controlling behaviours as domestic violence nor identify him as a domestic violence perpetrator.

After the woman ended the relationship, the abuser emotionally manipulated her into maintaining contact with him and he ultimately killed her and then himself.

The Team's cases demonstrate that the failure to recognise and name non-physical manifestations of coercive control as domestic violence is commonplace amongst victims and bystanders and is also evident in frontline responders and others working within services and systems responding to domestic violence.

335 Wangmann, J. (2020) 'Coercive Control as the Context for Intimate Partner Violence: The Challenge for the Legal System' in McMahon, M. and McGorry, P. (eds) *Criminalising Coercive Control* (Springer, Singapore), pp. 219-242, https://doi.org/10.1007/978-981-15-0653-6_11 (accessed 2 February 2022).

In **Case Review 3947** the victim of violence reported the abuser's non-physical coercive control to police on two occasions. The woman told police that her former boyfriend would regularly arrive at her home uninvited late at night saying that he wanted to help with their young baby. The woman told police that she would let the abuser in as she was afraid of what he would do if she refused, particularly if he was drug affected.

The woman told police that the abuser would regularly threaten to obtain custody of their baby and had taken possession of the child's birth certificate. The woman showed police numerous offensive text messages from the abuser. While these were not threatening in nature, they were highly derogatory, and followed a theme of denigration with respect to her parenting ability.

Notwithstanding that some of the abuser's non-physical abuse behaviours were potentially actionable under criminal and civil law, on both occasions the woman was advised by police that there were insufficient grounds for an ADVO and no further action was taken.

While the man's abusive behaviour persisted, the woman had no further contact with police. Approximately 12 months later he fatally strangled her in the presence of their young child. An internal police investigation that followed the homicide determined that the officers should have applied for an ADVO based on the woman's disclosures of non-physical abuse.

The police response in this case was highly problematic and these issues are discussed in further detail later in this chapter and again in *Chapter 8*. More broadly, however, it demonstrates the extent to which non-physical coercive control continues to go unrecognised, even by those for whom responding to domestic violence forms part of their core business. Again, this is an issue that has been the subject of a number of the Team's recommendations in previous reports.³³⁶

Cases reviewed in the current reporting period revealed a number of specific manifestations of non-physical coercive control that have not previously been considered in detail by the Team, including systems abuse involving protection orders, economic abuse, victim surveillance and threats of suicide. These are considered below.

Systems abuse by perpetrators: ADVOs

Systems abuse describes a pattern of behaviour where perpetrators manipulate and abuse systems (such as the courts, child protection agencies, or welfare providers) in order to threaten, harass, and maintain or reassert control over a victim.³³⁷ Perpetrators may make multiple applications and complaints in multiple systems with the intention of interrupting, deferring, prolonging or dismissing judicial and administrative processes, which may result in depleting the victim's financial resources and eroding their emotional wellbeing.³³⁸

Like much of the extant literature,³³⁹ the Team has previously focused on legal systems abuse in family law settings³⁴⁰ and cases reviewed in the current reporting period have identified that this continues to be a forum in which perpetrators seek to maintain control over their victims following separation (see *Case Review 3978*).

In the current reporting period, the Team has focused on another aspect of legal system abuse, examining how perpetrators may abuse ADVO processes to intimidate, harass and control their victims.

336 See, for example, *DVDRT Report 2012-13*, Recommendation 1; *DVDRT Report 2015-17*, Recommendation 2; *DVDRT Report 2017-19*, Recommendation 9.

337 Reeves (2018) (n42).

338 Douglas et al (2021) (n43), 3.1.11.

339 Australian Law Reform Commission (2019), *Family Law for the Future – An Inquiry into the Family Law System: Final Report*, Australian Government, https://www.alrc.gov.au/wp-content/uploads/2019/08/alrc_report_135_final_report_web-min_12_optimized_1-1.pdf (accessed 7 February 2022); Laing, L. (2017) 'Secondary Victimization: Domestic Violence Survivors Navigating the Family Law System', *Violence Against Women*, 23(11), pp. 1314–1335. <https://doi.org/10.1177/1077801216659942> (accessed 7 February 2022).

340 *DVDRT Report 2017-19*, pp. 76-78.



In **Case Review 4131** the male abuser used the legal system as well as other complaint mechanisms to facilitate his abuse against the female victim and the people that tried to support her.

The woman disclosed her experiences of violence to her GP who then reported the abuser to police. When the abuser became aware of this, he immediately lodged a complaint to the Australian Health Practitioner Regulation Agency and threatened the doctor and his family.

The abuser also had a history of intimidating the woman into withdrawing her ADVO applications or making baseless reactive cross-applications to discredit and further harass her. A few months prior to the homicide the police applied for an ADVO to protect the woman. The perpetrator responded by making a private cross-application seeking protection from the woman. At Court, the Magistrate directed the parties to negotiate to resolve the matter between themselves prior to hearing. By consent, it was agreed that both ADVOs would be made protecting the victim from the perpetrator, but also protecting the perpetrator from the victim ('cross-orders'), despite there being no evidence that the woman had ever been abusive towards the perpetrator.

The perpetrator continuously breached the ADVO, contacting the woman by phone, email and text messages, using emotional abuse in an attempt to draw her back into the relationship. By responding to the perpetrator, the woman was also in breach of the orders. As a result, the woman was fearful of further police contact and did not report the perpetrator's ongoing abuse.

While the cross-orders were still in place, the abuser coerced the woman into taking a trip with him and while on the trip he murdered her.

There is a growing body of literature examining this type of legal systems abuse.³⁴¹ The Team has similarly received anecdotal advice from police and domestic violence workers that reactive cross-applications by abusers are becoming increasingly common. While the Team, like the literature, acknowledges that in some rare cases cross-applications may be genuine, in that each party faces a threat of continued violence and both parties are in need of protection from each other,³⁴² concerns have been expressed that perpetrators can use cross-applications as a tactic of abuse or as a 'bargaining tool' to obtain a favourable outcome in negotiations.³⁴³

Despite domestic violence being characterised by the power imbalance between the perpetrator and victim, and despite a growing recognition of the way perpetrators may engage in this specific type of legal systems abuse, the vast majority of ADVO applications (including those where there are cross-applications) are not finalised by way of a defended hearing but rather are negotiated outside the courtroom between the parties.³⁴⁴ This emphasis on settlement, where parties are encouraged to resolve disputes between themselves, reflects the high work volume and resource limitations evident across the civil law legal system. As a result, strains on the system and the use of cross-applications can be exploited by abusers and used as an extension of their abusive behaviour.

Wangmann's focused research on cross-applications in NSW ADVO proceedings found that almost half of all cross-applications (45.5% of cases in that study) resulted in mutual withdrawal, meaning that the victims left

341 Douglas, H. and Fitzgerald, R. (2013) 'Legal Processes and Gendered Violence: Cross-Applications for Domestic Violence Protection Orders', *The University of New South Wales Law Journal*, Vol. 36, p. 56; https://www.researchgate.net/publication/282863237_Legal_Processes_and_Gendered_Violence_Cross-Applications_for_Domestic_Violence_Protection_Orders (accessed 7 February 2022);

Laing, L. (2010) 'No Way to Live: Women's experiences of negotiating the family law system in the context of domestic violence', *University of Sydney and Benevolent Society*, <http://hdl.handle.net/2123/6255> (accessed 7 February 2022); Wangmann, J. (2010) 'Gender and Intimate Partner Violence: A Case Study from NSW', *The University of New South Wales Law Journal*, vol. 33, pp. 945-969, https://www.researchgate.net/publication/298215838_Gender_and_Intimate_Partner_Violence_A_Case_Study_from_NSW (accessed 7 February 2022); Australian Law Reform Commission (2010), *Family Violence – A National Legal Response*, ALRC Report 114, p. 291, <https://www.alrc.gov.au/publication/family-violence-a-national-legal-response-alrc-report-114/> (accessed 7 February 2022); Victorian Law Reform Commission (2006), *Review of Family Violence Laws: Report*, pp. 279, 362, <https://www.lawreform.vic.gov.au/project/family-violence/> (accessed 7 February 2022).

342 Douglas and Fitzgerald (2013) (n341), p. 61.

343 Douglas and Fitzgerald (2013) (n341), p. 61; Australian Law Reform Commission (2019) (n341), p. 303.

344 Wangmann (2009) (n84), p. 203.

court without the protection of the ADVO they sought.³⁴⁵ The next most common outcome was the making of mutual orders (28.6% of cases in that study), meaning that both parties obtained an ADVO against the other³⁴⁶ (as was the case in *Case Review 4131* above). The study found that in less than one-fifth of cases where cross-applications were made (18.2% of cases) only one person (most often the person who lodged their application first) succeeded with their ADVO application, with the other person's application being withdrawn or dismissed. In the remaining 7.8 per cent of cases, both applications were resolved by mutual dismissal.

The study determined that the high proportion of cases resulting in mutual withdrawal or mutual orders likely reflected that many victims do not want to risk proceeding to a defended hearing which can involve lengthy proceedings, the traumatic experience of giving evidence and being subject to cross-examination, the risk of significant legal costs, and the possibility of an unfavourable outcome.³⁴⁷

Wangmann's study also examined the perceived impact of mutual outcomes (and in particular mutual orders) and revealed a disparity between the views held by professionals compared with those of victims of violence. Most of the professionals interviewed did not identify any negative outcomes arising from the making of mutual orders and were generally of the view that they represented a good result because victims obtained the protection of an order and avoided a contested hearing.³⁴⁸ Victims, on the other hand, felt that such results were 'unfair', that they undermined their claims and blamed them for the violence, and that their legal actions against the abuser were without consequence.

Other negative flow-on effects of cross-applications and mutual orders identified in the research include: perpetuating misconceptions that men and women are equally violent; failing to hold the perpetrator accountable; negatively impacting the victim's credibility; and creating confusion for responders in correctly identifying the victim and perpetrator in any future interventions.³⁴⁹ As mutual orders expose both parties to the risk of prosecution for a breach charge, this risk may act as a disincentive to the victim of violence to alert police to breaches, as was evident in the case review above where the victim became trapped, isolated and felt unable to seek help from police.

Consideration of these negative impacts necessarily invites reflection on the broader issue of misidentification of victims of violence as predominant aggressors.³⁵⁰ This issue is considered in further detail in *Chapter 8*.

Despite the growing body of research examining the many and various ways perpetrators may co-opt legal systems in the course of their coercive control, this type of abuse remains poorly understood in the broader community (including actors within the response system) and is difficult to safeguard against. Systems abuse manifests within an extra-legal framework and as such 'it can easily be overlooked and justified as an individual's legitimate attempts to exercise their legal rights'.³⁵¹

In her research examining how legal engagement can be used by abusers to exercise coercive control over a former intimate partner, Professor Heather Douglas, concluded that '*As the understanding of DFV as a pattern of coercive control becomes more deeply embedded in the legislative tools, training and practices of justice system actors, there should be a greater recognition of legal systems abuse and lawyers, prosecutors and judges will be better equipped to make more proactive and appropriate decisions to ensure that the legal system is experienced as a tool to improve safety rather than perpetuate abuse*'.³⁵² The Team is similarly

345 Wangmann (2009) (n84), p. 229.

346 Wangmann (2009) (n84), p. 229.

347 Wangmann (2009) (n84), p. 269.

348 Wangmann (2009) (n84), p. 239.

349 Wangmann (2009) (n84), p. 240.

350 See, for example, Reeves (2021) (n85); Nancarrow et al (2020) (n35).

351 Miller, S. and Smolter, N. (2011) 'Paper Abuse: When All Else Fails, Batterers Use Procedural Stalking' *Violence against women*, vol.17, pp. 637-50, doi: 10.1177/1077801211407290 (accessed 8 February 2022).

352 Douglas, H. (2018) 'Legal Systems abuse and coercive control' *Criminology & Criminal Justice*, vol. 18(1), 96, <https://journals.sagepub.com/doi/full/10.1177/1748895817728380> (accessed 10 February 2022).



hopeful that viewing domestic violence through the lens of coercive control will promote greater recognition and understanding of legal systems abuse and the devastating impact that it has on victims of violence.

Economic abuse

Economic abuse occurs when an abuser interferes with a victim's ability 'to acquire, use or maintain economic resources' in a way that undermines the victim's 'potential for economic security and self-sufficiency'.³⁵³ The term is commonly used interchangeably with financial abuse, however financial abuse describes a narrower subset of behaviour's designed to control the victim's finances.³⁵⁴

Economic abuse can have a range of negative impacts on the day-to-day lives of victims (such as preventing access to finances and income, compounding debt, bad credit and poor tenancy records) and a lack of financial independence is acknowledged as a key reason victims cannot leave abusers.³⁵⁵ If victims manage to leave, joint debt, property recovery, unpaid child support, protracted legal proceedings and risk of homelessness can increase their financial burden and pressure them to return to the abuser. The Team's cases frequently highlight that a victim who wants to separate from the abuser can remain trapped living 'separated under one roof' for financial reasons. The Team's data identifies this as a significant danger to victims of violence with 65 per cent of IPV homicide-suicides occurring while the victim and abuser continued to cohabitate after the relationship had ended.

Economic abuse has been identified as a characteristic in at least 35 per cent of cases in the IPV Homicide Dataset however this likely represents an undercount of its true prevalence as recognition and disclosure of this type of violence may be hampered by an ongoing lack of public awareness and is likely underreported.

In 2021, the newly founded Centre for Women's Economic Safety (CWES) conducted research into public awareness and experiences of economic abuse in Australia.³⁵⁶ This research revealed the high prevalence of economic abuse for victims of intimate partner violence, with 70 per cent of participants disclosing that they had experienced one or more economically abusive behaviours. The research also highlighted, however, that many participants had a limited understanding about economic abuse or where to seek help.

These findings were similarly reflected in cases reviewed by the Team in the current reporting period.

Case Review 4131 revealed numerous examples of economic abuse.

From early on in the relationship the abuser prevented the victim from establishing financial independence by forbidding her to work or study. When the woman became a full-time carer for her elderly mother, the abuser made a false claim over the government payments that she was entitled to and directed the money into his own bank account.

The abuser drained the woman's financial resources by destroying valuable personal items, cutting up her clothes and shoes, and breaking her computer. He pushed the woman into 'coerced debt',³⁵⁷ forcing her to borrow money from her family to purchase a new car. A year later he forced the woman to sell the car and bought a new vehicle for himself which he registered in his name only, while she alone was expected to repay the borrowed amount.

When the woman received an inheritance, the abuser coerced her into buying an investment property and

353 Adam (2008) (n28).

354 Insight Exchange, *My Economic Safety*, (undated) <https://www.insightexchange.net/my-economic-safety/#:~:text=It%20means%20being%20free%20of,or%20others%2C%20in%20your%20care>, (accessed 12 November 2021).

355 Junseok and Gray (2008) (n29), 1465.

356 Glenn, R. and Kutin, K. (2021) 'Economic Abuse in Australia: Perceptions and experience', Centre for Women's Economic Safety, <https://cwes.org.au/wp-content/uploads/2021/11/EA-in-Australia-2021.pdf> (accessed 12 November 2021).

357 Coerced debt is a term defined by the Centre for Women's Economic Safety as 'all non-consensual, credit-related transactions that an abusive partner makes in their partner's or former partner's name.' See Glenn and Kutin (2021) (n356), p. 2.

made her register the property in both of their names. After they separated, the abuser moved into the investment property and the woman was forced to cover the costs for all the utilities as they were registered in her name.

Following the separation, the woman was engaged with a specialist domestic violence service and also had contact with legal representatives however neither appeared to provide her with advice regarding her financial rights and obligations nor did they provide her with a referral to obtain such advice.

The woman was fearful that the abuser would destroy her belongings that she kept at the investment property and ultimately he murdered her while she was attempting to recover them.

Financial counsellors are an important source of free and independent advice for people experiencing financial difficulties, including those experiencing economic abuse and hardship as a result of domestic violence. Financial counsellors work with their clients to assess their financial situation, provide assistance in negotiating with creditors, government agencies or other business providers, provide advice on financial options, rights and responsibilities, and provide referrals to other services such as legal, accommodation and health services.³⁵⁸ It is noted, however, that the CWES research found only 31 per cent of participants were aware that such services exist for people experiencing economic abuse.

In NSW there are a number of specialist domestic violence services that provide state-wide financial counselling for victims experiencing economic abuse, including the Financial Abuse Service NSW (based at Redfern Legal Centre), Legal Aid NSW's Domestic Violence Unit, and Women's Legal Services NSW. While these specialist services are well positioned to support victims navigating the complex intersection of family law, debt and domestic violence, the prevalence of economic abuse highlights the importance of domestic violence training for all financial counsellors. The Team notes that as a result of the Victorian Royal Commission into Family Violence, all financial counsellors in that state receive training in identifying and responding to domestic violence and economic abuse.³⁵⁹

Businesses must recognise their role in better identifying and responding to clients experiencing domestic violence and ensure that their policies and procedures are not enabling abuse against victims. Insight Exchange and the CWES have recently collaborated to release a new resource for organisations entitled *Support My Economic Safety* which draws on the lived experience of victims to motivate and inform better responses.³⁶⁰ This resource includes a case study for utility companies (which mirror the experiences of the victim in *Case Review 4131*) and calls on companies to reflect on how they can ease the financial burden of economic abuse for domestic violence victims.

Governments equally need to give careful consideration to the issue of economic abuse when developing financial policies and recognise the potential for such policies to be co-opted by abusers to the financial detriment of victims. By way of example, in late 2017 the Federal Government announced a review of the framework for the early release of superannuation benefits.³⁶¹ The review proposed introducing a new compassionate ground of release to allow victims of domestic and family violence to gain early access to their superannuation up to a total of \$10,000 over a 24-month period. The proposal indicated that such access would 'supplement existing government and non-government schemes and assist individuals who have experienced family and domestic violence to get back on their feet and begin the process of recovery.'³⁶²

358 National Debt Helpline (2020), *What is financial counselling?* <https://ndh.org.au/financial-counselling/what-is-financial-counselling/> (accessed 2 February 2022).

359 Bond, C. and Ulbrick, M. (2020), 'Responding to Financial Abuse Full Report 2020', *Economic Abuse Reference Group*, p. 8 https://earg.org.au/wp-content/uploads/Responding-to-Financial-Abuse-Report-2020_Digital.pdf (accessed 12 November 2021).

360 Centre for Women's Economic Safety and Insight Exchange, *Support my economic safety*, 2021, <https://www.insightexchange.net/wp-content/uploads/2021/07/Guide-Support-My-Economic-Safety.pdf> (accessed 12 November 2021).

361 The Australian Government Treasury (2017), 'Early release of superannuation benefits under compassionate and financial hardship grounds and for victims of crime compensation', December 2017, <https://treasury.gov.au/sites/default/files/2019-03/c2017-t246586-Consultation-Paper.pdf> (accessed 12 November 2021).

362 The Australian Government Treasury (2018), *Review of Early Release of Superannuation Benefits: Further consultation and draft proposals*, November 2018, p. 2, <https://treasury.gov.au/sites/default/files/2019-03/Issues-Paper-Early-Release-of-Superannuation-1.pdf> (accessed 12 November 2021).



Some stakeholders indicated support for the proposal as a measure of ‘last resort’ in certain extreme or mitigating circumstances. Others, however, were highly critical of the proposal, citing that it was effectively calling on women to fund their own crisis response³⁶³ and that normalising the use of personal savings for women experiencing domestic violence would ‘entrench the structural under-resourcing of the women’s service sector’.³⁶⁴ Stakeholders noted that the proposal would exacerbate the already significant superannuation gender gap and raised concerns that the proposal would create another avenue of economic abuse for perpetrators, thereby compounding the long term financial stress experienced by victims of violence.³⁶⁵

In November 2018, the review handed down its findings, endorsing the proposal to create the new compassionate ground of release for victims of domestic violence where there was evidence confirming that the individual seeking access was a victim of violence.³⁶⁶

Debate around the proposal was reignited in March 2020 when, in the wake of the COVID-19 pandemic, the Federal Government introduced temporary early superannuation release measures, allowing people to access up to \$10,000 from their superannuation if they were financially adversely impacted by the pandemic.³⁶⁷ Industry, legal and advocacy groups again raised concerns that such measures could be used by abusers to coerce victims of violence to apply for early access to their superannuation. These concerns were confirmed by the CWES research released in 2021 which found that 4 per cent of all survey respondents had been coerced by their intimate partner to apply for early access to their superannuation under the COVID-19 early release scheme.³⁶⁸ For the subset of respondents who reported experiencing at least one other of form of intimate partner violence, the proportion that had been coerced to applying for early access increased to 9 per cent.³⁶⁹

In March 2021 the Government announced that it was no longer going ahead with the proposal, with the Minister for Women telling Senate estimates ‘Given that we can’t be sure that those applying for early release of superannuation might not be at increased risk of financial insecurity or abuse in doing so, then it’s not appropriate to work to pursue that.’³⁷⁰

The Team stresses the need for investment in education and awareness-raising efforts to guide responders, bystanders, businesses and governments to develop and improve their responses to economic abuse, and ultimately reduce its constraints on a victim’s overall safety.

Victim surveillance

Abusers use a diverse range of surveillance tactics to extend their reach of power and control and deprive victims of privacy, autonomy and a sense of safety.³⁷¹ Surveillance can be employed during a relationship or may commence or continue after a relationship has ended. Such tactics can include stalking activities such as physically following the victim or using a GPS to track the victim’s location; loitering near their home or other places they frequent; and covertly recording the victim - behaviours which may be actionable under existing criminal law.³⁷² Often, however, the tactics used by abusers to surveil their victims are beyond the reach of a

363 The Australian Government Treasury (2018) (n362), p. 1.

364 Australian Women Against Violence Alliance (2018), *Submission on review of the early release of superannuation benefits*, February 2018, <https://treasury.gov.au/sites/default/files/2019-03/c2017-t246586-Australian-Women-Against-Violence-Alliance.docx> (accessed 13 November 2021).

365 Lambert, T. ‘Government urges domestic violence victims to strip superannuation early to fund their own crisis response’, *Women’s Agenda*, published 15 March 2021, <https://womensagenda.com.au/politics/government-urges-domestic-violence-victims-to-strip-superannuation-early-to-fund-their-own-crisis-response/> (accessed 12 November 2021).

366 The Australian Government Treasury (2018) (n362), p. 5.

367 See, *Coronavirus Economic Response Package Omnibus Act 2020* (Cth).

368 Glenn and Kutin (2021) (n356), p. 10.

369 Glenn and Kutin (2021) (n356), p. 13.

370 Hitch, G. and Haydar, N. ‘Government reviewing plan to give domestic violence victims early access to superannuation. This is why’, *ABC News*, published 25 March 2021, <https://www.abc.net.au/news/2021-03-19/domestic-violence-early-access-superannuation-criticised/13257224> (accessed 12 November 2021).

371 Douglas et al (2021) (n43), 3.1.6.

372 For example, *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 13; *Surveillance Devices Act 2007* (NSW), ss 8, 9, 12 and 13.

criminal justice response and, unless viewed through the lens of coercive control, may appear trivial to those outside the relationship.

Such behaviours may include the abuser: listening in on the victim's conversations and monitoring their social interactions; monitoring their phone, email and social media accounts (examples of technology-related abuse - discussed in detail in the *2017-19 DVDRT Report*³⁷³); requiring the victim to regularly update the perpetrator on their whereabouts; checking the victim's bank records; and timing the victim's activities (such as social outings and shopping trips). The COVID-19 pandemic created new surveillance opportunities, with public health and safety initiatives such as QR code check-ins potentially being exploited by abusers to track and monitor victims of violence.³⁷⁴

Through such wide-ranging tactics of surveillance, abusers instil in their victims a sense of their 'omnipotence' or 'omnipresence', creating an environment of constant fear and anxiety and rendering impossible any attempts by the victim to escape their sphere of control.³⁷⁵

As well as the more overt surveillance tactics described above, cases reviewed by the Team in this and previous reporting periods reveal that abusers also use covert surveillance to access and amass information about the victim that can later be used to threaten or humiliate and thereby control the victim.³⁷⁶

The use of private investigators by perpetrators

In one case reviewed by the Team in the current reporting period, the abuser's surveillance of his victim was facilitated through the hiring of a private investigator.

In **Case Review 3978** the abuser engaged the services of a private investigator to conduct surveillance on his estranged partner at her home and workplace. The abuser instructed the investigator to find out, amongst other things, whether the woman had commenced a new relationship. Shortly after engaging the investigator, the abuser began (falsely) telling people that the woman was in a relationship with her employer. The abuser began stalking the woman at her exercise studio and it appears likely that information regarding the woman's attendance at the studio was provided by the private investigator.

The abuser had a history of domestic violence perpetration against multiple prior partners and his children and had similarly used private investigators to facilitate stalking and surveillance of these victims. The abuser used a private investigator to locate one of his adult daughters who had cut off all contact with him many years earlier. After the private investigator found out the daughter's residential address, the abuser proceeded to stalk and intimidate his daughter at her home.

A number of websites for private investigation companies operating in NSW advertise the surveillance of intimate partners (in the context of suspected infidelity) as their 'speciality'.³⁷⁷ Some companies also sell equipment to enable the purchaser to conduct their own surveillance, including phone and computer monitoring software, listening devices and hidden cameras.³⁷⁸

There is limited information in the public domain about the private investigation industry and in light of *Case Review*

373 *DVDRT Report 2017-19*, pp. 72- 74.

374 Proust, K. (2021) 'New QR code cards in NSW combat technology-related domestic violence, services say' *ABC News*, published 24 August 2021, <https://www.abc.net.au/news/2021-08-24/qr-codes-cause-concerns-for-domestic-violence-services/100399064> (accessed 16 September 2021).

375 Stark, E. (2012) 'Looking Beyond Domestic Violence: Policing Coercive Control', *Journal of Police Crisis Negotiations*, 12(2), pp. 199-217 https://www.researchgate.net/publication/271937985_Looking_Beyond_Domestic_Violence_Policing_Coercive_Control (accessed 13 August 2021).

376 Stark (2007) (n23).

377 See, for example, <https://www.privateinvestigationnsw.com.au/our-services/infidelity-matters> (accessed 16 September 2021); <https://gbrinvestigations.com.au/infidelity-investigations/> (accessed on 16 September 2021).

378 See, for example, <https://www.spousebusters.com.au/products/> (accessed 16 September 2021).



3978, the Team sought to better understand the licensing and regulatory framework that governs the industry.

The NSW Police Force (Security Licensing and Enforcement Directorate) is responsible for the licensing and regulation of private investigators in accordance with the *Security Industry Act 1997* (NSW).³⁷⁹

There are a number of general eligibility requirements for a Class 2E (Private Investigator) security licence including being at least 18 years old and entitled to work in Australia. There are also conditions around criminal records (or dismissal from a police force) that can affect eligibility, as well as additional discretionary grounds for refusal such as: whether granting the licence would be contrary to the public interest; connections to past or current criminal activity or investigations; or an assessment that the applicant is otherwise not a fit and proper person to hold a security licence, taking into account their personal and criminal history.³⁸⁰

In relation to training, private investigators are required to undertake a CPP30619 Certificate III in Investigative Services within 42 days of being granted a license.³⁸¹ The course outline does not include any reference to appropriately dealing with clients who may be victims or perpetrators of domestic violence.

Complaints or reports of non-compliance relating to private investigators are lodged with the NSW Police Force (Security Licensing and Enforcement Directorate), and can be anonymous.³⁸² However, reliance on a victim-initiated complaints process appears problematic because the victim (like in *Case Review 3978*) is unlikely to be aware that they are under surveillance.

At the time of writing, the Team was advised that there were over 1000 business licences and almost 2000 employee licences active in NSW for private investigators.³⁸³ In 2020, 57 licences were cancelled (for reasons unknown) and there were seven formal complaints made about private investigators that resulted in two investigations. The Team was also advised that the actions of the private investigation company in the case review above were not subject to a police investigation, and it remains one of the largest private investigation businesses in Australia.

The case review above provides a critical insight into the way in which private investigators can be co-opted by perpetrators to facilitate the tracking and surveillance of domestic violence victims. This suggests that further interrogation of the regulation process and certification regime may be warranted, and the Team will continue to monitor this issue.

Surveillance in healthcare contexts

The Team has long recognised the importance of healthcare as a critical setting for identifying and responding to domestic violence. Healthcare settings can provide victims with a safe environment to speak out about their experiences of abuse and receive support. Further, research has identified that healthcare providers are the professionals that victims most trust with disclosures of abuse.³⁸⁴

In cases reviewed by the Team in previous reporting periods,³⁸⁵ the abuser's surveillance extended to healthcare settings, with the victim not being permitted to attend medical appointments alone. This not only prevented the victim from speaking freely (or at all) about their experiences of violence but also gave the abuser full access to the victim's confidential medical history and treatment plans.

379 NSW Police Force, *Class 2 Licences*, https://www.police.nsw.gov.au/online_services/sled/security_licences/class_2_licences (accessed 11 August 2022).

380 See NSW Police Force, *Am I eligible for a Class 2 Licence?* https://www.police.nsw.gov.au/online_services/sled/security_licences/class_2_licences (accessed 11 August 2022)

381 NSW Police Force, *Training Requirements*, https://www.police.nsw.gov.au/online_services/sled/capi_licences/training_requirements (accessed 23 August 2021).

382 NSW Police Force, *Lodging a Report of Non-Compliance with SLED*, https://www.police.nsw.gov.au/online_services/sled/security_licences/class_2_licences/report (accessed 11 August 2022)

383 Information provided by the NSW Police Force, 23 August 2021.

384 Spangaro, J. (2017) 'What is the role of health systems in responding to domestic violence? An evidence review' *Australian health review: a publication of the Australian Hospital Association*, vol. 41(6), pp. 639–645.

385 For example, Case Reviews 3040 and 3224.

The Team has previously highlighted the harmful way abusers may use medical information (for example, mental health or reproductive history) to discredit, shame and isolate their victims³⁸⁶ and cases reviewed in the current reporting period caused the Team to further reflect on the issue of surveillance in healthcare settings, particularly in the context of technology-facilitated abuse.

In **Case Review 3821** the relationship between the abuser and the victim was breaking down, and in the weeks leading up to the homicide the abuser's controlling behaviours escalated.

The abuser began demonstrating a number of surveillance tactics, installing a tracking device on the woman's car, searching through her belongings and reading her private journals. The abuser also contacted the woman's GP seeking access to her medical records and had previously used the woman's mental health history to discredit her disclosures of abuse and isolate her from her support networks.

The GP refused to provide the records however the abuser continued to tell family and friends that the woman's mental health was declining and maintained this was why she wanted to end the relationship.

Three weeks after contacting the GP, the abuser shot and killed the woman and then himself.

This case caused the Team to consider the issue of access to health records via the online *My Health Record* system. The *My Health Record* system allows a patient (or anyone with the patient's account details and password) to view medical records through the *MyGov* website.

The Team's case reviews highlight that it is not uncommon for abusers to take control of their victim's online accounts and passwords, either through force or deception.³⁸⁷ The creation of *My Health Record*, therefore, raises concerns that it may facilitate abusers access to a victim's complete medical history. Knowledge of such access may deter victims from seeking help from medical professionals, particularly in relation to issues such as mental health, violence, sexual abuse, contraception, or pregnancy termination. Moreover, the decision to create an 'opt-out' requirement means that many victims may be unaware that they already have an active *My Health Record*. These issues were identified by domestic violence advocates with the rollout of this policy,³⁸⁸ and in late 2018 further measures were introduced to strengthen patient privacy including the ability for an individual to permanently delete their *My Health Record*.

While the benefits of the *My Health Record* in providing a well-connected national health system are evident, it is important that responders, and particularly those engaged in safety planning with victims of violence, are cognisant that this may be an avenue of surveillance used by abusers.

Threats of suicide

In cases reviewed by the Team in the current reporting period, the abuser's coercive control included repeated threats of self-harm and suicide. These behaviours were particularly evident when victims of violence tried to end or leave the relationship and were identified as an extremely powerful tool to ensure the victim remained within the abuser's sphere of control.

In **Case Review 3810** the male abuser threatened suicide on multiple occasions, often when the female victim tried to leave the relationship but also in other circumstances when she tried to demonstrate agency or act autonomously.

386 *DVDRT Report 2015-17*, pp. 116-117; *DVDRT Report 2017-19*, pp. 79, 106.

387 See, for example, Case Review 4131 and 3545.

388 Women's Legal Service Queensland (2018), 'The My Health System and domestic violence survivors', *Senate Community Affairs References Committee on My Health Record System*, 2018, Submission 19. <https://www.aph.gov.au/DocumentStore.ashx?id=f0fdab39-e041-4716-afda-0b9803a6b461&subId=659719> (accessed 13 August 2021).



On one occasion the abuser threatened to poison himself in response to the woman arranging a visit with family friends. The abuser also exhibited other coercive behaviours such as monitoring the woman's phone, destroying her property, and restricting access to her cultural community.

A month before she was killed, the woman told the abuser she was moving out of their shared home and the abuser armed himself with a knife and threatened to self-harm. The woman reported this episode to police, disclosing the abuser's coercive controlling behaviours. Police administered the DVSAT but determined not to apply for an ADVO, coding the matter as a 'mental health episode'.

Five weeks after this episode the abuser killed the woman in the presence of their young child and then himself.

While threats to self-harm or suicide are recognised as a tactic of coercive control,³⁸⁹ the extent to which this behaviour is 'weaponised' by perpetrators of violence and the risk implications for victims, remains under-researched.³⁹⁰ Prior threats or attempts to suicide by a perpetrator are identified as a risk indicator in the current Domestic Violence Safety Assessment Tool (DVSAT). In response to *Case Review 3810*, police circulated an educational bulletin on threats of self-harm in the context of domestic violence. The bulletin provides that where it appears to a responding officer that a threat of self-harm has been made in an attempt to control the victim's behaviour, the officer is obliged to take action to protect the victim (such as applying for an ADVO). The bulletin also provides that the responding officer should consider whether the threat to self-harm amounts to the offence of intimidation.

While it is acknowledged that domestic violence abusers may experience mental health issues concurrent to their domestic violence perpetration, the Team's cases reveal that in a service response context, concerns about the abuser's mental health frequently obscure their coercive and controlling behaviour.

In **Case Review 3947** the abuser disclosed to his Community Corrections supervisor that he was experiencing suicidal ideation in the context of his relationship breaking down. At the time the abuser was under supervision for domestic violence offending and had a history of violent offending against previous intimate partners, including in the context of relationships ending.

This disclosure elicited a response framed only in terms of the abuser's deteriorating mental health with no apparent consideration given to the abuser's behaviour in the context of his intimate relationship. During this period the abuser was also stalking the victim's house late at night, threatening to take custody of their baby, and sending the victim derogatory messages.

A few weeks after making these disclosures, the abuser fatally strangled the victim in the presence of their infant child.

or service providers, including those in health, police and corrective services, it is important that threats and/or attempts to self-harm are taken seriously and that they are also considered in the context of coercive control. Responses to such disclosures need to consider the safety, wellbeing and risks to victims as well as abusers. The person threatening suicide (including where threats are part of their coercive controlling behaviour) should receive an assessment of risk to suicide and harm (including to themselves and others), referral to mental health services, and be provided with appropriate care and treatment. The Team will continue to monitor this issue as part of its ongoing work agenda.

389 See, for example, Fitzpatrick, S.J. et al (2022) 'Men, suicide, and family and interpersonal violence: A mixed methods exploratory study' *Sociology of Health & Illness*, vol. 6(4), 991-1008, <https://onlinelibrary.wiley.com/doi/10.1111/1467-9566.13476> (accessed 23 February 2022); Toivonen and Backhouse (2018) (n40).

390 Fitzpatrick (2022) (n389).

Part 2: RESPONSE - Promoting victim safety and perpetrator accountability

Understanding and enhancing victim safety

Separation does not equal safety

There is a common misconception that victims will achieve safety when they separate from their abusive partner – the word ‘separation’ implying a safe geographical distance from the abuser’s behaviour.³⁹¹ However, in reality the Team’s data findings and case reviews highlight that the abuser’s coercive control often persists (and frequently escalates) after a relationship has ended, regardless of any physical distance that separation has created, and including in circumstances where there is an ADVO in place. The Team’s IPV Homicide Dataset (see *Chapter 3*) reveals that separation was a feature in two-thirds of IPV homicides involving a male offender killing a female intimate partner and increased to over 90 per cent for IPV homicide-suicides (see *Chapter 4*).

For many abusers, separation (be it actual, suspected or intended) represents the ultimate loss of control over the victim and they escalate their abusive behaviours in an attempt to reassert or maintain control. A national study from the United Kingdom examining men who had murdered their partners found that:

*Failure to accept the end of a relationship was common. Men simply would not ‘allow’ it to end and might go to great lengths to ensure that it continued, including persistent phoning, uninvited visits to her home, stalking, and threats of violence, murder and suicide.*³⁹²

It appears, however, that the failure to recognise the ongoing risk of harm to victims of violence after a relationship has ended remains prevalent across the response system.³⁹³

In **Case Review 4131** the victim had recently separated from an extremely coercive and controlling, long-term domestic violence abuser and police had applied for an ADVO protecting her from the abuser. The woman was about to commence family law proceedings to recover her property which meant that although the relationship had ended, her contact with the abuser would be ongoing in the context of those proceedings.

The woman was identified by police as being at serious threat and referred to a SAM. At the SAM the woman’s assessed level of risk was downgraded on the basis that: 1) she had ended the relationship; 2) there was an enforceable ADVO in place; 3) she was engaged with a specialist domestic violence service provider; and 4) the abuser was residing a significant distance away.

Despite these safety measures being in place, the woman told friends that she believed the abuser was going to kill her and he continued his coercive control through persistent calls and emails. Notwithstanding the woman’s own recognition of the continued threat the abuser posed to her, it appears that the misconception that separation (and having an ADVO in place) equated to safety factored into the decision making of those that were seeking to support the woman.

391 New Zealand Family Violence Death Review Committee (2017) (n78), p. 37.

392 Dobash, R. and Dobash, R. (2015) *When Men Murder Women* (Oxford University Press), p. 43.

393 See, for example, responses in the health system in Case Review 3947; responses by police and WDVCAS in Case Reviews 4131 and 3959.



In **Case Review 3947** healthcare service providers did not consider the victim to be at a 'current' risk of domestic violence because she had recently separated from the perpetrator. Healthcare staff did not appear to appreciate that the recent separation may, in fact, have heightened the woman's risk.

The woman was pregnant with the abuser's child and staff apparently did not take into consideration that, despite the relationship having ended, the woman's contact with the abuser was going to continue as they negotiated parental responsibilities.

These cases demonstrate the importance of continuing to raise awareness around the heightened risk that separation poses for victims of domestic violence.

Similarly, the Team notes the importance of recognising the risk of harm to victims of violence who demonstrate increasing independence and resistance to a former partner's ongoing abuse, including when victims are living independently or in the same home. In many of the Team's cases, victims who had ended the relationship with the abuser were killed at the point when they were reasserting independence and demonstrating autonomy over their lives.³⁹⁴

The fact of a victim demonstrating greater independence may be overlooked by responders as a factor that can pose a significant risk to a victim's safety because it is generally seen as a positive reclaiming of agency by the victim. However, it also represents a definitive loss of control for abusers who may respond with a serious or fatal act of violence. For this reason, responders must be cognisant of the complexities around separation for victims and perpetrators, when assessing risk and developing safety plans.

Safety planning

ANROWS defines a safety plan as '*a personalised, detailed, action-oriented document that enables victims, with the support of professionals and services, to outline clear and specific help-seeking and escape strategies for themselves and their children, based on available resources.*'³⁹⁵ The Team notes that it can also be an informal plan proactively developed by a victim to protect themselves or their family.

Actions undertaken as part of a safety plan can include: accessing crisis accommodation; upgrading home security (changing locks, installing cameras and alarms); obtaining an ADVO; improving tech security; assistance and advocacy with the legal system; school safety planning for children; increased monitoring and compliance by Community Corrections or police; or making a plan with bystanders (neighbours, family, friends, colleagues).

In its *2017-19 DVDRT Report* the Team identified that safety planning by responders was frequently ad hoc and there was a lack of clear and consistent guidelines to assist responders in developing strategies to keep women and their children safe. Accordingly, the Team recommended:

Recommendation 8

That the NSW Government develop increased guidance and resources to support safety planning, which may include consideration of standard resources or tools for use by responders and practitioners who work with victims of domestic and family violence.

In developing standard resources or tools the NSW Government may consider the work of DVSM Sightlines and literature around safety planning and responding to risk. Roll out of standard resources or tools should be accompanied by comprehensive training and education.

³⁹⁴ Case Reviews 3918, 3659, 3582, 3759, 3821, 3810, and 4065.

³⁹⁵ Toivonen and Backhouse (2018) (n40).

The NSW Government Progress Report indicates that while initial scoping has been undertaken to address this recommendation as part of an initiative to develop a multi-agency DFV risk response framework for NSW, this work is currently on hold ‘*pending identification of resources.*’

It is noted that since the Team made the recommendation above, DVSM Sightlines has developed a new safety planning resource *My Safety Kit*.³⁹⁶ The kit is designed to help victims understand and explore their own safety awareness, conduct a self-assessment of their safety and provides resources on where to seek further assistance.³⁹⁷ Importantly, this work locates the victim’s unique lived experience of violence at the centre of the risk assessment and safety planning so as to promote a response that meets the victim’s specific needs, and does not override their agency or decision-making capability. The kit also serves an important educative function which builds on the victim’s own safety awareness and articulates the ways in which they are already keeping themselves (and their children) safe. For example, it helps the victim identify the people in their life who are already supporting and assisting them in staying safe and examines a broad spectrum of safety considerations including mental and physical wellbeing, financial security, community and cultural connection.

This work complements a range of publicly available safety planning resources (see, for example, the DV West Safety Planning Handbook,³⁹⁸ and resources developed by DCJ³⁹⁹ and Relationships Australia⁴⁰⁰) which can usefully inform any future work to progress the Team’s recommendation.⁴⁰¹

Notwithstanding the development of increased guidance and resources to support safety planning, cases reviewed by the Team in the current reporting period demonstrated challenges in the approach to safety planning with respect to protecting victims who remain in their home; victims with pets and animals; and victims in long-term relationships (discussed below).

Protecting victims in their own home

In the early 2000s there was a policy shift towards supporting domestic violence victims to stay in their homes and removing the abuser. The rationale that underpinned this shift recognised the high levels of homelessness experienced by victims escaping violence and emphasised that the physical, emotional and financial burden of re-locating to safety should not be borne by victims of violence.

In NSW, the *Staying Home Leaving Violence* (SHLV) program is one of the flagship domestic violence programs funded by the NSW Government which works to prevent homelessness by supporting victims to stay safely in their homes after leaving violent relationships. SHLV works in collaboration with police and other agencies to offer a range of critical support services, including conducting safety audits and improving home security (see *Specialist Casework* for further discussion about SHLV).

Two of the homicide victims in the cases reviewed in the current reporting period resided in regional NSW and remained in their homes after they ended their relationship with the abuser (see *Case Reviews 3959* and *4131*). SHLV was not available in either of the locations where the women lived and as a result, neither had the benefit of the comprehensive safety audit which could have been undertaken as part of a SHLV referral. While specialist domestic violence services did assist the women with safety planning and arranged ad hoc home safety

396 Insight Exchange (2021) *My Safety Kit*, <https://www.insightexchange.net/wp-content/uploads/2021/07/My-Safety-Kit.pdf> (accessed 1 October 2021), developed by DVSM in collaboration with Dr Linda Coates and Dr Allan Wade from the Centre for Response-Based Practice, Canada.

397 Insight Exchange (2021) (n396).

398 DV West, *Safety Planning Handbook: Are you in a relationship with someone who is abusive and controlling?* (undated); and DV West, *Safety Planning Handbook: Have you left someone who has been abusive and controlling?* (undated) <https://www.dvwest.org.au/resource/> (accessed 2 May 2022).

399 Women NSW Fact Sheet (2017), *Safety Planning*, https://www.facs.nsw.gov.au/__data/assets/pdf_file/0015/371211/safety_planning_factsheet_121217.pdf (accessed 2 May 2022).

400 Relationships Australia (2021), *Safe from Violence: A guide for women leaving or separating*, <https://www.relationshipsnsw.org.au/how-to-prepare-a-domestic-violence-safety-plan/> (accessed 2 May 2022).

401 Work to implement the recommendation may also be usually informed by the range of resources relating to safety planning published on the DCJ intranet site, for example the Domestic and Family Violence Practice Kit, the Dignity Driven Practice advice topic, and the learning and development programs for DCJ practitioners.



improvements (which the victims initially paid for and then were reimbursed), in both cases there were delays in the improvements being undertaken and also delays in processing the reimbursement.

In *Case Review 3959* the one-off home safety improvements were not enough to keep the victim safe from the abuser and a few weeks later, like 72 per cent of women in the IPV Homicide Dataset that were killed by their former partners, the woman was murdered by the abuser in her own home.

These cases, like cases reviewed in previous reporting periods, draw into sharp focus the gaps that emerge in the system where policy shifts are not adequately supported by a state-wide investment in programs. Such gaps are often experienced more acutely by victims living in regional or rural areas when trying to access support and services.⁴⁰²

The Team, therefore, welcomes the recent announcement that the NSW Government has committed an extra \$32.5 million over four years to expand the SHLV program state-wide.⁴⁰³ The Team has been advised that the expansion funding will enable the 33 current SHLV service locations to expand their geographical footprint to 81 locations in NSW.

The Team also notes that an evaluation of the SHLV program has recently been undertaken which is scheduled to be finalised in 2022.⁴⁰⁴ The Team looks forward to receiving the evaluation and will continue to monitor this important program over the next reporting period.

Supporting victims with pets and animals

The 2019 'Pets in Australia' survey revealed that approximately 61 per cent of Australian households live with animals.⁴⁰⁵ The survey found that women and families with children are most likely to live with animals and that over 60 per cent of people that live with animals considered their animal to be a family member.⁴⁰⁶ For many people their animals are an important source of emotional support and comfort. Violence towards animals, be it threatened or actual, is therefore a powerful tool of coercive control used by abusers.

Research shows that victim-survivors may delay leaving an abuser for fear of what will happen to their animals, with one Australian study finding that 33 per cent of women in crisis accommodation had delayed leaving an abuser because of concern for their pet's welfare.⁴⁰⁷ This finding reflects international data, where a review of 12 studies found that between 18-48 per cent of victims did not leave or delayed leaving for fear of leaving behind their companion animals with the abuser.

Similarly, the Team's cases reveal that victims with animals face particular barriers in escaping violence.

In **Case Review 3959** the abuser's wide range of coercive controlling behaviours against the victim included actual and threatened violence against the woman's animals (including both pets and agricultural livestock).

After the woman separated from the abuser, the animals presented a significant obstacle for the woman's safety planning, and in particular leaving the rural property. While the woman was concerned for her own safety, she was equally concerned about what would happen to the animals if she left the property. It

402 The Team has previously made recommendations around better responding to women living in regional and remote areas. See *DVDRT Report 2015-17*, Recommendation 21.

403 DCJ Media release (2022), <https://www.dcj.nsw.gov.au/news-and-media/media-releases/2022/funding-delivered-to-expand-domestic-violence-support-program.html> (accessed 12 March 2022).

404 Department of Social Services, *Staying Home Leaving Violence*, 28 September 2021, <https://plan4womenssafety.dss.gov.au/initiative/staying-home-leaving-violence/> (accessed 12 November 2021).

405 Animal Medicines Australia (2019), *Pets in Australia: A national survey of pets and people*, pp. 11, 20, <https://animalmedicinesaustralia.org.au/report/pets-in-australia-a-national-survey-of-pets-and-people/> (accessed 2 February 2022).

406 Animal Medicines Australia (2019) (n405).

407 Volant, A. et al (2008) 'The Relationship Between Domestic Violence and Animal Abuse: An Australian Study' *Journal of interpersonal violence*, Vol. 23, pp. 1277-95.

appears that crisis accommodation was unable to accommodate both the woman and her animals, and she remained living at the property where she was ultimately killed by the abuser.

While the Team is aware that there are a small number of services available to help women with pets and animals, in this case no referrals were made to any such services, possibly due to a lack of availability in the regional area where the woman lived.

The NSW Government recognises harm to animals as a powerful tool of coercive control and that victims with animals may experience particular obstacles in seeking support and safety. Efforts to address these concerns have seen the development of a number of recent reforms.

In December 2020 the NSW Government developed the Domestic and Family Violence Pets and Animal Welfare Support (DFV PAWS) program, providing \$500,000 in one-off grants for women's refuges and other crisis accommodation providers to become more pet friendly and for animal welfare organisations to develop new or improve existing animal shelter services for people fleeing domestic violence.⁴⁰⁸

In March 2021 amendments to the *Crimes (Domestic and Personal Violence) Act 2007* (NSW) were introduced to change the definition of 'intimidation' to include harm and threats to pets and to prohibit harm to animals as a standard condition in all ADVOs.⁴⁰⁹

The Team welcomes these important developments in both recognising and responding to this particular form of coercive control and improving the pathway to safety for victims.

First-time disclosures by victims in long-term relationships

This reporting period included a number of cases where older victims of violence had been in long-term relationships with the abuser. After subjecting the victim to decades of violence, the abuser's behaviour had, for the first time, come to the attention of police.

In **Case Review 3959** the victim endured decades of physical, sexual and emotional abuse and while she had disclosed her experiences of violence to friends and family, she had never reported the abuse to police. The abuser did ultimately come to the attention of police (when the woman's daughter reported an episode of violence) and the woman told police that she was fearful this would enrage her partner.

The abuser was charged and released on supervised bail and was subject to an ADVO. The woman was also provided specialist support, including counselling, home security upgrades, and court support.

Despite many services and systems being involved to support the woman and keep her safe, it appears that the escalating risk the woman faced – with the abuser, for the first time, being held to account for his decades of abuse – was underestimated.

Ultimately the abuser ambushed the woman in her home, shooting her dead before killing himself.

In **Case Review 4131** the victim and perpetrator had been in a relationship for almost 40 years, and while friends and family were aware of some of the violence the victim had experienced, it had not been reported to police.

The woman disclosed the violence to police for the first time a few months prior to her murder. Although police applied for an ADVO protecting the victim, they considered that there was not enough evidence to

408 The DFV PAWS program has awarded grants to 19 organisations across the state. See, DCJ Media Release, <https://www.dcj.nsw.gov.au/news-and-media/media-releases/new-law-to-help-protect-pets-from-domestic-violence-perpetrators> (accessed 7 October 2021).

409 Ibid.



charge the perpetrator with any offences. The woman was murdered by the abuser a few weeks after the ADVO was finalised.

Both of these cases raise the issue of how best to support and protect victims who disclose to police for the first time, after having experienced violence and abuse over many years. Neither of these victims triggered a crisis response that was proportionate to the long histories of severe violence that they had experienced, or the significant danger that their ex-partners posed. In particular, the criminal justice response did not factor in the long unreported histories of violence when determining whether to discontinue criminal charges, or grant bail. Further, when police and WDVCS administered the DVSAT, neither victim reached the 'serious threat' threshold raising issues about the unintended bias of the assessment tool against older women discussed in relation to the DVSAT redesign in *Chapter 8: Emerging Reforms*.

When a victim, who has been in a long relationship, reports to police for the first-time, responders undertaking risk assessment and safety planning should not assume that she is reporting the first episode of violence that has occurred, nor should it be dealt with as such. By the same token, long-term perpetrators of domestic violence who have managed to avoid criminal accountability for their abusive behaviour for many years should be recognised as posing a serious risk of violence and manipulation to their victims, rather than being viewed as an otherwise law-abiding citizen with no criminal record.

Policing of domestic violence

The Team acknowledges that there has been positive change in the policing of domestic violence over the past two decades, and elements of this change were evident in cases reviewed in the current reporting period.

In **Case Review 4131** the victim sought police assistance in the early 2000s to recover property from her abusive partner. Police attended the property with the woman and observed the abuser threatening and intimidating her. Police did not regard the abuser's behaviour as sufficient to warrant a charge nor did they apply for an ADVO or refer the woman to any domestic violence support services. With police assistance the woman was able to recover some but not all of her property. When the woman sought further assistance from police to recover her remaining belongings, she was advised that she would have to recover the property herself.

By way of contrast, when the same woman sought police assistance two decades later she received a more proactive response. In response to the woman's disclosure of an episode of physical and verbal abuse, police applied for an ADVO on her behalf, with additional non-contact orders. Police used the Domestic Violence Evidence in Chief to record a video statement from the woman and undertook a risk assessment using the DVSAT. As a result, the woman became engaged with a specialist domestic violence service provider via Safer Pathway. Police also accompanied the woman to recover her possessions from the house she shared with the abuser and connected her with emergency accommodation services.

Police advised the woman that they were going to charge the abuser with assault and intimidation however it was ultimately determined that there was insufficient evidence to proceed with charges.

Despite the enhanced response the woman received later in life, she was ultimately murdered by her husband. While the past two decades have seen positive change in the response to domestic violence, there is therefore still much work to be done to ensure the safety of victims of violence.

Police perform a critical role as the primary frontline responders to domestic violence and act as a conduit for victims not only into the criminal justice system but also to other vital support services. Responding to domestic violence is a core component of day-to-day policing with the NSWPF responding to over 140,000 domestic

violence calls for assistance every year.⁴¹⁰ This equates to one call every four minutes and has been steadily increasing in volume since 2016.⁴¹¹

The policing of domestic violence encompasses a range of activities and engagement with both victims and abusers, such as attending domestic violence-related 'callouts', applying for ADVOs, investigating and charging abusers with criminal offences including breaches of ADVOs, and providing safety and support to victims including referrals to specialist domestic violence services and child protection.

It is well recognised that, unlike other crimes, victims of domestic violence are often reluctant to report their experiences of violence to police.⁴¹² When a victim does reach out and receives a poor police response, this can have an extremely negative impact on the victim's future help seeking and willingness to engage with any government support services. The need to continually refine and enhance police responses to domestic violence is, therefore, paramount.

Much of the Team's work to date has centred on enhancing police responses for victims and better supporting police in this critical response role. This is reflected in the analysis of recommendations in *Chapter 7* which found that over 15 per cent of the Team's 122 recommendations over the past decade have been directed at the NSWPF.

As described in *Chapter 8*, the redesign of the DVSAT and the criminalisation of coercive control have the potential to significantly strengthen the policing of domestic violence in NSW provided that there is a strong government commitment towards investing in the significant resources required to implement the wide-scale education and training necessary to ensure that these reforms operate the way they are intended. Accordingly, a number of the police practice issues relevant to the DVSAT and understanding of coercive control are also discussed in *Chapter 8*.

This section focuses on other issues related to police practice that have arisen from the specific cases reviewed in this reporting period, including: apparent deficiencies in police training, insufficient resourcing of Domestic Violence Officer (DVO) positions, inconsistencies in the protection of children by ADVOs, and complaints-handling processes.

Police training

Notwithstanding the challenges around the inevitable criminal justice outcome, research has demonstrated that greater investigative effort by police can build victims' confidence in the response system and encourage them to report further instances of domestic violence.⁴¹³ For this reason the Team urges the NSWPF to continue to work towards improving the police response to victims who report their experiences of abuse.

Research has shown that through persuasive and sustained police education and training programs non-compliant behaviour and inconsistent practice in dealing with domestic violence can be transformed.⁴¹⁴

The current police training regime was examined at the inquest into *Case Review 3978* (see *Chapter 2: Case reviews* for detail). The evidence demonstrated that after completing academy training, there was no regular mandatory training in domestic violence practice and procedure for police officers. Instead, optional training videos are available online and there are also training packages rolled out at random intervals to coincide with the introduction of new initiatives, such as the DVSAT in 2015. While providing optional professional development

410 NSW Auditor-General (2022) (n4).

411 NSW Auditor-General (2022) (n4).

412 The 2016 Personal Safety Survey found that less than one in five female victims who had experienced violence from their current partner had ever contacted police. See, Australian Bureau of Statistics (2016) (n49).

413 Dowling, C. et al (2018), 'Policing domestic violence: A review of the evidence,' *Australian Institute of Criminology*, Report No. 13, https://www.aic.gov.au/sites/default/files/2020-05/rr_policing_domestic_violence_211118.pdf (accessed 5 November 2021).

414 Dowling (2018) (n413).



is valuable, the Team has raised the concern that officers who harbour problematic attitudes towards domestic violence are going to be less likely to participate in such optional training opportunities.

This discretionary and ad hoc approach to ongoing professional development was confirmed in the recent Auditor-General's Report into Police responses to domestic and family violence.⁴¹⁵ The report found that the only state-wide mandatory and structured training on domestic and family violence policing practices occurred in the first year of service as a probationary constable, with limited mandatory or routine refresher training on domestic violence policing skills beyond this point.⁴¹⁶ Furthermore, the Auditor-General noted that the NSWPF did not monitor course completion data across the 57 local commands to understand whether domestic violence specialists and general duties frontline police had completed the voluntary online training offered on domestic violence.⁴¹⁷ As a result, some local commands may have capability gaps in their domestic and family violence skills and knowledge.

The inquest into *Case Review 3978* made several recommendations, including the development of a mandatory training package targeted at general duties constables and shift supervisors in relation to the mandated procedures for responding to domestic violence, the Domestic Violence Standard Operating Procedures (DVSOPs).⁴¹⁸

Recommendation 2a: That the NSW Police Force continue to prioritise the inclusion of training modules related to domestic violence and the DVSOPs in annual Mandatory Continuing Police Education training packages.

Recommendation 2b: That the NSW Police Force give consideration to the development of a mandatory training package targeted at general duties constables in relation to the DVSOPs and use of the Domestic Violence Safety Assessment Tool.

*Recommendation 5: That the NSW Police Force develop and deliver a mandatory training module for shift supervisors in relation to the verification of incidents of domestic violence in COPS, including the application of the Supervisor's DV Checklist annexed to the DVSOPs.*⁴¹⁹

The Auditor-General also made a recommendation that by January 2023 the NSWPF should:

*...develop a framework to guide police training in domestic and family violence policing that identifies intervals for refresher training, modes for course delivery, and protocols for integrating course evaluations and workforce capability assessments into the training design (Recommendation 3).*⁴²⁰

The Team endorses the recommendations made by the State Coroner and the Auditor-General.

A 2018 meta-analysis of research into police workforce development by the AIC demonstrated that without reinforcement through refresher courses, the influence of training wears off over time, and police attitudes gradually succumb to the influences of colleagues and on-the-job experience.⁴²¹

While face-to-face training remains the preferred and most effective mode of delivery for workforce development,⁴²² the Team acknowledges that the COVID-19 pandemic has severely restricted the opportunities for this to take place. Accordingly, online training may be the only practical alternative for police training in the

415 NSW Auditor-General (2022) (n4), pp. 24-28.

416 NSW Auditor-General (2022) (n4), pp. 24-26.

417 NSW Auditor-General (2022) (n4), pp. 26-28.

418 NSW State Coroner's Court (2021) (n18).

419 NSW State Coroner's Court (2021) (n18).

420 NSW Auditor-General (2022) (n4), p. 8.

421 Dowling (2018) (n413), p. 15.

422 NSW Auditor-General (2022) (n4), p. 28.

short-term. However, it is the Team's perspective that the mandatory training anticipated in the recommendations above should not simply take the form of a passive eLearning course, but should facilitate participant engagement with practical exercises, opportunities for group discussion, and safeguards against vicarious trauma.⁴²³

Further, it is the Team's perspective that this training should incorporate delivery by non-police trainers from outside the organisation, for example specialist domestic violence workers. Traditionally, there appears to be a preference for formal training programs to be primarily delivered by senior police officers. Notwithstanding the experience senior officers have in terms of policing domestic violence episodes, there is also the risk that they may harbour outdated attitudes or harmful practices which can then be passed onto the next generation of recruits.⁴²⁴

The Team notes that the Queensland Police Force has recently adopted trauma-informed police training through the 'Start By Believing' Campaign. This involves a non-profit sexual violence prevention centre providing training to police on how to better respond to allegations of sexual and domestic violence. The program focuses on ensuring that the victim's first interaction with police is positive, empathetic, victim-centric and underpinned by a presumption of belief.⁴²⁵ This is an important shift towards trauma-informed policing practice that has historically received far less emphasis and support in the training and education space.⁴²⁶ This type of training may guard against a culture of pessimism, hopelessness and a lack of empathy around domestic violence that can stem from police experiences with victims whom they perceived to be uncooperative, inconsistent and unreliable.⁴²⁷

The Team notes that the current redesign of the DVSAT (described in *Chapter 8*) will require a comprehensive police training package upon its implementation and this presents an opportunity for widespread education and awareness around domestic violence. It is hoped that this training package will take into account some of the issues and concerns that the Team has raised in this report.

Resourcing of Domestic Violence Officer positions

The NSW Police Force employs approximately 280 domestic and family violence specialists at local commands across the State and just over 40 specialists at the police region level. There are two types of domestic violence specialists: Domestic Violence Operatives and Domestic Violence Officers.⁴²⁸

Domestic Violence Operatives are tasked with identifying and targeting repeat offenders of domestic and family violence crimes. Their role is to reduce re-offending, coordinate bail and apprehended domestic violence orders, conduct compliance operations, and assist Domestic Violence Officers.

The role of Domestic Violence Officer (DVO, previously known as the Domestic Violence Liaison Officer or DVLO) was established as part of a transformation in the way police work with local communities in preventing and responding to domestic violence. DVOs are specialist officers who work with the community to better understand local concerns and collaborate with other agencies to develop strategies that aim to promote victim safety and support.

DVOs have a range of critical responsibilities that have exponentially increased their workload overtime, both in terms of the volume of cases, and the diversity of responsibilities. These critical tasks include, but are not limited to:

423 Dowling (2018) (n413), p. 15.

424 Dowling (2018) (n413), p. 14.

425 Queensland Police, 'New training enhances police skills to tackle sexual violence' *myPolice*, 31 January 2020, <https://mypolice.qld.gov.au/goldcoast/2020/01/31/new-training-enhances-police-skills-to-tackle-sexual-violence/> (accessed 8 November 2021).

426 Dowling (2018) (n413).

427 Dowling (2018) (n413), p. 15.

428 NSW Auditor-General (2022) (n4), p. 3.



- conducting quality assurance checks on domestic violence events to ensure compliance with standard operating procedures (DVSOPs);
- following up on incomplete actions or deviations from the DVSOPs;
- assisting all victims through court processes for ADVOs;
- preparing for and attending Safety Action Meetings;
- keeping their Command up-to-date on legislative changes and other reforms in the domestic violence sector;
- maintaining lists of victim referral services; and
- liaising with courts, community organisations and the Women's Domestic Violence Court Advocacy Service (WDVCAS).⁴²⁹

As noted above, one of the key responsibilities of DVOs is to assist victims through the court process for ADVOs. The Team's cases have identified, however, that these vital specialist positions may be under-resourced, particularly in areas of regional NSW.

In **Case Review 4131** the DVO was absent at both court attendances for the ADVO proceedings. On both occasions the Aged Crime Prevention Officer (ACPO) attended in place of the DVO and did not appear to have sufficient knowledge of the victim's matter.

The court proceedings resulted in an unfavourable outcome for the victim whereby both parties agreed to cross-ADVOs. These conditions allowed the perpetrator to easily get around the non-contact provisions to maintain his manipulation and control over the victim.

The recent report by the NSW Auditor-General identified that while the NSWPF has increased the numbers of specialist domestic violence personnel over the past 5 years, it lacks accurate data to assess whether the distribution of specialist personnel is adequate to support the workload experienced across the different local commands.⁴³⁰

The NSWPF advised the audit that it is currently expanding its use of a workforce modelling tool - Capacity Planning for Policing. This tool has the functionality to assess the distribution of the police workforce against incident dispatches by crime type, and other workload metrics.⁴³¹

The Auditor-General found that there is potential for the NSWPF to use this tool to take a more proactive approach to domestic violence workforce planning. This could include enhanced monitoring and reporting of the domestic violence incident dispatches in each local command, and the levels of domestic violence specialist staff in these commands. Enhanced data reporting will assist local commanders to assess their staffing levels against crime statistics, provide a comparison against commands with similar activity levels, and ensure that staffing allocations are appropriate for workload demands.⁴³²

The Team endorses the findings of the Auditor-General in relation to police workforce planning. DVOs play a critical role in the police response to domestic violence and it is essential that resourcing of these specialist positions is sufficient to meet workload demands in all local commands.

429 NSW Police Force, *Code of practice for the NSW Police Force response to Domestic and Family Violence*, 1 June 2018, https://www.police.nsw.gov.au/__data/assets/pdf_file/0016/165202/Code_of_Practice_for_the_NSWPF_response_to_Domestic_and_Family_Violence.pdf, (accessed 10 November 2021).

430 NSW Auditor-General (2022) (n4), p. 4.

431 NSW Auditor-General (2022) (n4), p. 4.

432 NSW Auditor-General (2022) (n4), p. 4.

Naming of children in ADVOs

ADVOs play an important role not only in protecting victims of violence, but also in signalling to services involved with the family that they need to take proactive steps in supporting the victims (including children) of domestic violence (see discussion in *Safety and support in school settings*, below).

It is critical, therefore, that children are consistently named in ADVOs when police are applying for protective orders. Both the law and NSWPF procedures require that when police attend a domestic violence episode where children are present and they take out an ADVO to protect the adult victim, the children should also be included on the order so that the conditions that apply to the adult victim also apply to the children. This practice is mandated unless there are 'good reasons for not doing so'.⁴³³ Cases reviewed by the Team in the current reporting period have, however, identified issues of police non-compliance in relation to the naming of children in ADVOs.

In **Case Review 3947** the domestic violence abuser was traveling in the car with his partner and their children when the couple began to argue. The abuser hit the woman across the face while she was driving and pulled on the handbrake, causing the car to jolt dangerously in the traffic. The children were extremely distressed and were crying in the back seat throughout the episode.

The woman continued driving home and when the abuser got out of the car, the woman fled in the car with the children and reported the matter to police.

The abuser was charged with domestic violence offences, and police applied for an ADVO protecting the women however the children were not named in the order.

The NSWPF have acknowledged this is a persistent issue and have sought to improve compliance through ongoing education, as well as a systems upgrade. The NSWPF have advised the Team that a forthcoming change to WebCOPS will clarify the onus on senior police officers (who approve provisional orders) that the starting presumption is to include children on an order, and that an explanation is required for the absence of their inclusion.

The Team, together with the NSWPF, will continue to monitor this issue over the next reporting period to examine whether compliance has improved.

Complaints about police

One case reviewed in the current reporting period led the Team to consider issues around the investigation of, and response to, complaints about police.

A fair, transparent and timely complaints process is vital for ensuring that the community has faith in how police officers exercise their powers⁴³⁴ and there is a legislative requirement for the NSWPF to facilitate processes for the public to make complaints. The NSWPF website provides instructions on how to submit a formal complaint to either the Commissioner of Police or to the Law Enforcement Conduct Commission (LECC) but encourages

433 Section 38(2) of the *Crimes (Domestic and Personal Violence) Act 2007* (NSW) states 'If the court makes an apprehended domestic violence order, or the court or issuing officer makes an interim apprehended domestic violence order, for the protection of a person of or above 18 years of age, the court or issuing officer must include as a protected person under the order any child with whom the person of or above 18 years of age has a domestic relationship.' This is qualified by section 38(3) which stipulates that 'a court or issuing officer is not required to comply with subsection (2) if satisfied that there are good reasons for not doing so. However, in that case the court or issuing officer is to give the reasons for not doing so.'

434 Independent Broad-Based Anti-corruption Commission Victoria, *Audit of Victoria Police complaints handling systems at regional level*, September 2016, https://www.ibac.vic.gov.au/docs/default-source/reports/audit-of-victoria-police-complaints-handling-systems-at-regional-level.pdf?sfvrsn=3c86e75_5, (accessed 12 November 2021).



people with 'less serious complaints such as those involving rudeness or poor customer service' to visit their local police station to try and resolve the issue.⁴³⁵

LECC was established in 2017 as a permanent investigative commission to provide oversight of the NSWPF and NSW Crime Commission. LECC replaced the Police Integrity Commission and the Police Compliance Branch of the NSW Ombudsman, establishing a single oversight body with two clearly defined functions: detecting and investigating misconduct and corruption, and overseeing complaints handling.⁴³⁶ It is noted, however, that only a very small proportion of the most serious complaints levelled against officers will progress to a full investigation by LECC, with the vast majority of complaints received being dealt with by way of internal review by the NSWPF (with oversight by LECC).

Case Review 3947 involved the homicide of a woman by her abusive former partner. Following the homicide, the woman's mother made a complaint about the problematic police response to her daughter's reports of domestic violence.

The woman had attended two different police stations seeking the protection of an ADVO as a result of the non-physical abuse (including stalking and intimidating behaviour) she was experiencing from her former partner. Notwithstanding that some of the abuser's non-physical abuse behaviours were potentially actionable under criminal and civil law, on both occasions the woman was advised by police that there were insufficient grounds for an ADVO and no further action was taken.

The first officer, who was a Domestic Violence Officer, referred the woman to a domestic violence service but failed to make a record of the woman's report (a contravention of police procedures).

The second officer was a general duties officer who, after his shift supervisor queried the decision to not apply for an ADVO, went back and falsified the original record, making the woman's report appear less serious (a contravention of the law).

Following the woman's death and the complaint made by her mother, an internal police investigation was completed by a senior officer within the same local area command where the misconduct had occurred, with oversight by LECC. The internal investigation made adverse findings of misconduct by the two officers who both received warnings and a reduction in seniority for one year along with conduct management plans. The police officer who falsified records was initially considered for criminal prosecution but these charges did not progress for reasons not known to the Team. LECC closed its oversight function without making any response to the internal investigation.

The Coroner conducting the inquest into this case was prevented from accessing the police internal investigation documents on the basis of privilege, and accordingly the police actions in this case have only been subject to internal investigation, and have not been subject to in-depth review by LECC or the State Coroner.

In response to this case, a number of Team members expressed concern in relation to the perceived lack of independence and transparency of the internal police complaints process.

The recent report by the NSW Auditor-General considered the issue of domestic violence complaints management and found that while the NSWPF has procedures to investigate and respond to complaints about

435 NSW Police Force, *How to lodge a complaint* (undated) https://www.police.nsw.gov.au/online_services/providing_feedback/feedback_compliments_complaints_and_suggestions/feedback/how_to_lodge_a_complaint (accessed 12 November 2021).
436 Law Enforcement Conduct Commission, *Who we are* (undated) <https://www.lecc.nsw.gov.au/what-we-do/who-we-are-and-what-we-value/who-we-are-and-what-we-value> (accessed 12 November 2021).

its domestic violence service quality, these are not always effective.⁴³⁷ Reflecting the concerns raised by some Team members, stakeholder groups told the audit that many of their clients have difficulty accessing information about how to make complaints about police practices. It was further noted that:

*A risk to making complaints is if the complainant has to make the complaint to the station where the service or response was provided. The unequal power structure makes it difficult for complainants to be fearless and frank in their feedback. They also fear negative repercussions in the investigation and the management of their domestic violence matter.*⁴³⁸

While complaints do not need to be lodged in person at a police station, it would appear that this is not necessarily well understood in the broader community and may present an obstacle for those who wish to complain about police misconduct or a poor response. The Team also notes that challenges with accessing information around the complaints process and concerns regarding negative repercussions are likely to be heightened for people from marginalised and disadvantaged communities.

A further issue identified in the audit report, is that the system used by the NSWPF to record complaints data does not identify the crime type to which the complaint relates. As a result, the NSWPF does not capture information in relation to the number of complaints made in the context of domestic violence matters and does not conduct in-depth analysis of such complaints. The report identified this as a missed opportunity, noting that complaints data can be an effective tool for organisations to identify trends and gaps in service quality, training needs, disciplinary actions, and workforce requirements.⁴³⁹

In response to the audit report, the NSWPF has recently made system improvements to the way complaints data is captured and the Professional Standards Command is now reviewing complaints data specific to domestic and family violence.

The Team welcomes these system enhancements and considers this an important opportunity for the NSWPF to derive critical learnings to guide ongoing improvements in the police response to domestic violence. The Team will explore opportunities to review and reflect on this work in subsequent reports.

Specialist domestic violence case management

The specialist domestic violence service sector in Australia emerged from the establishment of the Elsie Refuge for Women and Children in Glebe in 1974.⁴⁴⁰ This inspired the establishment of a network of community-based women's refuges nationwide and has expanded to provide a range of support services designed to keep victims and their children safe and help them recover from the violence they have experienced. These support services generally include: risk assessment and safety planning; case management; information and referral (for example to refuge accommodation); and advocacy for complex issues (e.g. legal, financial, health). They may also provide onsite refuge accommodation and counselling.⁴⁴¹

In relation to case-management, these critical support services offer a wide variety of practical and emotional support such as accompanying a victim to legal appointments or court attendances, setting up a new phone, arranging for home safety upgrades, connecting victims with local services (e.g. school or local support groups), negotiating with government agencies (e.g. Centrelink, Housing, Immigration), and facilitating employment, education and training opportunities.

437 NSW Auditor-General (2022) (n4), p. 35.

438 NSW Auditor-General (2022) (n4), p. 35.

439 NSW Auditor-General (2022) (n4), p. 36.

440 Gilchrist, C. (2015) 'Forty years of the Elsie Refuge for Women and Children', *Dictionary of Sydney*, https://dictionaryofsydney.org/entry/forty_years_of_the_elsie_refuge_for_women_and_children#:~:text=Elsie%20Refuge%20for%20Women%20and%20Children%20in%20Glebe%20was%20the,and%20children%20fleeing%20domestic%20violence (accessed 7 October 2021).

441 Victorian Royal Commission into Family Violence, *Volume II: Report and Recommendations*, March 2016, p. 2 <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-II.pdf> (accessed 7 October 2021).



Cases reviewed in the current reporting period have highlighted the importance of having specialist domestic violence case management services available for victims of violence.

In **Case Review 4131**, after experiencing 40 years of domestic violence, the first time the woman felt comfortable disclosing the full breadth of the abuser's behaviours (including disclosing details of sexual assaults) was to the specialist domestic violence case management service.

Up until that point, it would appear that no other service provider (health, police, WDVCS, legal representative) had created the space or had the time and resources for the woman to feel safe and comfortable enough to make these disclosures.

Specialist caseworkers then used their professional judgment to identify the high level of risk that the woman was exposed to and appropriately referred her to a Safety Action Meeting.

It is noted, however, that the woman in the above case review was only engaged with the service for two months and only at the crisis point of her initial separation from the abuser. After that time, the woman indicated that her support needs had been met however it is clear from her diary entries that the abuser was quickly able to regain control over her, using his well-honed tactics of psychological abuse. Forty years of abuse could not be adequately addressed in two months of crisis response casework. It was the Team's perspective that the woman would have benefited from having longer-term educational and therapeutic supports and case management in order to understand and repair the damage that the abuser had inflicted on her self-confidence and mental wellbeing over so many years so that she could start to rebuild her life.

Resourcing long term specialist domestic violence case management

Such long-term supports can only be achieved through appropriate government investment and funding of domestic violence case management services and resources. The Team acknowledges that there is currently a gap in specialist domestic violence case management, particularly when it comes to managing complex high-risk clients over a period of time. It's extremely rare to find organisations that are able to provide long-term support to victims as constraints on resources and increasing demand means they are forced to prioritise crisis responses.

This issue was raised in the Team's *2017-19 DVDRT Report* which identified a shift in investment away from long-term specialist supports for victims following the *2014 Going Home Staying Home* reforms. In that report the Team noted:

Previously specialist DFV providers were able to undertake sustained intervention with women to rebuild their lives and self-esteem both while they were staying in refuges and also in living in the community. However post-reforms the sector has moved towards short-term or crisis interventions which do not allow for sustained change or promote deeper understanding amongst victims about the dynamics of coercion and control.⁴⁴²

The critical role of long-term case management in enhancing victim safety highlights the importance of initiatives such as the *Integrated Domestic and Family Violence Services (IDFVS)* and *Staying Home Leaving Violence (SHLV)* programs.

IDFVS provides a multi-agency, integrated and coordinated response to domestic and family violence among high-risk target groups and in targeted communities. The program intervenes following the identification of domestic violence in a family and provides ongoing case management on a needs-basis, with no fixed time

⁴⁴² DVDRT Report 2017-19, p. 55.

period. Identification usually occurs via police, health services, child protection agencies, and/or support services such as family support programs. IDFVS provides adult, young people and child victims (male and female) with support to escape and recover from the abuse. The program provides ongoing practical and emotional support to both victims who remain in a relationship with the perpetrator, and victims who have ended the relationship. Child clients of IDFVS are considered as clients in their own right and direct services are provided to these children. The IDFVS currently operates at 11 locations across the state.

The program was positively evaluated in 2019 by independent researchers, although the evaluation included several recommendations for enhancing the program through further investment in systems, workforce capacity and community education.⁴⁴³ It is unclear to what extent these recommendations have been supported or implemented.

As described above, the SHLV Program is one of the flagship domestic violence programs funded by the State Government which aims to keep victims safe in their homes and involves intensive, long-term, needs-based casework after the victim has separated from the abuser.⁴⁴⁴

ANROWS research found that it was critical for 'safe at home' programs to be offered in conjunction with longer-term case management and support to achieve sustainable safety and economic security.⁴⁴⁵ Without intensive long-term case management supporting the SHLV Program, a key component that supports victims staying safe in their own home appears to be missing. While the Team has not yet conducted an in-depth review of a victim that was actively engaged in the SHLV Program, it is looking forward to reading the evaluation of the Program, due to be completed in 2022.⁴⁴⁶ The Team anticipates that this evaluation may draw attention to the importance of long-term supports and case management for victims.

Children's experiences of violence

The Team's 2017-19 DVDRT Report put the experiences of children living with domestic violence at the forefront of its work, making eight recommendations directed at improving system responses and early intervention for children and adolescents.⁴⁴⁷ That report sought to highlight the devastating impact of domestic violence on children and give voice to their experiences, resistance and resilience. This served as a counterpoint to depictions of domestic violence that frequently overlook the experiences of children, as was eloquently described by an anonymous child survivor of domestic violence in a recent opinion piece in the media:

*Reading news reports on domestic violence obsessively, as I am wont to do, it strikes me that the experience of children – unless they are (tragically) killed – is conspicuously absent. Speaking as a child of domestic violence, that public silence makes us feel as though we are invisible. It confirms our sense that our story is not something to be told. It isolates us in our misplaced feelings of shame and guilt.*⁴⁴⁸

Cases and data findings from the current reporting period continue to demonstrate the destructive and lifelong impact domestic violence has on children and young people. The IPV Homicide Dataset (*Chapter 3*) reveals that where there were children in the relationship, almost 90 per cent of those children had experienced the abuser's

443 Zmudzki, F. et al (2019) *Evaluation of the Integrated Domestic and Family Violence Services program (SPRC Report 7/19)* Social Policy Research Centre UNSW Sydney, <http://doi.org/10.26190/5beca33f96dfb> (accessed 3 November 2021).

444 Vulnerable Children and Families Directorate, *Program Guidelines for Staying Home Leaving Violence Program*, Family and Community Services, May 2014, <https://www.facs.nsw.gov.au/download?file=321137> (accessed 3 November 2021).

445 Breckenridge, J. et al (2016) 'National mapping and meta-evaluation outlining key features of effective "safe at home" programs that enhance safety and prevent homelessness for women and their children who have experienced domestic and family violence: Key findings and future directions' *ANROWS Compass*, <https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/Safe-at-home-meta-evaluation-final-research-to-policy-and-practice-paper-1.pdf> (accessed 3 November 2021).

446 Department of Social Services (2021), *Staying Home Leaving Violence*, <https://plan4womenssafety.dss.gov.au/initiative/staying-home-leaving-violence/> (accessed 15 November 2021).

447 *DVDRT Report 2017-19*, Recommendations 1-5, 6, 23 and 24.

448 Anonymous (5 December 2021), 'I am a child of domestic violence, and I am breaking my silence', *The Guardian Australia*, <https://www.theguardian.com/society/commentisfree/2021/dec/04/i-am-a-child-of-domestic-violence-and-i-am-breaking-my-silence> (accessed 5 December 2021).



violence. Further, almost two-thirds of male intimate partner homicide offenders and half of the female intimate partner homicide offenders had experienced trauma in their childhood. For some children domestic violence is fatal and the Filicide Dataset (*Chapter 5*) reveals that over the 18-year data reporting period 73 children were killed in a context of domestic violence.

This section examines a range of initiatives that have commenced or progressed to improve the response to children living with domestic violence. The section then explores a number of discrete issues arising in the current cases in the context of recognising and responding to children's experiences of violence and keeping them safe.

Responding to families with complex needs

Cases reviewed for this report,⁴⁴⁹ as well as previous reports of the Team, highlight the significant challenges that arise when responding to families where there is a complex co-occurrence of domestic violence, mental health issues, and/or problematic alcohol and other drug use. Recognising the significant and compounding impact that these issues have on children and the need to better respond to such complexity, has seen the development of a range of research activities designed to inform intervention and prevention efforts.

The STACY project

The Safe and Together Addressing ComplexitY (STACY) project sought to investigate and develop practitioner and organisational capacity to work collaboratively across services providing interventions to children and families living with domestic and family violence, in conjunction with parental issues of mental health and alcohol and other drug use.⁴⁵⁰ STACY was a multi-state project, with NSW participation from health workers in two NSW Health Local Health Districts.

The project was developed in collaboration with the US-based Safe & Together Institute⁴⁵¹ and underpinned by the Institute's Safe & Together™ Model (S&T Model). The S&T Model provides a framework and tools to support interventions and practice that aim to keep children safe and together with the non-offending parent (usually the mother); partnering with her and being involved with the perpetrator in ways that strengthen the safety and wellbeing of the children whilst holding the abuser (usually the father) to account for his abusive behaviours.⁴⁵²

Researchers worked with practitioners in 'Communities of Practice' at each of the project sites to support and investigate changes in professional practice, inter-agency working, and the organisation itself in order to support ongoing development. This included the development of the *Practice Guide: Working at the intersections of domestic and family violence, parental substance misuse and/or mental health issues*.⁴⁵³

The STACY for Children project

An issue that emerged from the STACY project was the tendency for the needs of children to become invisible in adult-focused services. As a result, the Safe & Together Addressing ComplexitY for Children (STACY for Children) project⁴⁵⁴ was developed, building on the work of STACY as well as a number of other research activities, including PATHways and Research Into Collaborative Inter-Agency practice (PATRICIA) and Invisible Practices: Working with fathers who use violence (Invisible Practices).

449 See, for example Case Review 3974, Case Review 3813, Case Review 3615.

450 Healey, L. et al (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*, <https://violenceagainstownandchildren.com/stacy-safe-and-together-addressing-complexity/> (accessed 5 December 2021).

451 <https://safeandtogetherinstitute.com/> (accessed 5 December 2021).

452 Healey et al (2020) (n450) p. 9.

453 Heward-Belle, S. et al (2020), 'Working at the intersections of domestic and family violence, parental substance misuse and/or mental health issues' *Practice Guide from the STACY Project: Safe & Together Addressing ComplexitY*, <https://www.nifvs.org.au/wp-content/uploads/2021/03/STACY-Practice-Guide.pdf> (accessed 5 December 2021).

454 Humphreys et al (2020) (n56).

The STACY for Children project was conducted across three research sites in Queensland, New South Wales and Victoria by a collaborative, multi-disciplinary team of researchers. The project investigated whether there was emerging evidence that the S&T Model, when implemented holistically (with an authorising environment and strong collaborative practice), leads to better outcomes for children and families where domestic and family violence intersected with parental issues of alcohol and other drug use and/or mental health issues.

The project found that responders working with families at the intersections of domestic violence, drug and alcohol and mental health identified positive changes in the visibility and understanding of children's experiences of abuse. The families (including the children) also reported improved interactions with responders who had been trained in the S&T Model.

The STACY for Children project emphasised the importance of recognising children as victims of domestic violence in their own right and that children require a dedicated response that is tailored to their needs. The project also highlighted the need to recognise abusers and victims of domestic violence in their role as parents and pay more attention to the experiences of children as the victims of the destructive parenting behaviours of fathers who use violence and abuse.⁴⁵⁵

Therapeutic supports for children living with domestic violence

The research from the STACY for Children project provides a strong foundation for policy development that promotes the centrality of children in system responses. The project did, however, identify significant challenges in relation to the availability of mental health services for children living with domestic violence.⁴⁵⁶ These challenges were similarly reflected in the Team's *2017-19 DVDRT Report* which sought to highlight the need for coordinated and consistent therapeutic services for children and young people who have experienced domestic and family violence.⁴⁵⁷

In response to these concerns, the Team has been advised that NSW Health is progressing a range of initiatives and reforms to strengthen targeted and integrated therapeutic services for children and young people and their families, some of which are considered below.

The ESTIE project

As set out in the NSW Health *Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026*⁴⁵⁸ further work is being undertaken to build on the STACY project through the *Evidence to Support Safe and Together Implementation and Evaluation* (ESTIE) project.⁴⁵⁹ Commencing in June 2020, the project is focussed on workforce capacity building, practice-led policy design, and evaluation of the 'Communities of Practice' development using the S&T Model.

Similarly to the STACY Project, the ESTIE project fosters interagency collaboration through 'Communities of Practice' (which includes staff from DCJ and non-government social service organisations) who develop updated guidance for responding to domestic violence at the intersection of mental health issues and/or alcohol or other drug use.

455 Australia's National Research Organisation for Women's Safety (2020), 'Safe & Together Addressing Complexity for Children (STACY for Children): Key findings and future directions', *ANROWS Research to policy and practice*, 22/2020, p. 2. https://201an81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/ANROWS-RtPP-Humphreys-STACY_children.pdf (accessed 5 December 2021).

456 Humphreys et al (2020) (n56), p. 89.

457 *DVDRT Report 2017-19*, pp. 52-54

458 NSW Health (2021) *NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026*, p. 47, <https://www.health.nsw.gov.au/parvan/DV/Publications/dfv-stratgy-2021-2026.PDF> (accessed 15 February 2022).

459 The ESTIE project is a partnership between the Safe & Together Institute (US) and the University of Melbourne and is funded by the NSW Ministry of Health.



Integrated trauma-informed care framework

NSW Health is developing an Integrated Trauma-Informed Care Framework (the Framework) for vulnerable children, young people, their families and carers.⁴⁶⁰ The Framework promotes integrated trauma-informed care which brings together principles and practices of trauma-informed care and integrated care to enhance the experiences of clients and their families accessing NSW Health services. It aims to mitigate the impacts of trauma, prevent the health system exacerbating trauma, and promote healing.

Child Protection Counselling Services (CPCS)

Child Protection Counselling Services (CPCS)⁴⁶¹ are child and family-centred, trauma-specific services responding to violence, abuse and neglect involving children and young people. CPCS works with children and young people (and their families/carers) who have experienced abuse, neglect, and/or domestic violence. The overarching purpose of CPCS is to support recovery from trauma, improve family functioning and the safety and wellbeing of children and young people involved with the care and protection system. Working in collaboration with other specialist health services and interagency partners, CPCS aims to support children and young people to achieve safety, security and permanency in regard to their living arrangements.

Whole of Family Teams

Whole of Family Teams (WFT) were established in 2010 and provide specialist in-home and community-based interventions for children and families with complex mental health and/or drug and alcohol issues where the children have been identified as at risk of significant harm (ROSH). The WFT model provides specialist assessment and treatment for all individuals and the family unit. An independent evaluation of the WFTs specialist service found clinically significant improvements in parental mental health; improved parental drug and alcohol outcomes; significant improvements in all domains of family functioning (including parenting, family relationships and child wellbeing); and significant improvements in child safety, as evidenced by a substantial reduction (58.4%) in the rate of ROSH reports to Community Services for children in families who completed the WFT program.

Early intervention for problematic and harmful sexual behaviours

One case reviewed in the current reporting period caused the Team to consider an apparent gap in the provision of, or referral pathways to, early intervention or specialist supports for children and young people who demonstrate harmful sexual behaviours.

Case Review 3615 involved a domestic violence abuser who killed his young child. When the abuser was a young teenager, he was reported to police for the possible sexual abuse of a young child. After a brief investigation (that did not definitively determine what had occurred) no charges progressed.

This episode was not referred to the Joint Child Protection Response Program (or JIRT as it then was) and it does not appear that there were any interventions or supports provided to either the abuser or the alleged victim.

As an adult, the abuser is alleged to have sexually abused his young stepchildren, although no charges have progressed as the investigation similarly could not establish what had occurred.

460 NSW Health (2021) (n458), p. 40.

461 See, <https://www.health.nsw.gov.au/parvan/childprotect/Pages/counselling.aspx> (accessed 25 June 2022).

The Royal Commission into Institutional Responses to Child Sexual Abuse (‘the Child Abuse Royal Commission’) examined sexual abuse of children by other children and identified a lack of supports for both children who have been harmed by such abuse and children who exhibit harmful sexual behaviours.⁴⁶² In response to this highly complex issue the Child Abuse Royal Commission made recommendations for clearer referral pathways from the criminal justice and child protection systems into therapeutic interventions and assessment for children with, and affected by, problematic and harmful sexual behaviours.⁴⁶³

As a result of this recommendation, NSW Health is currently leading the development of a NSW multiagency framework for the prevention and response to children and young people with problematic and harmful sexual behaviours. Two key components of this work include the state-wide rollout of ‘New Street Services’⁴⁶⁴ which works with children with problematic or harmful sexual behaviours aged 10-17 years, and the creation of a new culturally safe state-wide program ‘Safe Wayz’. The Safe Wayz program is for children under 10 years of age with problematic or harmful sexual behaviours and has been co-designed with an Aboriginal Expert Group convened by the Education Centre Against Violence. Safe Wayz will be available in all Local Health Districts and has a strong focus on collaboration with inter-agency partners to improve prevention and early responses for children and families.

While much of this work is still in development, the Team is encouraged to see progress towards targeted prevention and early intervention for these children.

Safety and support in school settings

For children experiencing domestic violence, schools represent the service with the closest and most long-lasting contact with a child. As such schools can play a pivotal role in supporting both the child and their family.

The importance of this role has been both highlighted and heightened during the COVID-19 pandemic. While many frontline services experienced a decrease in the reporting of domestic violence during the pandemic, data captured by the Education Child Wellbeing Unit has documented an increase in the reporting of domestic violence to schools during the same period.

Cases reviewed by the Team in current reporting period demonstrate ongoing challenges in the identification, and response to domestic violence in school settings.

Case Review 3615 involved a child who was attending primary school and was experiencing violence by her abusive stepfather. The abuser was also violent towards the child’s mother and her siblings. Neighbours called police following an episode of violence where the abuser was observed to assault the child’s mother. The neighbours reported hearing the child screaming for the abuser to leave her mother alone.

Police arrested and charged the abuser and applied for an urgent ADVO protecting the woman and her children. The abuser was convicted of the assault charge and received a good behaviour bond.

Child protection services later requested information from the child’s school however the school was not aware of the abuser’s violent offending or that the child was protected under an ADVO.

The Team has been advised that there is currently no systematic way that information about AVDOs or court orders pertaining to students is communicated to schools. The Team was further advised that an action item frequently arising in Safety Action Meetings is for the school to be informed that a student is protected under an ADVO as they were often not aware of such orders.

462 Royal Commission into Institutional Responses to Child Sexual Abuse (2017), *Final Report: Volume 10, Children with harmful sexual behaviours*, <https://www.childabuseroyalcommission.gov.au/children-harmful-sexual-behaviours> (accessed 4 November 2021).

463 Royal Commission into Institutional Responses to Child Sexual Abuse (2017) (n462), Recommendation 10.

464 NSW Health (2022), *New Street Services*, <https://www.health.nsw.gov.au/parvan/hsb/Pages/new-street-services.aspx> (accessed 8 February 2022)



The Team has been advised that while there is no automatic process for sharing information about ADVOs, upon enrolment schools request information about any special circumstances for students which specifically mentions ADVOs or court orders. However, this information must be voluntarily provided by the family. If a school becomes aware of an ADVO or other court order, it is recorded on a centralised enrolment system to ensure that this information is available if the student moves schools.

While the identification of domestic violence is the first step towards proactively supporting victims in schools, appropriately responding to disclosures of violence is paramount.

Case Review 3978 involved two high school aged children who were killed by their abusive father. The teenage boy had attended a number of different schools as a result of behavioural issues and had a history of poor attendance. One of the boy's teachers attempted to discuss the behavioural issues with his parents, and the abuser responded in a highly aggressive manner towards the teacher. The boy's behaviour continued to deteriorate, and the teacher admitted to feeling relief when the boy was eventually expelled from the school because this meant they would no longer have to deal with the abuser.

At his next school, the boy engaged with the school's counselling services and they became aware that he was a long-term victim of domestic violence. However, it appears that the school did not follow the mandatory reporting guidelines following this disclosure.

Both of these cases reveal that the school system may not adequately equip staff with the capability to appropriately identify and respond to children experiencing domestic violence. In its *2017-19 DVDRT Report* the Team made recommendations aimed at increasing school staff competency and confidence in identifying indicators of abuse, responding effectively and supporting students experiencing domestic violence.⁴⁶⁵ As a result of the Team's recommendation, the Department of Education ('Education') has developed a suite of fit-for-purpose resources, in the form of factsheets, to support schools to manage and respond to children and young people experiencing and using domestic violence. Additionally, throughout 2021 mandatory training in recognising and responding to domestic violence in a child protection context was rolled out across the state to all staff and volunteers in primary and secondary schools, and early childcare education.

Education has also partnered with NSW Health to expand the 'Wellbeing and Health In-reach Nurse Coordinator' program across the state. This program co-locates a Wellbeing Nurse in primary and secondary schools to support students and their families on a wide range of issues including mental and physical health, social and behavioural support and domestic violence.⁴⁶⁶ Importantly this role extends to supporting the family, as well as the student, to identify and coordinate early intervention, assessments and referral to local health and social services.

Persistent challenges in the child protection system

The Team's work has long demonstrated the inextricable link between domestic violence and child protection and has sought to address various issues in the child protection system by way of recommendations.⁴⁶⁷ The Team recognises that child protection work is extremely complex and that no single agency or organisation bears the responsibility for supporting vulnerable children and families. Ensuring better outcomes for children and families requires sustained commitment and a coordinated response from all levels of government.

⁴⁶⁵ *DVDRT Report 2017-19*, Recommendation 24.

⁴⁶⁶ NSW Health (2022), *Wellbeing and Health In-reach Nurse Coordinator program*, <https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/whin-coordinator-program.aspx> (accessed 15 February 2022).

⁴⁶⁷ See, for example, *DVDRT Report 2012-13*, Recommendations 9 and 18; *DVDRT Report 2015-17*, Recommendation 33; *DVDRT Report 2017-19*, Recommendations 1 and 23.

Over the past 15 years, the NSW child protection system has been the subject of numerous inquiries, reviews and reports which, in turn, has seen the development of a broad range of initiatives and reforms aimed at improving outcomes for vulnerable children and families. Some of the key pieces of this substantial body of work include:

- the ‘Special Commission of Inquiry into Child Protection Services in NSW’ (2007);⁴⁶⁸
- the launch of the NSW Government’s five-year action plan, ‘Keep Them Safe: A shared approach to child wellbeing 2009-2014’;⁴⁶⁹
- reports of the NSW Ombudsman including ‘Keep Them Safe?’ (2011) and ‘Review of the NSW Child Protection System: Are things improving?’ (2014);⁴⁷⁰
- the NSW Government’s widescale legislative reform ‘Safe Home for Life’ (2014);⁴⁷¹
- the NSW Auditor-General report ‘Performance Audit: Transferring out-of-home care to non-government organisations’ (2015);⁴⁷²
- the ‘Independent Review of OOHC in NSW (the Tune Review) (2015);⁴⁷³
- the 2016 launch of the NSW Government’s system reform ‘Their Futures Matter: A new approach’;⁴⁷⁴
- the NSW Legislative Council’s ‘General Purpose Standing Committee No. 2 Inquiry into Child Protection’ (2017);⁴⁷⁵
- the NSW Government discussion paper ‘Shaping a Better Child Protection System’ (2017);⁴⁷⁶
- the ‘Independent Review of Aboriginal Children and Young People in OOHC (Family is Culture Review) (2019);⁴⁷⁷ and
- the NSW Auditor-General report ‘Their Futures Matter Performance Audit Report’ (2020).⁴⁷⁸

This work represents years of critical investigation, consultation, case review analyses, and the development of hundreds of recommendations, some of which have been implemented, but many of which have not. This work has seen enormous investment and the development of a broad range of initiatives, all of which share the common goal of improving the outcomes for vulnerable children and young people.

468 Wood, J. (2008) *Report of the Special Commission of Inquiry into child protection services in NSW*, <https://apo.org.au/node/2851> (accessed 15 June 2022).

469 NSW Government (2009), *Keep Them Safe: A shared approach to child wellbeing 2009-2014*, https://www.facs.nsw.gov.au/__data/assets/pdf_file/0008/320984/keep_them_safe.pdf (accessed 15 June 2022).

470 NSW Ombudsman (2011) *Keep them safe?*, https://www.ombo.nsw.gov.au/__data/assets/pdf_file/0008/125585/SR-to-Parliament-keep-them-safe.pdf (accessed 15 June 2022); NSW Ombudsman (2014) *Review of the NSW Child Protection System: Are things improving?*, https://www.ombo.nsw.gov.au/__data/assets/pdf_file/0003/128838/Review-of-the-NSW-child-protection-system-Are-things-improving-SRP-April-2014.pdf (accessed 15 June 2022).

471 See discussion in NSW Government (2017) *Shaping a Better Child Protection System – Discussion paper*, https://www.facs.nsw.gov.au/__data/assets/pdf_file/0009/441495/FACS-Discussion-Paper-Shaping-a-Better-Child-Protection-System.PDF (accessed 15 June 2022).

472 NSW Auditor-General (2015) *Transferring out-of-home care to non-government organisations*, https://www.audit.nsw.gov.au/sites/default/files/pdf-downloads/2015_Sep_Report_Transferring_out-of-home_care_to_non-government_organisations.pdf (accessed 15 June 2022).

473 Tune, D. (2020) *Independent Review of Out of Home Care in NSW Final Report*, <https://disability.royalcommission.gov.au/system/files/exhibit/NSW.0031.0014.0001.pdf> (accessed 15 June 2022).

474 NSW Government (2016) *Their Futures Matter: A new approach, Reform directions from the Independent Review of Out of Home Care in New South Wales*, <https://disability.royalcommission.gov.au/system/files/exhibit/NSW.0031.0014.0001.pdf> (accessed 15 June 2022).

475 NSW Legislative Council’s ‘General Purpose Standing Committee No. 2 Report, *Child Protection* (2017), <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2396/Final%20report%20-%20Child%20protection.pdf> (accessed 15 June 2022).

476 NSW Government (2017) (n471).

477 Davis, M. (2019) *Family is Culture Review Report. Independent Review of Aboriginal Children and Young People in OOHC*, https://www.familyisculture.nsw.gov.au/__data/assets/pdf_file/0011/726329/Family-Is-Culture-Review-Report.pdf (accessed 15 June 2022).

478 NSW Auditor-General (2020) *Their Futures Matter Performance Audit Report*, <https://www.audit.nsw.gov.au/sites/default/files/documents/Their%20Futures%20Matter%20-%20PDF%20Report.pdf> (accessed 15 June 2022).



The Team appreciates that this is incredibly complex work and acknowledges the tireless efforts being made across the system to bring about positive change. Despite these efforts, however, challenges and limitations persist, and the child protection system is once again the subject of review with the NSW Parliamentary Committee on Children and Young People self-referring Terms of Reference in September 2020.⁴⁷⁹

Described below are a number of discrete issues identified in the Team's current cases relating to child protection and domestic violence. The Team is hopeful that this analysis will usefully contribute to the current inquiry and build on the substantial work progressing to improve the child protection system.

Improving the response to domestic violence in child protection contexts

A persistent issue that has been considered by the Team is that child protection notifications relating to domestic violence often receive a lower priority in the risk of harm assessment process compared to other protection concerns. As a result, many domestic violence related notifications never reach the 'risk of significant harm' (ROSH) threshold or if they do, are often closed without allocation due to 'competing priorities'.⁴⁸⁰ This issue was evident in cases reviewed in the current reporting period where a number of reports about domestic violence involving children did not meet the ROSH threshold, or were immediately closed.⁴⁸¹

In 2017 DCJ launched a new Practice Framework, a comprehensive reform designed to improve all areas of child protection practice. It aims to unite a diverse workforce through five practice principles and five evidence-informed practice approaches. One of those practice approaches is Dignity Driven Practice which is modelled on the Response-Based Practice model developed in Canada. Response-Based Practice is a skill-based approach for understanding and responding to violence and oppression.⁴⁸² Dignity Driven Practice was introduced as a deliberate, purposeful and pragmatic approach to improve child protection assessments by complimenting the standard structured decision making (SDM) suite of tools used in NSW. Its value is the way it assists practitioners to achieve holistic understandings and emphasises that victims always find ways to assert their dignity in response to violence. It was chosen because of its focus on social justice; victims' acts of resistance; deliberate use of language to attribute responsibility for harm; and the potential to skill the workforce to work better with children and families who are fearful or reluctant.⁴⁸³ Understanding acts of resistance is especially important when working with families with multiple presenting issues. For example, it helps practitioners to understand how domestic violence might be influencing a woman's mental health and/or use of alcohol or drugs.

In 2019 the Senior Practitioner at DCJ undertook research as part of a PHD candidature. It relied on a vignette experiment to test the impact of the dignity driven approach on the way practitioners assessed the protectiveness of a mother and the safety and risk for her children who had been reported at risk because of domestic violence. It found that the combination of the dignity driven practice approach alongside the standard SDM safety assessment approach in NSW resulted in caseworkers being significantly more likely to assess the mother as cooperative and protective and significantly less likely to indicate that the children would be taken from her care. The results demonstrate that understanding how women manage violence changes practitioner views about maternal protectiveness and cooperation.⁴⁸⁴

DCJ (Child Protection) has acknowledged that meeting the demands of the number of ROSH reports remains a significant organisational challenge that has been exacerbated by the fact that domestic violence is now the fastest growing category of risk reported to the Helpline. The research cited above also examined the attitudes

479 See, <https://www.parliament.nsw.gov.au/ladocs/inquiries/2620/Inquiry%20into%20the%20child%20protection%20and%20social%20services%20system%20-%20ToR.pdf> (accessed 15 June 2022).

480 *DVDRT Report 2017-19*, p. 121.

481 Case Reviews 3615 and 3978.

482 Todd, N. and Wade, A. (2004) 'Coming to terms with violence and resistance: From a language of effects to a language of responses' in T. Strong & D. Pare (eds.), *Furthering talk: Advances in the discursive therapies* (Kluwer Academic/Plenum, 2004).

483 Richardson, C. and Wade, A. (2010) 'Islands of safety: Restoring dignity in violence prevention work with Indigenous families', *First Peoples Child and Family Reviews*, vol. 5(1), 137-155.

484 Alexander, K. et al (2022) 'Brining Dignity to the Assessment of Safety for Children who Live with Violence' *British Journal of Social Work*, vol. 52(6), 3578-3598.

and beliefs of over 1000 DCJ (Child Protection) and OOHHC practitioners in relation to their work with families where domestic violence has been a reported issue.

The results reflect that the attitudes and beliefs of the NSW child protection workforce are significantly more likely to align with contemporary evidence on the seriousness and prevalence of violence against women, than those of the general public. It also considered attitudes to commonly held myths, replicating questions administered every four years by ANROWS through the National Community Attitudes Surveys with reassuring results. At the same time, the research found a proportion of the NSW workforce with attitudes and beliefs that could be strengthened, and this makes a strong argument for recruitment strategies that test attitudes and beliefs of applicants prior to employment.

The Team looks forward to reviewing this research and welcomes the child protection sector's efforts to conduct a transparent and meaningful examination of their workforce to expose underlying attitudes about domestic violence and address invisible drivers that may negatively influence their responses to domestic violence. The Team is hopeful that the research findings will be instructive for other frontline responder workforces in addressing attitudinal bias around domestic violence.

Out of Home Care (OOHC) carer assessment and historical abuse

Cases reviewed by the Team in the current reporting period that involved children being placed into out of home care, have raised concerns about carer/kin assessment where there is an identifiable history of domestic violence and/or allegations of inappropriate sexual conduct.

Case Review 3813 involved the homicide of an infant by her young mother.

The woman had been the victim of violence from both her father and her intimate partners and killed the infant in the context of an acute mental health episode (and was ultimately found not guilty by reason of mental illness).

The woman had two other young children who had been removed by child protection services a number of years prior to the homicide and placed in the care of their paternal grandparents. The assessment of kinship carers was favourable notwithstanding that there was a history of domestic violence by the grandfather against the grandmother. The DCJ internal review that followed the homicide of the infant identified the superficial assessment and lack of focus on the grandfather's history of using violence as problematic.

(See also **Case Review 3810** below).

DCJ (Child Protection) has advised the Team that whenever children are assumed into care and consideration given as to where they should be placed (with family or foster carers), assessments need to take into account any previous reports and circumstances that would put the child at risk, including historical episodes of domestic violence or other abuse.

DCJ (Child Protection) acknowledges that a culture of minimising domestic violence has, in the past, allowed children to be placed in those arrangements however recent developments in training and guidelines for assessment aim to safeguard against such placements.

The Team will continue to monitor this issue.

IPV interventions in child protection cases

It is now widely accepted that because of the power imbalance between domestic violence victims and abusers, referral to relationship counselling is not appropriate in circumstances where domestic violence perpetration is



evident or suspected.⁴⁸⁵ This power imbalance can result in women minimising the abuse perpetrated against them in order to protect themselves or their partners in front of the counsellor.⁴⁸⁶ Similarly perpetrators often deny or minimise their abusive behaviour, or alternatively blame the victim for their actions. This creates an environment which ultimately fails to hold the perpetrator accountable for their actions and can reinforce the false reality that many perpetrators create for their victim. Relationship counselling may discourage a victim from leaving the relationship because they are encouraged to ‘try harder’ to make the relationship work.

These referrals were, however, a feature of cases reviewed in the current reporting period where a referral to relationship counselling was made in the context of child protection responses.

Case Review 3615 involved the homicide of an infant by her abusive father. The man was physically and emotionally abusive towards the child’s mother as well as the child’s siblings. The family had a long history of involvement with child protection services as a result of the abuser’s violence and other care and neglect issues.

A child protection case plan required a number of actions including that the mother engage with support services, the father attend a domestic violence behaviour change program and both parents to attend parenting courses. The case plan also specified that the abuser and the child’s mother engage in relationship counselling, despite the case worker being aware of the history of abuse by the man against his partner.

While the internal DCJ (Child Protection) review following the child’s homicide acknowledged a number of problematic practice issues in this case (for example, lack of follow-up of the case plan and lack of further home visits to assess how the mother was coping), the Team noted that the issue of referral to relationship counselling was not identified. While the Team acknowledges that *Case Review 3615* pre-dates the introduction of the Practice Framework described above, other recent inquiries have similarly highlighted the problematic practice of child protection caseworkers referring parents to ‘relationship counselling’ or ‘couples counselling’ to address issues of domestic and family violence.⁴⁸⁷

The Team was advised that DCJ (Child Protection) has not sanctioned or recommended couples counselling since 2017, however it was acknowledged that there may be outdated practices that persist in some areas. The Team was advised that DCJ (Child Protection) is attempting to reform such outdated practices through an intensive focus on skills development and attitudinal change around domestic violence.

While recent public debates and parliamentary inquiries have achieved greater public awareness of the dynamics of domestic violence, particularly in the context of coercive control (as described earlier in this chapter and also in *Chapter 8*), it would appear that misconceptions about the appropriateness of couples counselling in the context of domestic violence also persist at Government levels. In 2019, despite warnings from women and children’s safety advocates,⁴⁸⁸ the Australian Government awarded \$10 million in grants under the National Plan to Reduce Violence Against Women and Their Children 2010-2022⁴⁸⁹ to provide therapy with a ‘whole of family approach’ including couples counselling for victims and perpetrators of domestic violence.⁴⁹⁰ This funding scheme has attracted widespread criticism across the domestic violence sector particularly given that

485 Davis (2019) (n477), p. 170.

486 Karakurt et al (2016) in Royal Australian College of General Practitioners (2022), *Abuse and violence: Working with our patients in general practice*, 5th edition, p. 80 <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/preamble> (accessed 3 May 2022).

487 Davis (2019) (n477), p. 170.

488 See, for example, <https://probonoaustralia.com.au/news/2019/05/equal-blame-the-dangers-of-couples-counselling-in-a-domestic-violence-situation/>; <https://www.crikey.com.au/2019/08/09/family-violence-policy-ignores-experts/>; <https://www.womenssafetynsw.org.au/impact/campaigns/stop-endangering-domestic-violence-victims-through-couples-counselling/>.

489 Department of Social Services (2019), *The National Plan to Reduce Violence Against Women and Their Children 2010-2022*, <https://www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022> (accessed 3 May 2022).

490 Australian Government (2019), *Community Grants Hub*, <https://www.communitygrants.gov.au/grants/specialised-family-violence-services> (accessed 12 November 2021).

the therapy would largely be delivered by faith-based organisations as opposed to domestic and family violence specialist services.⁴⁹¹ Again the Team will continue to monitor this issue.

Child survivors of homicide

The Team's IPV Homicide Dataset reveals that over the past 18 years, there have been at least 267 surviving children (under the age of 18) who had one or both parent/s kill or be killed. The trauma, grief and stigma experienced by these children (some of whom may have also lost a sibling or other relative as well as a parent) is profound and lasting.

In the aftermath of the homicide, the life of surviving children is completely upended. They are generally removed from their family home and are relocated to live with carers, most frequently a relative who may be experiencing their own trauma as a result of the homicide. The child is often dislocated from everything familiar in their life— their home, belongings, school, friends, and sometimes their extended family and community. Many of these children have also experienced significant harm as a result of the abuser's domestic violence prior to the homicide.

This highly traumatised cohort of children are then often exposed to stressful, protracted and complex processes to resolve their post-homicide care arrangements.

In **Case Review 3810** the child survivor was present during the murder-suicide perpetrated by her abusive father against her mother. Immediately following the homicide, the child was temporarily placed into the care of her paternal relatives, but then removed a short time later due to historical allegations of sexually inappropriate conduct towards another child by the male carer. The child was then placed into the care of another male paternal relative who had very limited experience caring for children and worked long hours. As a result, the child was often cared for informally by the relatives she had just been removed from.

The paternal family had severely restricted the maternal family's contact with the child due to post-homicide conflict between the families. The ongoing animosity between the paternal and maternal families created a further risk of psychological harm for the child and exposure to the vilification of her deceased mother.

The conflict was resolved to some extent in the Children's Court Proceedings, through which the maternal and paternal relatives came to appreciate the importance of the child maintaining strong connections with both sides of her family.

By the time a decision was made about the long-term placement for the child, the child had already formed a strong bond with her paternal relatives, and she was therefore placed into their long-term care, although parental responsibility remained with the Minister.

More recently it appears that the child has experienced domestic violence perpetrated by her male paternal carer against the female paternal carer in the context of a relationship breakdown.

This case provides an insight into the complexities of post-homicide care arrangements, highlighting the ongoing trauma that child survivors of homicide can experience and the need for sustained support and therapeutic interventions.

In cases where the Minister maintains parental responsibility, there is enhanced visibility of the surviving child and therefore greater opportunity to monitor the need for and engagement with appropriate support services.

491 Women's Safety NSW, (2019) 'Stop endangering domestic violence victims through couples counselling', <https://www.womenssafetynewsw.org.au/impact/campaigns/stop-endangering-domestic-violence-victims-through-couples-counselling/> (accessed 12 November 2021).



However, many other child survivors do not have the benefit of a specialised and coordinated trauma response because their carers are not aware of, or are reluctant to engage in, the supports offered by service providers. For this reason, the Team has made a number of recommendations directed at improving supports for child survivors, with the most recent being Recommendation 5 in its *2017-19 DVDRT Report* which called for unlimited lifetime counselling to be made available for child survivors of homicide.⁴⁹² The Team notes that this recommendation is still under consideration by the government.⁴⁹³

A recent US-based study on child survivors of homicide highlights the importance of establishing a specialised and coordinated trauma response for these children⁴⁹⁴ (much like the response anticipated by the Team's previous recommendations). The study examined the Arizona Child and Adolescent Survivor Initiative (ACASI) program - an innovative state-wide wraparound service for child survivors of homicide and their caregivers.

The ACASI program involves comprehensive outreach and collaboration with a diverse range of government and non-government service providers in the health, education, law enforcement, victim advocacy and child protection spheres.⁴⁹⁵ ACASI services included trauma therapy, grief counselling, mentoring, peer support groups, intensive case management, advocacy, court support, and victim's rights and compensation.⁴⁹⁶

Importantly, the study found that the program recognised that many of the new caregivers of the child survivors were ill-prepared to care for the children and were often experiencing their own trauma and grief.⁴⁹⁷ For this reason, the wraparound supports were extended to the new carers, as well as the child survivors, to foster more positive child-carer bonds.

The ACASI program reported positive anecdotal outcomes for participating child survivors in terms of reduced PTSD symptoms, improved attachment to new caregivers, enhanced resilience, economic re-stabilisation and well-supported navigation of the justice system.⁴⁹⁸

The ACASI program reinforces the need to urgently implement the Team's recommendations calling for specialised supports for all child survivors of homicide. In June 2022, the Queensland Government announced that it would be taking steps towards improving postvention support for child survivors of domestic violence homicides by making services more collaborative, integrated and culturally inclusive.⁴⁹⁹ A more detailed discussion of the Team's recommendations in relation to this issue is set out in *Chapter 7*.

Housing as a pathway to safety

The intersection of domestic violence, housing insecurity and homelessness is well recognised and is consistently identified as the principle reason for clients seeking assistance from specialist homelessness services.⁵⁰⁰ A lack of safe and affordable immediate and long-term housing prevents many women from leaving their abusive partners. For those that do leave, many struggle to find accommodation and are forced to return to their abuser or else face homelessness. According to the 2016 ABS Personal Safety Survey around one in five

492 *DVDRT Report 2017-19*, Recommendation 5.1: That the NSW Government consider providing unlimited lifetime counselling to children who have a parent or sibling killed in a domestic violence homicide and extending the statutory restrictions on the ability of those children to lodge a claim under the Victims Support Scheme (currently up to the child's 20th birthday).

493 See *Chapter 9: Recommendations 2017-19 – response and update*.

494 Websdale, N. (2022), 'Child Survivors of Intimate Partner Homicide: Wraparound Intervention' in: Geffner R., et al (eds) *Handbook of Interpersonal Violence and Abuse Across the Lifespan*. Springer, Cham. https://doi.org/10.1007/978-3-319-89999-2_329 (accessed 13 November 2021).

495 Websdale (2022) (n494), p. 1394.

496 Websdale (2022) (n494), p. 1395.

497 Websdale (2022) (n494), p. 1387.

498 Websdale (2022) (n494), p. 1397.

499 This announcement was made in response to Recommendation 1 from the *Queensland Domestic and Family Violence Death Review and Advisory Board 2020-21 Annual Report*. See: <https://www.courts.qld.gov.au/courts/coroners-court/review-of-deaths-from-domestic-and-family-violence> (accessed 5 August 2022).

500 Australian Institute of Health and Welfare (2021), *Specialist homelessness services annual report 2020-21*, <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-who-have-experienced-family-and-domestic-violence> (accessed 15 November 2021).

women returned to violent partners because they had no financial support, or nowhere else to go.⁵⁰¹

Housing insecurity has far-reaching negative effects on the physical, emotional and financial wellbeing of victims of violence. It may impede a victim's ability to: engage in or maintain employment; meet parental responsibility arrangements and child protection requirements; and maintain social connections, support networks and trusted relationships with local service providers.⁵⁰²

Cases reviewed by the Team in this and previous reporting periods demonstrate that for many victims, access to secure housing can provide a pathway to freedom from violence. The cases also reveal, however, that for many victims this critical pathway is obstructed by a lack of services and the complexity of navigating the housing system.

In **Case Review 3813** it took the victim almost five years to secure long-term affordable social housing. The woman was eligible for priority housing due to her cumulative vulnerabilities which included domestic violence victimisation; homelessness; mental health issues; and an intellectual disability, however she struggled to navigate the application process on her own. During this five-year period of housing instability, the woman would frequently return to live with her abusive father.

On one occasion the woman presented to a Housing office with her eight-week old daughter and disclosed that a 'dispute' had occurred with her father and she could not continue to live with him. The Housing officer did not recognise that the woman was experiencing domestic violence and accordingly a priority response was not triggered, and she had no option but to return to live with her abusive father. The following day the woman returned to the Housing office, and while on this occasion she was positively identified as a victim of domestic violence, there was no refuge accommodation available.

The woman continued to struggle with securing accommodation and although the DCJ (Housing) records demonstrate that staff were aware that the victim was unable to manage arranging her own private accommodation due to her mental health issues, she was not provided with any additional support or assistance with her Housing inquiries.

After a number of unsuccessful attempts, the woman was able to secure a place in refuge accommodation and lived there for several months. During this period the refuge staff assisted the woman with her Housing application and as a result the victim found suitable and affordable long-term housing.

This case demonstrates a number of the challenges victims of violence can face when engaging with the housing system. The initial Housing officer's inability to identify and respond to the victim's domestic violence disclosure left an extremely vulnerable victim and her infant child at risk. Having identified this issue in previous reporting periods, the Team has made a number of recommendations aimed at improving the identification of, and responses to domestic violence victims who engage with DCJ (Housing), through collaboration with specialist domestic violence service providers.⁵⁰³ As a result Link2Home has rolled out additional training and educational material to improve service delivery for victims of violence.⁵⁰⁴

The lack of available refuge accommodation has been a longstanding issue identified by the Team and one which it has sought to address through recommendations.⁵⁰⁵ In October 2021 the NSW Government announced

501 Australian Bureau of Statistics (2016) (n49).

502 Cortis, N. and Bullen, J. (2016). 'Domestic violence and women's economic security: Building Australia's capacity for prevention and redress: Final report', *ANROWS Horizons*, 05/2016, <https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/ANROWS-Horizons-Report-Domestic-violence-and-womens-economic-security-2.pdf> (accessed 15 November 2021).

503 *DVDRT Report 2015-17*, Recommendation 29.3; *DVDRT Report 2017-19*, Recommendation 25. The Team notes that these recommendations have been primarily directed at the Link2Home service, and not at DCJ (Housing) offices.

504 For detail see *Chapter 9: Recommendations 2017-19 – response and update*.

505 *DVDRT Report 2015-17*, Recommendation 29.1.



that it would fund 75 additional women's refuges in NSW, almost doubling the number of refuges currently operating.⁵⁰⁶ The Team is encouraged by this much-needed investment and will continue to monitor the issue of accessibility to refuge accommodation in future reports.

In *Case Review 3813* above, the woman needed intensive support, case management and advocacy, not only to navigate the Housing application process and secure appropriate long-term accommodation, but also to rebuild many other aspects of her life. This case highlighted the critical role that specialist domestic violence refuge staff play in assisting victims to overcome the barriers that they may face in accessing critical services. Without such specialist support, these barriers may become insurmountable.

Case Review 3615 involved a vulnerable and complex multigenerational family who were living in an overcrowded private rental at the time of the homicide. For more than a decade several adults in this family had tried unsuccessfully to secure stable and affordable government housing.

Although they met the criteria for priority housing, issues around literacy resulted in a number of incomplete applications which could not progress to the assessment stage. It does not appear that the family were offered any specialist support or case management with these applications.

The Team has been advised by frontline service providers that the challenges this family faced in navigating the application process are not unique and reflect a widespread problem. People applying for social housing may not have access to a computer and may struggle to complete the necessary applications over the phone, particularly in circumstances where additional challenges around literacy and language are apparent. The COVID-19 pandemic added an additional layer of complexity for people seeking housing as the opportunity for in-person help with completing applications was restricted, and assistance was only accessible by phone or prior appointment. These processes can create unintentional barriers for people seeking housing and contribute to an increased risk of homelessness, as well as domestic violence.

The Team identified a further example of administrative barriers to accessing housing in *Case Review 3813* described earlier in this section. In that case the victim's initial housing application was closed (as well as suspended a number of times) because she failed to reply to written correspondence from DCJ (Housing). With waitlists for NSW Government housing extending many years, and sometimes decades, the closure of a victim's application means that they may lose their 'place in the queue' if they do not meet the application reactivation criteria. In this case, the victim did lose her place in the queue and was required to commence a new application after her initial application was closed. DCJ(Housing) advised that the introduction of the reactivation process into their *Managing the NSW Housing Register Policy*⁵⁰⁷ now provides safeguards against this type of situation re-occurring. Notwithstanding the importance of introducing such safeguards, the victim in this case was still unable to navigate the housing application process on her own, and required ongoing case management assistance and advocacy (provided by staff at the specialist domestic violence refuge) in order to eventually succeed in securing stable, safe and affordable accommodation.

Access to safe and secure housing is a critical component of the domestic violence response and recovery process. The Team is hopeful that the recent increase in funding will not only provide more victims with much needed crisis accommodation but will also facilitate greater access to the specialist supports victims require to re-build their lives. The Team will continue to monitor this issue throughout the next reporting period.

506 Department of Communities and Justice (2021), 'Landmark investment to help more women and children fleeing domestic violence' *Media Release*, <https://www.dcj.nsw.gov.au/news-and-media/media-releases/2021/landmark-investment-to-help-more-women-and-children-fleeing-dome.html> (accessed 16 November 2021).

507 Department of Communities and Justice, *Managing the NSW Housing Register Policy*, last updated 14 October 2021, <https://www.facs.nsw.gov.au/housing/policies/managing-nsw-housing-register-policy>

The critical role of healthcare services in the domestic violence response

As described earlier in this chapter, the Team has long identified health services as critical settings for the identification, prevention and response to domestic violence. This is reflected in the Team having directed a significant proportion of its recommendations at the health system including but not limited to services delivered by NSW Health services and private, Commonwealth and NGO health services (n=25, 14.7%).

NSW Health has undertaken significant efforts to strengthen health system responses to violence, abuse and neglect including to progress implementation of the Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN)⁵⁰⁸ Framework (which provides the overarching vision and strategies to strengthen responses to violence, abuse and neglect across the NSW Health system and other service systems) and the recent release of the *NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026* (NSW Health DFV Strategy).⁵⁰⁹

As part of this work, significant effort is being undertaken to enhance service responses to domestic violence, particularly where there are intersecting mental health and alcohol and other drug issues and strengthen education and training opportunities to build the capacity of health workforce to prevent, identify and respond to violence, abuse and neglect.

The Team acknowledges the important progress made to-date on implementing the IPARVAN Framework. The Team understands that much of this work has so far focussed on building the capacity of NSW Health's VAN services. The State-wide focus of implementation has now shifted to Phase 2 which works to strengthen the delivery of integrated responses to violence, abuse, and neglect across the health system and with interagency partners. Priority areas for Phase 2 include: mental health, alcohol and other drugs and Aboriginal Health (both inside and outside NSW Health) as well as Primary Health Networks and General Practitioners.

This section examines a number of issues identified in the Team's current cases relating to victim responses in both public and primary health care settings.

Pregnancy as a unique opportunity for violence intervention and prevention

Across its reports the Team has highlighted pregnancy as a unique opportunity for intervention and prevention for victims of violence.⁵¹⁰ This critical opportunity is recognised by NSW Health with Domestic Violence Routine Screening (DVRS) having been mandated within Maternity and Child and Family Health services since the early 2000s. There are however, opportunities to mitigate barriers and provide further support for some of the most vulnerable victims in these settings.

NSW Health provides universal services to families who are expecting or caring for a baby and are well placed to be an early entry point to additional support services for parents. Health home visiting is not delivered in isolation but forms part of the continuum of care and network of services for families with young children, beginning in pregnancy. Comprehensive assessment and coordinated care provide the platform and context for services that may be provided through health home visiting. NSW Health's current policy is that local health districts must offer parents of a new baby Universal Health Home Visiting (UHHV) to deliver the 1-4 week health check to the baby wherever it is appropriate to do so. Ideally this home visit is undertaken by a child and family health nurse to families with a new baby within two weeks of the baby's birth.⁵¹¹ After the initial appointment, follow up services

508 Foreshadowed in the *DVDRT Report 2017-19*, p. 113.

509 NSW Health (2021) (n458).

510 See, for example, *DVDRT Report 2015-17*, Recommendation 19; *DVDRT Report 2017-19*, pp. 81-82.

511 NSW Health (2010), 'Maternal & Child Health Primary Health Care Policy', *Policy Directive 2010_017*, p. 21 https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2010_017.pdf (accessed 16 November 2021).



may also include further home visiting by the child and family health nurse, if the initial assessment indicated this could be appropriate.

NSW Health has advised the Team that if a UHHV is not an appropriate service for the family, or is declined, the family will be offered alternative services such as a clinic appointment for their 1-4 week health check. Families may also decline the service from Child and Family Health and/or prefer to visit their family General Practitioner.

Prior to the first scheduled home visit, a risk assessment is undertaken to ensure the safety and security of the child and family health nurse conducting the visit.⁵¹² NSW Health policy directs that *'When aggression or violence has been assessed as a potential concern, a home visit should not be conducted and alternative arrangements should be made, for example, contact in a health facility or public place.'*⁵¹³

In **Case Review 3947** the victim disclosed the violence she was experiencing to midwives during her prenatal care. In accordance with the NSW Health policy above, she did not receive a home visit due to safety concerns for health staff. As an alternative, an appointment was arranged at a health facility, however the woman did not attend the scheduled appointment.

Every woman with a newborn may face practical difficulties in leaving their home in the first few weeks after birth (for instance, painful postpartum recovery, sleep deprivation, frequent feeding and carer responsibilities for other young children). For women who are simultaneously experiencing domestic violence these difficulties may be overwhelming. Further, the offer to meet in a health facility or public space may not be a practical alternative for victims of violence who can face additional barriers to accessing services - the perpetrator may not allow them to leave their home or access transport.

The Team acknowledges the importance of ensuring the safety of nurses conducting home visits and recognises that home visiting may not always be possible or appropriate.

NSW Health also provides targeted home visiting programs in some local communities to support women who are pregnant or caring for a new baby. As part of a comprehensive approach to service delivery, families that require additional support may be offered Sustained Health Home Visiting (SHHV).⁵¹⁴ SHHV models developed by NSW Health include the Maternal Early Childhood Sustained Home-visiting model and the Sustaining NSW Families program.⁵¹⁵ Sustaining NSW Families is a structured program of health home visiting over a sustained period of time, beginning in pregnancy. The aim of the program is to work intensively with families with risk factors for adverse child outcomes and provide a range of support around health and other bio-psychosocial areas of risk and vulnerability.⁵¹⁶ The Sustaining NSW Families program is currently available in nine sites however the Team notes the recent Government announcement of the Brighter Beginnings package⁵¹⁷ which includes a significant investment to expand this program. It is noted, however, that evaluations have shown that SHHV interventions like Sustaining NSW Families are most effective with families experiencing moderate levels of risk and are unlikely to result in successful outcomes for families with *'multiple, known significant problems ... , requiring a proactive approach to existing problems, e.g. families experiencing domestic violence, drug and alcohol misuse or engagement with the child protection system.'*⁵¹⁸ NSW Health acknowledges that families

512 NSW Health (2010) (n511) p. 21.

513 NSW Health (2010) (n511) p. 31.

514 NSW Health (2010) (n511) p. 24.

515 NSW Health (undated) *Sustaining NSW Families Program*, <https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/sustaining-nsw-families-program.pdf>NSW (accessed 10 February 2022).

516 NSW Health (2010) (n511) p. 56.

517 NSW Government (2022) *Media Release: A brighter beginning for all NSW children*, <https://education.nsw.gov.au/news/latest-news/a-brighter-beginning-for-all-nsw-children> (accessed 30 June 2022).

518 NSW Health (2010) (n511) p. 25.

experiencing more intense, complex risk factors or a constellation of risk factors require 'a specialist and continuing support response'.⁵¹⁹

The Brighter Beginnings package also includes funding to enhance the availability of Pregnancy Family Conferencing, a program that aims to provide early engagement and inter-agency care planning for pregnant women, their partners and families where there may be concerns about the safety and well-being of the unborn baby. The Team is hopeful that the critical investments announced as part of the Brighter Beginnings initiative will ensure more vulnerable families will be able to access much needed support through early engagement and interagency care planning.

Strengthening healthcare responses at the intersection of domestic violence, mental health and alcohol and drug issues

In previous reports, a significant focus of the Team's analysis has been the highly challenging intersection of health, including mental health, alcohol and drug use and domestic violence.⁵²⁰ This issue has again been evident in cases reviewed by the Team in this reporting period.

In **Case Review 3947** the domestic violence victim was in hospital for the birth of her son and during her admission she made disclosures about domestic violence and problematic drug and alcohol use by the perpetrator. Prior to her discharge she was referred to a social worker on two separate occasions as a consequence of her disclosures. However, the social worker response appeared focussed on strategies around managing the perpetrator's drug and alcohol use rather than the violence the woman was experiencing. From the limited documentation recorded by the social worker the response did not include further assessment, safety planning or referral for ongoing domestic violence support as required.

As described earlier in this chapter, NSW Health is progressing a number of initiatives to strengthen responses to domestic violence where there are intersecting mental health and alcohol and other drug issues, and this work will continue through Phase 2 implementation of the IPARVAN Framework. The Team acknowledges that this work is ongoing, and that Health is developing a Violence, Abuse and Neglect Workforce Strategy which will include a range of initiatives such as a *Competency and Training Framework for Preventing and Responding to Violence, Abuse and Neglect* for all staff. The Team understands that this framework will identify different competency levels and is hopeful its implementation will support access to a continuum of learning and development pathways. The Team notes this should include mandatory training where required because, as discussed earlier in this chapter in relation to police training, while optional professional development is valuable, the staff who may harbour the most problematic attitudes towards domestic violence are unlikely to volunteer for elective training opportunities.

General Practitioners

The Team has previously sought to highlight the important role General Practitioners (GPs) can play in responding to domestic violence and has made a number of recommendations calling for improvements in education and professional development in response to problematic practices that can augment risk and endanger victims.⁵²¹

Cases reviewed in the current reporting period continue to demonstrate the challenges that may arise in the context of generalist GPs responding to disclosures of domestic violence.

519 NSW Health (2010) (n511) p. 25.

520 DVDRT Report 2012-13, Recommendation 10; DVDRT Report 2015-17, Recommendations 8, 12, 15, 16 and 25; DVDRT Report 2017-19, Recommendation 20.

521 DVDRT Report 2015-17, Recommendation 9; DVDRT Report 2017-19, Recommendation 22. See also commentary in DVDRT Report 2017-19, pp. 120-121.



Case Review 4131 involved the homicide of a woman by her abusive husband who then killed himself. The abuser had subjected the woman to extreme physical, sexual, emotional and financial abuse throughout their 40-year relationship. The woman's physical and mental health was seriously impacted by the violence and about eight years prior to the homicide her GP began treating her for depression, anxiety and insomnia.

About four years prior to the homicide, the woman first began to disclose her experiences of violence to her GP. The woman told her GP that she didn't want police notified and they discussed safety planning. The woman continued to see her GP regularly for 'stress and relationship issues', and her mental health treatment continued. The GP was also the abuser's treating doctor.

About two months prior to the homicide the woman told the GP that the abuser had strangled her a few days earlier. The GP and the woman discussed notifying the police and applying for an ADVO as well as safety planning. The woman expressed her fears about what the abuser would do if the police were notified.

The GP anonymously reported the victim's disclosures of strangulation to police without the woman's consent. Police attended the woman and abuser's home and the woman refused to make a statement. The abuser denied having strangled the woman and police applied for an ADVO but did not progress any charges.

After police left the abuser seriously assaulted the woman, threatened to kill her and verbally abused her, screaming '*How dare you tell anyone*'.

This case demonstrates the significant challenges GPs may experience when patients disclose violence. GPs represent an important and trusted source of support for many victims of violence and balancing the need to ensure patient safety while maintaining trust and continuity of care can be extremely difficult.

There are a number of educational resources to assist GPs in responding to domestic violence, including the recently updated *Fifth edition of Abuse and Violence: Working with our patients in general practice* (the White Book) by the Royal Australian College of General Practitioner's⁵²² and the *GP Toolkit* prepared by Women's Legal Service NSW.⁵²³ Both resources acknowledge that the patient experiencing violence is the best judge of their own safety and emphasise the importance of respecting the patient's choices and empowering them to make their own decisions.

The White Book indicates that GPs should encourage their patients to approach police directly to report their experience of violence and further notes '*GPs should also offer to report the incident to the appropriate authorities, including the police, if the patient wants this. However, it is important to respect patients' wishes and not pressure them into making any decisions.*'⁵²⁴

Where there are significant concerns for the patient's safety, the White Book provides that the GP should seek the patient's consent to refer them to the police.⁵²⁵ The GP Toolkit warns that '*reporting violence experienced by adults without their consent could put them at greater risk of harm.*'⁵²⁶ If the patient does not consent to the GP contacting police, the White Book suggests '*Common sense should apply, and if the woman is at very high risk of being physically harmed, a referral to police should be made to safeguard her immediate wellbeing.*' The White Book is, however, silent as to whether or not the GP should advise the patient that they have contacted police. In this regard, the Team notes that Victorian Family Violence Information Sharing Scheme indicates:

522 Royal Australian College of General Practitioners (2022) (n486).

523 Women's Legal Service NSW (2019), *GP Toolkit*, <https://www.wlsnsw.org.au/newly-updated-gp-toolkit/> (accessed 14 November 2021).

524 Royal Australian College of General Practitioners (2022) (n486), p. 342.

525 Royal Australian College of General Practitioners (2022) (n486), p. 47.

526 Women's Legal Service NSW (2019) (n523), p. 10.

*If the victim survivor is at serious risk and requires immediate protection, but does not consent, information can be shared with a specialist family violence organisation or the police to keep the victim survivor safe. It is advisable to let the victim survivor know that this information is being shared so they can organise safety planning for themselves and their children, if relevant.*⁵²⁷

The Team acknowledges that navigating these tensions is extremely challenging and endorses the White Book's suggestion that '*Difficult situations such as these may require advice and input from colleagues, especially specialist domestic violence services.*'⁵²⁸

Outside the mandatory reporting framework,⁵²⁹ both resources recommend that following a disclosure of violence, GPs should assess the patient's level of risk and engage in safety planning, and both resources provide guidance as to how to approach these activities. GPs are encouraged to provide information and refer the patient to specialist domestic violence services such as 1800-RESPECT. Importantly, both resources encourage GPs to seek assistance and support from someone with specialist family violence training for additional guidance.

The Team had been advised that the Commonwealth Government is currently seeking to improve GP identification of and responses to domestic violence through the expansion of the *Recognise, Respond and Refer Program* first piloted by Brisbane South Primary Health Network (PHN) in 2017.⁵³⁰ The Program established a direct domestic violence specialist referral and consultancy point, called a 'DFV Local Link' for participating GPs in a particular local area. The DFV Local Link support becomes the single point of referral for all patients affected by domestic violence and acts as a conduit between the GP and the local domestic violence service providers. The Program also provides RACGP accredited training sessions for all staff at the GP practice as well as responsive informal training through their everyday interaction with the practice.

The Recognise, Respond and Refer Program is currently being piloted in NSW in the Central and Eastern Sydney, Nepean Blue Mountains, and Hunter New England and Central Coast PHNs, with three more pilots operating interstate.⁵³¹ The Pilots will be evaluated by ANROWS in partnership with the Sax Institute.⁵³² The Team will continue to closely monitor the progress of the pilots in building GP's capacity to appropriately respond to domestic violence and integrate with the existing domestic violence response system.

While the pilots are progressing and only available in limited locations, there is an online training package for GPs to improve their domestic violence response capabilities that is currently being rolled out across the PHN regions.⁵³³ 'The Readiness Program' has been developed and delivered by the Safer Families Consortium.⁵³⁴ The Team is pleased to note that it is free and recognised as a Continuing Professional Development accredited activity for GPs.⁵³⁵

527 Royal Australian College of General Practitioners (2022) (n486), p. 422.

528 Royal Australian College of General Practitioners (2022) (n486), p. 47.

529 For example, where the patient's disclosure causes the GP to believe that a child is at risk of significant harm.

530 Brisbane South PHN (undated), *Domestic and family violence*, <https://bsphn.org.au/support/in-our-communities/domestic-and-family-violence/> (accessed 21 November 2021).

531 Department of Social Services (2021), *Expansion of the Recognise, Respond and Refer Pilot and National Training for the Primary Care Workforce*, <https://plan4womenssafety.dss.gov.au/initiative/expansion-of-the-recognise-respond-and-refer-pilot-and-national-training-for-the-primary-care-workforce/> (accessed 21 November 2021).

532 ANROWS, *Evaluation of the Improving Health System Responses to Domestic and Family Violence Primary Health Network Pilots*, <https://www.anrows.org.au/project/evaluation-of-the-improving-health-system-responses-to-domestic-and-family-violence-primary-health-network-pilots/> (accessed 3 March 2022).

533 Department of Social Services (2021) (n531).

534 Safer Families, *The Readiness Program*, <https://www.saferfamilies.org.au/readiness-program> (accessed 21 November 2021).

535 Ibid.



Responding to perpetrators to interrupt violence

The need to respond more effectively to domestic violence abusers has been a recurring theme in the Team's work over the past decade. The Team's IPV Homicide Dataset (*Chapter 3*) reveals that almost 60 per cent of male predominant aggressors were known to have perpetrated domestic violence against more than one woman,⁵³⁶ highlighting the need for sustained efforts to interrupt and prevent violent behaviours.

Since 2015, the NSW Government has been increasing efforts to improve perpetrator interventions in line with the 'Premier's Priority' to reduce domestic violence reoffending.⁵³⁷ To meet the priority the *Reducing Domestic Violence Reoffending Program* has been established which is made up of a range of interventions and initiatives that concentrate on working with domestic violence offenders.

The Team considered a number of these initiatives in its *2017-19 DVDRT Report*⁵³⁸ and some further aspects of these initiatives are considered below.

Perpetrator interventions

While there is a growing recognition that preventing domestic violence requires shifting the focus away from victims to examine why perpetrators use violence, the perpetrator intervention space remains highly complex. The Victorian Royal Commission into Family Violence found an insufficient breadth and diversity of perpetrator interventions and too few interventions to meet demand.⁵³⁹ The Commission suggested program quality needed improvement, program completion should be monitored, and that there needed to be a more integrated approach among government and non-government agencies to overcome the 'fragmented and episodic response to perpetrators.'⁵⁴⁰

In its *2017-19 DVDRT Report*, the Team observed there to be limited awareness amongst frontline responders regarding the availability and operation of perpetrator programs and identified issues with respect to the evaluation of such programs.⁵⁴¹ In the current reporting period, the Team has, however, observed an improvement in the overall transparency and public reporting of perpetrator intervention programs, including to report the apparent limited success of some programs. For example, the 2018 BOCSAR evaluation of the EQUIPS Domestic Abuse Program showed no evidence of a 'treatment effect' within 12-months for the program's participants.⁵⁴² Similarly the 2021 BOCSAR evaluation of 'What's Your Plan', a program for Aboriginal and Torres Strait Islander offenders designed to improve understanding of and compliance with ADVOs, did not appear to reduce the risk of domestic violence reoffending.⁵⁴³ The Executive Director of BOCSAR acknowledged that '*domestic violence is notoriously difficult to influence through perpetrator interventions.*'⁵⁴⁴

536 58.1% of the abusers who had had more than one intimate partner, see *Chapter 3: IPV Homicide*.

537 See, <https://www.nsw.gov.au/premiers-priorities/reducing-domestic-violence-reoffending> (accessed 21 February 2022).

538 *DVDRT Report 2017-19*, pp. 84-89.

539 Victorian Royal Commission into Family Violence (2016) *Volume III: Report and Recommendations*, p. 242, <http://rcfv.archive.royalcommission.vic.gov.au/Report-Recommendations.html> (accessed 17 November 2021).

540 *Ibid*, p. 241.

541 *DVDRT Report 2017-19*, p. 88.

542 Rahman, S. and Poynton, S. (2018). 'Evaluation of the EQUIPS Domestic Abuse Program', *Crime and Justice Bulletin No. 211*, NSW Bureau of Crime Statistics and Research. <https://www.bocsar.nsw.gov.au/Publications/CJB/2018-Report-Evaluation-of-the-EQUIPS-Domestic-Abuse-CJB211.pdf> (accessed 20 November 2021).

543 NSW Bureau of Crime Statistics and Research (2021), Evaluation of Aboriginal Domestic Violence program "What's Your Plan", *Media Release*, https://www.bocsar.nsw.gov.au/Pages/bocsar_media_releases/2021/mr-Whats-Your-Plan-ADVO-CJB242.aspx (accessed 20 November 2021).

544 *Ibid*.

In 2021 Corrective Services published a 'Compendium of Offender Behaviour Change Programs', which includes information about programs specific to domestic violence perpetrators and relevant research and/or evaluations for each program.⁵⁴⁵

Moreover, in direct response to the Team's 2017-19 recommendation that the 'NSW government make publicly available information on the pathways into perpetrator programs',⁵⁴⁶ in July 2022 the Team was advised that DCJ had launched a new website, *Support for men who use violence*.⁵⁴⁷ This website details pathways into domestic violence perpetrator interventions by providing a central and public access point for information about the Men's Referral Service, Men's Behaviour Change Programs (including how to refer and what to expect) and other domestic and family violence counselling and resource links.

Men's Behaviour Change programs evaluation

A comprehensive evaluation of four different community-based Men's Behaviour Change Programs (MBCPs) has recently been undertaken by UNSW.⁵⁴⁸ MBCPs are predominantly group-based domestic violence perpetrator intervention programs that can be run in the community or in correctional settings.⁵⁴⁹ Previous evaluations of MBCPs have attracted criticism for only being *outputs*-focused (such as reporting on the number of participants completing the program) instead of *outcomes*-focussed which measure reductions in abusive behaviours and increases to victim safety.⁵⁵⁰ This UNSW evaluation was the first of its kind in NSW, and drew on the findings and principles of the Project Mirabal⁵⁵¹ in the United Kingdom which looked beyond reductions in reoffending as a measure of success, and used outcomes designed with the partners (or ex-partners) of the perpetrators to evaluate the MBCPs.⁵⁵²

Although the UNSW Evaluation did not go so far as to involve the partners in the design of the measures of success, one strength of this evaluation was the inclusion of the partners' perceptions of behavioural change. This helped to address issues of 'impression management'⁵⁵³ which could include perpetrators exaggerating their personal growth and understating ongoing perpetration of abusive behaviours in their relationships.⁵⁵⁴ The majority of partners who participated in the evaluation agreed that they had observed some positive behavioural effect for the perpetrator as a result of the MBCP. Interestingly, in a small number of cases there were inconsistencies between the self-evaluation by the perpetrator, who reported that their abusive behaviour had reduced, and the assessments by their partners who disagreed with this self-evaluation and reported either no change, or an increase in abusive behaviour. The Team also notes that the majority of partners elected not to participate in the evaluation and considers that this may have skewed the results to reflect a more favourable outcome in terms of impact on behavioural change because those partners still experiencing violence and abuse may be less likely to feel safe participating in the evaluation process.

In focused interviews, some MBCP providers gave examples of perpetrators who stopped perpetrating physical violence towards their partners as a result of participating in the MBCP, but retained or developed non-physical forms of domestic violence, such as emotional or financial control.⁵⁵⁵

545 Corrective Services NSW (2020), *CSNSW Compendium of Offender Behaviour Change Programs*, <https://correctiveservices.dcj.nsw.gov.au/csnew-home/reducing-re-offending/initiatives-to-support-offenders/how-do-we-choose-the-group-programs-we-use.html> (accessed 20 November 2021).

546 *DVDRT Report 2017-19*, Recommendation 12.

547 <https://www.crimeprevention.nsw.gov.au/domesticviolence/Pages/Support-for-men-who-use-violence.aspx>

548 Wong, T. et al (2019), 'Evaluation of four community-based men's behaviour change program pilots', Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.26190/5da7b46c7c63f> (accessed 20 November 2021).

549 See *DVDRT Report 2017-19*, pp. 84-85.

550 Australia's National Research Organisation for Women's Safety (2019) 'Men's behaviour change programs: Measuring outcomes and improving program quality: Key findings and future directions', *ANROWS Research to policy and practice, 01/2019*. <https://20ian81kynqg38bl33eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/Day-MBCPs-Measuring-outcomes-and-improving-program-quality-RtPP-01.2019.pdf>, p.2

551 Project Mirabal, <https://projectmirabal.co.uk/> (accessed 20 November 2021).

552 Ibid.

553 Wong (2019) (n548), p. 63.

554 Wong (2019) (n548), p. 63.

555 Wong (2019) (n548), p. 36.



While the evaluation found that most of the 227 perpetrator participants self-reported an improvement regarding their violent behaviour, this seemingly positive outcome was challenged by the finding that over half of the participants were assessed as having a low level of understanding of the program's content upon completion. The high percentage of males self-reporting a significant change is in stark contrast to their actual understanding of the content of the MBCP.⁵⁵⁶

While this evaluation did provide tentative evidence that MBCPs can be effective and positively influence the behaviour of the perpetrators assessed as suitable for this program (i.e. those assessed as 'ready for change'),⁵⁵⁷ there are still many limitations around measuring the efficacy of these programs. It is noted that the careful consideration of these limitations as canvassed in the UNSW Evaluation of the MBCPs are not included in the 'Evaluation Summary' on the Women NSW website.⁵⁵⁸

The funding of victim support programs and perpetrator interventions is highly complex and is achieved across multiple agencies and funding streams. It is the Team's perspective, however, that in an environment of limited funding it is vital to ensure that money is invested in effective evidence-based programs that increase victim safety.

Interrogating perpetrator narratives

Perpetrator narratives in criminal court settings

In court processes, perpetrators will frequently construct narratives that intentionally minimise their violence, obscure their responsibility, conceal victim resistance, and blame or pathologise the victim. The responders' role is to reveal the violence, clarify the perpetrator's responsibility, reveal victim resistance, and contest blaming and pathologising of the victim.⁵⁵⁹ The Victorian Royal Commission into Family Violence highlighted the important role of courts in challenging perpetrator narratives, including confronting the denial and minimisation of abusive behaviour that many perpetrators demonstrate.⁵⁶⁰ Perpetrator interactions with the judiciary, and other professionals in and around the court system, should be meaningful and trigger genuine reflection. As was noted in the Royal Commission:

*Courts are sites where inequity and the abuse of power can be redressed; where individual rights to autonomy, safety, dignity and freedom from fear can be protected; and where those who violate society's standards are held to account.*⁵⁶¹

This is particularly important in cases involving domestic violence homicides which often attract widespread media attention, and in turn shape broader community perceptions of domestic violence and perpetrator accountability. Cases in this reporting period show that endorsing or accepting false perpetrator narratives through judicial remarks on sentence can contribute to perpetuating harmful stereotypes, and misunderstandings around the impacts of domestic violence on children.

In **Case Review 3615** the homicide offender had experienced violence in his childhood, perpetrated by his abusive father. He was the victim of direct abuse by his father and also regularly saw his father abusing his mother. From time to time his mother would take the boy and his siblings and seek shelter in domestic violence refuges. The family lived transiently across state borders to avoid child protection and other services, and both parents engaged in problematic alcohol use.

556 Wong (2019) (n548), p. 46.

557 Wong (2019) (n548), p. 68.

558 Women NSW (2019), Men's Behaviour Change Programs: Evaluation summary, <https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/children-and-families/family-domestic-and-sexual-violence/programs-grants-and-funding/resources/MBCP-Evaluation-Summary-Report.pdf> (accessed 3 May 2022).

559 Coates, L. and Wade, A. (2007), 'Language and Violence: Analysis of Four Discursive Operations', *Journal of Family Violence*, vol. 22, pp. 511-522.

560 Victorian Royal Commission into Family Violence (2016) (n539), p. 141.

561 Victorian Royal Commission into Family Violence (2016) (n539), p. 117.

When the parents separated, the abusive father assumed custody of the boy against his mother's wishes. The mother reported the father to police for kidnapping and disclosed his history of violence, however there was no intervention by police or child protection services. As a teenager, the boy began to engage in criminal activity and spent a number of periods in custody for violent offending. As an adult he perpetrated violence against his intimate partner and ultimately murdered his newborn daughter.

During the criminal proceedings for the filicide, the offender did not disclose the history of domestic violence perpetrated by his father to the forensic psychologist. He did, however, disclose alleged episodes of violence perpetrated by his mother as well as her problematic use of alcohol. Both of these factors were referred to in the remarks on sentence. Had the court or the psychologist reviewed the homicide offender's child protection history or police records, they would have come to a more accurate understanding his childhood experiences of domestic violence.

The cumulative effect of failing to interrogate the homicide offender's narrative created a skewed and inaccurate understanding of his childhood trauma and experiences of domestic violence, which was then reinforced by the psychologist and the Court. For example, the psychologist partly attributed the homicide offender's chronic depression to *'longer-standing emotional problems arising in his earlier years from violence at the hands of an alcoholic mother'* which was then reflected in the remarks on sentence. These types of misrepresentations can have much broader societal implications. Firstly, it fails to hold the domestic violence perpetrator accountable (i.e. the homicide offender's father), and unjustly places the blame on the victim (i.e. the homicide offender's mother). It also promotes the harmful stereotype of the 'bad mother' and does not recognise all the ways in which the domestic violence victim had in fact acted protectively towards her children: fleeing with the children to refuge accommodation; separating from the perpetrator; and reporting the abuse to police.

It also reveals a limited understanding of the psychological harm domestic violence has on children. As a victim of childhood violence, there are many reasons why the homicide offender may have minimised the abuse perpetrated by his father. It may be that he continued to fear his father or that his perceptions of reality had been distorted by his father who over time convinced him to believe that his mother was the domestic violence perpetrator, as opposed to the victim.

The Team considers that perpetrator narratives need to be interrogated more rigorously during the criminal justice sentencing process, to safeguard against such misinformation negatively impacting community awareness and attitudes around domestic violence.

Perpetrator narratives in Community Corrections settings

Another setting that the Team has observed a reliance on perpetrator narratives is in the community corrections context.

The chief objective for community corrections staff supervising an offender in the community is to prevent further offending by motivating positive change in perpetrator behaviour and attitudes. For domestic violence perpetrators, this includes helping the offender to gain insight into their conduct, take responsibility for their behaviour, and acknowledge its impact on their family.

The Team accepts that it is unrealistic to expect supervisors to single-handedly transform their client's entrenched beliefs and harmful behaviours around gender inequality, many of which will have been reinforced over the offender's lifetime. However, the starting point to achieving any positive change requires the supervisor to have an accurate understanding of the true nature of the perpetrator's relationships, and the circumstances of the offending. The Team's cases demonstrate that there is a need to more thoroughly interrogate perpetrator narratives in this setting by independently verifying the information that the perpetrators provide.



In **Case Review 3947** the abuser strangled and killed his current partner while he was under an Intensive Correction Order with supervision by Community Corrections for domestic violence offending against his former partner. The abuser continued to perpetrate domestic violence against his current partner in the period leading up to the homicide, while under supervision. When his supervisor asked about his current relationship, the abuser simply described it as positive, and this assertion was supported by the abuser's mother. The abuser also denied any wrongdoing in relation to his domestic violence offending and claimed his former partner had fabricated the assault.

While under supervision, the abuser recommenced using illicit drugs and his mental health deteriorated rapidly. He stopped attending community service work and when his relationship ended he began stalking the woman. When the supervisor checked in with the abuser's mother she reported that he was 'doing really well' and had 'turned his life around'.

Within weeks the perpetrator killed the woman in the presence of their young child and then died by suicide in custody.

It was the Team's perspective that rather than relying solely on information provided by the abuser (or his family members) regarding the nature of his current or former intimate relationships, information should have been sought and verified from more independent sources to provide a holistic understanding of risk. For example, the victim had reported the abuse to police on two occasions and - although no action had resulted due to problematic police practice - her reports were contained on the police records. She had also disclosed her experiences of violence to midwives at the hospital when their son was born, and these disclosures were contained in the hospital records.

The abuser's denial of his domestic violence offending for which he had been convicted should have also signalled to the supervisor that he was likely to misrepresent the nature of his domestic relationships and would minimise his responsibility for other abusive behaviour.

This case demonstrates the importance of adopting a holistic and coordinated cross-agency approach for perpetrators – so that responders can understand the full extent and history of a perpetrator's abusive behaviour and can interrogate perpetrator narratives.

Current efforts to promote such a holistic and co-ordinated approach for offenders include the Local Coordinated Multiagency offender management program (LCM Program) facilitated by CSNSW.

The LCM Program brings together three key partner agencies: DCJ (CSNSW and Community Corrections, Housing and Child Protection), NSW Health, and the NSWPF. These agencies work in partnership to select and manage individuals residing in the community who have a history of persistent reoffending or domestic violence offences and are at risk of reoffending.

The objective of the LCM Program is to assist with reducing recidivism in the prison population and to reduce the number of domestic violence reoffenders, along with increasing safety and confidence in how these offenders are managed in the community to deliver coordinated, multiagency case management and support to selected priority offenders.

LCM's partner agencies work together to help reduce a participant's risk of reoffending and improve community safety by targeting the most persistent offenders who pose the greatest risk of reoffending, sharing information and resources between stakeholders to help deliver appropriate services and interventions to participants, and developing a joint case plan that targets an offender's risk factors with tailored interventions.⁵⁶² The Team acknowledges the important work of the LCM Program in delivering tailored interventions and will continue to monitor this issue as part of its future work agenda.

⁵⁶² Department of Communities and Justice, *Reducing Reoffending: Local Coordinated Multiagency offence management (LCM)*, Factsheet, <https://www.justice.nsw.gov.au/Documents/Reforms/lcm-factsheet.pdf> (accessed 3 March 2022).

Recommendations Analysis

This chapter presents an analysis of the 122 recommendations the Team has made to date, examining both the nature and quality of recommendations and their implementation status. This work is intended to guide the Team's future work agenda to ensure that it continues to contribute to the reform of the domestic violence response system to the highest standard possible.





Key Findings

- Since its establishment in 2010, the Team has made 122 recommendations.
- For this report, the Team has elected not to make any new recommendations but has instead undertaken an analysis of its past recommendations. This reflection is intended to guide the Team's future work agenda to ensure that it continues to contribute to the reform of the domestic violence response system to the highest standard possible.

Target organisation

- The majority of recommendations (57.6%) were directed at four organisations: DCJ (Domestic Violence/Women NSW), NSW Police Force, NSW Health, and DCJ(Justice).

Focus Areas

- There were 43 different areas of focus mapped across the 122 recommendations. These 43 focus areas were grouped into eight broader categories:
 - Police, law and justice (23.3%)
 - Managing risk and complexities (19.9%)
 - Domestic violence and diversity (14.3%)
 - Alternate (non-police) pathways into the domestic violence response system (12.6%)
 - Dynamics of abuse (9.8%)
 - Post-homicide responses (8.1%)
 - Children and young people's experiences of domestic violence (6.7%)
 - Community awareness and attitudes (5.1%)

Issues

- The most common issues identified were a 'failure to identify domestic violence dynamics' (10%), followed by 'inadequate training or education' (9.4%) and 'inadequate domestic violence policies and procedures' (8.8%).

- 'Systemic discrimination' was identified as an issue in 8.2% of all recommendations and was often coupled with a 'lack of specialist services' or 'inadequate training or education' due to an absence of culturally-informed and/or trauma-informed practice. This was particularly pervasive for Aboriginal and Torres Strait Islander Communities, as well as other specific populations.
- The prevalence of 'distrust in services' (5.5%) as a persistent issue identified through the Team's work demonstrates an entrenched legacy of victim distrust in government services and/or negative service engagement both of which contribute to the continued underreporting of domestic violence. Again, this issue was particularly relevant to the experiences of Aboriginal and Torres Strait Islander Communities, as well as other specific populations.

Actions required for implementation

- The most common action identified was to 'undertake research or review' (22.3%) followed by a 'policy or practice change' (19.3%) and then 'implementing education and training' (18.8%).

Government Response

- 98% of DVDRT recommendations have been supported or supported in principle (n=119 out of 122).

Implementation Status

- 40% of all the DVDRT recommendations have been implemented. Examples of implemented recommendations include:
 - The criminal offence of non-fatal strangulation has been reviewed and amended to improve its rates of a successful prosecution.
 - A substantial increase in funding for both temporary and long-term housing for victims escaping domestic and family violence.
 - Domestic violence victims on temporary

visas who are ineligible for Medicare can now access public hospitals free of charge, without the requirement that they must also report the abuse to police.

- Faith leaders from various religious organisations attended an inter-faith roundtable at Parliament House to discuss their role in the prevention, identification and response to domestic violence.
- Work is still progressing for the implementation of 32 per cent of recommendations which, for the most part, reflects that many of the Team's recommendations anticipate large-scale, system-wide reform.
- A number of recommendations aimed at primary prevention or intervention strategies to address domestic violence in Aboriginal and Torres Strait Islander Communities are still awaiting substantive action despite the urgent need for reform as reflected in the over-representation of Aboriginal victims of domestic violence homicide.
- Partial implementation of a number of recommendations has resulted in the Team effectively repeating recommendations to address certain issues, for instance the need for increased specialist and coordinated support for child survivors of domestic violence homicide.
- There have been persistent challenges with the implementation of a number of recommendations which require interagency collaboration, particularly in relation to perpetrator risk assessment and safety planning.
- The Team has continued to make recommendations concerning critical issues affecting domestic violence victims, but which are under the jurisdiction of federal organisations including those related to temporary visa holders, Family Law, general practitioners and aged care. While many of these recommendations have been implemented, there have been long delays in progressing these reforms.
- Ten recommendations have not been implemented (8.2%), including seven recommendations that were supported or

supported in principle. An analysis of these recommendations offers insights which could assist both the Team and Government to improve the recommendation scoping, drafting, response and implementation processes moving forward, such as:

- Finding the right balance between a recommendation that is neither too prescriptive nor too broad.
- Giving due consideration to practical constraints that may render a recommendation unworkable.
- Formalising more proactive engagement and consultation with specialist organisations that sit outside the Team's governance structure both in terms of articulating specific issues and translating them into practical and implementable recommendations.
- Advocating for sufficient and dedicated resourcing for supported recommendations.
- The Team is encouraged by the fact that work has either been completed, or is progressing, on the vast majority of its recommendations. This demonstrates that the Team, the Government and other organisations are for the most part collaborating effectively to create and achieve reforms that are enhancing the domestic violence response in NSW.

Future Directions

- This analysis has revealed a number of areas that may warrant greater attention as part of the Team's future work agenda, including family violence; suicide; sexual abuse; and the experiences of violence for people with disability and people in LGBTIQ communities.



Introduction

One of the key functions of the Team is to make recommendations directed at government and non-government entities that call for legislative, policy, practice and service reform designed to reduce the likelihood of domestic violence deaths.⁵⁶³ To meet this function the Team derives learnings through its quantitative and qualitative review processes to develop domestic violence intervention and prevention recommendations that aim to improve and enhance the response to domestic violence more broadly.

This is the seventh report the Team has tabled in Parliament since its establishment in 2010 and to date the Team has made a total of 122 recommendations. For this report, the Team has elected not to make any new recommendations but rather is taking this opportunity to reflect on its body of work over the past decade by undertaking an analysis of its 122 recommendations. This work aims to provide insights into the Team's operation and progress, to inform the Team's work moving forward. Such reflection will ensure that the Team continues to contribute to the reform of the domestic violence response system in the most meaningful and effective way possible.

Methodology

A two-staged approach was adopted to examine the Team's 122 recommendations. Stage 1 involved an analysis of the nature and focus of the recommendations themselves and Stage 2 involved an analysis of the implementation of the recommendations.

Stage 1: Recommendation analysis

The Team's 122 recommendations were extracted for analysis from all five reports in which the Team has made recommendations (noting that the Team's inaugural report did not make any recommendations). An inductive approach to content analysis was used to examine the recommendations and the findings categorised according to:

- (i) the organisation/s the recommendation was directed at;
- (ii) the area/s of focus identified in the recommendation;
- (iii) the nature of the issue/s the recommendation sought to respond to; and
- (iv) the action/s required to implement the recommendation.

Stage 2: Implementation analysis

The Team's recommendations are responded to by way of a government response process which indicates whether or not a recommendation is supported and may include any actions that are planned or have been undertaken to give effect to supported recommendations (the *Government Response*). Information regarding implementation of the Team's recommendations is provided from the relevant organisations and, since 2019, is set out in a *Government Progress Report*.

Information from the *Government Response* and *Government Progress Reports*, together with any additional information provided by the relevant organisations, was examined using both qualitative content and statistical descriptive analyses to examine:

- (i) the extent to which the Team's recommendations have been supported by Government; and
- (ii) the implementation status of supported recommendations.

563 *Coroners Act 2009* (NSW) s 101F(1)(c).

Challenges and Limitations

Reflecting the complexity of recommendations

Domestic violence is a highly complex social harm that has devastating and lasting consequences for victims and their families and radiating impacts on communities, organisations and broader society. This complexity is reflected in the Team's recommendations, many of which are multifaceted, identifying multiple issues and anticipating a series of coordinated responses by multiple organisations. However, there are also recommendations that are narrower in focus, specifically addressing one discrete issue for action by a single organisation. Categorising the recommendations according to the staged analyses described above was, therefore, a challenging and complex task.

As is illustrated in Figure 7.1 below, some recommendations could be singularly coded across the four variables in Stage 1 of the analysis (see Example 1). More complex recommendations, however, required multiple codes within each category to properly reflect the nature and scope of the issues identified and the response anticipated (see Example 2).

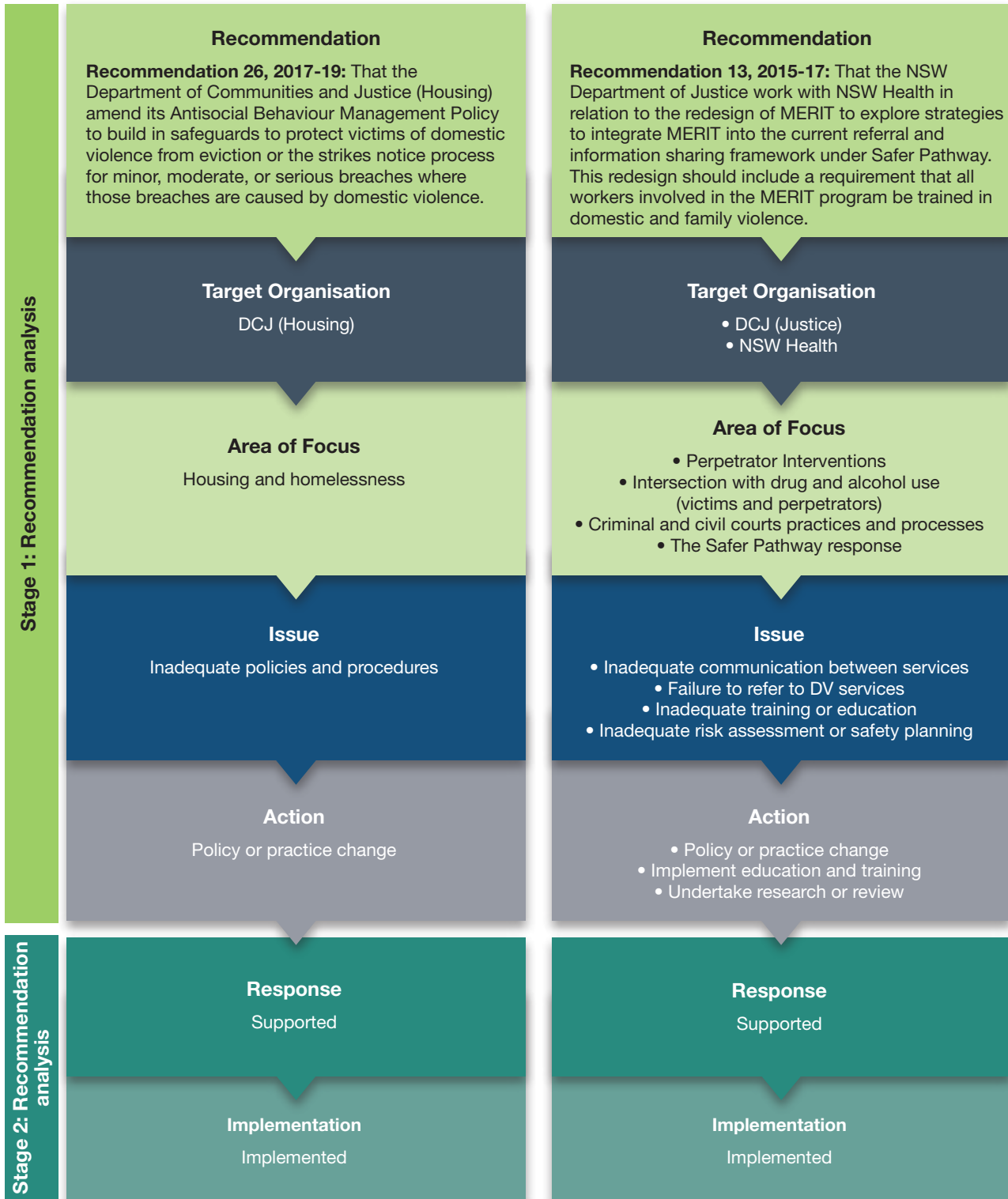
As a result, a tally of the variables within each category exceeded the number of recommendations. For example, the 122 recommendations were directed at 13 different organisations and a tally of the number of times each organisation was identified across the recommendation amounted to 172, reflecting that many recommendations were directed at more than one organisation (see Example 2).



Figure 7.1: Recommendation coding examples

Example 1: Single-coding

Example 2: Multiple-coding



Measuring implementation

A notable challenge for this analysis was the extent to which implementation status could be appropriately assessed based on a concise self-report from the organisation responsible for implementing the recommendation. Moving forward, this challenge presents an opportunity for the DVDRT Secretariat and the Government agencies represented on the Team to collaborate to make process improvements to support and enhance the analysis of future reports.

Ideally, however, a more in-depth and rigorous evaluation of the implementation of the recommendations could be undertaken by an independent organisation to foster greater understanding and transparency around recommendation implementation status and ultimately determine whether the reform that the recommendation sought to generate, has actually been achieved in practice.

By way of an exemplary independent review model, the Victorian Family Violence Reform Implementation Monitor (the Monitor) was established in 2017 to monitor and review how the Victorian Government and its agencies are delivering the reforms arising from the Victorian Royal Commission into Family Violence.⁵⁶⁴ The Monitor is an independent statutory officer of the Parliament who gathers information for its reports from a variety of internal and external sources to deliver a full and frank account of the progress achieved. This includes information gathered through consultations with agencies, community and victim advocates, site visits, attendance at working group meetings as well as documentation including submissions by individuals and organisations. Equipped with this information, the Monitor then publishes an annual public report commenting on how effective the Victorian Government and its agencies have been in implementing the Family Violence Reform over the previous year. This ongoing independent review ensures the identification and sharing of best practice across the service system, as well as timely responses to risks and issues as they arise and change over time.

By contrast, this recommendation analysis has been undertaken by the DVDRT Secretariat itself, with oversight from the Team.

Subjective nature of analysis

As with all qualitative research, there is an element of subjectivity inherent in this analysis. In order to increase reliability and safeguard against subjectivity, the coding for both Stage 1 and 2 of the analysis was completed by the two members of the DVDRT Secretariat separately, after which a comparative audit of the two datasets was undertaken to identify and resolve any inconsistencies.

⁵⁶⁴ Family Violence Reform Implementation Monitor (2022) *Monitoring Victorian's family violence reforms - Reform Governance*, <https://content.vic.gov.au/sites/default/files/2022-03/FVRIM-ReformGovernanceReport-March2022.pdf> (accessed 14 March 2022).



Recommendation analysis findings

Organisations identified in recommendations

The Team's 122 recommendations have been directed at a range of government and non-government organisations which were categorised into 13 groups (see Fig. 7.2). As indicated above, in many instances, a single recommendation was directed at multiple organisations as the lead or co-leads for implementation. Accordingly, a tally of the number of recommendations directed at the organisations across the 13 groups exceeded the total number of recommendations (amounting to 172).

The majority of the Team's recommendations have been directed at four organisations: DCJ (Domestic Violence/Women NSW), the NSW Police Force, NSW Health and DCJ (Justice). Together they have been identified as the lead organisation in over half the recommendations made by the Team (n=99, 57.6%).

DCJ (Domestic Violence/Women NSW)⁵⁶⁵ refers to the organisation responsible for coordinating the government response to domestic violence in NSW. Domestic violence oversight currently sits within Strategy, Policy and Commissioning in the Department of Communities and Justice (DCJ). However domestic violence was formerly under the direction of Women NSW and as such many of the Team's recommendations have also been directed at this organisation. In total, **16.9%** (n=29) of the Team's recommendations have been directed at DCJ (Domestic Violence/Women NSW).

The **NSW Police Force** has been identified as the relevant organisation in **15.1%** (n=26) of the Team's recommendations.

NSW Health led recommendations encompass all aspects related to the healthcare system in NSW, including services provided or funded by NSW Health but also healthcare services delivered by private for-profit or not-for-profit entities for which the Commonwealth provides policy and regulatory oversight.⁵⁶⁶ Key healthcare settings/services featured in the recommendations have included mental health, alcohol and drug services, pre and postnatal care, community health, general practice and Primary Health Networks. In total, **14.5%** (n=25) of all recommendations have been directed at NSW Health.

DCJ (Justice) refers to recommendations directed at Justice Strategy and Policy, Legal Services and Law Reform and the Attorney General. In total, **11%** (n=19) of all recommendations have been directed at DCJ (Justice).

Other NSW Government refers to other NSW government agencies or independent statutory bodies and includes Legal Aid NSW, Office of the Director of Public Prosecutions, the NSW Public Defender's Office, Multicultural NSW, the Judicial Commission of NSW, the NSW Ombudsman, NSW Industrial Relations and the Independent Liquor and Gaming Authority. Together, **8.2%** (n=14) of the recommendations have been directed at these organisations, with no individual organisation being identified in more than three recommendations.

DCJ Other refers to a number of organisations within the Department of Communities and Justice and includes Corrective Services, Courts, Seniors, Disability, Youth Justice and the Bureau of Crime Statistics and Research (BOCSAR). Together, **5.8%** (n=10) of the recommendations have been directed at these organisations, with no individual organisation being identified in more than three recommendations.

⁵⁶⁵ DCJ advised that during the 10 years of the retrospective analysis, there have been various machinery of government changes. As a result, the roles and responsibilities of DCJ agencies has changed so that recommendations initially directed at an agency may no longer fall within the scope of the agencies work. For example, Women NSW has been embedded in NSW Health, the Department of Communities and Justice, and currently sits within the Department of Premier and Cabinet and is no longer responsible for domestic violence. The responsibilities that Women NSW previously held in relation to domestic violence remain in the Department of Communities and Justice.

⁵⁶⁶ NSW Health advised that while it has been identified as the lead or co-lead to progress these recommendations, a number of these do not directly fall within the remit of NSW Health and therefore its ability to influence is curtailed.

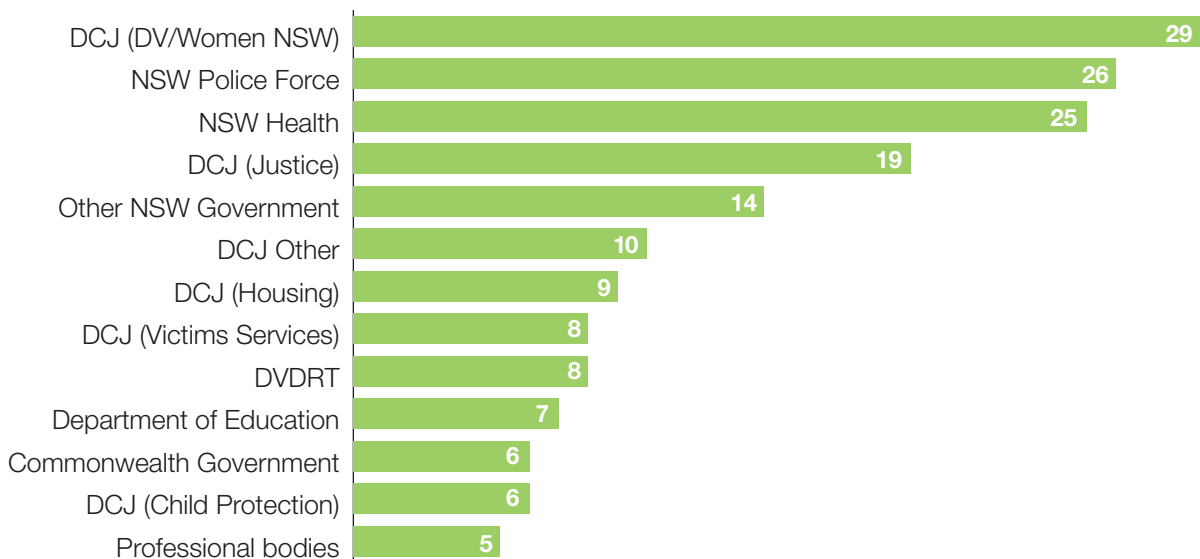
The following NSW government organisations have also been the recipient of recommendations:

- **DCJ (Housing)** (n=9, 5.2%);
- **DVDRT** (n=8, 4.7%);
- **DCJ (Victims Services)** (n=8, 4.7%);
- **Department of Education** (n=7; 4.1%); and
- **DCJ (Child Protection)** (n=6, 3.5%).

Commonwealth Government includes the Department of Home Affairs, Health (including Aged Care) and the E-Safety Commissioner. The Federal Circuit and Family Court of Australia are also included in this category as they are part of the federal legal system.⁵⁶⁷ In total, **3.5%** (n=6) of recommendations have been directed at Commonwealth organisations, with no individual organisation being identified in more than two recommendations.

Professional bodies refers to non-government professional associations that were identified in the Team’s recommendations. These associations were located within the legal and health sectors and together were the recipient of **2.9%** (n=5) of the recommendations, with no individual organisation being identified in more than three recommendations.

Figure 7.2: DVDRT recommendations by organisation (n=172)



⁵⁶⁷ As the Team does not have jurisdiction in relation to federal agencies/systems these recommendations were either made via DCJ (DV/Women NSW) or NSW Health but have not been counted in the number of recommendations for DCJ (DV/Women NSW) or NSW Health given that their responsibility for the implementation of the recommendations was nominal.



Focus areas of recommendations

Quantifying the areas of focus for the Team's recommendations was a multi-stage process due to the variances in scope and detail between the recommendations (as described in the Challenges and Limitations section). The first phase of this analysis involved mapping the focus areas identified in each recommendation. From this initial mapping exercise, codes were developed to reflect the key focus areas emerging across the 122 recommendations. A total of 43 focus area codes were identified (see Table 7.1). The 43 focus area codes were then further analysed and categorised into eight overarching focus area categories:

- Police, law and justice
- Managing risk and complexities
- Domestic violence and diversity
- Alternate (non-police) pathways into the domestic violence response system
- Dynamics of abuse
- Post-homicide responses
- Children and young people's experiences of domestic violence
- Community awareness and attitudes

Again, many of the recommendations related to multiple focus areas (see *Example 2: Multiple-coding* in Fig. 7.1 above) and therefore the total number of times a recommendation was mapped to a focus area far exceeded the number of recommendations (amounting to 356).

Police, law and justice

Much of the domestic violence response system in NSW is geared towards pursuing a civil and criminal justice response via police. This was reflected in the finding that **police, law and justice** was identified as the area of focus category for approximately one-quarter of the Team's recommendations (n=83, 23.3%). This included: 9.3 per cent (n=33) related to the **policing of domestic violence** and 7 per cent (n=25) related to **criminal and civil courts' practices and processes**.

Responding to domestic violence is a core component of day-to-day policing and encompasses a range of activities and engagement with both victims of violence and abusers (such as attending domestic violence-related 'callouts', applying for ADVOs, investigating and charging abusers with criminal offences, and referring victims to support services). The Team has, accordingly, made a range of recommendations that aim to enhance police practice and better support police in this critical response role.

The criminal and civil court system remains central to responding to domestic violence for many victims and perpetrators. When the system is working effectively, the courts are a site where power imbalances can be redressed, victims are better protected and abusers are held to account. The majority of domestic violence matters arising in the courts relate to ADVOs, however the prosecution and defence of criminal offences, bail and sentencing are also critical points of perpetrator intervention. Better informing, supporting and protecting victims and witnesses who attend court and participate in legal processes have, therefore, been the focus of many of the Team's recommendations.

Managing risk and complexities

This area of focus category was identified in one-fifth of the Team's recommendations (n=71, 19.9%) and includes recommendations that related to perpetrator interventions, the Safer Pathway response system, and complexities associated with an increased risk of violence.

Perpetrator interventions (n=18, 5.1%) relates to a broad range of programs and strategies which are aimed at reducing domestic violence re-offending. This includes early intervention programs, perpetrator risk assessment and response, managing intractable offenders, and the availability of alternative accommodation for perpetrators.

The principle risk assessment and safety planning strategy in NSW is **the Safer Pathway response** and accordingly the Team has made a number of recommendations relating to the Domestic Violence Safety Assessment Tool (DVSAT) and Safety Action Meetings (SAMs) (n=10, 2.8%). Recent developments and reform relating to Safer Pathway are discussed in detail in *Chapter 8: Emerging Reforms*.

There are several known complexities that are associated with an increased risk in the frequency or severity of domestic violence, although the Team has long sought to emphasise that these complexities are not the cause or underlying driver of abuse. For instance, **mental health issues** (n=16, 4.5%), **drug and alcohol use** (n=10, 2.8%), **separation** (n=6, 1.7%), **pregnancy** (n=5, 1.4%) and **histories of perpetration/victimisation** (n=3, 0.8%) are some of the complexities associated with risk which have been identified in the Team's recommendations.

Domestic violence and diversity

Many of the Team's recommendations have targeted the service response to specific groups or communities that may face additional or unique barriers in accessing mainstream services and/or specialist domestic violence programs. Recommendations aimed at these cohorts are grouped under the category **domestic violence and diversity** (n=51, 14.3%) and includes the following areas of focus: **Aboriginal and/or Torres Strait Islander Communities** (n=13, 3.7%), **culturally and linguistically diverse communities** (n=13, 3.7%), **older people** (n=7, 2%), **the use of interpreters by responders** (n=6, 1.7%), **people with disability** (n=4, 1.1%), **people who live in geographically remote areas** (n=4, 1.1%), **people with vulnerable visa status** (n=3, 0.8%), **women working in the sex industry** (n=1, 0.3%). The Team's recommendations highlight the importance of offering victims of violence within these cohorts the opportunity to engage with specialist supports and programs that understand, and are tailored to, their lived experiences of violence.

Alternate (non-police) pathways into the domestic violence response system

Not all victims of domestic violence are able to, or choose to, seek assistance from police. Many victims will instead disclose their experiences of violence to a trusted health professional, or other non-government service provider such as a lawyer. It is therefore critical that these responders are able to assist victims to obtain the services they need and 12.6 per cent of the recommendations fell within the category of **alternate (non-police) pathways into the domestic violence response system** (n=45).

This includes 6.7 per cent of the recommendations directed at a broad range of **non-government service providers** including those working in the domestic violence, mental health, drug and alcohol, community services and housing sectors (n=24).

In recent years the healthcare system has made significant progress in upskilling its workforce to identify and respond to domestic violence. Accordingly, the Team has made a range of recommendations to promote and support this (re)orientation of the healthcare system into the domestic violence response space, including recommendations specifically directed at **General Practitioners** (n=3, 0.8%) and those working in **emergency medicine** (n=3, 0.8%).



Dynamics of abuse

The Team has identified forms of domestic violence that are not well recognised or understood under the category **dynamics of abuse** (n=35, 9.8%).

This includes a small proportion of recommendations relating to **family or non-intimate partner violence** (n=12, 3.4%). It is noted that there is no correlate 'intimate partner violence' area of focus as the vast majority of the remaining recommendations related to intimate partner violence, making it redundant to include it as a separate category in the analysis.

Conceptualising domestic violence in the context of **coercive control** has also featured in several of the Team's recommendations (n=7, 2%) and recent developments around this issue are discussed in further detail in *Chapter 8: Emerging Reforms*.

Other manifestations of violence that are reflected in the Team's recommendations include **non-fatal strangulation** (n=6, 1.7%), **technology-facilitated abuse** (n=5, 1.4%) and **non-physical abuse** (n=5, 1.4%).

Post-homicide responses

Given the Team's remit to review domestic violence homicides, it is unsurprising that a proportion of the Team's recommendations have concerned **post-homicide responses** (n=29, 8.1%). A number of these recommendations centred on **DVDRT processes** (n=17, 4.8%), namely the Team's capacity for research and collaboration with other organisations to share learnings and inform domestic violence policy. The remaining recommendations focus on better supporting **child or relative homicide survivors** (n=7, 2%) and recommendations specifically related to **domestic violence context suicide** (3, n=0.8%) or **filicide** (n=2, 0.6%).

Children and young people's experiences of domestic violence

This category reflects that **children and young people** have distinct and separate **experiences of domestic violence** from their parents (n=24, 6.7%) and that their experiences of violence need to be recognised and responses tailored to meet their needs.

A proportion of the Team's recommendations reflect the alarming number of children and young people identified in the case reviews who **experienced domestic violence throughout their childhood** – either as direct victims of abuse themselves - or indirectly through witnessing abuse and its aftermaths (n=11, 3.1%).

The Team's cases reveal the devastating and long-lasting impact that violence can have on children, including some children who then go on to experience or use violence in their intimate relationships in adulthood. For this reason, the Team has made recommendations around the **early intervention and primary prevention for adolescent victims and perpetrators** (n=11, 3.1%).

Community awareness and attitudes

Since its establishment the Team has made a number of recommendations that aim to increase public knowledge and understanding of domestic violence in ways that support victims and hold perpetrators accountable. These recommendations have been grouped under the category of **community awareness and attitudes** (n=18, 5.1%). A number of recommendations in this category relate to improving **general community awareness** and promoting enhanced bystander responses (n=6, 1.7%). Other recommendations have targeted specific pillars of power and influence in the community that may be positioned to share information and generate a positive shift in public attitudes more broadly, including:

- **The judiciary** (n=6, 1.7%)
- **Employers** (n=3, 0.8%)
- **Community or faith leaders** (n=2, 0.6%)
- **The media** (n=1, 0.3%)

Table 7.1: DVDRT recommendations by area of focus (n=356)

Area of focus identified in the recommendation?	N	%
Police, law and justice	83	23.3%
Policing of DV	33	9.3%
Criminal and civil courts practices and processes	25	7.0%
Perpetrator imprisonment	10	2.8%
Apprehended Violence Orders	8	2.2%
Family Law	7	2.0%
Managing risk and complexities	71	19.9%
Perpetrator interventions	18	5.1%
Intersection of DV and mental health issues (victims and perpetrators)	16	4.5%
Intersection of DV and drug and alcohol use (victims and perpetrators)	10	2.8%
The Safer Pathway response	10	2.8%
Separation	6	1.7%
Domestic violence during pregnancy	5	1.4%
Perpetrators with a history of domestic violence perpetration	3	0.8%
Victims with a history of domestic violence victimisation	3	0.8%
Domestic violence and diversity	51	14.3%
Aboriginal and/or Torres Strait Islander Communities	13	3.7%
Culturally and linguistically diverse communities	13	3.7%
Older people	7	2.0%
The use of interpreters by responders	6	1.7%
People with disability	4	1.1%
People who live in geographically remote areas	4	1.1%
People with vulnerable visa status	3	0.8%
Women working in the sex industry	1	0.3%
Alternate (non-police) pathways into the domestic violence response system	45	12.6%
Non-government service providers	24	6.7%



Housing and homelessness	13	3.7%
Emergency medicine	3	0.8%
General practitioners	3	0.8%
Lawyers	2	0.6%
Dynamics of abuse	35	9.8%
Family or non-intimate partner violence	12	3.4%
Coercive control	7	2.0%
Physical forms of abuse including non-fatal strangulation	6	1.7%
Technology-facilitated abuse	5	1.4%
Non-physical forms of abuse	5	1.4%
Post-homicide responses	29	8.1%
DVDRT processes	17	4.8%
Child or relative homicide survivors	7	2.0%
Suicide	3	0.8%
Filicide	2	0.6%
Children and young people's experiences of domestic violence	24	6.7%
Early intervention and primary prevention for adolescent victims and perpetrators	11	3.1%
Children exposed to domestic violence	11	3.1%
Schools	2	0.6%
Community awareness and attitudes	18	5.1%
General public and bystanders	6	1.7%
Judiciary	6	1.7%
Employers	3	0.8%
Community or faith leaders	2	0.6%
Media	1	0.3%

Issues in the domestic violence response system

Having considered the specific areas of focus areas across the Team's 122 recommendations, analysis was then undertaken to explore the nature of the issues identified in the recommendations. Analysis of this kind aims to provide a better understanding of the common challenges and limitations across the domestic violence response system.

From the Team's 122 recommendations, 17 key issues impacting the effectiveness of the domestic violence response system were identified, namely:

- Failure to identify domestic violence dynamics
- Inadequate training or education
- Inadequate policies and procedures
- Failure to refer to domestic violence services
- Inadequate risk assessment or safety planning
- Systemic discrimination
- Inadequate communication between services
- Lack of specialist services
- Lack of public awareness
- Lack of research or review mechanism
- Distrust in services
- Non-compliance with policies and procedures
- Inadequate legislation or regulation
- Failure to action referral
- Inadequate communication within services
- Problematic use of language
- Lack of victim visibility

Again, the total number of issues exceeds the number of recommendations (amounting to 330) (see Fig. 7.3).

The most prevalent issues, as well as a number of the more specialised issues relevant to the domestic violence response system are described below.

A **failure to identify domestic violence dynamics** was the most prevalent issue identified in the recommendations (n=33, 10%). This related to responders failing to recognise domestic violence abuse tactics as a pattern of behaviour designed to dominate the victim, and particularly non-physical manifestations of violence such as emotional or psychological abuse, social abuse, systems abuse or financial abuse. This system-wide issue also included responders misidentifying the domestic violence victim as the perpetrator or vice versa.



Inadequate training or education was the next most common issue (n=31, 9.4%) which most often reflected responders receiving minimal or no training around appropriately identifying and responding to domestic violence. It also included circumstances where responders appeared to be unaware of their organisation's domestic violence policies and practices.

Another prevalent issue was **inadequate policies and procedures** (n=29, 8.8%). This included more nuanced policy issues such as impractical restrictions on domestic violence leave provisions for employees,⁵⁶⁸ to recommendations seeking to support large-scale policy reform that require collaboration and agreement across agencies – for example, the recommendation that NSW Health convene an interagency forum to develop strategies for improving and co-ordinating responses for working with clients with complex needs at the intersection of domestic violence, mental health, and alcohol and drug use.⁵⁶⁹

In terms of more specific issues relevant to the domestic violence response system, **systemic discrimination** was used to describe practices, policies and attitudes that can (with or without intent) create barriers for particular cohorts in the community in reporting violence or accessing help. This recognises that the system can act to privilege those from a particular racial or ethnic background, education, wealth and health status, and is a particularly pervasive issue for Aboriginal and Torres Strait Islander Communities. Issues of stigma and systemic discrimination were also identified as impacting other populations including culturally and linguistically diverse communities, people with vulnerable visa status, people with disability, sex workers or patients with intersecting social issues including mental health, homelessness or alcohol and drug use. Systemic discrimination was identified as an issue in 8.2% (n=27) of all recommendations and was often coupled with other issues such as a **lack of specialist services** or **inadequate training or education** which result in an absence of culturally informed and/or trauma-informed practice.

The prevalence of **distrust in services** (5.5%, n=18) demonstrates a legacy of victim distrust in government services as a result of previous negative experiences (including intergenerational experiences) which contributes to the continued underreporting of domestic violence. Service distrust or avoidance is understandably amplified for particular victims who also experience systemic discrimination, such as Aboriginal and Torres Strait Islander women who experience the cumulative and ongoing impact of colonisation and historical discriminatory practices from frontline services like police and child protection.⁵⁷⁰

Problematic use of language specifically refers to language used by community leaders which minimises, obscures or fails to recognise victims' experiences of violence and hold the abuser to account. This problematic language can then negatively influence public discourse around domestic violence, creating harmful stereotypes and stigma or disseminating misinformation. This was identified as an issue in five recommendations (1.5%).

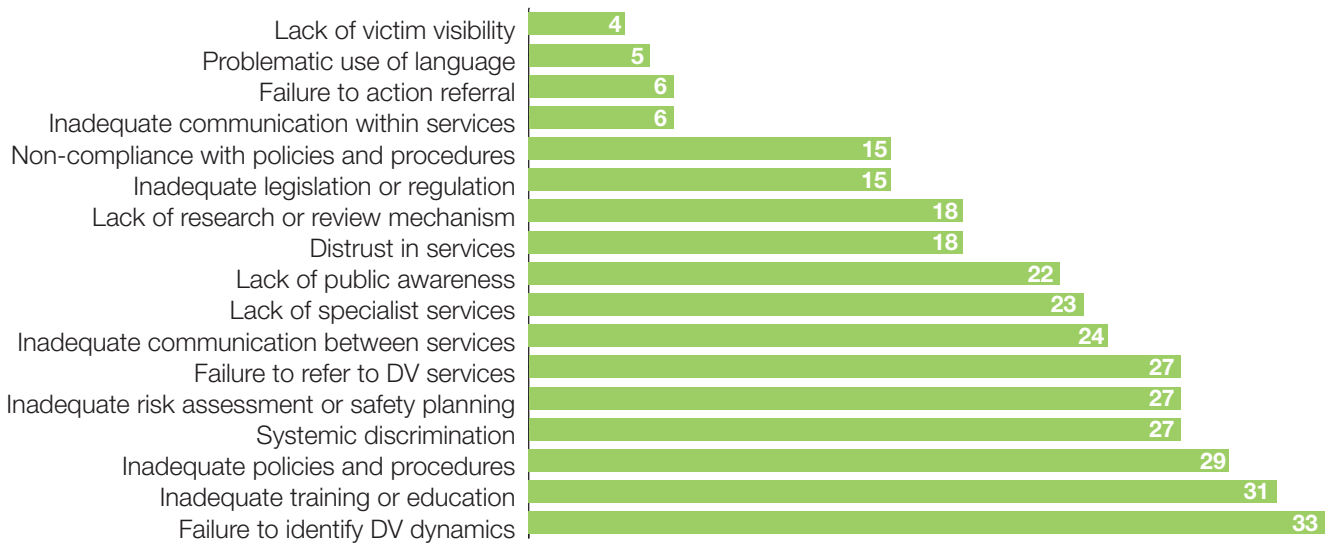
Lack of victim visibility (n=4, 1.2%) refers to efforts to shift the focus to the experiences of the domestic violence homicide victim, as opposed to the perpetrator, in post-homicide events such as criminal trials, coronial inquests or media reporting which are frequently dominated by perpetrator narratives as the victim is deceased and therefore often rendered voiceless.

568 DVDRT Report 2015-17, Recommendation 28.

569 DVDRT Report 2015-17, Recommendation 16.

570 SNAICC National Voice for Our Children (2017), National Family Violence Prevention Legal Services Forum, and National Aboriginal and Torres Strait Islander Legal Services, *Strong families, safe kids: Family violence response and prevention for Aboriginal and Torres Strait Islander children and families*, September 2017, https://www.nationalfvpls.org/images/files/SNAICC-NATSILS-NFVPLS_Strong_Families_Safe_Kids-Sep_2017.pdf (accessed 2 February 2022).

Figure 7.3: DVDRT recommendations by issue (n=330)



Action required to implement recommendations

Figure 7.4 sets out the type of action required to implement the recommendations. There were eight types of action identified across the Team’s 122 recommendations, as follows:

- Undertake research or review
- Policy or practice change
- Implement education and training
- New initiative
- Raise public awareness
- Legislative or regulatory amendment
- Increase funding or resources
- Improvement to technology

As with the issues above, these categories are widely recognised reform actions and can be readily understood from their descriptor, however the most prevalent categories and the more nuanced categories are described below.

Again, the total number of actions in the table below outnumbers the total recommendations (amounting to 197).

The most common recommended action was to **undertake research or review** (n=44, 22.3%). This included a broad range of recommendations such as: commissioning wholesale studies into, for example, reproductive coercion,⁵⁷¹ or First Nation’s women’s experiences of violence;⁵⁷² undertaking public evaluations of government

⁵⁷¹ DVDRT Report 2015-17, Recommendation 24.

⁵⁷² DVDRT Report 2011-12, Recommendation 11.



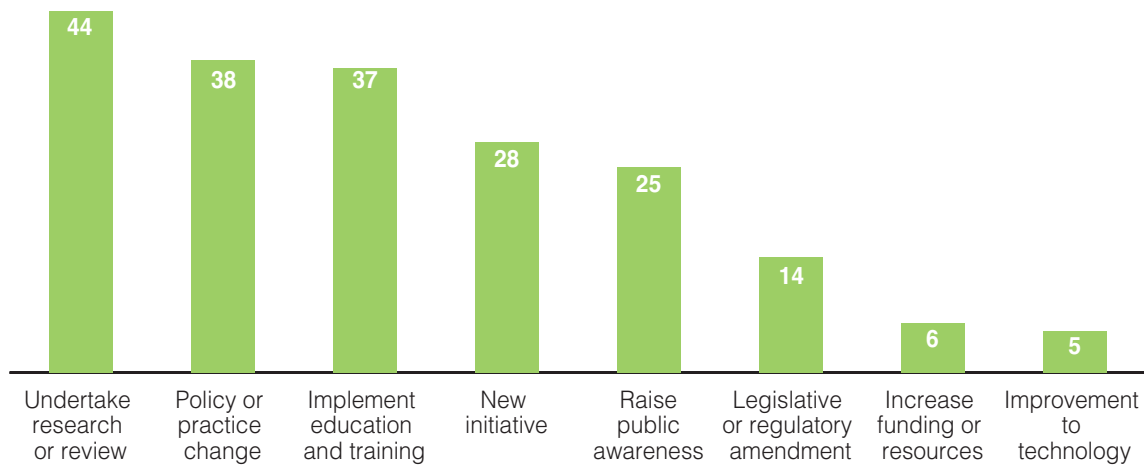
programs like perpetrator housing pilots;⁵⁷³ and examining existing supports for children and young people experiencing violence to identify gaps in service provision.⁵⁷⁴

Policy or practice change (n=38, 19.3%) was the next most prevalent action, followed by **implementing education and training** (n=37, 18.8%). Both of these categories similarly cover a wide range of recommendations which including both specific and wholesale reform.

New initiative (n=28, 14.2%) refers to the recommended development of novel programs, strategies or practices. For instances the establishment of specialist domestic violence courts⁵⁷⁵ or introducing domestic violence screening in Emergency Departments.⁵⁷⁶

Increase funding or resources (n=6, 3%) refers only to recommendations specifically calling for additional resourcing, however it is acknowledged that many of the Team’s recommendations would likely require additional funding and resources to give effect to their implementation.

Figure 7.4: DVDRT recommendations by action for implementation (n=197)



573 DVDRT Report 2015-17, Recommendation 30.

574 DVDRT Report 2017-19, Recommendation 1.

575 DVDRT Report 2015-17, Recommendation 7.

576 DVDRT Report 2012-13, Recommendation 10.

Implementation analysis findings

As described in the Methodology (and further below), the Team's recommendations are responded to by way of a government response process which indicates whether or not a recommendation is supported, and any actions that are planned or have been undertaken to give effect to supported recommendations.

The following analysis of the implementation of the Team's 122 recommendations has been primarily derived from the Whole-of-Government Response ('*Government Response*'), individual agency or organisation updates, and more recently the Whole-of-Government Progress Report ('*Government Progress Report*') which are publicly available on the NSW Coroner's Court website.⁵⁷⁷

Supported recommendations

Within six months of the Team tabling a report in Parliament, the NSW Government is required to provide the *Government Response*, indicating whether or not the recommendations in the report are supported. The *Government Response* may also outline the proposed action that will be undertaken to implement the recommendations.⁵⁷⁸ In some instances, the *Government Response* did not explicitly indicate support or otherwise for a particular recommendation and accordingly, in undertaking this analysis, it was necessary to consider not only the indication as to support or otherwise in the *Government Response*, but also any work planned or undertaken as outlined in the subsequent *Government Progress Report*. For example, three recommendations from the 2015-17 DVDRT Report were listed as 'pending' in the *Government Response* and did not indicate whether or not they were supported.⁵⁷⁹ However, on the basis that there has been subsequent action undertaken to implement these 'pending' recommendations, they have been included in the 'supported' category.

There was also one recommendation that was partially supported in principle, meaning one component of the recommendation was supported in principle, while the other component was not supported.⁵⁸⁰ This has been included in the supported in principle category. A similar approach has been taken for three other recommendations that included multiple components that were either supported or supported in principle.⁵⁸¹ One further recommendation that was initially not supported was subsequently implemented⁵⁸² and accordingly this recommendation has also been included in the supported category.

Figure 7.5 demonstrates that almost all of the DVDRT recommendations have been supported or supported in principle (n=119, 98%) by the NSW Government.⁵⁸³

577 The Whole-of-Government Response for each report is listed individually. Individual agency or organisation updates and the Whole-of-Government Progress Reports are contained within the 'Monitoring Recommendations' chapter in the subsequent DVDRT Report. All reports can be found at: <https://www.coroners.nsw.gov.au/coroners-court/resources/domestic-violence-death-review.html>

578 The process for responding to the Team's recommendations is guided by the *Premier's Memorandum M2017-04 Response to DVDRT Report Recommendations* at <https://arp.nsw.gov.au/m2017-04-response-dvdr-report-recommendations> (accessed 5 October 2021); and the DVDRT Monitoring and Reporting Framework developed by DCJ (DV/Women NSW) in *DVDRT Report 2017-19*, Appendix D, pp. 228-233.

579 *DVDRT Report 2015-17*, Recommendations 20, 35 and 36.

580 *DVDRT Report 2015-17*, Recommendation 32.

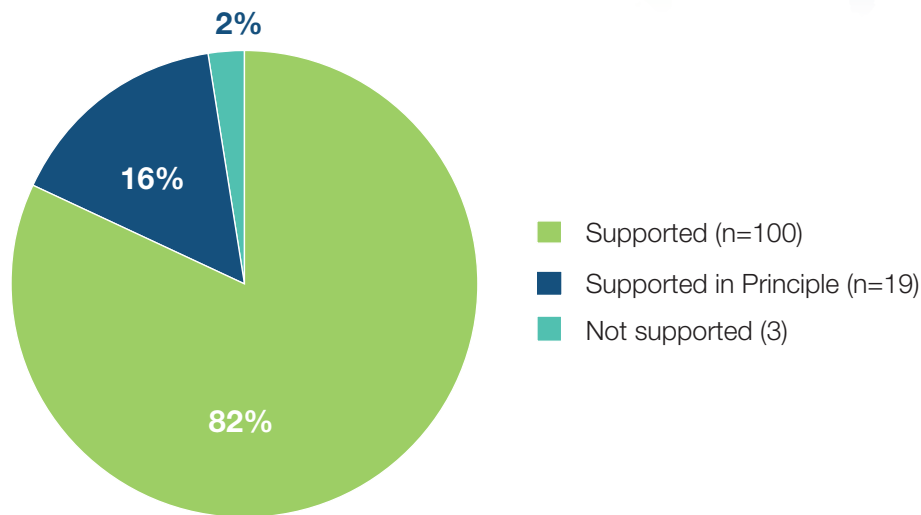
581 *DVDRT Report 2017-19*, Recommendations 5 and 27; *DVDRT Report 2015-17*, Recommendation 29.

582 *DVDRT Report 2015-17*, Recommendation 1.1 (which related to the NSW Government becoming a member of Our Watch).

583 The recommendations that were not supported are as follows: *DVDRT Report 2011-12*, Recommendation 8; *DVDRT Report 2013-15*, Recommendation 12; *DVDRT Report 2015-17*, Recommendation 34.



Figure 7.5: DVDRT recommendations by Whole-of-Government Response (n=122)



Implementation status of recommendations

Throughout its reports, the Team has undertaken to monitor the extent to which its recommendations have been actioned by seeking updates on the progress of their implementation.⁵⁸⁴ These updates have been provided formally (written responses to requests for updates) and informally (through verbal updates from agency representatives at Team meetings). This information has then been incorporated into the DVDRT reports, predominantly in the chapter dedicated to monitoring recommendations, but also woven through the commentary.

Against the backdrop of an expanding body of recommendations, in 2019 the process for organisations to provide updates on recommendation implementation was formalised through a Premier’s Memorandum. The Memorandum stipulates that within 18 months of the Team making recommendations, a *Government Progress Report* is to be provided to the Team in relation to those recommendations. However, there would not be any ongoing formal updates provided after that point due to the increasing number of historical recommendations.⁵⁸⁵

Accordingly, in determining the implementation status for each recommendation primary regard was given to the actions described in any publicly available formal written update. In addition, updates were sought from the relevant organisations in respect of those recommendations that were made some time ago where implementation was in progress or yet to commence.

To disaggregate between the varying degrees of implementation for each recommendation, the following categories were identified:

- **‘Implemented’** meant that the work required to implement the recommendation had been completed. If a recommendation was comprised of multiple parts, all elements of the recommendation had to be completed before it was coded as implemented.

⁵⁸⁴ Pursuant to s 101J(c) of the *Coroners Act 2009* (NSW).

⁵⁸⁵ Prior to this, the lead agencies or organisations had been reporting on all the recommendations made to date across previous reporting periods, but this became unfeasible with the growing body of work.

- **‘Alternative practice approach adopted’** referred to situations where agencies/organisations had adopted an alternative practice approach to the action outlined in the recommendation, but the overall intention of the recommendation had been fulfilled. This usually occurred in circumstances where subsequent policy changes had superseded the recommendation, for example, the introduction of *Safer Pathway* made redundant certain recommendations that called for changes to the former domestic violence risk assessment tool used by the NSW Police Force.⁵⁸⁶
- **‘Partially implemented – in progress’** captured instances where work had commenced to implement the recommendation and that work is still progressing. This included recommendations that were comprised of multiple parts and/or directed at multiple organisations. For instance, some organisations may have completed their component of the recommendation while another organisation is still working on the outstanding actions.
- **‘Partially implemented - not in progress’** referred to situations where work had initially progressed towards implementing the recommendation, but there is no current plan or action to complete the work. This category included a number of multi-part recommendations where one component of the recommendation appeared to have stalled indefinitely.
- **‘Not implemented’** captured instances where no practical steps have been taken towards progressing implementation.

Table 7.2: DVDRT recommendations by implementation status (n=122)

Recommendation implementation status	No.	%
Implemented	49	40.2%
Alternative practice approach adopted	15	12.3%
Partially implemented – in progress	39	32%
Partially implemented - not in progress	9	7.4%
Not implemented	10	8.2%
TOTAL	122	-100%

Note: figures may not add to 100 due to rounding.

Implemented recommendations

As set out in Table 7.2, over 40 per cent of all the DVDRT recommendations have been implemented (n=49, 40.2%). The Team acknowledges many of these implemented recommendations (described below) sit within a broader reform context, and there are many other organisations and advocates external to the Team whose hard work and advocacy have contributed to these significant achievements, as well as being supported by investment from the State and Federal governments.

Examples of implemented recommendations include the following:

Police, law and justice

- The criminal offence of non-fatal strangulation was reviewed and a new ‘simplified’ offence was introduced to overcome obstacles encountered with the offence being successfully prosecuted.⁵⁸⁷

⁵⁸⁶ DVDRT Report 2011-12, Recommendations 5-6.

⁵⁸⁷ DVDRT Report 2015-17, Recommendation 5. See also *Crimes Act 1900* (NSW) s 37(1A).



- Many aspects relating to the duration of ADVOs have been strengthened through legislative amendments which included: doubling the default period for ADVOs from 12 months to 24 months;⁵⁸⁸ ensuring ADVOs remain in force for at least two years after the perpetrator is released from custody;⁵⁸⁹ and clarifying that ADVOs may be made for an indefinite duration.⁵⁹⁰
- Domestic violence victims are now legally entitled to give evidence in Court via remote witness facilities instead of having to come face-to-face with the domestic violence perpetrator.⁵⁹¹ Prior to this amendment, domestic violence victims could only give evidence remotely if an application was granted by the Court, which acted as a barrier for some victims.⁵⁹²
- The NSW Police Force introduced a three-tiered proactive approach to prevent domestic violence perpetrators from re-offending and breaching ADVOs. This strategy included: the creation of Domestic Violence High Risk Offender Teams that target intractable offenders; the development of Domestic Violence Suspect Targeting Management Plans; and the introduction of ADVO Compliance checks to detect unreported breaches and deter perpetrators before they have breached.⁵⁹³
- Solicitors' seeking specialist accreditation in the areas of Children's Law, Criminal Law, Dispute Resolution and Family Law are now assessed on their ability to appropriately identify and respond to domestic violence disclosures before they can achieve their specialist accreditation.⁵⁹⁴
- Families of homicide victims are now given the opportunity to provide victim impact statements in Court in circumstances where the homicide perpetrator has been found unfit and not acquitted, or not guilty by reason of mental illness under the *Crimes (Sentencing and Procedure) Act 1999*.⁵⁹⁵
- A Specialist Victims Support Service was established in 2019 to provide tailored support for victims who have experienced domestic violence from forensic mental health patients. This service sits within Victims Services and is co-funded by NSW Health.⁵⁹⁶
- The Bail Assistance Line has been expanded state-wide to assist with arranging alternate accommodation for domestic violence perpetrators to prevent them from returning to the victim's residence upon release on bail.⁵⁹⁷
- In recent years the Judicial Commission of NSW has delivered focused training and education for judges and magistrates on domestic violence through their ongoing conference and seminar program for judicial officers, Magistrates Orientation Program, and Judicial Officers' Bulletin. Training and education has addressed domestic violence relationship dynamics, the use of appropriate language and good practice management.⁵⁹⁸
- All homicide-suicide inquests are now conducted by the State Coroner or a Deputy State Coroner to effectively ventilate and appropriately condemn behaviours and histories of domestic violence during the coronial inquest process.⁵⁹⁹

588 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 79A.

589 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 39(2A).

590 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 79B; *DVDRT Report 2015-17*, Recommendation 3.

591 *Stronger Communities Legislation Amendment (Domestic Violence) Act 2020* (NSW) which amended the *Criminal Procedure Act 1986* (NSW) in November 2020.

592 *DVDRT Report 2017-19*, Recommendation 29.

593 *DVDRT Report 2013-15*, Recommendation 9.

594 *DVDRT Report 2012-13*, Recommendation 14.

595 *DVDRT Report 2015-17*, Recommendation 35.

596 *DVDRT Report 2015-17*, Recommendation 36.

597 *DVDRT Report 2012-13*, Recommendation 8.

598 *DVDRT Report 2012-13*, Recommendation 15; *DVDRT Report 2013-15*, Recommendation 1.

599 *DVDRT Report 2017-19*, Recommendation 32.

- The functions of the DVDRT have been expanded to examine third party homicides that occur in the context of domestic violence, as well as adding permanent members to the Team with expertise in prisons, court processes, mental health, and substance use.⁶⁰⁰

Healthcare

- Information about domestic violence and referral pathways are now provided to all BreastScreen NSW Screening and Assessment Services to ensure women over 40 years of age can access this information while they undergo a mammogram.⁶⁰¹
- General Practitioners in NSW can now undertake a free and accredited online training program aimed at improving their ability to identify and respond to domestic violence using a trauma-informed approach.⁶⁰² This is a national program delivered by the Safer Families Consortium.⁶⁰³
- NSW Health has established the PARVAN Serious Incident Review Sub-committee to review and analyse domestic violence-related Serious Adverse Event Review reports and other relevant violence, abuse and neglect data to identify emerging risks, key trends/issues and learnings that have state-wide implications.⁶⁰⁴
- In 2020, the NSW Government changed its NSW hospital fees policy so that domestic violence victims on temporary visas (and therefore ineligible for Medicare) will no longer be required to report the violence to police in order to access public hospitals free of charge. Many victims, for a variety of legitimate reasons, are unable to report to police and this requirement previously presented as a barrier for women on temporary visas who were precluded from accessing affordable medical care.⁶⁰⁵
- Employees working with participants in the Magistrate's Early Referral into Treatment Program (MERIT) now receive training in domestic violence assessment and referral which includes mandatory domestic violence screening for female participants.⁶⁰⁶ MERIT targets people with a drug problem who are eligible and suitable for release on bail and who are motivated to engage in treatment and rehabilitation.

Housing

- There has been a substantial increase in funding for both temporary and long-term housing for victims escaping domestic and family violence to ensure that they can gain access to safe and secure housing.⁶⁰⁷ In October 2021 the NSW Government committed to building an additional 75 women's refuges across NSW (almost doubling the number of refuges currently operating) and 200 new long-term affordable houses for women experiencing domestic violence.⁶⁰⁸
- Safeguards have been built into social housing policies to protect domestic violence victims from eviction or other punitive responses where issues (such as property damage) have been caused by the domestic violence perpetrator.⁶⁰⁹

600 DVDRT Report 2011-12, Recommendation 1-3; DVDRT Report 2013-15, Recommendation 6.

601 DVDRT Report 2013-15, Recommendation 23.

602 DVDRT Report 2015-17, Recommendation 9; DVDRT Report 2017-19, Recommendation 22.

603 Safer Families Centre, *The Readiness Program*, undated, <https://www.saferfamilies.org.au/readiness-program> (accessed 21 October 2021).

604 DVDRT Report 2013-2015, Recommendation 4.

605 DVDRT Report 2015-17, Recommendation 20.1.

606 DVDRT Report 2015-17, Recommendation 13.

607 DVDRT Report 2015-17, Recommendation 29.1.

608 Department of Communities and Justice (2021), 'Landmark investment to help more women and children fleeing domestic violence' *Media Release*, 19 October 2021, <https://www.dcj.nsw.gov.au/news-and-media/media-releases/2021/landmark-investment-to-help-more-women-and-children-fleeing-dome.html> (accessed 20 October 2021).

609 DVDRT Report 2017-19, Recommendation 26.



Communities

- Multicultural NSW now provides free personal development training on domestic violence to NAATI-accredited interpreters to improve their understanding, awareness and capabilities.⁶¹⁰
- Faith leaders from various religious organisations attended an inter-faith roundtable at Parliament House in February 2017 to discuss their role in the prevention, identification and response to domestic violence, share practice knowledge and workshop future directions.⁶¹¹
- The NSW Government launched the *Speak Out* campaign in June 2020 which was directed at encouraging victims to disclose the violence they were experiencing.⁶¹² In March 2021 the campaign was expanded to feature diverse groups, including people of different ages and cultures. The campaign was delivered across metropolitan and regional NSW and on social media and focussed on multicultural and Aboriginal audiences supported by in-language radio advertisements on Koori Radio.⁶¹³
- The *Tackling Violence* early-intervention program was expanded into five new regional locations.⁶¹⁴ Tackling Violence is a successful education and prevention program that uses regional rugby league clubs to deliver anti domestic violence messages.⁶¹⁵
- NSW became a member of Our Watch in July 2019. Our Watch is the national leader in the primary prevention of domestic violence in Australia and prior to joining, NSW was the only jurisdiction in Australia that was not a member.⁶¹⁶
- From January 2019 the NSW Government introduced 10 days paid domestic violence leave per calendar year for government sector employees. The previous policy required an employee to exhaust their other existing leave entitlements before being able to access paid domestic violence leave.⁶¹⁷
- A variety of government and non-government websites have now incorporated resources and referral information about domestic violence which target particular vulnerable cohorts, including Seniors Card NSW, the Department of Education, Federal Circuit and Family Court of Australia, and the Law Society of NSW.⁶¹⁸

Partially implemented recommendations

For a large proportion of the remaining recommendations, work is still progressing (n=39, 32%). Many of the Team's recommendations anticipate large-scale, system-wide reform, that may require lengthy planning, trials and evaluation before they can be finally implemented, and this is reflected in the 'partially implemented' status of these recommendations.

By way of example, the *2012-13 DVDRT Report* included a recommendation to establish routine domestic violence screening in all NSW Hospital Emergency Departments (EDs).⁶¹⁹ Implementing this recommendation has necessarily involved extensive planning, development, trial and evaluation. In 2017 NSW Health completed a feasibility study which demonstrated that it was both feasible and relevant to

610 *DVDRT Report 2012-13*, Recommendation 10.

611 *DVDRT Report 2013-15*, Recommendation 13; *DVDRT Report 2011-12*, Recommendation 12.

612 Department of Justice and Communities (2021), *Speak Out*, <https://www.speakout.dcj.nsw.gov.au/> (accessed 22 March 2022).

613 *DVDRT 2011-12 Report*, Recommendation 10.

614 *DVDRT Report 2012-13*, Recommendation 17.

615 Women NSW (2020), *Tackling Violence*, <https://www.women.nsw.gov.au/programs/tackling-violence> (accessed 21 October 2021).

616 *DVDRT Report 2015-17*, Recommendation 1.1.

617 *DVDRT Report 2015-17*, Recommendation 28.

618 *DVDRT Report 2012-13*, Recommendations 14 and 21; *DVDRT Report 2013-15*, Recommendation 14.

619 *DVDRT Report 2012-13*, Recommendation 10.

screen women for domestic violence in EDs and provide a psychosocial response. The next phase of the project involved a 12-month pilot (from November 2020 to October 2021) in six emergency departments. The Pilot evaluation is scheduled for completion in 2022 and will inform further decisions around the implementation of a state-wide rollout.

Chapter 8: Emerging Reform also explores two reforms currently under development that have state-wide implications for the domestic violence response in NSW, namely the criminalisation of coercive control and the redesign of the Domestic Violence Safety Assessment Tool (DVSAT). Both of these reforms have been prompted by a number of recommendations made by the Team,⁶²⁰ as well as the work of many other advocates and organisations across the sector.

The Team acknowledges the complexity and breadth of work being undertaken to carry out its recommendations, and recognises the associated resourcing implications. It also recognises that much of this work is taking place in conjunction with a range of other reforms at both a state and national level. Notwithstanding these complexities, the Team notes that a number of recommendations have been 'in progress' for many years while agencies continue to report that they are undertaking preliminary consultations or considering resourcing implications. While this recommendations analysis does not purport to provide an independent and detailed evaluation of all work undertaken to date, the apparent stalling of progress in certain areas warrants further examination.

Recommendations concerning Aboriginal and Torres Strait Islander Communities

The Team has made a number of recommendations aimed at domestic violence primary prevention or intervention in Aboriginal and Torres Strait Islander Communities however the majority of these recommendations are still awaiting substantive action.

The *2011-12 DVDRT Report* included a recommendation that the NSW Government undertake a study into Aboriginal and Torres Strait Islander women's experiences of domestic and family violence and stipulated that this research be used to inform the development of a range of strategies:

Recommendation 11

That the NSW government commission or undertake a study into Indigenous women's experiences of domestic and family violence. This study should inform the development of strategies to:

- *encourage and support Indigenous victims to report family violence;*
- *facilitate continued participation of Indigenous victims throughout legal processes;*
- *strengthen access to relevant specialist Indigenous and mainstream services;*
- *ensure training is made available for police and other professionals in relation to the dynamics impacting on the reporting of violence by Indigenous victims;*
- *improve connections between Indigenous health services and domestic and family violence services;*
- *improve the response to victims and perpetrators who have complex needs, including needs arising from drug and alcohol misuse, mental illness and homelessness; and*
- *introduce and implement a family violence prevention program aimed at Indigenous youth.*

⁶²⁰ As noted above under the Focus Area categories, the Team has made a number of recommendations concerning coercive control and Safer Pathway. Most relevantly, *DVDRT Report 2017-19*, Recommendation 9; and *DVDRT Report 2013-15*, Recommendation 10.



This recommendation was supported by the NSW Government.⁶²¹ In terms of implementing the research component of this recommendation, the NSW Government has primarily relied on its co-funding of research being undertaken by ANROWS (established October 2014) and the Indigenous Justice Clearinghouse to undertake research on behalf of Government into Aboriginal and Torres Strait Islander women's experiences of domestic and family violence. However, the *Government Response* and subsequent updates to this recommendation have not specified whether this national research specifically addresses, or has translated into, the development of any of the strategies that made up the main part of the recommendation.

A decade on from making this recommendation, the NSW Government has indicated that this recommendation is now being considered in response to *Closing the Gap Target 13*. *Target 13* stipulates that "by 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero."⁶²² The Team has been advised that DCJ is the lead agency for *Target 13* and has recently established a Transforming Aboriginal Outcomes division which is working alongside the Aboriginal Legal Service (ALS) to develop a network of Aboriginal women to act as a 'community voice' to help drive and shape the response to *Target 13*. This work is, however, still very much in its preliminary stages and will no doubt extend the already lengthy period of time taken to progress the development and implementation of any of the strategies anticipated in Recommendation 11.

In the *2012-13 DVDRT Report* the Team made a recommendation that a new trauma-informed parenting program to support Aboriginal fathers be developed:

Recommendation 18

That, as part of the Aboriginal Child Youth and Family Strategy, FACS develops and implements a trauma-informed parenting program aimed at educating and supporting Aboriginal fathers. Consideration could be given to co-ordinating with the Office of Community Services for rollout of this program through the initiative discussed in Recommendation 17.

This recommendation was supported in the initial government response and in 2017 the *Government Progress Report* indicated that consultation to develop this initiative was still progressing.⁶²³ In 2022, DCJ indicated that it has funded several Targeted Early Intervention (TEI) Program services to support Aboriginal families based on the needs and priorities identified by the local community. This included services such as Biripi AMHS; Illawarra Koori Men's Support Group, Winanga-Li Aboriginal Fathers, and Miyay Birray Youth Service, as well as Aboriginal Child and Family Centres (ACFCs). However, it appears that many of these services have not been developed specifically for Aboriginal fathers and are either directed at Aboriginal men generally or both parents (with a predominant focus on mothers).

The only TEI services explicitly designed for Aboriginal fathers appear to be the Winanga-Li Aboriginal Fathers and Miyay Birray Youth Service. These services are based in the New England area in Narrabri, Gunnedah, Moree and Mungindi. The services operate as a weekly support group for fathers and grandfathers who care for children aged under five years old, with each program attracting between 5 and 10 participants each week. Neither service delivers an evidence-based parenting program per se and they are primarily focused on establishing early engagement with fathers to promote empowerment, greater social and community participation, build capacity in parenting skills and promote safety within a child's

621 In the same *DVDRT Report 2011-12* there was also Recommendation 8, which called for police to monitor compliance with the requirement to apply for ADVOS on behalf of victims, and in particular Aboriginal and Torres Strait Islander victims, because there are numerous occurrences in the Team's cases where police have not applied for ADVOS on behalf of Aboriginal and Torres Strait Islander women. This recommendation was not supported in the *Government Response*, and accordingly was not implemented.

622 See <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/7-difference/b-targets/b13> (accessed April 2022).

623 See, *DVDRT Report 2015-17*, pp. 177-8.

home, family and community.⁶²⁴ During the COVID lockdowns each of the services had to adapt their program to maintain contact and engagement with the fathers, and this was done by regular phone calls and the delivery of activity packs to families.

These programs are unique to the New England region and are only available to families situated in the relevant local government areas because these local communities have identified this particular service as a need and priority. However, other local communities should not be forced to choose between offering an Aboriginal Fathers program at the expense of another much-needed service. These types of early intervention and prevention initiatives should be routinely funded state-wide to support Aboriginal fathers to raise their children in safe and stable environments, free from violence, as was the original intention of the Team's recommendation.

In the *2015-17 DVDRT Report* the Team made two recommendations that related to better supporting Aboriginal and Torres Strait Islander women's engagement with the criminal justice process.⁶²⁵

Recommendation 7.2

(relevantly): *That the NSW Government review the support needs of victims in contested domestic violence matters, and the adequacy of current supports, with the aim of providing consistent support across NSW. This should include an examination of the specific needs of Aboriginal women, including in relation to attending court.*

Recommendation 23

23.1: That NSW Department of Justice, in partnership with Aboriginal community groups, develop a pilot program aimed at supporting Aboriginal women to attend court in relation to domestic violence offences in which they are a witness or victim.

23.2 That the NSW Government fund the pilot program anticipated in 23.1.

Although both recommendations were supported, in 2019 the *Government Progress Report* indicated that these recommendations had only progressed to a preliminary community consultation stage, and funding had not been secured for Recommendation 23.⁶²⁶

In 2022, an informal agency update was provided to the Team in relation to Recommendation 7.2 which outlined several positive changes that had been achieved to better support victims in contested domestic violence matters,⁶²⁷ however this did not include any specific reforms that had been developed to address the unique barriers for Aboriginal and Torres Strait Islander women. In relation to the status of the implementation of Recommendation 23, there was no update provided in response to the Team's request and accordingly it is assumed that this recommendation is no further progressed since the 2019 update.

In the Team's *2017-19 DVDRT Report*, there were two recommendations directed at improving domestic violence responses for Aboriginal and Torres Strait Islander Communities. Recommendation 13 called for the development of a framework to prevent and respond to violence in Aboriginal families (in partnership with Aboriginal Communities and organisations):

624 Winanga-Li Aboriginal Child & Family Centre, <https://www.winanga-li.org.au/family-centre/> (accessed 30 April 2022).

625 *DVDRT Report 2015-17*, Recommendations 7.2 and 23.

626 See Government Progress Report in *DVDRT Report 2017-19*, p. 185.

627 On 25 November 2020, the *Stronger Communities Legislation Amendment (Domestic Violence) Act 2020* (NSW) passed Parliament with five amendments to the *Criminal Procedure Act 1986* (NSW) to assist complainants when giving evidence in criminal proceedings concerning a domestic violence offence and related ADVO proceedings. This includes being able to choose to give evidence remotely, a further recommendation made by the Team (*DVDRT Report 2017-19*, Recommendation 29).



Recommendation 13

That the NSW Government, in partnership with Aboriginal communities and organisations, develop a framework to prevent and respond to violence in Aboriginal families and communities.

The objectives of the framework, subject to consultation with communities and organisations, should be to improve the quality, availability and cultural competency of services across the broad DFV service system for Aboriginal people.

The framework must include a governance structure that draws together the diverse DFV service system and has strong connections to NSW Aboriginal communities.

This recommendation was supported and the 2021 *Government Progress Report* indicated that work had not yet started on this recommendation on the basis that it would be considered in response to *Closing the Gap Target 13*.⁶²⁸ In 2022 the Team was advised that DCJ, in partnership with the ALS, has engaged a First Nations advisory service to conduct focus groups on how to best address *Target 13* in a way that works with Aboriginal Communities and organisations on family violence, including governance arrangements for the next *NSW Domestic and Family Violence Plan*.

The Team supports the comprehensive consultation that is currently being undertaken by DCJ to progress this recommendation and appreciates that meaningful consultation should not be rushed. However, given the seemingly reoccurring pattern of consultation without further action or investment seen with previous recommendations relating to Aboriginal Communities, the Team will be closely following the progress of this recommendation.

Recommendation 14 in the *2017-19 DVDRT Report* was aimed at ensuring Aboriginal and Torres Strait Islander victims of domestic violence were able to elect an independent advocate to appear on their behalf at a Safety Action Meeting (SAM) so as to strengthen the cultural safety of this process.

Recommendation 14

14.1 That the NSW Government create a pool of independent Aboriginal specialist workers from a range of services to be involved in Safer Pathway for Aboriginal people experiencing domestic and family violence.

14.2 That the NSW Government ensure that Safer Pathway includes input from independent Aboriginal specialist workers for Aboriginal people experiencing domestic and family violence (with their consent).

The impetus for the development of this recommendation took into account the higher prevalence of service distrust amongst Aboriginal women due to the cumulative and ongoing impact of colonial oppression and institutional violence perpetrated against them by service providers (discussed earlier in this chapter).⁶²⁹ The importance, therefore, of having an independent advocate representing the rights and interests of the woman was considered paramount to fostering better engagement with Aboriginal women as a whole through Safer Pathway.

Although this recommendation was supported in principle, the *Government Progress Report* confirmed that Aboriginal and Torres Strait Islander victims would not be offered the opportunity to choose their own independent advocate for a SAM. Instead, Legal Aid NSW has adopted an *alternate practice approach* and has introduced a requirement that at least one Aboriginal representative be present at a SAM to improve the cultural

628 See Chapter 9: Recommendations 2017-19 – response and update.

629 SNAICC National Voice for Our Children (2017) (n571).

safety of the process. For the most part, this will be the WDV CAS Aboriginal Focus Worker (AFW) but could also include an Aboriginal worker from another service who has previously engaged with the victim.

Although the Team supports these efforts to safeguard Aboriginal representation at the SAMs, some Team members remain concerned that when the WDV CAS AFW is the only Aboriginal representative at the SAM, they are not seen as an independent advocate for the victim (because they are employed by WDV CAS) and this may exacerbate issues around service distrust. Moreover, the AFW may not have ever engaged directly with the victim and therefore not had the opportunity to build rapport and trust which is essential for overcoming issues around service distrust. Accordingly, some Team members consider that the intention of this recommendation has not been achieved by this alternate practice approach.

While it is widely recognised that Aboriginal and Torres Strait Islander women and children experience violence and abuse at higher rates than the general population, and also experience more severe violence and IPV homicide,⁶³⁰ the responses to the recommendations above do not appear to demonstrate a high-priority commitment to responding to domestic violence in these communities. While the Team acknowledges that there is other work being undertaken to address domestic violence by and against Aboriginal people at both a state and national level, this issue requires a far-reaching and multifaceted approach and investment, particularly if the targets set by *Closing the Gap* are to be realised by 2031.⁶³¹

Some of the Team have also drawn attention to the absence of sufficient time and resourcing when building more culturally sensitive services for Aboriginal and Torres Strait Islander Communities. Given the importance of co-design and meaningful community participation in system reform, some Team members were of the opinion that it was unreasonable to expect that the above recommendations would have progressed without appropriate and targeted attention, representation and resourcing. Accordingly, if recommendations are supported by Government, then their implementation must be supported by appropriate and dedicated resourcing.

Recommendations concerning child survivors of domestic violence homicide

Some Team members have expressed frustration in having to make multiple recommendations regarding the same issue because, despite efforts by government organisations to implement, or partially implement the Team's recommendations, the problem persists.

One area of particular concern to the Team is the need for increased specialist and coordinated support for child survivors of a domestic violence homicide (also discussed in relation to cases within this reporting period in *Chapter 6*). This issue was identified early in the Team's work and led to Recommendation 9 in the *2012-13 DVDRT Report* which aimed to promote a more coordinated response between police, child protection services, DCJ (Victims Services), and education providers to enhance supports for the extremely vulnerable cohort of child survivors of domestic violence homicides:

Recommendation 9

That the NSW Police Force amend its Domestic and Family Violence policy to provide that when any domestic homicide event occurs, police should notify FACS of any known biological or non-biological surviving children of the deceased or perpetrator (including children who may not be

630 See, for example, Australian Institute of Health and Welfare (2019) *Family, domestic and sexual violence in Australia: Continuing the national story*, <https://doi.org/10.25816/5ebcc837fa7ea> (accessed 15 September 2022); Australian Bureau of Statistics (2019) 'Aboriginal and Torres Strait Islander women's experiences of family and domestic violence.' *National Aboriginal and Torres Strait Islander Social Survey*, [https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15-Feature%20Article-Aboriginal%20and%20Torres%20Strait%20Islander%20women's%20experiences%20of%20family%20and%20domestic%20violence%20\(Feature%20Article\)-10100](https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15-Feature%20Article-Aboriginal%20and%20Torres%20Strait%20Islander%20women's%20experiences%20of%20family%20and%20domestic%20violence%20(Feature%20Article)-10100) (accessed 15 September 2022).

631 Target 13: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50 per cent, as progress towards zero, NSW Government (2022), *NSW Implementation Plan for Closing the Gap 2022-2024*, p. 109, https://www.aboriginalaffairs.nsw.gov.au/media/website_pages/closingthegap/nsw-implementation-plan/2022-24-implementation-plan/NSW-Closing-the-Gap-Implementation-Plan-2022-2024.pdf (accessed 15 September 2022).



ordinarily resident with the deceased or perpetrator).

Once a notification is made, FACS should co-ordinate with agencies including DEC and Victims Services to ensure that counselling and services appropriate to the specific trauma experience, age and geographic location of the child/ren is made available to those children in a timely fashion.

Victims Services, DEC and FACS should co-ordinate to develop a strategy and develop additional support services tailored for this group of child victims, in cases where their families or carers are reluctant to engage with counselling and support services.

This recommendation was supported however the actions taken to implement the recommendation did not result in the coordinated response and enhanced survivor support intended by the Team. Based on the *Government Response and Progress Update* it appeared that each agency would deal with the individual children separately, and in the same way as any other child referred into the domestic violence response system.⁶³²

In the *2015-17 DVDRT Report* the Team again attempted to fortify coordinated support for this cohort of surviving children by making another recommendation addressing this issue:

Recommendation 33

That Victims Services, Family and Community Services, NSW Health, the Department of Education and Communities and other relevant organisations work together to improve access to support and advocacy for young people and children who are a secondary victim to a homicide, including where carers may be reluctant to engage with services.

This recommendation was again supported by the NSW Government and there was an attempt at establishing a specialist multi-agency internal death review process through Safer Pathway, however concerns around privacy and information-sharing ultimately prevented progress.⁶³³

Accordingly, in the *2017-19 DVDRT Report* the Team made a further recommendation calling for greater supports for child survivors, including unlimited lifetime access to counselling through Victims Services and greater engagement with the children's carers around available supports:

Recommendation 5

5.1 That the NSW Government consider providing unlimited lifetime counselling to children who have a parent or sibling killed in a domestic violence homicide and extending the statutory restrictions on the ability of those children to lodge a claim under the Victims Support Scheme (currently up to the child's 20th birthday).

5.2 That Victims Services work with NSW Government agencies and relevant stakeholders to disseminate information so that victims and their carers are aware of the supports available under the Victims Support Scheme.

Recommendation 5.1 was supported in principle, however no work has commenced on the basis that the financial implications are still being considered and a legislative amendment would be required (which will be

⁶³² See *DVDRT Report 2015-17*, p. 165.

⁶³³ The Team has been advised that in late 2021 Legal Aid NSW took over this project from Victims Services. Legal Aid will work to complete the project by the end of 2022, however the Safer Pathway death review process is not considered to be an appropriate mechanism for connecting child survivors with counselling and other supports.

considered as part of the current statutory review of the *Victims Rights and Support Act 2013 (NSW)*).⁶³⁴ The *Government Response* indicated that the Victims Commissioner can (at their discretion) already approve payments for ongoing counselling for immediate family members of the homicide victim.⁶³⁵ However, the Team notes that this is not an entitlement offered to all child homicide survivors (as intended under Recommendation 5.1), but must be requested and then approved by the Victims Commissioner.

In relation to Recommendation 5.2, Victims Services has advised the Team that it continues to work with stakeholders to ensure information about the Victims Support Scheme is readily available to victims of crime. Further, it is noted that Victims Services has recently reviewed all its publications and forms to simplify messaging about the Victim Support Scheme and launched an improved website platform. However, again these responses are general improvements for all victims, and not tailored to improving holistic and coordinated support for the relevant cohort namely child survivors of domestic violence homicide.

The Team remains hopeful that through its persistence and reflection on the challenges encountered with its previous recommendations, this unique cohort of children will, in time, have access to the long-term, culturally appropriate and specialised supports they may require.

In June 2022, the Queensland Government announced that it would be taking steps towards improving postvention support for child survivors of domestic violence homicides by making services more collaborative, integrated and culturally inclusive.⁶³⁶ The Team will continue to monitor this issue as part of its future work agenda.

Recommendations requiring interagency collaboration

Through this analysis the Team has identified recurring challenges with the implementation of certain recommendations requiring interagency collaboration. While the Team acknowledges the limitations of this analysis, and in particular its inability to undertake in-depth investigations into implementation status beyond the brief government responses and updates, there appears to be persistent difficulties with implementing integrated approaches to the Team's recommendations.

These challenges are evident in relation to the above multi-agency recommendations targeting child survivors of domestic violence homicide where the response to the initial recommendation (Recommendation 9, *2012-13 DVDRT Report*) demonstrated a siloed approach by each of the agencies/ organisations and did not give effect to the Team's intention - which was aimed at holistic and coordinated support. The Team acknowledges that this may well be partly due to failures in the drafting and contextual information accompanying the recommendation.

The follow-up recommendation (Recommendation 33, *2015-17 DVDRT Report*) emphasised the holistic and coordinated approach required by a number of organisations, however the attempt to implement the recommendation was constrained by the inability to develop a strong 'authorising environment'⁶³⁷ which enabled information sharing across organisations.

The most recent recommendation (*Recommendation 5, 2017-19 DVDRT Report*) was only directed at a single organisation in order to overcome the barriers to implementation that the previous recommendations had encountered. However, ultimately this single-organisation approach will not be able to deliver the

634 See Chapter 9: Recommendations 2017-19 – response and update.

635 *Victims Rights and Support Regulation 2019 (NSW)* cl 5(7).

636 This announcement was made in response to Recommendation 1 from the *Queensland Domestic and Family Violence Death Review and Advisory Board 2020-21 Annual Report*. See: <https://www.courts.qld.gov.au/courts/coroners-court/review-of-deaths-from-domestic-and-family-violence> (accessed 5 August 2022).

637 The term 'authorising environment' refers to the legitimising of processes within and across systems. See: Connolly, M., et al (2017) 'The Collaborative Practice Framework for Child Protection and Specialist Domestic and Family Violence Services—the PATRICIA Project: Key findings and future directions', *ANROWS Compass*, Issue 03, June 2017, p. 5 <https://www.anrows.org.au/project/pathways-and-research-in-collaborative-inter-agency-working/> (accessed 31 April 2022).



integrated multi-agency support that was identified as critical for this unique cohort of child survivors of domestic violence homicide.

The Team has made other multi-agency recommendations concerning a variety of issues related to perpetrator risk assessment and safety planning that have similarly encountered difficulties with implementation.

For example, two recommendations aimed at convening an interagency working group between NSW Health and DCJ (Justice) to develop a rapid information sharing mechanism for high-risk mental health patients in custody or in the community, including those on Community Treatment Orders (CTOs), have not progressed.⁶³⁸ The relevant recommendations were as follows:

Recommendation 17, 2015-17 DVDRT Report

That NSW Health convene an interagency working group to consider mechanisms by which to rapidly share information between NSW Health and Justice with respect to any existing Community Treatment Orders, clients who may be in breach of Community Treatment Orders when offending, or clients who may benefit from the inclusion of Community Treatment Orders as part of bail conditions. This working group should also consider ways to monitor compliance with Community Treatment Orders for domestic and family violence offenders.

Recommendation 19, 2017-19 DVDRT Report

That the NSW Government convene an interagency working group to consider mechanisms to rapidly share information between NSW Health and the Department of Communities and Justice to allow informed interagency planning with respect to mental health consumers (in the community or in custody) who are considered to present a serious risk to themselves or to another person. This working group should consider the role of Community Treatment Orders, courts, police, bail and parole conditions with particular regard to those people at risk of domestic and family violence reoffending and their families.

These recommendations arose from a number of the Team's case reviews which involved persons subject to CTOs, who were using violence while also not complying with their CTO conditions. Recommendation 17 (2015-17 DVDRT Report) was supported however the working group did not progress because it was determined that a new broader recommendation was necessary to facilitate informed interagency planning for high-risk cases that included consideration of the role of CTOs, courts, police and the use of bail and parole conditions. As a result, in its 2017-19 report the Team made Recommendation 19 which was supported in principle, however, now five years on from the initial recommendation concerning this issue, a working group is yet to be established. The Team acknowledges that this is an extremely complex area that requires a considered and collaborative approach, and part of the delay has been due to the impacts of the Covid-19 pandemic on both the healthcare and justice sectors. Notwithstanding those complexities, the need to strengthen information sharing in high-risk cases remains strong and these recommendations further demonstrate the persistent challenges with implementing multi-agency recommendations.

Another relevant recommendation that required intra-agency cooperation, this time between the DCJ (Courts) and DCJ (Corrective Services), arose in the 2015-17 DVDRT Report:

638 DVDRT Report 2015-17, Recommendation 17; DVDRT Report 2017-19, Recommendation 19.

Recommendation 26

That Corrective Services NSW approach the Chief Magistrate to discuss strategies to ensure that Corrective Services NSW has sufficient time to conduct risk assessments for offenders who are on remand prior to the offender being sentenced and released. If it is determined that change in court practice is required, consideration should be given to how best to effect such change and whether the changes should be codified.

In making this recommendation the Team sought to ensure Corrective Services sufficient opportunity to conduct a comprehensive risk assessment prior to an offender's release so as to mitigate the risk to the community and facilitate post-release arrangements (for instance, accommodation and other supports) to improve offender welfare.

In an effort to implement this recommendation, legislative options were explored by DCJ and the Chief Magistrates Office was consulted but declined to comment. The proposed options were subsequently not supported by other stakeholders and so did not progress. Corrective Services then considered non-legislative options however no viable alternative was identified that could effectively address the concerns raised by the recommendation. Despite multiple attempts at implementing this recommendation, without effective intra-agency cooperation, no progress could be made.

A similar recommendation that also related to offender risk management and interagency collaboration was made in the Team's most recent report (2017-19 DVDRT Report):

Recommendation 30

That the NSW Police Force and the Department of Communities and Justice review the process for notifying domestic violence victims of the release of a defendant on bail by Police or a court, without the victim being present or if the defendant is released from custody at short notice. The process should link to Safer Pathway and provide for timely notification of victims and ensure they are linked to support services.

This recommendation arose out of concerns that victims, and/or SAMs, were not being advised that a perpetrator had been granted bail which meant that victims (and the services that supported them) were deprived of the opportunity to undertake timely safety planning. The implementation of this recommendation is currently a joint project between Courts and DCJ (DV Strategy and Policy) with involvement from a number of other organisations including the NSWPF, Legal Aid NSW, Office of the Director of Public Prosecutions, Corrective Services NSW, Police Prosecutors, Information and Digital Services, Law Reform and Legal Services, WDVCS and Victims Services.

The Team has been advised that this project is still in its scoping phase and is likely to require a high level of integration between agency systems (including COPS and JusticeLink); buy-in from technical resources from participating agencies; and appropriate management of sensitive agency and customer data within legislated guidelines.⁶³⁹ While no doubt a highly complex task, if the barriers to implementation for this recommendation can be overcome through a successful integration of services and systems, then it may enable other similar recommendations (such as Recommendation 26 above) to be re-imagined and successfully implemented.

The Team notes that there are a number of recommendations which have required interagency collaboration that have been successfully implemented, although it is acknowledged that these have been less complex

⁶³⁹ In the interim, the Team has been advised that in April 2022 Corrective Services developed a new policy for the creation and maintenance of custody/bail refused and wanted lists for offenders identified through the SAMs. This new process will assist the SAMs with better access to regular information about recent or upcoming changes in a perpetrators' custody status for more informed safety planning.



than the recommendations discussed above. For example, Recommendation 36 from the 2015-17 DVDRT Report required NSW Health and Victims Services to review the adequacy of supports for victims of domestic violence homicides where the person charged was assessed as having a mental illness or intellectual disability. In response to this recommendation a Specialist Victims Support Service (co-funded by NSW Health) was established in February 2019 by Victims Services to provide support for victims of forensic mental health patients.

Another example of a recommendation that required interagency partnership was Recommendation 13 from the 2015-17 DVDRT Report. This recommendation required NSW Health and the DCJ (Justice) to work together to integrate the MERIT program into Safer Pathway and require that all staff be trained in domestic violence.⁶⁴⁰

While acknowledging varying degrees in the complexity of implementing these recommendations, they can provide valuable insights into achieving productive inter-, or intra-, agency collaboration.

There are many other examples of interagency collaboration external to the Team that could also inform best practice. One example specific to the domestic violence context is the PATHways and Research In Collaborative Inter-Agency practice (the PATRICIA project).⁶⁴¹ The PATRICIA Project examined productive collaboration between the child protection system and specialist domestic violence service providers. This led to the development of a Practice Framework - which is a practical tool that can be used to guide the development of a strong authorising environment for interagency collaborations. While this Practice Framework is tailored to a child protection-domestic violence collaborative interface, some of the elements explored would be common across all collaborations and could shed light on the complex array of factors that can enable or hinder collaborative working.

Recommendations concerning federal organisations/agencies

Through its case review and data analysis, the Team has identified areas for reform that are under the remit of federal agencies or organisations. This includes critical issues like protections for temporary visa holders experiencing domestic violence,⁶⁴² promoting greater awareness about domestic violence through the Federal Circuit and Family Court of Australia,⁶⁴³ and upskilling general practitioners⁶⁴⁴ and aged care workers⁶⁴⁵ on best practice domestic violence responses.

Some Team members have expressed concern around whether a state review body like the DVDRT should be making recommendations effectively directed at federal organisations. However, in the absence of a nationally funded death review mechanism ordained with the power to make recommendations directed at federal organisations (see below for discussion of the National Domestic and Family Violence Death Review Network), the Team, like other state-based death review mechanisms (such as the Queensland Domestic and Family Violence Death Review and Advisory Board) has opted to make such recommendations in an attempt to stimulate national reform in these critical areas.

The Team has explored varying approaches to recommendations targeting federal organisations including direct approaches naming the relevant organisation or agency, and indirect approaches through a state government conduit. These approaches have had mixed success which has been seemingly dependant

640 See also, DVDRT Report 2013-15, Recommendation 11; DVDRT Report 2012-13, Recommendation 8.

641 Humphreys, C., & Healey, L. (2017). 'PATHways and Research Into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final report', ANROWS Horizons, 03/2017. <https://www.anrows.org.au/project/pathways-and-research-in-collaborative-inter-agency-working/> (accessed 30 April 2022).

642 DVDRT Report 2011-12, Recommendation 13; DVDRT Report 2015-17, Recommendation 20.

643 DVDRT Report 2013-15, Recommendation 14.

644 DVDRT Report 2015-17, Recommendation 9; DVDRT Report 2017-19, Recommendation 22.

645 DVDRT Report 2015-17, Recommendation 27.3.

on the particular federal and state organisations involved. Nonetheless, nearly all of the recommendations involving federal agencies or organisations have now been implemented – although a number of these recommendations have taken many years to progress.

The Team also acknowledges that many of these reforms are the culmination of years of advocacy by many organisations across the government and non-government sectors, and the Team’s recommendation may form just one part of a large-scale national push for change.

Over the past decade, the Team has observed a shift towards a more cohesive national approach to domestic violence responses through the National Plan and the establishment of national domestic violence prevention and research organisations such as Our Watch and ANROWS. The National Domestic Violence Order Scheme is a further example of a nationwide initiative that has involved the state and federal governments working towards greater national protections for domestic violence victims.⁶⁴⁶

Through the National Domestic and Family Violence Death Review Network (the Network) the DVDRT Secretariat has sought to further contribute to the national conversation around domestic violence and progress reforms at a national level. The Network has entered into an ongoing partnership with ANROWS to undertake a series of research projects that will provide a more complete picture of all homicides that occur in the context of domestic violence across Australia. This collaborative project also anticipates a comparative analysis of recommendations made by all death review mechanisms in operation across Australia with the aim of developing a national platform to advocate for change at a federal level.

In a separate piece of work, the Network has also commenced engagement with the Federal Circuit and Family Court of Australia to better identify cases where family court proceedings preceded a domestic violence homicide and improve the data sharing mechanisms between the Network and the Family Court.⁶⁴⁷ This work will contribute to more detailed findings in the future, regarding the intersection of family law and domestic violence deaths and will hopefully ignite much-needed national reform.

Not implemented recommendations

To date, 10 of the Team’s recommendations have not been implemented (8.2%). This includes three recommendations that were not supported in the *Government Response*,⁶⁴⁸ leaving seven recommendations that have either been supported or supported in principle and not implemented (referred to below as the ‘supported, but not implemented’ recommendations).

As discussed earlier in this section, two of the ‘supported, but not implemented’ recommendations concern the establishment of an interagency working group between NSW Health and DCJ (Justice) for high-risk mental health consumers, including those on CTOs.⁶⁴⁹

The five remaining ‘supported, but not implemented’ recommendations are detailed below together with an analysis of the potential issues and obstacles that may have precluded their implementation. The intention of this analysis is to invite reflection of these issues by both the Team and Government that may improve the recommendation scoping, drafting, response and implementation processes moving forward.

646 Australian Government Attorney-General’s Department, *National Domestic Violence Order Scheme*, undated <https://www.ag.gov.au/families-and-marriage/families/family-violence/national-domestic-violence-order-scheme> (accessed 28 April 2022).

647 This work stemmed from findings of the Queensland Domestic and Family Violence Death Review and Advisory Board, which identified that there is no process whereby the family court system is notified when a domestic violence context death occurs involving parties engaged with the court. The Board was of the perspective that this represented a missed opportunity for the family law system to derive learnings from and develop practice improvements in response to such deaths. See Queensland Department of Justice and Attorney-General, *Queensland Government’s implementation updates to recommendations arising from the Domestic and Family Violence Death Review and Advisory Board 2018-19 Annual Report*, undated, pp. 5-6. <https://www.courts.qld.gov.au/courts/coroners-court/review-of-deaths-from-domestic-and-family-violence> (accessed 1 February 2022).

648 *DVDRT Report 2011-12*, Recommendation 8; *DVDRT Report 2013-15*, Recommendation 12; *DVDRT Report 2015-17*, Recommendation 34.

649 *DVDRT Report 2015-17*, Recommendation 17; *DVDRT Report 2017-19*, Recommendation 19.



Recommendation 6, 2017-19 DVDRT Report

That the Women's Domestic Violence Court Advocacy Program work with the Women's Domestic Violence Court Advocacy Services to develop a mechanism to provide victims who have a history of Central Referral Point (CRP) referrals and who do not engage with domestic violence services, with information on how to access support.

In 2021, Legal Aid NSW advised the Team that they already provide women who decline support with a contact number should those women wish to seek assistance in the future. Legal Aid NSW also indicated that they were exploring other ways to ensure that women who are the subject of repeat CRP referrals are aware of how to access support when they are ready to do so. In 2022 the Team was further advised that the existing strategy of providing a contact number to women who decline the service would remain the only strategy for engaging these victims.

This recommendation was borne out of a need to better engage with a large cohort of victims who are repeatedly referred to Safer Pathway but choose not to engage with the service. This recommendation envisaged the development of a more proactive and specialised approach to repeat victims of domestic violence that went beyond the current practice of leaving a contact number for WDVCS. While recognising that this is a highly complex issue, maintaining the status quo approach does not fulfil the objectives of this recommendation, which was supported in the initial *Government Response*. The Team notes that DCJ and Legal Aid NSW consider this recommendation to be 'closed/complete' as of March 2022 on the basis that the current practice described above already satisfies the recommendation.

The Team acknowledges that upon reflection this recommendation identified a highly complex issue, without offering a specific pathway to resolving the issue. While this less prescriptive approach was intended to enable more freedom and autonomy in exploring a solution that would be both feasible and customised for the organisations involved, this may also have meant that the recommendation was too imprecise and unfocused which meant its intention was not achieved.

The Team also notes that Legal Aid NSW, one of the key stakeholders responsible for the implementation of the recommendation, was not a member of the Team at the time the recommendation was made and accordingly was not involved in the development of the recommendation. Had they been a member at the time, Legal Aid NSW has advised the Team they would not have supported the recommendation in this form. As illustrated by another recommendation below (Recommendation 16, *2012-13 DVDRT Report*), this reinforces the need for meaningful consultation with key stakeholders in the scoping and formulation of the Team's recommendations, which will hopefully lead to a more positive outcome for implementation.

Recommendation 9, 2011-12 DVDRT Report

That as part of the NSW Ageing Strategy, the NSW Ministerial Advisory Committee on Ageing give strong consideration to using case reviews 8 and 9 of the 2011/2012 NSW Domestic Violence Death Review Team Annual Report to inform the development of training resources for the new NSW helpline dedicated to abuse of older people and the corresponding resource unit.

By way of contrast to the previous recommendation, this much earlier recommendation is an example of a more prescriptive approach, which may have ultimately created barriers to implementation due to its narrow and rigid structure, and insufficient future proofing.

Before any action was undertaken to implement this recommendation, the nominated strategy, committee, helpline and corresponding resource unit were all superseded by a number of governmental restructures,

including most recently the establishment of the current Ageing and Disability Commission (ADC)⁶⁵⁰ and the Ageing and Disability Abuse Helpline.

The DCJ response to this recommendation in 2022 did not indicate whether the Team's case reviews had ever been considered in the development of training resources for either the nominated, or superseding structures and for this reason the recommendation remains 'supported, but not implemented'. The Team notes that DCJ considers this recommendation to be 'closed/complete' as of March 2022.

However, given that almost a decade has passed since the making of this recommendation, the Team is not advocating for this recommendation to be implemented in its current form as there are now more recent and relevant case reviews that could be used to inform and enhance training and development in this space. The intention of this recommendation was to incorporate the lived experiences of older victims of domestic violence homicides in the development of new resources and initiatives for responding to the abuse of older people, which may have been better fulfilled if this intention had been conveyed through a more flexible and adaptable recommendation structure.

A constant challenge for the Team is that it reviews cases and makes recommendations in a highly fluid context where legislation, policy, practice and services are constantly undergoing change and reform. Accordingly, the services to which recommendations are directed may need to recognise the spirit of the recommendation, rather than adopting a rigid approach that a recommendation is no longer applicable because that particular service no longer exists.

Both examples of these 'supported, but not implemented' recommendations demonstrate the delicate balance between formulating a recommendation that is neither too prescriptive, nor too broad in order to provide organisations with enough detail and direction to guide implementation, without hindering progress through particular requirements that may be too rigid or quickly become obsolete.

Recommendation 5, 2012-13 DVDRT Report

That the relevant and appropriate NSW Police Force policies and procedures be amended to create a requirement for police to complete a COPS Event in all cases where:

- a) *Officers make an assessment as to whether an individual needs to be detained under the Mental Health (Forensic Provisions) Act 1990 (NSW); or*
- b) *Officers issue any directions/provide any advice to a person who is on bail.*

The NSWPF advised that there are existing requirements for police to make a record when a person is detained under the *Mental Health (Forensic Provisions) Act 1990* or where a formal bail decision is made, and that these requirements arose independently of this recommendation. However, the NSWPF did not adopt a 'wider interpretation' of this recommendation on the basis that it would not be operationally viable to expect that whenever an officer considered using a power or spoke to a person about their bail status that such a decision-making process would be recorded on every occasion.

The Team acknowledges that the practical constraints raised by the NSWPF may not have been put forward or appropriately considered by the Team when drafting this recommendation, and therefore does not propose that this recommendation should be implemented in its current form. However, the context for the development of this recommendation centred on the lack of documentation around the police decision-making process itself, which then created knowledge gaps for future responders around relevant histories of domestic violence and abuse.⁶⁵¹ Therefore the intention of this recommendation remains effectively

⁶⁵⁰ NSW Government Ageing & Disability Commission, <https://www.ageingdisabilitycommission.nsw.gov.au/> (accessed 28 April 2022).

⁶⁵¹ See *DVDRT Report 2012-13*, p. 23.



unfulfilled by the NSWPF response, notwithstanding that the recommendation may be unworkable in its current form. The Team notes that the NSWPF takes a different view and considers this recommendation to be implemented.

Recommendation 16, 2012-13 DVDRT Report

That the Fertility Society of Australia together with the Australian and New Zealand Infertility Counsellors Association and the Fertility Nurses of Australasia, develop a communication strategy which ensures that practitioners providing assisted reproductive services (including doctors, nurses and counsellors) are recognising and providing appropriate referral information to clients who are experiencing or demonstrating domestic violence behaviours.

NSW Health have advised that they have twice written to the Fertility Society of Australia, as the peak body, regarding this recommendation and offered support around implementation, however this offer has not been responded to.

The Team recognises that while NSW Health is the lead Government agency for this recommendation, the organisations involved are not public health services and NSW Health has no authority to compel these groups to respond to, and engage with, NSW Health on this issue. Nonetheless, extending the Team's remit into the non-government sector has not always presented as a limitation to the implementation of the Team's recommendations. There have been a number of non-government organisations, including professional associations in the health and legal sectors that have worked with government in good faith to give effect to the Team's recommendations.⁶⁵²

Through this analysis the Team has identified an opportunity for formalising more proactive engagement and consultation with organisations that sit outside the Team's governance structure in circumstances where the Team has identified an issue relevant to that organisation.

Over time, the Team has been naturally moving towards more proactive engagement with specialist organisations⁶⁵³ both in terms of articulating issues and translating them into practical and implementable recommendations, although these processes are still ad hoc. For instance, in its *2017-19 DVDRT Report* the Team identified an overrepresentation of women engaged in sex work in the Intimate Partner Violence Homicide Dataset.⁶⁵⁴ Accordingly, the DVDRT Secretariat engaged with the Sex Workers Outreach Project (SWOP), a not-for-profit organisation that provides health services and advocacy for sex workers in NSW. These consultations culminated in a recommendation for the NSW Government to convene a roundtable for sex work organisations to examine their experiences of domestic violence and overcome barriers to reporting, discrimination and stigma.⁶⁵⁵ In response, DCJ has planned a 2022 Sex Worker Roundtable which will inform the development of the upcoming NSW Sexual Violence plan.

Had the Team undertaken a similar collaborative process with the non-government stakeholders in the fertility sector (beyond simply gathering information) and involved these organisations in the scoping and formulation of the recommendation, a more effective outcome may have been achieved.

Recommendation 8, 2017-19 DVDRT Report

That the NSW Government develop increased guidance and resources to support safety planning, which may include consideration of standard resources or tools for use by responders and

⁶⁵² See, for example, *DVDRT Report 2015-17*, Recommendation 9; *DVDRT Report 2012-13*, Recommendation 14.

⁶⁵³ For example, Multicultural NSW, People with Disability Australia, Family Planning NSW, Settlement Services International and the Sex Worker Outreach Project. See *DVDRT Report 2017-19*, p. v.

⁶⁵⁴ See *DVDRT Report 2017-19*, pp. 104-106

⁶⁵⁵ *DVDRT Report 2017-19*, Recommendation 18.

practitioners who work with victims of domestic and family violence.

In developing standard resources or tools, the NSW Government may consider the work of DV Sightlines, and literature around safety planning and responding to risk. Roll out of standard resources or tools should be accompanied by comprehensive training and education.

The Team has been advised that this recommendation is currently 'on hold, pending identification of resources' and as such work has not yet commenced. As discussed in the previous section in the context of recommendations relating to Aboriginal and Torres Strait Islander Communities, a lack of sufficient and dedicated resourcing for supported recommendations has been identified as an ongoing issue by some Team members. However, unlike many of the recommendations relating to Aboriginal Communities, this recommendation was only 'supported in principle'.

While this recommendation remains under consideration, it is noted that the non-government organisation DVSM Sightlines has already fulfilled part of the recommendation by developing a new publicly available safety planning tool, My Safety Kit⁶⁵⁶ (discussed in *Chapter 6*). It is unclear yet whether this new tool will be relied upon as part of the government response to this recommendation.

Notwithstanding the obstacles identified in relation to the above recommendations, it is encouraging to see that the unimplemented recommendations represent a much smaller proportion than those that have been implemented, or at least partially implemented. On the whole, this is indicative of effective collaborations between the Team, Government and other organisations to create and achieve reforms that are improving the domestic violence response in NSW.

Future directions

This analysis clearly demonstrates the important contribution the Team has made in reforming the domestic violence response system in NSW. However, it also highlights the challenges and frustrations that the Team has experienced in progressing some aspects of its reform agenda.

While it is widely recognised that Aboriginal and Torres Strait Islander women and children experience higher rates and more severe violence and abuse than the general population, the responses to the Team's recommendations do not appear to demonstrate a proportionate commitment to responding to domestic violence in these communities. Another area of particular concern to the Team is the need for increased specialist and coordinated support for child survivors of a domestic violence homicide which has not yet been established despite a number of recommendations calling for specialised supports for this vulnerable cohort of children. The Team will continue to prioritise and advocate for change in these and other areas that have been identified in the Team's recommendations but have not yet achieved the reforms envisaged.

The Team will also monitor closely the success of recommendations requiring interagency collaboration and reflect on how it can better support the organisations involved to achieve the desired outcomes.

By continuing to make recommendations concerning critical national issues for domestic violence victims (such as immigration, healthcare and family law) - and also through its work with the National Domestic and Family Violence Death Review Network - the Team is committed to driving change at a national level. This will require ongoing exploration of the best pathways and approaches to bridge the state and federal divide as the nation shifts towards a more cohesive approach to domestic violence.

656 Insight Exchange (2021) (n396).



As the Team moves into the next reporting period, it will reflect on some of the experiences that have precluded its supported recommendations from being implemented, including:

- Finding the right balance between a recommendation that is neither too prescriptive nor too broad.
- Giving due consideration to practical constraints that may render a recommendation unworkable.
- Formalising more proactive engagement and consultation with specialist organisations that sit outside the Team's governance structure both in terms of articulating specific issues and translating them into practical and implementable recommendations.
- Advocating for sufficient and dedicated resourcing for supported recommendations.

Importantly, this analysis has also revealed a number of critical areas that have not yet been a major focus of the Team's recommendations including:

- improving responses to family violence (i.e. non-intimate partner violence);
- examining the relationship between domestic violence and suicide;
- better understanding sexual abuse as a feature of domestic violence;
- understanding the experiences of domestic violence homicide within LGBTQI communities; and
- improving the response to domestic violence for people with disability.

This highlights particular focus areas that may warrant further interrogation in the Team's future work agenda. It also points to some of the limitations inherent in the work because the Team is restricted to examining the issues presenting in those cases that have resulted in a domestic violence homicide. In this relatively small and infrequent cohort of cases, it can be more difficult to establish systemic issues within the Team's two-year reporting period.

Going forward, the Team will explore opportunities to undertake focused cluster reviews of these particular issues that extend across multiple reporting periods in order to better identify shared experiences, systemic issues and develop specialised recommendations.

Emerging reforms - Rethinking risk assessment and coercive control

This chapter examines two significant domestic violence reform initiatives that commenced during the current reporting period, namely the redesign of the DVSAT and the introduction of a new offence of coercive control.





Introduction

The current reporting period has seen work commence on two significant domestic violence reform initiatives in NSW that have state-wide implications for the sector, namely the redesign of the Domestic Violence Safety Assessment Tool (DVSAT) and the introduction of a new offence of coercive control.

The work of the Team (and others) has highlighted persistent challenges and deficiencies with the operation of the DVSAT and the current redesign represents an important opportunity to address these issues and improve this critical component of the domestic violence response system. As described in *Chapter 7: Recommendations Analysis*, the Team has previously made 10 recommendations (across numerous reporting periods) relating to the DVSAT and/or the Safer Pathway response more broadly.

Similarly, the need for the system to better recognise and respond to the full spectrum of behaviours abusers employ to dominate, intimidate and control victims, and the cumulative harm and risk of such behaviours, has been the focus of much of the Team's work, including seven recommendations.⁶⁵⁷ Better responding to coercive control has also been the subject of increasing attention more broadly. This has ignited debate around the need to extend the reach of the criminal justice response to domestic violence behaviours that have previously gone unrecognised and unpunished which has culminated in the recent bill by the NSW government to introduce a stand-alone criminal offence of coercive control.

Both of these significant reform initiatives directly relate to the work of the Team over the past decade and are considered in detail below.

Operation and redesign of the Domestic Violence Safety Assessment Tool (DVSAT)

Risk assessment and safety planning are fundamental processes in responding to and supporting victims of domestic violence. The Team's cases reveal, however, that these are not always undertaken effectively or appropriately by responders and can result in victims not receiving the support they need or being placed at greater risk of harm. Limitations and deficiencies with respect to risk assessment and safety planning have been identified in almost one-fifth (n=24 out of 122) of the Team's recommendations (see *Chapter 7: Recommendations Analysis*).

The principal domestic violence risk assessment tool used in NSW is the Domestic Violence Safety Assessment Tool (DVSAT) which forms a central component of the Safer Pathway response to domestic violence.⁶⁵⁸

There are effectively two versions of the DVSAT, one used by police and one used by other government and non-government service providers. The two versions are very similar with minor differences in language to cater for the different contexts of the responders administering the tool.⁶⁵⁹

⁶⁵⁷ See *Chapter 7: Recommendations Analysis*.

⁶⁵⁸ As discussed in the Team's previous reports, Safer Pathway is the integrated approach to safety assessment, referrals and service coordination for victims of domestic violence in NSW. It includes a risk and safety assessment (DVSAT), provides a single contact point for victims to access support and services (through the Central Referral Point), and facilitates agencies and service providers to work together to provide victims who are assessed as being at serious threat of harm with a priority integrated response through fortnightly Safety Action Meetings (SAMs), Department of Communities and Justice (2021), *What is Safer Pathway?* Last updated November 2021, <https://www.dcj.nsw.gov.au/justice/safer-pathway/what-is-safer-pathway.html> (accessed 28 January 2022).

⁶⁵⁹ ARTD (2019), 'Safer Pathway Evaluation', *Final Report*, <https://www.women.nsw.gov.au/download?file=650328> (accessed 28 September 2021, however this report appears to be no longer publicly available as at 4 May 2022).

The DVSAT is divided into two components:

- *Part A: Risk Identification checklist* which includes 25 'risk indicator' questions to be answered either yes or no; and
- *Part B: Professional judgment* which requires the responder to make an assessment based on their experience, knowledge, and skills (necessarily informed, shaped and framed by training and education), including to take into consideration the victim's own perception of the threat to their safety.

After answering the 25 questions, victims are assessed as either *at threat* (having answered 'yes' to between one and 11 questions) or *at serious threat* (having answered 'yes' to 12 or more questions).⁶⁶⁰

A responder administering the tool can use their professional judgement (Part B) to override the assessed risk level, although this may only be used to upgrade a victim's assessed threat level.⁶⁶¹ Victims assessed as 'at threat' are referred to a domestic violence support service whilst those assessed as 'at serious threat' are referred for a priority integrated response via a *Safety Action Meeting* ('SAM'). SAMs are fortnightly meetings of key government and non-government services in a local area. At each SAM, the various service providers discuss victims assessed as being at 'serious threat' to build a comprehensive picture of their situation and identify practical actions that can be implemented to reduce the threat to their safety. The aim of the SAM is to promote the safety and well-being of victims of violence by developing a targeted and timely co-ordinated response by service providers.⁶⁶²

The DVSAT has been in operation since 2014 and its use became mandatory for police and certain services across the state from July 2015. In 2019, the DVSAT was independently evaluated as part of the broader *Safer Pathway Evaluation* commissioned by Women NSW and undertaken by ARTD Consulting.⁶⁶³ The *ARTD Safer Pathway Evaluation* recommended that both the police and non-police tool be revised, identifying a number of key areas for improvement. In the *2017-19 DVDRT Report*, the Team signalled support for the ARTD recommendations, having identified a number of issues with respect to the design and operation of the DVSAT through its case review analyses.⁶⁶⁴

In response to the ARTD recommendations both the police and non-police DVSAT are currently undergoing redesign. The NSWPF has responsibility for revising the police DVSAT and Legal Aid NSW has responsibility for revising the tool for non-police responders. Although these tools will be separate, Legal Aid NSW and the NSWPF are working in partnership to ensure that each revised tool will complement and connect seamlessly with the other.⁶⁶⁵ This alignment between the two tools is essential to ensuring that police and other services have a shared language and understanding of victim risk assessment.

660 NSW Government (2015), *Domestic Violence Safety Assessment Tool Guide*, published June 2015, p. 3 https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0006/41874/Domestic-Violence-Safety-and-Assessment-Tool-Guide-DVSAT-Guide.pdf (accessed 22 July 2021).

661 NSW Government (2015) (n660), p. 5.

662 Legal Aid NSW (2021), *DVSAT Redesign Discussion Paper*, p. 2.

663 ARTD (2019) (n 659).

664 The Team specifically reinforced recommendations around: the expansion of non-police referral pathways; establishing longer-term supports for victims; and supporting Aboriginal and Torres Strait Islander Peoples, *DVDRT Report 2017-19*, pp.64, 88, 95 and 123.

665 Legal Aid NSW (2021) (n662); NSW Police Force, *DVSAT redesign concept overview*, undated, p. 2.

Legal Aid NSW redesign

The Legal Aid NSW redesign has been informed by extensive consultation and in November 2021 a discussion paper was released seeking stakeholder feedback on the first draft of the revised non-police DVSAT. As part of this consultation process (and in line with one of the Team's earlier recommendations⁶⁶⁶), the Secretariat was invited to share learnings from the Team's case reviews and address the various issues the Team has identified in this, and previous reporting periods.

At the time of writing, the revised tool is yet to be finalised, however the work progressed by Legal Aid NSW to-date signals a number of promising improvements.⁶⁶⁷

One of the most significant enhancements in the proposed redesign is the development of two distinct versions of the tool, one for intimate partner violence and another for relative/kin violence. Relative/kin violence makes up more than 40 per cent of all police-reported domestic violence episodes, however only 3 per cent of these victims reach the serious threat threshold using the current DVSAT, substantially lower than for victims of intimate partner violence (7.6%).⁶⁶⁸ The current DVSAT was designed primarily in an intimate partner violence framework and use of the DVSAT for victims of relative/kin violence has been ad hoc, with responders relying heavily (or completely) on the professional judgement component (Part B) which has been identified in the literature as resulting in unreliable and inaccurate assessments.⁶⁶⁹

In developing a bespoke tool for relative/kin violence, the redesign is venturing into relatively uncharted territory, as there has been only limited research into risk assessment processes in a family violence context.⁶⁷⁰ The development of the relative/kin tool has been usefully guided by the work of the Team who, through the consultation process, identified prevalent case characteristics in relative/kin homicides. This has resulted in consideration being given to questions around the perpetrator's mental health, alcohol and other drug use, and violence to others including prior intimate partners.

The Team considers that the development of a discrete relative/kin tool has the potential to promote an enhanced response for victims of family violence and make an important contribution to the evidence base to guide intervention and prevention strategies for this type of violence.

The tool proposed by Legal Aid NSW (for both the intimate partner and relative/kin versions) is restructured into three parts which incorporate a number of important changes.

Part A proposes a limited selection of weighted questions based on the risk indicators with the strongest evidentiary base. This includes a question that asks the victim to self-assess their own risk, and based on this response alone, could result in an automatic 'serious threat' rating. This recognises the importance of a victim's assessment of their own risk, and acknowledges their intimate knowledge of their lived experience of domestic violence. The ANROWS National Risk Assessment Principles similarly identifies victim self-assessment as one of the primary elements of best practice risk assessment.⁶⁷¹ It is noted, however, that some Team members have raised concerns around the automatic 'serious threat' rating having regard to evidence that suggests men who experience intimate partner violence tend to over-estimate their victimisation and under-estimate their own use

666 *DVDRT Report 2013-15*, Recommendation 10: That the NSW Department of Justice continue to work closely with the NSW Domestic Violence Death Review Team in identifying and informing future evaluations of the Domestic Violence Safety Assessment Tool (DVSAT).

667 It is intended that the new tool will be available for use by late 2022. See Legal Aid NSW (2021) (n662), p. 1.

668 ARTD (2019) (n659), p. 29.

669 Spivak, B. et al (2021) 'Implementing evidence-based practice in policing family violence: The reliability, validity and feasibility of a risk assessment instrument for prioritising police response', *Policing and Society*, 31(4), pp. 483-502, DOI: 10.1080/10439463.2020.1757668 (accessed 15 September 2021).

670 McEwan, T. et al (2019) 'The Development of the VP-SAFvR An Actuarial Instrument for Police Triage of Australian Family Violence Reports' *Criminal Justice and Behaviour*, vol. 46(4), pp. 590-603.

671 ANROWS National Risk Assessment Principle 3 states 'A survivor's assessment of their own risk should be considered one of the primary elements of any risk assessment, as it provides intimate knowledge of their lived experience of violence and patterns of coercive control.' See Toivonen and Backhouse (2018) (n40).

of violence, while women may underestimate the violence used against them.⁶⁷² Finding an appropriate balance between these competing considerations is a challenging task, but will no doubt be informed through Legal Aid's ongoing stakeholder consultation process.

In this and previous reporting periods, an issue the Team has identified with the DVSAT is its apparent unintended bias against older women. In its current form, five of the 25 questions in Part A relate to pregnancy and children⁶⁷³ and are, therefore, primarily only relevant to women within a younger demographic or women with children in their care. Notwithstanding that a responder can apply their professional judgment in Part B to upgrade the threat level, in its current form Part A reduces the likelihood of older victims reaching the serious threat threshold.

The revised tool proposed by Legal Aid NSW includes only one question on pregnancy/children in Part A. This amendment, coupled with the proposed introduction of weighted questions, may address the issues raised by the Team and assist in a more accurate risk assessment for older women and/or women who do not have children in their care.

Part B is designed as a more comprehensive secondary assessment to be undertaken by domestic violence specialists. The proposed section includes a broad range of unweighted questions which aim to identify the diversity and complexity of each victim's situation in order to better understand their risk and inform the professional judgment component in the new Part C. Importantly, the proposed Part B incorporates specific questions relevant to particular cohorts of victims who may face additional barriers in help-seeking and experience violence in different ways, including: Aboriginal and/or Torres Strait Islander Communities; culturally or linguistically diverse communities; LGBTIQ communities; and people with disability.

This tiered approach highlights that the operating conditions of the DVSAT are vital. It recognises that victims will be better served if they are asked more comprehensive questions by a domestic violence specialist, in a safe, calm and unhurried environment after the immediate trauma of the domestic violence episode has subsided.

Part C will set out the professional judgement component, which functions in a similar way to the existing professional judgment section.

NSW Police redesign

The NSWPF is progressing the redesign of the police DVSAT to give effect to the ARTD recommendations. The NSWPF is currently undertaking a comprehensive data analysis of victim and offender characteristics and sentencing history across police-reported domestic violence incidents to consider the key risk indicators for inclusion in their new tool. In undertaking this important work, the NSWPF aims to develop a tool with strengthened predictive accuracy, thereby providing an enhanced response for victims of violence.

The NSWPF is also exploring the value offered in the recent research by BOCSAR which involved a comparative analysis of several risk assessment frameworks and tools and ultimately determined five indicators that were of the highest predictive value of future re-victimisation.⁶⁷⁴ Some Team members have raised concerns about significant limitations in the BOCSAR research including the reliance on police reported re-offending to inform the

672 Loseke, D. et al (2005), *Current Controversies on Family Violence*, SAGE, ISBN 9780761921066, pp. 83-84.

673 The questions include asking whether women are pregnant, whether there has been violence during pregnancy, whether the perpetrator has threatened to harm children, whether there are current 'Family Court' proceedings, and whether there are children from a prior relationship in the household. See NSW Government (2015), *Domestic Violence Safety Assessment Tool*, https://www.legalaid.nsw.gov.au/_data/assets/pdf_file/0005/41873/Domestic-Violence-Safety-and-Assessment-Tool-DVSAT.pdf (accessed 17 September 2021).

674 Leung, F. and Trimboli, L. (2022) 'Improving police risk assessment of intimate partner violence', *Crime and Justice Bulletin No. 244*, NSW Bureau of Crime Statistics and Research, https://www.bocsar.nsw.gov.au/Pages/bocsar_publication/Pub_Summary/CJB/CJB244-Summary-Improving-police-risk-assessment-of-intimate-partner-violence.aspx (accessed 4 February 2022).



study which doesn't capture the high proportion of domestic violence not reported to police.

The NSWPF redesign also aims to address practical and operational issues identified for police officers administering the current DVSAT at the scene of a domestic violence episode. The Team acknowledges the challenges faced by responding officers who are under pressure to take immediate protective action in circumstances where the victim may be traumatised and the situation volatile. Seeking a victim response to the 25 questions in the current DVSAT may not, in those circumstances, be possible or may be deemed by the responding officers to be inappropriate. The Team further acknowledges that the capacity for responding officers to review the victim or perpetrator's police-recorded domestic violence history when attending a callout is currently limited due to time and systems constraints. Responding officers may, therefore, be unaware of information in the victim or perpetrator's police-recorded history (including previous administrations of the DVSAT) relevant to their assessment of the victim's threat level. These challenges and limitations have resulted in problematic and inconsistent administration of the DVSAT which has been identified both in the Team's cases, and through independent evaluations of the tool.

While the NSWPF have not yet finalised the risk indicators that will be used in the revised DVSAT, work progressed to date indicates the intention for the redesigned tool to be less onerous on police and victims at the scene of a domestic violence episode in two ways - firstly by reducing the number of questions asked directly to victims; and secondly through the use of artificial intelligence technology to auto-populate certain parts of the tool.

The Team notes that the Victorian Police risk assessment tool incorporates five automated questions that access historical police records to input relevant background information, reducing human error and police workload,⁶⁷⁵ and is encouraged that the NSWPF is exploring a similar approach to overcome some of the limitations and challenges associated with the current DVSAT.

Implementation of the revised DVSAT

The Team acknowledges the enhancements foreshadowed in the DVSAT redesign and commends both Legal Aid NSW and the NSWPF for progressing this important work. It is important to emphasise, however, that design enhancements alone will not guarantee improved safety for victims of domestic violence, and the way in which the revised tools are implemented and used by responders, will determine their success.

The Team has been advised that a suite of training resources will be developed to accompany the revised tools to provide specific guidance around use of the tool generally and more nuanced applications such as working with an interpreter or a victim with disability.⁶⁷⁶ The importance of comprehensive education and training packages for both police and non-police responders cannot be overstated. Informative and engaging training will be crucial in redressing the problematic practices that have been identified with implementation of the current DVSAT.

The NSWPF acknowledges that at present, frontline police generally have a limited understanding of the purpose of the DVSAT and this has contributed to some police officers not asking victims all of the risk indicator questions directly, and/or failing to input relevant information into the tool. A 2018 study by BOSCAR found that in 1 in 5 administrations of the DVSAT, 'no/unknown/refused' was recorded as the answer for all 25 questions.⁶⁷⁷ The *ARTD Safer Pathway Evaluation* identified similar concerns and was of the view that these discretionary police practices resulted in dramatic inconsistencies in risk assessment outcomes and essentially rendered the tool

675 Victoria Police, *Information for External Stakeholders: The new Family Violence Report (L17)*, 29 March 2019 <https://www.nifvs.org.au/wp-content/uploads/2019/04/Vic-Pol-External-Stakeholders-Information-Sheet-re-L17s.pdf> (accessed 23 September 2021).

676 Legal Aid (2021) (n662), p. 1.

677 Ringland, C. (2018), 'The Domestic Violence Safety Assessment Tool (DVSAT) and intimate partner repeat victimisation', *NSW BOSCAR Crime and Justice Bulletin*, 213, p. 5, <https://www.bocsar.nsw.gov.au/Publications/CJB/2018-Report-Domestic-Violence-Safety-Assessment-Tool-cjb213.pdf> (accessed 22 September 2021).

ineffective.⁶⁷⁸ Examples of problematic practice were also evident in the cases reviewed by the Team in the current reporting period.

In **Case Review 3959** the victim presented at the police station to report breaches of an ADVO and the DVSAT was completed with all risk indicators marked as '*unknown*' including Q. 6 relating to breaching an ADVO. This was despite police having access to a recent record of the victim disclosing a substantial number of risk indicators when she completed the DVSAT two months earlier.

The Team also identified clear omissions in some completed DVSATs. For example, in **Case Review 3810** the victim presented to police *disclosing* separation, but this risk indicator (Q. 11) was not recorded on the DVSAT.

It is important to acknowledge that police are not the only responders using the DVSAT, and the Team has similarly identified issues in its administration by specialist domestic violence workers.

In **Case Review 4131** the victim disclosed multiple risk indicators that were incorrectly disregarded by a WDVCAS worker because they related to violence perpetrated several years earlier in the relationship (including a history of sexual violence and stalking). Many of the questions in the DVSAT are framed in terms of the victim having *ever* experienced particular types of violence by the abuser however this was apparently misunderstood by the responder who only considered the woman's current experiences of violence when assessing her level of risk.

This case also suggested that questions around financial abuse and conflict over court proceedings were either not asked or not explained as the worker recorded that these risk indicators were not present however when the DVSAT was readministered by another specialist domestic violence service provider a few days later they were answered in the affirmative.

The implementation of the revised DVSAT also presents an opportunity to address a number of issues that have been raised in relation to current practice approaches to the professional judgement component of the tool.⁶⁷⁹ As described above, the professional judgement component provides an opportunity to escalate a victim to the SAM even if the victim does not meet the threshold for the serious threat risk indicators in Part A. This was primarily introduced as a safeguard for circumstances where the DVSAT fails to elicit an accurate assessment of the apparent threat to the victim, and is only intended to override the Part A assessment to upgrade a victim's threat level (and not downgrade it).⁶⁸⁰ However, the Team has been advised that in practice many police responders are not aware of the professional judgment component of the tool and the Team's cases reflect that it is rarely used to override the Part A generated score to triage the victim into the SAM. These practices likely reflect a lack of understanding and sufficient training for police on the DVSAT.

The victim in **Case Review 3959** was aged in her 70s when she was murdered by her abusive former partner. Police administered the DVSAT several months prior to her death and the woman disclosed that the perpetrator had made numerous threats to kill her, had strangled her, and had access to firearms. Despite the presence of these serious risk indicators, the woman did not reach the serious threat threshold under Part A of the DVSAT (highlighting the issue described earlier with respect to older women) and the professional judgment component, if applied, did not elevate the woman's assessed level of risk.

678 The ARTD Safer Pathway Evaluation also found that 'some police use their discretion over which DVSAT items they will ask': ARTD (2019) (n659), p. 5.

679 See for example Case Review 3959; ARTD (2019) (n659), p. 53.

680 NSW Government (2015) (n660), p. 5.



Widespread rollout of education and training packages for the revised DVSAT provides an important opportunity to address some of the problematic practices that have evolved since the DVSAT was introduced. It also provides the opportunity to promote greater awareness of risk and safety issues that may be not well understood, such as the dynamic nature of risk, and the misconception that ‘separation equals safety’ (discussed in *Chapter 6: Issues Analysis*).

The Team, therefore, seeks to emphasise the need for the training and education package accompanying the revised DVSAT rollout to promote greater understanding of risk assessment for all responders.

Risk assessment should be understood as an ongoing and dynamic process and a one-off assessment made at a particular point in time will not remain valid indefinitely. Responders should be mindful of particular events and circumstances which may affect the severity of risk for victims at different points in time, for example an escalation in problematic substance use, separation, pregnancy, police intervention or an upcoming court attendance.⁶⁸¹

For example, in **Case Review 3959** the specialist domestic violence caseworker did not revisit the DVSAT after the victim reported breaches of the ADVO to the police. This is noted to be a risk indicator on the DVSAT (Q6) and therefore should have been understood, based on that document, as increasing her level of risk.

Expanding the use of the DVSAT to a broader range of service providers

It is well-established that police are not the first responders for many victims of domestic violence and accordingly other responders need access to, and training on, the referral pathways into the domestic violence service system, including the DVSAT.⁶⁸² The Team’s cases similarly reflect broader evidence around victim help-seeking behaviours which indicate relatively low levels of reporting to police, and reinforce the need for multiple entry points into the domestic violence service system.⁶⁸³

While service providers other than police can complete the DVSAT and make referrals directly into the SAMs, in practice very few referrals come from agencies other than police - who made up 99 per cent of the referrals examined in the *ARTD Safer Pathway Evaluation*.⁶⁸⁴ The Evaluation determined that this was in part due to the fact that the referral pathways into the SAM from agencies other than police had not been clearly established.⁶⁸⁵

Expanding the use of the DVSAT by non-government service providers and government agencies, other than police and WDVCS, has been the focus of several of the Team’s recommendations.⁶⁸⁶ However, it is not yet clear how the redesign of the DVSAT will approach the issue of a broader rollout of the tool or address the above issue raised in the *ARTD Safer Pathway Evaluation*.

The Team is of the perspective that any broader rollout of the redesigned DVSAT (for example to workers in the domestic violence, health care, housing, child protection, education and legal sectors) will similarly need to be accompanied by education and training. Some Team members have suggested that, ideally, this training should be provided in an interagency forum, as cross training is a recognised approach to building greater interagency

681 Toivonen and Backhouse (2018) (n40).

682 Australian Bureau of Statistics (2016) (n49).

683 In just under half of the intimate partner violence homicide cases in the Team’s dataset, the history of abuse had never been reported to police (n=115, 46.9%). See *Chapter 3: IPV Homicide*.

684 See *DVDRT Report 2017-19*, pp.63-64.

685 ARTD (2019) (n659), p.25.

686 *DVDRT Report 2015-17*, Recommendation 13; *DVDRT Report 2017-19*; Recommendations 20, 23 and 30.

collaboration.⁶⁸⁷ This includes enabling participants to develop understanding about the contexts (including constraints) on colleagues in different organisations and creating a shared knowledge base.

While the Team is encouraged by the progress and direction of the DVSAT redesign to date, it is not yet known what the tools will ultimately look like, how they will be implemented, and how responders will be supported to use the tools appropriately and consistently on an ongoing basis.

The redesigned tools are scheduled to be finalised by the end of 2022 and a comprehensive evaluation will be required to assess their performance. The Team will continue to monitor the progress of the redesign in subsequent reports.

A new offence of coercive control

As described in *Chapter 6*, coercive control is not a new concept but rather is one that has informed feminist discourse around domestic violence for almost 50 years. Like the extensive body of work that has come before it, the Team has long emphasised the wide range of physical and non-physical behaviours perpetrators use to dominate and subjugate their victims, the intentional and repeated nature of such behaviours and the cumulative and long-lasting harm experienced by victims as a result of the perpetrator's conduct.

The Team's work has highlighted limitations in the criminal justice system's capacity to respond to the complexity of domestic violence. While existing NSW law and policy frameworks currently recognise domestic violence as a pattern of behaviour that includes physical and non-physical abuse,⁶⁸⁸ in practice the criminal justice response: remains focused on individual incidents of domestic violence; prioritises experiences of physical violence over non-physical abuse (including where such non-physical abuse constitutes a criminal offence); and does not recognise many of the tactics used by perpetrators over time to effect control over their victims under criminal law.

The Team has made multiple recommendations in an attempt to address these limitations⁶⁸⁹ and while this has seen positive change with respect to elements of the criminal justice response,⁶⁹⁰ these are broad ranging issues and reflect complex and entrenched problems that span the breadth of the criminal justice system.

These issues are not unique to the NSW context and in recent years a number of overseas jurisdictions have introduced legislation to create a criminal offence that aims to better capture the full spectrum of abuse behaviours as well as the patterned and sustained nature of domestic violence. These developments, together with increased public awareness and focus on the deficiencies inherent in existing criminal justice responses to domestic violence, have brought discussions around coercive control to the fore in Australia. For the most part, the focus of public discourse has centred on the non-physical abuse behaviours of coercive control and the extent to which the criminal justice system does not (or cannot) adequately recognise and respond to such behaviours.

In its *2017-19 DVDRT Report*, the Team (again) highlighted that in a significant proportion of its intimate partner cases there was no evident history of physical violence by the abuser prior to the homicide. Rather these cases were characterised by the abuser's use of non-physical coercive control, and while some behaviours were actionable under criminal or civil law, others were beyond the reach of a legal response.

687 Patsios, D. and Carpenter, J. (2010) 'The organisation of interagency training to safeguard children in England: a case study using realistic evaluation.' *International Journal of Integrated Care*, vol.10, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3031795/> (accessed 30 September 2021).

688 See for example, *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 13; NSW Police Force (2018a), *Code of practice for the NSW Police Force response to Domestic and Family Violence*, Version 3.0, https://www.police.nsw.gov.au/__data/assets/pdf_file/0016/165202/Code_of_Practice_for_the_NSWPF_response_to_Domestic_and_Family_Violence.pdf (accessed 24 February 2022).

689 *DVDRT Report 2011-12*, Recommendation 10; *DVDRT Report 2012-13*, Recommendation 1; *DVDRT Report 2015-17*, Recommendation 2; *DVDRT Report 2017-19*, Recommendation 9.

690 See discussion in *DVDRT Report 2017-19*, p.68.



The Team considered the issue of creating a new offence of coercive control, examining the existing legislative protections for victims experiencing non-physical violence (namely the stalking or intimidation offence)⁶⁹¹ and describing the then recent legislative developments in England, Wales and Scotland where coercive control has been criminalised. The Team outlined the potential benefits of creating a new offence (for example, better reflecting the experiences of victims of violence and promoting greater awareness around non-physical violence) but also noted the potential risk of negative or unintended consequences of such legislative reform (for example, misidentification of victims of violence as abusers, and reinforcing misconceptions of non-physical violence as less serious than physical abuse). The Team noted the relative infancy of the new offences in England, Wales and Scotland and emphasised the importance of monitoring and assessing their operation over time.⁶⁹²

As part of this analysis, the Team also identified the lack of definition of domestic and family violence in the *Crimes (Domestic and Personal Violence) Act 2007* (NSW) as potentially contributing to the poor system responses and suggested that better articulating behaviours amounting to domestic violence in legislation may improve public as well as practice knowledge amongst responders, particularly in relation to non-physical forms of abuse.

Ultimately the Team did not recommend creating a new offence but rather suggested a cautious, evidence-based approach of research and review to examine the extent to which existing laws in NSW adequately respond to non-physical forms of coercive control, while monitoring new offence-based approaches in other jurisdictions.⁶⁹³

The NSW Parliamentary Joint Select Committee on Coercive Control

In October 2020, following a number of domestic violence homicides that were the subject of intense media scrutiny, and amid growing calls for a new criminal offence of coercive control to be introduced in NSW,⁶⁹⁴ the Attorney General established the Parliamentary Joint Select Committee on Coercive Control, to consider, amongst other things, the issue of creating a new offence to criminalise coercive control.

In November 2020, the Committee issued a media release, inviting submissions to the inquiry and in total 156 submissions were received from victim survivors, advocacy groups, medical professionals, academics, legal experts, and members of the general public. Between February and March 2021, the Committee held five public hearings at Parliament House and in April 2021 met with a range of local stakeholders (including healthcare, housing and other service providers, advocacy groups, and victim survivors) in Southern NSW. The Committee also held private briefings with representatives of DCJ, BOCSAR, and the DVDRT.

In June 2021 the Committee handed down its report, making 23 recommendations, the first of which was that the NSW Government act to criminalise coercive control.⁶⁹⁵ The Committee emphasised, however, that the commencement of a criminal offence should not occur 'without a considerable prior program of education, training and consultation with police, stakeholders and the frontline sector.'⁶⁹⁶

691 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 13.

692 DVDRT Report 2017-19, pp.70-71.

693 DVDRT Report 2017-19, Recommendation 9: That the Department of Communities and Justice examine the extent to which existing NSW laws (criminal and civil protection orders) respond adequately to the range of non-physical forms of domestic and family violence and to patterns, rather than incidents, of violence. This examination should include:

a qualitative review conducted with NSW Police about what forms of behaviour are being targeted under the offence of 'stalking or intimidation', whether such charges are laid on their own or in combination with other offences, and the relationship context of such offences; and monitoring the progress and implementation of offences of coercive control and domestic abuse in other jurisdictions.

694 See for example, Hislop, M. (2020) 'Push to criminalise coercive control ramps up as public awareness grows', *Women's Agenda*, <https://womensagenda.com.au/latest/push-to-criminalise-coercive-control-ramps-up-as-public-awareness-grows/> (accessed 13 March 2022).

695 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 1.

696 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 1.

The Committee recommended that prior to creating the new offence, the *Crimes (Domestic and Personal Violence) Act 2007* be amended to create a clear and accessible definition of ‘domestic abuse’, which includes coercive and controlling behaviour⁶⁹⁷ and further that the NSW Government should advocate for a nationally consistent definition of domestic abuse.⁶⁹⁸

The Committee recommended that the NSW Government establish a multi-agency taskforce to manage implementation of the new offence and that this work be done in consultation with stakeholders including ‘NSW Police, victim survivors, the domestic abuse sector, disability advocacy organisations, and representatives of culturally and linguistically diverse, Aboriginal and Torres Strait Islander and LGBTQ communities.’⁶⁹⁹ The Committee recommended that as a priority the NSW Government release an exposure draft of legislation for the new offence and that there be further consultation, through the implementation taskforce, prior to the final legislation being proposed.⁷⁰⁰ The Committee identified a number of issues that the government should take into consideration when drafting the legislation, including the fact of victim resistance.⁷⁰¹

The Committee recommended that the introduction of a new offence be accompanied by specialised and ongoing education and training for police officers, judicial officers and prosecutors, and workers in the domestic abuse, health care, housing, education and child protection sector.⁷⁰²

Broadly speaking, the Committee identified the benefits of criminalising coercive control as raising community awareness and publicly condemning such behaviour; improving police and criminal justice responses to better reflect the experiences of victims; reducing the incidence of domestic violence homicide; and diverting abusers into rehabilitation and behaviour change programs earlier.⁷⁰³

On the other hand, the Committee recognised a number of potential challenges and risks associated with the introduction and implementation of the new offence including:

- The scope and operation of the offence in the current legal framework and how it will be interpreted by investigators, prosecutors and the courts.
- Resourcing for police, prosecution services and courts to use the offence effectively and respond to possible increased demand.
- Victim survivors’ ability and willingness to report offences and engage with the criminal justice system.
- Increasing the barriers that diverse groups of women already experience with accessing the criminal justice system.
- The risk of unintended consequences, including misidentification of victims as perpetrators and more opportunities for systems abuse by perpetrators.
- The risk of over-criminalisation and regulatory overreach.
- Increasing overrepresentation of Aboriginal and Torres Strait Islander people in custody.
- Limited evidence about the impact of the introduction of offences in other jurisdictions.⁷⁰⁴

697 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 2.

698 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 6.

699 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 20.

700 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 21.

701 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 23.

702 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 19.

703 Joint Select Committee on Coercive Control (2021) (n2), pp. 79-80.

704 Joint Select Committee on Coercive Control (2021) (n2), pp.86-87.



A number of these concerns were similarly raised by the Team (and others) in its submission to the Committee.⁷⁰⁵ Ultimately, however, the Committee was of the view that the implementation taskforce (foreshadowed in Recommendation 20) would be positioned to address these challenges and mitigate against any risks or unintended consequences arising from the introduction of the new offence. The Committee, therefore, vested a critical safeguarding role in the implementation taskforce. Accordingly, the Team, seeks to reinforce comments by the Chair of the Committee that legislating to criminally recognise coercive control will require ‘an extensive implementation process, which includes consultation, education, resources and lead-time, if it is to succeed.’⁷⁰⁶

The Committee also identified a number of opportunities to enhance the operation of existing domestic violence laws⁷⁰⁷ and highlighted the need for further system-wide improvements, including to recommend that the NSW Government: improve resourcing for domestic violence service providers, housing service providers, WDVCS, and behaviour change programs;⁷⁰⁸ run awareness campaigns about coercive control (regardless of whether a new offence is implemented);⁷⁰⁹ ensure content about coercive control is embedded in school programs;⁷¹⁰ co-locate domestic violence services with police stations;⁷¹¹ pilot domestic violence triage and referral hubs in regional and metropolitan NSW;⁷¹² and consult with stakeholders about how to better respond to the needs of domestic violence victims in rural and remote areas.⁷¹³

The Committee also recommended that the Secretary of DCJ work with a range of public bodies (including Police, Health, Education, Justice, Housing and Indigenous agencies) to prevent domestic violence through early intervention and public health-focused initiatives.⁷¹⁴

It is noted that in many respects the non-legislative system-wide reforms anticipated by the Committee’s recommendations reflect or intersect with the Team’s reform agenda. The legal system is but one component of the response to domestic violence and the Team endorses the system-wide reforms anticipated in the Committee’s recommendations.

Government response to the Committee’s Report

In December 2021 the NSW Government released its response to the Committee’s report, supporting in full, in part or in principle 17 of the 23 recommendations, including the recommendation to create a new offence of coercive control. The response indicated that the government would aim to introduce a Bill to establish the new offence to the NSW Parliament in the second half of 2022⁷¹⁵ and indicated support for establishing a taskforce to guide implementation of the new offence. On 20 July 2022 the NSW Government released its exposure draft *Crimes Legislation Amendment (Coercive Control) Bill 2022* for public consultation.

The Government Response also indicated that it supports a considerable program of education, training and consultation with police, stakeholders, and the frontline sector prior to commencement of the criminal offence. The response indicated ‘in principle’ support for the introduction of a legislative definition of ‘domestic abuse’ and a proposed definition is included in the exposure draft Bill. The response also indicated support for the delivery of awareness campaigns about coercive control, included targeted campaigns developed in consultation

705 NSW Domestic Violence Death Review Team (2021), ‘Coercive control in domestic relationships’, *Submission No. 24 to Joint Select Committee on Coercive Control*, <https://www.parliament.nsw.gov.au/ladocs/submissions/70393/Submission%20-%202024.pdf> (accessed 2 February 2022).

706 Joint Select Committee on Coercive Control (2021) (n2), p. v.

707 Joint Select Committee on Coercive Control (2021) (n2), Recommendations 3, 4, and 5.

708 Joint Select Committee on Coercive Control (2021) (n2), Recommendations 11, 12 and 13.

709 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 9.

710 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 10.

711 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 16.

712 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 14.

713 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 17.

714 Joint Select Committee on Coercive Control (2021) (n2), Recommendation 8.

715 NSW Government (2021), *NSW Government Response to NSW Joint Select Committee on Coercive Control*, p. 1, <https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=271#tab-reportsandgovernmentresponses> (accessed 19 December 2021).

with the Aboriginal and Torres Strait Islander community, culturally and linguistically diverse communities, the LGBTQ community, people with disability, and rural and remote communities.

Critical considerations in progressing a new offence

The Team welcomes the recent focus on coercive control and acknowledges the positive impact this has already had in promoting greater awareness about the complexity of domestic violence, both for actors within the response system and the community more broadly. Importantly, the government response acknowledges the Committee's strong emphasis on the need for further consultation in relation to the development and implementation of the new offence and recognises that 'any legislative reform must be approached with great care and caution to ensure it does not unintentionally put in further danger those in our community we are seeking to help.'⁷¹⁶ The Team understands that as well as inviting public feedback on the exposure draft Bill, the Government has commenced targeted stakeholder consultation as well as planning in relation to training activities and public awareness campaigns.

As this work progresses it is instructive to reflect on some of the cautions sounded by the Team (and others) around the potential limitations and negative or unintended consequences of the new offence to ensure that consideration of these issues remain at the fore as work progresses. Together with the discussion set out in *Chapter 6*, such reflection is intended to inform the government's critical next steps and provide further insights into the obstacles that interrupt pathways to safety for victims of violence and the systems issues that embolden perpetrators to continue their abuse.

A new offence will need to redress existing issues around police responses to non-physical violence

An understanding of domestic violence as a gendered harm that involves a pattern of coercive and controlling behaviours (including physical and non-physical abuse) is already well embedded in existing NSW law and criminal justice policy frameworks.

The *Crimes (Domestic and Personal Violence) Act* identifies that domestic violence: is predominantly perpetrated by men against women and children;⁷¹⁷ and extends beyond physical violence and may involve the exploitation of power imbalances and patterns of abuse over many years.⁷¹⁸ Further, the definition of 'domestic offence' includes an offence 'the commission of which is intended to coerce or control the person against whom it is committed or to cause the person to be intimidated or fearful (or both).'⁷¹⁹

The Act sets out a number of offences that relate to particular manifestations of non-physical violence, including, for example, stalking or intimidation.⁷²⁰ The Act provides that when determining whether a person's conduct amounts to 'intimidation' or 'stalking', regard may be had to any 'pattern of violence' in the person's behaviour.⁷²¹

The *Code of Practice for the NSW Police Force Response to Domestic and Family Violence* acknowledges that:

Domestic and family violence ... is a crime that takes many forms including emotional and psychological abuse, intimidation, harassment, stalking, physical and sexual assault, and can include animal abuse targeting pets, and damaging personal or joint property.

716 NSW Government (2021) (n715), p. 1.

717 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 9(3)(b).

718 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 9(3)(d).

719 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 11(1)(c).

720 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 13.

721 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) ss 7(2) and 8(2).



It is the most under reported of crimes because the perpetrator knows the victim intimately through a long-term, close or developing relationship. The perpetrator relies on developing, during the early stages, a strong bond through friendship, love, trust and loyalty to create a high degree of co-dependence. The underlying behavioural traits of power and control are then employed as tactics to commit the crime. Traditional stereotypes about gender deeply embedded in community attitudes can reinforce what is considered appropriate or normal behaviour between perpetrator and victim.

The more times a perpetrator commits the crime, the greater the likelihood the affected partner becomes vulnerable to further abuse and violence. This can frequently result in the affected person developing feelings of fear, guilt, anxiety, low self-esteem, isolation and feeling 'trapped' in the relationship.⁷²²

The Code of Practice further acknowledges that:

Other forms of domestic and family violence, while not categorised as criminal offences, can be just as harmful to victims and their families; including the use of coercive or controlling behaviours that may cause a person to live in fear, or to suffer emotional and psychological torment, financial deprivation or social isolation. Domestic and family violence affects all members of a family including children.⁷²³

This is similarly reflected in other policy and guideline documents including the NSWPF Domestic and Family Violence Policy⁷²⁴ and the Domestic Violence Standard Operating Procedures (DVSOPs) which prescribes the police practice standards for officers responding to domestic violence.

Further, the NSW Judicial Commission's Bench Book on *Equality Before the Law*, provides a detailed description of various domestic violence terms (including 'domestic violence', 'domestic abuse' and 'coercive control') emphasising the breadth and pattern of behaviours.

It can be argued, therefore, that an understanding of domestic violence in the context of coercive control is already well embedded in the criminal justice response framework. The work of the Team (and others) invites further reflection on why the understanding of domestic violence in the context of coercive control has not translated to practice, particularly in relation to the police response to non-physical abuse.

Cases reviewed by the Team in the current reporting period demonstrate failures by police in pursuing charges or applying for ADVOs in response to reports of physical and non-physical violence, despite clear infringements of the law. These cases revealed a lack of awareness or understanding of the relevant domestic violence policies and procedures and/or a lack of compliance with the DVSOPs which resulted in inadequate responses to reports of non-physical violence.

In **Case Review 3978**, about six months after the victim had separated from her abusive partner, she attended the police station to report that the abuser was stalking her. This followed an episode earlier the same day where the woman was at the exercise studio she regularly attended and had seen the abuser at the back of the class. She became extremely distressed upon seeing him and told the instructor that her ex-partner was there, and she had to leave. The woman drove directly from the studio to her local police station to report the matter.

In the meantime, after the class had ended the instructor told the abuser not to return to the studio as his conduct was making people uncomfortable and the instructor did not believe that the abuser was there to

722 NSW Police Force (2018a), (n688) p. 14.

723 NSW Police Force (2018a), (n688) p. 10.

724 NSW Police Force (2018b), *Domestic and Family Violence Procedure*, Version 4.0, https://www.police.nsw.gov.au/__data/assets/pdf_file/0006/477267/Domestic_and_Family_Violence_Policy_2018.pdf (accessed 24 February 2022).

genuinely participate in exercise.

At the police station, the woman told the responding officer what had happened at the exercise studio. She also indicated that she and her ex-partner had family law orders in place for their two children. The responding officer told the woman that she did not meet the criteria for applying for an ADVO and recorded the report as an 'occurrence only'. The officer did not conduct a search of the abuser's criminal profile which would have revealed a history of stalking behaviours and ADVOs with prior partners and family members.

The officer later spoke to the abuser in relation to the woman's allegation however he denied that he was stalking his former partner, claiming that he had been regularly attended the studio for many months and that the encounter was coincidental. Had the police officer independently verified this account with the staff at the studio, the abuser's version of events would have been discredited.

The officer would later tell the inquest that because the episode was a 'one off', from his perspective 'this wasn't a domestic'. He also told the inquest that he believed the woman was angry and that her reporting was 'tit for tat.'

The police response in this case demonstrated a number of contraventions of the DVSOPs and yet these were not detected through shift supervision practices. Post-homicide, a number of shift supervisors admitted to being unfamiliar with the DVSOPs, as well as having limited time for supervision.

As was described in *Chapter 6* the inquest into the above case review made several recommendations, including the development of a mandatory training package targeted at general duties constables and shift supervisors in relation to the DVSOPs.

In **Case Review 3947** the victim attended two different police stations, making frank disclosures about the non-physical abuse she was experiencing from her former partner. The woman told police the abuser was stalking her home late at night, threatening to take custody of their baby and was bombarding her with derogatory text messages. The woman told police the abuser used drugs and expressed fears he would assault her when he was drug affected.

The first police officer the woman approached was a DVO - a specialist police officer trained in domestic violence response. The DVO did not make any record of the woman's allegations, nor did she conduct any investigation, or undertake any protective action such as applying for an ADVO. The DVO did informally refer the woman to a domestic violence service, although their intake process was impeded because there was no record of the woman's contact with police.

The following day, after encouragement from a family member, the woman attended a different police station and spoke with another officer. She repeated the disclosures of non-physical abuse and also expressed concern about the abuser's criminal history of domestic violence perpetration and ADVOs. The officer determined that the woman's disclosures did not warrant an ADVO, despite the woman requesting one. Later when the shift supervisor queried this decision, the officer went back and falsified the original record, making the woman's allegations appear less serious.

The woman was later killed by the abuser in an assault while he was intoxicated, mirroring the concerns she had previously expressed to police.

The circumstances of this case were particularly concerning to the Team. The woman was well educated and articulate, financially independent, and had strong support from her family. While many women face a multiplicity of barriers that prevent them from reporting their experiences of violence to police, this woman was proactively and repeatedly seeking assistance and was able to communicate her experiences confidently and directly to



police - and yet she still did not receive an appropriate response in accordance with the NSWPF policies and procedures.

Further, in this case the problematic response to the woman's disclosures was not limited to an individual officer or a single police station. There were deficiencies demonstrated by a number of officers at a number of stations. It was the Team's perspective that this was indicative of systemic failures in the police response system as opposed to isolated incidents of non-compliance with policies and procedures.

The above two case reviews, as well as other cases profiled in this report, reveal significant issues in the police response, including not recognising non-physical abuse as domestic violence, not adequately recording reports made to them, failing to consider the escalating risk, failing to ascertain the history of offending by the perpetrator and ultimately failing to act on available offences.

In its *2017-19 DVDRT Report*, the Team expressed concern that the offence of 'stalking or intimidation'⁷²⁵ was being underutilised in domestic violence cases. The Team recommended that DCJ undertake a qualitative review to examine what behaviours are being targeted under the offence, whether charges are laid on their own or in combination with other offences, and the relationship context of such offences.⁷²⁶ As a result of this recommendation, in late June 2022 BOCSAR released research examining the occurrence and operation of domestic violence-related stalking/intimidation.⁷²⁷

The BOCSAR research revealed that police recorded incidents of domestic violence-related stalking/intimidation had increased 110 per cent from 2021 to 2021 but highlighted issues with the implementation of the stalking component of the offence with 99 per cent of incidents relating to intimidation only.⁷²⁸ The research concluded that the label 'stalking and intimidation' is potentially misleading as the charging of 'stalking' behaviours is infrequent and the offence is dominated by threatening and intimidatory behaviour (most commonly threats to harm, kill or sexually assault the victim) and verbal abuse.⁷²⁹ Given the high prevalence of stalking,⁷³⁰ questions remain, therefore, as to why the offence of stalking is underutilised.

The BOCSAR research revealed that the offence of stalking/intimidation was most commonly charged in combination with another domestic violence-related offence, usually assault.⁷³¹ This suggests that the stalking/intimidation offence is less likely to be pursued in cases where there is no evidence of physical violence - a trend that appears to confirm the issue identified by the DVDRT in its case reviews (and described above) in which police responders prioritise physical violence over non-physical violence, despite clear infringements of the law and relevant policies.

Of significant concern, the BOCSAR research also revealed the alarming overrepresentation of First Nations people charged with stalking/intimidation. First Nations people accounted for approximately one-quarter of all stalking/intimidation charges and prosecutions, and made up over half (52%) of custodial penalties.⁷³² This highlights the importance of more closely examining this research to understand why this deeply concerning pattern has emerged in response to this offence, and re-emphasises the need for meaningful consultation with First Nations communities prior to the commencement of the new laws to safeguard against the duplication of this pattern.

725 *Crimes (Domestic and Personal Violence) Act 2007* (NSW) s 13.

726 *DVDRT Report 2017-19*, Recommendation 9.

727 Ramsey, S. et al (2022) 'Trends in domestic violence-related stalking and intimidation offences in the criminal justice system: 2012 to 2021', *NSW Bureau of Crime Statistics and Research*, Bureau Brief No. 159.

728 Ramsey et al (2022) (n727), p. 3.

729 Ramsey et al (2022) (n727), p. 3.

730 In 2016 the ABS Personal Safety Survey reported that 17% of women had experienced an episode of stalking, i.e. 1.6 million women. See, Australian Bureau of Statistics (2016) (n49).

731 Ramsey et al (2022) (n727), p. 10.

732 Ramsey et al (2022) (n727), p. 15.

The past decade has seen a significant and positive evolution in the police response to domestic violence in NSW. The Team's cases reveal, however, that significant challenges persist – including structural, operational and cultural challenges - that may impede the effective policing of domestic violence. The development of the new offence of coercive control is posited as a 'solution' for many of these challenges. While issues around police training have been considered in *Chapter 6* of this report, the Team seeks to reinforce the Committee's finding that the new offence should be accompanied by widespread and ongoing education and training for actors within the criminal justice response system, including police.

As the gatekeepers of the criminal justice response to domestic violence, the importance of long-term and properly resourced education and training for police cannot be overstated and will be central to the successful implementation and operation of the new offence.

A new offence may exacerbate the misidentification of victims as perpetrators

The increase in the misidentification of women as predominant aggressors has emerged as an issue of concern in family violence research, with feminist scholarship suggesting that such trends may be attributed to a range of factors, including incident-based policing and a misunderstanding of the ways in which women use violence against their abusive partners.⁷³³ Often, women who are misidentified as predominant aggressors have used self-defence or retaliatory violence against the genuine predominant aggressor, or are framed by their abuser, who may engage in 'image management' to appear as the person most in need of protection (see discussion around systems abuse below).⁷³⁴

Research has established that women most at risk of misidentification are First Nations women, women from culturally and linguistically diverse backgrounds, women with disabilities and/or mental health issues, and women who use alcohol and other drugs.⁷³⁵ Women from marginalised or disadvantaged populations may present in ways that deviate from traditional conceptualisations of victimisation and respond to police with aggression and/or a lack of co-operation. Abusers, on the other hand, may appear calm, co-operative and 'rational', leading police to view the woman not as a victim but as the predominant aggressor.

As noted earlier in this chapter, the Team acknowledges the significant challenges faced by responding officers who are under pressure to make assessments and take immediate protective action in situations that may be emotionally charged and highly volatile. As is noted in the *NSWPF Domestic & Family Violence Policy*, responding officers are often faced with conflicting versions of events and counter allegations of violence from both parties.⁷³⁶ Importantly, however, the Policy goes on to acknowledge that the types of abuse used by men differ to the types of abuse used by women, and states:

Based on research with female victims, we may also expect that domestic violence reported to the police involves behaviours (whether physical, sexual, psychological, emotional, verbal, financial, etc.) used as an ongoing pattern of fear and coercive control by one person against another with whom they have or have had a relationship ... will usually involve one partner being violent, involve frequent abuse, and is likely to escalate and to result in serious injury. Within this context it has been found that women, in particular, may use 'violent resistance' against violent male partners.

When police attend a domestic and family violence incident, they will investigate the incident with a view to identifying the alleged victim in the incident together with the person of interest. To make an informed decision the process will involve looking at all the circumstances of the incident, the history

733 Reeves (2021) (n85).

734 Monash Gender and Family Violence Prevention Centre (2021) (n34).

735 Nancarrow et al (2020) (n35); Reeves, E. (2020), 'Family violence, protection orders and systems abuse: views of legal practitioners' *Current Issues in Criminal Justice*, vol. 32(1), pp. 91-110, <https://doi.org/10.1080/10345329.2019.1665816> (accessed 4 March 2022); Mansour, J. (2014) (n35); Ulbrick (2020) (n35).

736 NSW Police Force (2018b) (n724), p. 17.



of domestic violence between the parties and forming an opinion on the basis of the information at hand.

The Team reiterates, therefore, that the concept of coercive control is already well articulated in the NSWPF policy framework and extends to recognise the way women may respond to such coercive control. This again raises the question as to why this has not translated into police practice.

The issue of misidentification was considered by the Committee who noted that many stakeholders were of the view that criminalising coercive control may assist in reducing misidentification as the new offence envisages a police response to domestic violence that will be less incident-focused.⁷³⁷ Other stakeholders, however, sought to emphasise that the new offence will require a significant (albeit necessary) change in the way police identify, investigate and respond to domestic violence and such change will only be possible if the various challenges identified in the previous section are adequately addressed and overcome.

As a result, the Committee identified that criminalising coercive control represented both a ‘benefit’ and a ‘challenge’ in relation to the issue of misidentification.⁷³⁸ Again the Committee emphasised the importance of consultation together with extensive education and training in order to realise this benefit and/or overcome any challenges.

A new offence may expand opportunities for systems abuse for perpetrators

As described in *Chapter 6*, it is now widely recognised that some abusers may ‘co-opt’ legal and other processes to further harm and control victims. Related to the issue of misidentification, a number of submissions to the Committee raised concerns that the new offence may be ‘weaponised’ by abusers, providing the opportunity to expand their repertoire of coercive control by making false claims to police.

As was observed in a number of submissions,⁷³⁹ the often subtle and uniquely tailored tactics of control developed over time by abusers – the very tactics that the creation of the new offence seeks to address – may be wielded undetected in legal settings. This may be particularly true for marginalised or disadvantaged women and for women who use self-defence and retaliatory violence in response to their experiences of coercive control.

Other than identifying the potential for systems abuse as a ‘challenge’ in developing the new offence, the Committee was otherwise silent on this issue, and it has been consigned to the expansive list of highly complex matters to be considered by the implementation taskforce.

As described earlier in *Chapter 6*, systems abuse can have a devastating impact on victims of violence and when abusers are enabled to commit such abuse unchecked, the legal system is ‘operating, in effect, as a secondary abuser.’⁷⁴⁰ In their submission to the Committee, Stark and Weiner described issues around misidentification and systems abuse as ‘unnecessary concerns’ noting that to-date in the UK there has been no increase in the ratio of women arrested for nonviolent abuse offences and that almost without exception the perpetrators prosecuted have been male.⁷⁴¹ While the Team is encouraged by these early findings, long term monitoring and comprehensive evaluation will be required before such concerns can be disregarded. Further, consideration of these issues needs to take place in the NSW context and should remain at the forefront of discussions as work to implement the new offence progresses.

737 Joint Select Committee on Coercive Control (2021) (n2), p. 79.

738 Joint Select Committee on Coercive Control (2021) (n2), pp. 80 and 86.

739 See, for example, Monash Gender and Family Violence Prevention Centre (2021) (n34); Wangmann, J. (2021) *Coercive Control in Domestic Relationships*, Submission No. 119 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70567/Submission%20-%2020116.pdf> (accessed 3 March 2022); Australia’s National Research Organisation for Women’s Safety (2021), *Coercive Control in Domestic Relationships*, Submission No. 96 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70485/Submission%20-%202096.pdf> (accessed 3 March 2022).

740 Douglas (2018) (n26).

741 Stark, E. and Weiner, C. (2021) *Coercive Control in Domestic Relationships*, Submission No. 12 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70365/Submission%20-%202012.pdf> (accessed 3 March 2022);

A new offence will have a disproportionate impact on First Nations peoples

While the Scottish domestic abuse provisions are regarded by many as representing a legislative ‘gold standard’,⁷⁴² as was acknowledged by the Committee, it is crucial that the development and implementation of the new offence recognises the unique Australian context, and in particular the disproportionate impact the new offence is likely to have on First Nations peoples. These concerns were clearly articulated in numerous submissions to the Committee⁷⁴³ and what follows is only a brief overview of this highly complex and critically important issue.

Australia is a colonised nation and colonising processes, including entrenched racism, have shaped the current challenges facing many First Nations peoples today, including poverty and intergenerational trauma. These factors - a legacy of colonisation - contribute to the disproportionate representation of First Nations people across areas indicative of social vulnerability – such as in child protection services, public health related issues, Youth Justice and prison populations, and domestic violence statistics.⁷⁴⁴

First Nations women experience domestic violence at much higher rates and increased severity when compared to the broader population.⁷⁴⁵ First Nations women are overrepresented in the Team’s cases, accounting for 15.5 per cent of women killed in intimate partner homicide cases but only 3.3 per cent of the NSW population (see *Chapter 3: IPV Homicide*).

While low levels of reporting of domestic violence are evident across the community, this is particularly true for First Nations women who, as a result of the continued impact of colonisation and dispossession, may experience unique barriers to help seeking including: distrust and fear of police; a dominant fear of child removal; and fear of isolation from family and community.⁷⁴⁶

The Committee acknowledged that marginalised victims of violence may face particular barriers in accessing justice, noting that ‘*For CALD, Aboriginal and LGBTQ victims, and those with a disability, there can be a fear of discrimination and of not being believed, previous negative experiences, cultural barriers, and a lack of trust in police.*’⁷⁴⁷ While for the most part the Committee considered the experiences of ‘marginalised victims’ collectively (and often in list form), it did recognise that threats of engaging child protection services are a particular and powerful form of coercive control uniquely experienced by First Nations women. The Committee indicated the implementation taskforce would, through consultation, be positioned to ‘ensure that the unique barriers faced by communities in different parts of our state are considered as part of the implementation plan.’⁷⁴⁸

Given the highly complex, unique and long entrenched issues that can obstruct access to justice and safety for First Nations women, the Team again notes the critical role of the implementation taskforce as envisaged by the Committee. The importance of comprehensive and lengthy consultation informing the development of the new offence cannot, therefore, be overstated if this reform is to achieve its aim of enhancing the safety and wellbeing of victims of violence, including First Nations women.

742 Stark, E. (2020), ‘The “coercive control framework”: Making law work for women’ In M. McMahon & P. McGorrey (Eds.), *Criminalising coercive control: Family violence and the criminal law*, Singapore: Springer, pp. 33–49.

743 See, for example, Wirringa Baiya Aboriginal Women’s Legal Centre Inc. (2021) *Coercive Control in Domestic Relationships*, Submission No. 142 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70669/Submission%20-%20142.pdf> (accessed 4 March 2022); Wangmann (2021) (n741); Our Watch (2021) *Coercive Control in Domestic Relationships*, Submission No. 45 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70422/Submission%20-%2045.pdf> (accessed 4 March 2022); Women’s Legal Service NSW (2021) *Coercive Control in Domestic Relationships*, Submission No. 140 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70667/Submission%20-%20140.pdf> (accessed 4 March 2022); and No to Violence (2021) *Coercive Control in Domestic Relationships*, Submission No. 126 to Joint Select Committee on Coercive Control, <https://www.parliament.nsw.gov.au/ladocs/submissions/70613/Submission%20-%20126.pdf> (accessed 4 March 2022).

744 *DVDRT Report 2017-19*, pp. 89-95.

745 Langton et al (2020) (n144).

746 Langton et al (2020) (n144).

747 Joint Select Committee on Coercive Control (2021) (n2), p. 23.

748 Joint Select Committee on Coercive Control (2021) (n2), p. 86.



As well as questioning how the introduction of a new offence would overcome the barriers for First Nations women described above, numerous submissions to the Committee raised concerns that the creation of ‘more law’ will result in further criminalisation and incarceration of First Nations men and women. Noting the already significant overrepresentation of First Nations men in the custodial system, No to Violence told the Committee that the *‘continual removal of First Nations’ men from family and community will have a negative impact on children and the structures of families for generations to come. In this way, the criminalisation of coercive control can then serve to further perpetuate harmful impacts of colonisation on First Nations’ communities.*⁷⁴⁹

A significant proportion of submissions to the Committee, however, focused their concern on the impact the new offence is likely to have on the incarceration rates of First Nations women.

The recent report of the Select Committee on the High Level of First Nations People in Custody and Oversight and Review of Death in Custody described the ‘alarming’ increase in First Nations women in custody in NSW in recent years with First Nations women currently comprising 38 per cent of the NSW female prison population.⁷⁵⁰ The Select Committee identified that a significant issue contributing to this increase is the misidentification by police of First Nations women as the predominant aggressor in episodes of domestic violence.⁷⁵¹ This reflected the findings of the ALRC in its 2017 *Pathways to Justice* report which emphasised the poor response First Nations women experience when reporting domestic violence to police. The ALRC expressed concern that First Nations women, rather than being assisted as victims of violence, were being criminalised due to the police failing to identify who is the predominant aggressor, or that they were being charged with breaching civil protection orders or charged with an aid and abet offence.⁷⁵²

As described above, misidentification, and the related issue of system’s abuse by perpetrators, is a relevant concern for all victims of violence. Research demonstrates, however, that misidentification is an issue that disproportionately affects First Nations women.⁷⁵³

The Joint Select Committee on Coercive Control acknowledged the concerns raised in relation to the barriers to reporting, the increased criminalisation of First Nations men and women and the issue of misidentification, and again indicated that these ‘challenges’ would be addressed by the implementation taskforce. It is noted, however, that the Committee’s approach of ‘recommending criminalisation now, and sorting out the details later’ has been the subject of criticism⁷⁵⁴ and the issue of criminalising coercive control, more broadly, is one that has been met with sustained critique from a range of First Nations academics, activists and frontline workers.⁷⁵⁵ Again, this highlights the critical importance of ensuring that First Nations perspectives are centrally taken into account as the new offence progresses.

749 No to Violence (2021) (n745), p. 31

750 Select Committee on the High Level of First Nations People in Custody and Oversight and Review of Deaths in Custody (2020) (n8), p. 32.

751 Select Committee on the High Level of First Nations People in Custody and Oversight and Review of Deaths in Custody (2020) (n8), p. 38.

752 Wangmann, J. (2021) (n741); Australian Law Reform Commission, ‘Pathways to Justice—Inquiry into the Incarceration Rates of Aboriginal and Torres Strait Islander Peoples’, *Summary Report No 133 (2017)* https://www.alrc.gov.au/wp-content/uploads/2019/08/summary_report_133_amended.pdf (accessed 7 March 2022).

753 Nancarrow et al (2020) (n35); Douglas (2018) (n26).

754 Davis, M. and Buxton-Namisnyk, E. ‘Opinion: Coercive control law could harm the women it’s meant to protect’ *The Sydney Morning Herald*, published 2 July 2021. <https://www.smh.com.au/national/nsw/coercive-control-law-could-harm-the-women-it-s-meant-to-protect-20210701-p5861e.html> (accessed on 2 July 2021).

755 See, for example, Watego, C. et al ‘Carceral feminism and coercive control: when Indigenous women aren’t seen as ideal victims, witnesses or women’, *The Conversation*, published 25 May 2021, <https://theconversation.com/carceral-feminism-and-coercive-control-when-indigenous-women-arent-seen-as-ideal-victims-witnesses-or-women-161091> (accessed 25 May 2021); Sisters Inside and Institute for Collaborative Race Research (2021), *In no uncertain terms’ the violence of criminalising coercive control. Joint statement: Sisters Inside & Institute for Collaborative Race Research*, <https://www.sistersinside.com.au/in-no-uncertain-terms-the-violence-of-criminalising-coercive-control-joint-statement-sisters-inside-institute-for-collaborative-race-research/> (accessed 25 May 2021).

Commitment needed to safeguard a positive reform for victims

The Team acknowledges the significant work of the Committee in highlighting the need for system-wide reform of the way domestic violence is conceived of and responded to in NSW. The Team supports the Committee's position that the development of the new offence will require an extensive implementation process, which includes consultation, education, resources and lead-time, if it is to succeed.⁷⁵⁶

The Team notes that the 'gold standard' label attributed to the Scottish legislation reflects not only the content of their legislation but also the way it was developed – over four years of extensive consultations – with survivors' voices at the centre.⁷⁵⁷ The Team also notes the recent report of the Women's Safety and Justice Taskforce which has recommended a four phase approach for Queensland to criminalise coercive control.⁷⁵⁸ The staged approach recommended by the Taskforce anticipates a comprehensive suite of system wide reforms including public education, an implementation plan to prepare for criminalisation in 2024 and co-designing a strategy to address the over-representation of First Nations people in the criminal justice system before the legislation is introduced.⁷⁵⁹

The legal system is a central pillar of the response to domestic violence in NSW and the development of the new offence has the potential to bring about much needed transformative change to improve the safety and wellbeing of victims of violence. Realising this potential, however, requires strong, sustained commitment from the government – commitment to taking the time to navigate the many complex issues identified by the Committee; commitment to listening to the voices of victim-survivors and those working on the frontline; and commitment to investing in the significant resources required to implement the wide-scale education and training that must accompany the introduction of the new offence. As was noted in Stark and Weiner's submission to the Committee:

*We recommend a major commitment of new resources to coercive control, proper training and the designation of experienced leadership accountable for enforcement. Without this commitment, a new law can serve as a form of disguised betrayal to victims and survivors. Perhaps the most persuasive argument against a new offence is that without this commitment, new law may be no better than none.*⁷⁶⁰

756 Joint Select Committee on Coercive Control (2021) (n2), p. v

757 Women's Legal Service NSW (2021) (n745), p. 7.

758 Women's Safety and Justice Taskforce (2021), *Hear her voice: Report 1 - Addressing coercive control and domestic and family violence in Queensland*, <https://www.womenstaskforce.qld.gov.au/publications> (accessed 25 February 2022).

759 Women's Safety and Justice Taskforce (2021) (n759).

760 Stark and Weiner (2021) (n742).

2017-19 Recommendations - response and update

Section 101J(2) of the *Coroners Act 2009* (NSW) provides that the Team is to report on the extent to which previous recommendations made by the Team have been accepted. Accordingly, this chapter details the 34 recommendations made by the Team in the DVDRT Report 2017-19 together with the whole of government response and update in relation to those recommendations.



Introduction

The Team's *2017-19 Report* was tabled in NSW Parliament in March 2020 and made 34 Recommendations to government agencies.

Within six months of the Team tabling a report in parliament, the NSW Government is required to provide a Whole of Government response, indicating whether or not the recommendations in the report are supported. The Whole of Government Response may also outline the proposed action that will be undertaken to implement the recommendations. The Minister for the Prevention of Domestic Violence, in consultation with the Attorney General and relevant agencies, is responsible for the coordination of the whole of government response. This process is set out in a 2017 Premier's Memorandum to ensure consistency is adopted across government.⁷⁶¹

The Whole of Government Response to the 2017-19 recommendations was provided on 24 September 2020 and is publicly available on the NSW Coroner's Court website.⁷⁶²

Within 18 months of the Team tabling a report in parliament a Whole of Government Progress Report is provided to the Team, describing further action undertaken to implement the recommendations and an assessment of the implementation status (for example 'completed', 'underway and ongoing', 'not commenced'). The Whole of Government Progress Report for the 2017-19 recommendations was provided to the Team on 16 June 2021 and and both the response and the progress report are set out below.

RECOMMENDATION 1

That the NSW Government review available therapeutic services for children and young people who have experienced domestic and family violence, examining programs operating in government, community and in crisis services such as refuges.

The review should identify gaps in service availability and funding and evaluate whether available programs use evidence-based approaches to respond to the spectrum of therapeutic needs (e.g. including individual therapy, rebuilding the relationship between the non-offending parent and children and responding to children and young people who engage in violent behaviour arising from a domestic violence context).

The review should identify referral pathways and service needs.

Whole of government response – 2020

Response: Supported in principle

Lead agency: DCJ – Child and Family

Details of implementation:

DCJ is evaluating therapeutic programs for children at risk of entry into the out-of-home care system, which includes children who have experienced domestic and family violence, and using that information to inform the redesign of the family preservation service system.

DCJ is currently trialling several therapeutic family preservation treatment models that support vulnerable children, young people and families, including Multisystemic Therapy Child Abuse and Neglect (MST-CAN) and Functional Family Therapy through Child Welfare (FFT-CW).

⁷⁶¹ Department of Premier and Cabinet, *M2017-04 - Response to DVDRT Report recommendations* (Date issued 10 October 2017) <https://arp.nsw.gov.au/m2017-04-response-dvdr-report-recommendations> (accessed 2 August 2021).

⁷⁶² <https://www.coroners.nsw.gov.au/coroners-court/resources/domestic-violence-death-review.html>.



Continued development of the NSW evidence base for family preservation services is essential to help build a service system that prevents harm, intervenes early, and supports those with the greatest need.

Whole of government update - 2021

Update: Underway – Expected completion date on 30 June 2024

Details of implementation:

The NSW Government Budget provided \$41.4 million in 2020-21 (up to \$171.9 million over four years) to continue supporting evidence-based interventions for vulnerable children and families, such as MST-CAN and FFT-CW.

DCJ is leading a process of recontracting family preservation services by 1 July 2021 to stabilise the family preservation system and set the foundation for future change. By 2024, DCJ will recommission the family preservation system to be outcomes-focused, evidence-based, comprehensive, integrated and inclusive.

By 1 July 2021, DCJ will re-contract all family preservation services and bring them together into a single integrated structure. The new family preservation program will have three program streams:

1. Family preservation
2. Intensive family preservation
3. Aboriginal family preservation

The first stage will be completed by 30 June 2021. The second stage will be completed by 30 June 2024. Longer-term changes include:

- An outcomes-based program logic
- Integrated data collection and reporting systems
- Consistent referral mechanisms
- Greater flexibility of supports for families.

Opportunities, challenges and/or consequences:

Family preservation services help keep families safely together. In 2019-20, family preservation programs delivered services to more than 16,000 children – around a third of whom were Aboriginal children. These programs form a critical part of the NSW statutory child protection response. They disrupt cycles of disadvantage and avoid poorer lifetime outcomes associated with experiences of out-of-home care, criminal recidivism, and abuse and neglect. Family preservation services contribute to achieving two Premier's Priorities, protecting our most vulnerable children and increasing permanency for children in OOH.

RECOMMENDATION 2

That the review of the Young Offenders Act 1997 (NSW) by the NSW Government give consideration to removing the restrictions which prevent young people who have committed certain domestic violence offences from being diverted away from the criminal justice system. The review should also consider whether additional programs are needed to support diversion.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ – Policy, Reform and Legislation*

Details of implementation:

The Department of Communities and Justice and the NSW Police Force are undertaking a joint legislative review of the Young Offenders Act 1997 (YOA) in line with the NSW Government response to the 2018 Legislative

Assembly Law and Safety Committee Inquiry into the adequacy of youth diversionary programs in NSW (2018 Parliamentary Inquiry). The review aims to improve the legislative framework for youth diversion under the YOA and increase appropriate diversion of young people from the criminal justice system. The scope of the review is limited to the relevant legislative framework.

Whole of government update - 2021

Update: Underway – Expected completion date in 2021

Details of implementation:

DCJ (including Youth Justice) and the NSW Police Force are undertaking a joint legislative review of the *Young Offenders Act 1997* (the YOA) in line with the Government Response to the 2018 Legislative Assembly Law and Safety Committee Inquiry into the adequacy of youth diversionary programs in NSW (the 2018 Parliamentary Inquiry).

Opportunities, challenges and/or consequences:

One of the recommendations of the 2018 Parliamentary Inquiry was the Government review the offences covered by the YOA. Offences under the *Crimes (Domestic and Personal Violence) Act 2007* (NSW) namely stalking or intimidation (section 13) and breach apprehended violence order (section 14) are currently excluded from application of the YOA. In line with the 2018 Parliamentary Inquiry's recommendation, the YOA Review is considering whether the exclusion of these offences from the YOA diversionary scheme remains appropriate.

The scope of the review is limited to the relevant legislative framework. The review is expected to be finalised in 2021.

RECOMMENDATION 3

That the temporary/crisis accommodation needs of Youth Justice clients be considered as a priority by the Homelessness Interagency Project Group through the No Exits into Homelessness Framework, and further data analysis and research be conducted on the best approach to addressing the housing needs of young people who are excluded from mainstream services.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Housing and homelessness*

Details of implementation:

Youth Justice clients are a specific cohort identified in the No Exits Framework. Recent work has been undertaken in relation to children and young people in response to COVID-19, including development of a policy for unaccompanied children under 16 years presenting at specialist homelessness services.

Whole of government update - 2021

Update: Underway – Expected completion: annual review, ongoing.

Details of implementation:

Young people leaving youth justice centres are a priority cohort in the revised No Exits from Government Services into Homelessness Framework, which was published in October 2020. The 2021-22 Action Plan for Young People Leaving Youth Justice includes a range of actions to:

- Increase guidance on responding to homelessness in transition planning policies and guidelines
- Continue funded programs that enable young people at risk of homelessness to access the supports they



need in a safe and stable environment

- Improve data collection and evidence to inform program and service design
- Deliver targeted initiatives to address service system gaps.

Recent work has been undertaken in relation to children and young people in response to Covid-19, including the allocation of stimulus funding to support young people aged under 16.

The policy for unaccompanied children under 16 years presenting at specialist homelessness services is currently being reviewed and the updated policy will be in effect from 1 July 2021.

The reconfiguration of the Homeless Youth Assistance Program (HYAP) which provides support to homeless young people aged 12-15 years, is currently underway with workshops set to commence in June 2021. The HYAP reconfiguration will seek to provide evidence-based response which delivers permanency outcomes to young people accessing homelessness services.

There are a range of initiatives underway to improve data collection and evidence to inform program and service design and address the housing needs of young people who are excluded from mainstream service, including:

- The establishment of the Bail and Accommodation Support Service (BASS) to introduce a consistent response across all of Youth justice for young people impacted by homelessness.
- The Pathways to Homelessness actuarial analysis project.
- A Place To Go Evaluation by the Social Policy Research Centre, University of NSW.
- Data analysis of Youth Justice's homelessness census, conducted in September 2020, will be used to inform the agency's service responses.

Opportunities, challenges and/or consequences:

The Action Planning process under the Framework provides a coordinated, consolidated view of cross-agency initiatives for each priority cohort. Challenges include ensuring data collection activities remain on track for the implementation of the Action Plan 2021-22. Individual data and research projects within the Action Plan are being monitored separately and are on track for completion.

RECOMMENDATION 4

That Youth Justice develop and deliver educational modules and programs to address gendered attitudes and juvenile domestic and family violence offending behaviour to young people under custodial and community supervision. Approaches to delivering this education should be trauma-informed and culturally competent.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Youth Justice*

Details of implementation:

The Youth Justice Domestic and Family Violence Strategy addresses the needs of children and young people who use violence in the home, engage in adolescent dating violence, and who are often victims of domestic and family violence themselves.

Two modules of the Changing Habits and Reaching Targets (CHART) program are also being reviewed and strengthened. Youth Justice is currently adapting the Aboriginal male program My Journey My Life to use with Aboriginal girls who experience and/or use violence in the home, called Her Journey Her Life.

Whole of government update - 2021

Update: Underway – Expected completion date: ongoing.

Details of implementation:

The Youth Justice Domestic and Family Violence (DFV) Strategy (2019-2022) has been developed to address the needs of children and young people who use violence in the home, engage in adolescent violence, and who are victims of DFV themselves. Implementation of the strategy is progressing and, despite Covid-19, is predominantly on track.

As part of the Youth Justice DFV Strategy two modules of the *Changing Habits and Reaching Targets* (CHART) program are being reviewed and strengthened. This is underway and will be completed by the end of May 2021.

Actions which are included in the Premier's Priority DV Delivery Plan include:

- a. Establishment of a Dialectical Behaviour Therapy (DBT) pilot at Reiby Youth Justice Centre which is to be delivered to people using or experiencing DFV.
- b. Conduct a research project to identify barriers and issues for young people understanding ADVOs, bail conditions and court processes.
- c. Adaptation of *My Journey My Life* to use with Aboriginal girls and young women who experience and/or use violence in the home - *My Journey My Life (Yinnar)*.
- d. Seek funding to continue Youth on Track early intervention program for young offenders who experience and/or use violence.

Opportunities, challenges and/or consequences:

Further research is required to identify precise and differentiated barriers for different cohorts of young people in understanding ADVOs, bail conditions and court processes when they come into contact with the justice system, and to test solutions for their impact on the level of understanding of young people.

RECOMMENDATION 5.1

5.1 That the NSW Government consider providing unlimited lifetime counselling to children who have a parent or sibling killed in a domestic violence homicide and extending the statutory restrictions on the ability of those children to lodge a claim under the Victims Support Scheme (currently up to the child's 20th birthday).

Whole of government response – 2020

Response: Supported in principle

Lead agency: DCJ – Policy, Reform and Legislation

Details of implementation:

Consideration of this recommendation could occur as part of the assessment of the Victims Support Scheme (VSS) required as part of the upcoming statutory review of the Victims Rights and Support Act 2013 (VRSA), due to commence by June 2021. The statutory review will provide an opportunity to consider the recommendations in the context of both the broader policy settings of the VRSA and the financial sustainability of any expansion of the VSS.

Whole of government update - 2021

Update: Not started – Expected start dated mid 2021.

Details of implementation:



Consideration of this recommendation will be considered as part of the upcoming statutory review of the Victims Rights and Support Act 2013 (VRSA). The statutory review provides an opportunity to consider the DVDRT recommendation in the context of both the broader policy settings of the VRSA and the financial sustainability of any expansion of the Victims support Scheme. The statutory review is due to commence by June 2021.

DCJ note that the Commissioner has an existing power to approve payments for counselling in excess of the standard 22 hours available to victims if the Commissioner considers it appropriate and is satisfied that there are exceptional reasons for doing so.

RECOMMENDATION 5.2

5.2 That Victims Services work with NSW Government agencies and relevant stakeholders to disseminate information so that victims and their carers are aware of the supports available under the Victims Support Scheme.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Victims Services*

Details of implementation:

The recommended action is already part of the statutory functions of the Commissioner of Victims Rights, under Section 10 (1) a of the Victims Rights and Support Act 2013. Victims Services will continue to work with relevant stakeholders to improve the awareness of the supports available under the VSS to victim-survivors and their carers.

Whole of government update - 2021

Update: Underway - Expected completion date: Ongoing, and website and publication review by mid 2021.

Details of implementation:

Dissemination of information to stakeholders is ongoing.

Victims Services works with service providers and victims of crime to provide information and support on the Victims Support Scheme. Victims Services is currently working on:

- An improved website platform and social media strategy; and
- A review of publications and forms to simplify messaging about the Scheme.

Estimated completion date for the website and publication review is mid 2021.

RECOMMENDATION 6

That the Women’s Domestic Violence Court Advocacy Program work with the Women’s Domestic Violence Court Advocacy Services to develop a mechanism to provide victims who have a history of Central Referral Point referrals and who do not engage with domestic violence services, with information on how to access support.

Whole of government response – 2020

Response: *Supported*

Lead agency: *Legal Aid, with support from DCJ - Justice Strategy & Programs*

Details of implementation:

Legal Aid NSW will liaise with the Women's Domestic Violence Court Advocacy Services (WDVCAS) to explore ways to provide women who have been the subject of repeat referrals through the Central Referral Point (CRP), but choose not to engage with services, with information about how to access support in future, if they choose.

Whole of government update - 2021

Update: Underway – Expected completion date is July 2021.

Details of implementation:

Currently, WDVCASs often provide women referred through the CRP who decline support with a mobile phone number or the 1800 WDVCAS number in case the women wish to contact in future. Legal Aid NSW is exploring whether there are other ways to ensure that women who are the subject of repeat CRP referrals are aware of how to access support when they are ready to do so.

RECOMMENDATION 7

That the Department of Communities and Justice consider actively engaging with service providers:

- 1. to ensure new pilots or programs relevant to domestic and family violence are clearly communicated to NGOs in the areas in which they are operating, including through attending monthly Interagency meetings of local Domestic Violence Committees; Regional Strategy Groups; and through the use of HSNet; and*
- 2. when developing, implementing and evaluating relevant programs to ensure that they are suitable and meaningful for the community and target population.*

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ - Justice Strategy & Programs*

Details of implementation:

The NSW Government will continue to engage with service providers to ensure that programs are suitable and meaningful for the community and target population, including:

- exploring options to regularly link in with local Domestic Violence Committees*
- strengthening partnerships through Regional Strategy Groups (RSGs)*
- exploring options for use of HSNet (the Human Services Network)*
- continuing to engage with non-government organisations (NGOs) through informal and formal mechanisms, such as the NSW Domestic and Family Violence and Sexual Assault Council.*

Whole of government update - 2021

Update: Underway – Expected completion date is June 2022.

Details of implementation:

Initial scoping has commenced as part of developing a framework that seeks to strengthen engagement across the DFV sector. An engagement framework will be developed in consultation with key stakeholders.

DCJ continues to engage with the sector and non-government organisation partners through existing forums including regular sector representative meetings and the NSW Domestic and Family Violence and Sexual Assault Council.



Regional Strategy Groups are currently developing a two-way communication mechanism between the RSGs and NGOs.

RECOMMENDATION 8

That the NSW Government develop increased guidance and resources to support safety planning, which may include consideration of standard resources or tools for use by responders and practitioners who work with victims of domestic and family violence.

In developing standard resources or tools, the NSW Government may consider the work of DV Sightlines, and literature around safety planning and responding to risk. Roll out of standard resources or tools should be accompanied by comprehensive training and education.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ - Justice Strategy & Programs*

Details of implementation:

The NSW Government will explore the development of standard resources or tools relating to safety planning and risk. The recommendation is supported subject to available funding.

Whole of government update - 2021

Update: Not started – pending identification of resources.

Details of implementation:

Initial scoping has been undertaken to address this recommendation as part of an initiative to develop a multi-agency DFV risk response framework for NSW to guide specialist and mainstream services in a common best practice approach to responding safely and effectively to DFV victim-survivors and their children's risk and safety. On hold pending identification of resources.

RECOMMENDATION 9

That the Department of Communities and Justice examine the extent to which existing NSW laws (criminal and civil protection orders) respond adequately to the range of non-physical forms of domestic and family violence and to patterns, rather than incidents, of violence. This examination should include:

- 1. a qualitative review conducted with NSW police about what forms of behaviour are being targeted under the offence of 'stalking or intimidation', whether such charges are laid on their own or in combination with other offences, and the relationship context of such offences; and*
- 2. monitoring the progress and implementation of offences of coercive control and domestic abuse in other jurisdictions.*

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ - Justice Strategy & Programs, DCJ - BOCSAR*

Details of implementation:

The Department of Communities and Justice has commenced a review, as directed by the Attorney General and Minister for the Prevention of Domestic Violence, which will examine reform options to better protect victim-survivors of domestic and family violence against coercive and controlling behaviours.

The review will be informed by existing police and court data and will include consultation across jurisdictions with experts, government and non-government agencies, and the community.

Whole of government update - 2021

Update: Underway – Expected completion date in October/November 2021.

Details of implementation:

The NSW Bureau of Crime Statistics and Research (BOCSAR) is undertaking research to examine the extent to which existing NSW laws (criminal and civil protection orders) respond adequately to the range of non-physical forms of DFV, and to patterns rather than incidents of violence. Specifically the study is exploring:

1. what forms of behaviour are being charged under the offence of ‘stalking or intimidation’; and
2. whether such charges are laid on their own or in combination with other offences.

This project will use quantitative data as well as qualitative data. The outcome of this study will be a key input to understanding how the existing legal frameworks are applied and whether NSW would benefit from law reform to better address coercive control.

In addition, DCJ is continuing to monitor the progress and implementation of offences of coercive control and domestic abuse in other jurisdictions, noting there is work underway in other Australian jurisdictions to examine whether coercive control should be criminalised. To date, DCJ has examined offence structures in other jurisdictions, analysed charge and prosecutions data related to these offences where available; and participated in discussions with jurisdictional counterparts to understand their approach to development and implementation of their respective offences.

Since recommendation 9 was made, the NSW Government has released a consultation paper regarding coercive control and the NSW Parliament has established a Joint Select Committee in October 2020 to inquire into the issue of coercive control in the context of domestic relationships and to make recommendations as appropriate. Work undertaken by DCJ with respect to Recommendation 9 will help inform the NSW Government’s response to the Committee’s report which is due by 30 June 2021. Following the release of the Committee’s report, the NSW Government will respond.

RECOMMENDATION 10

That the NSW Government write to the eSafety Commissioner requesting that any curriculum development around eSafety for children and young people, include modules around technology-facilitated abuse tailored towards children and young people.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ - Justice Strategy & Programs*

Details of implementation:

The NSW Government, through the Department of Communities and Justice, will write to the eSafety Commissioner in relation to addressing technology-facilitated abuse tailored towards children and young people.



Whole of government update - 2021

Update: Underway – Expected completion date mid 2021.

Details of implementation:

The NSW Government had written to the eSafety Commissioner.

RECOMMENDATION 11

That The Department of Communities and Justice collaborate with the Judicial Commission of NSW to explore opportunities to develop judicial education promoting awareness of non-fatal strangulation, and its association with future violence, as well as serious or fatal harm.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ - Justice Strategy & Programs, DCJ – Policy Reform & Legislation*

Details of implementation:

The NSW Government, through the Department of Communities and Justice, will write to the NSW Judicial Commission (JudCom) to explore options to further develop and enhance judicial education and awareness about non-fatal strangulation, the operation of each of the strangulation offences within s37 of the Crimes Act 1900, and material that may assist with the prosecution of these offences, including the risks it poses for potential future violence.

Whole of government update - 2021

Update: Underway – Expected completion date December 2021.

Details of implementation:

DCJ will be undertaking data monitoring and consultation with stakeholders to identify any gaps or issues in relation to the operation of the offence of choking without consent (s37(1A), *Crimes Act 1900*), introduced as part of the *Crimes Legislation Amendment Act 2018* which commenced in December 2018.

In order to test how the new offence is operating, data monitoring and consultation will be undertaken with the Police and Office of the Director of Public Prosecutions. Given the offence was commenced on 1 December 2018 it has only been in operation for a relatively short period. There is limited information available yet to indicate whether the offence is working as intended. DCJ will consult with key stakeholders to understand if there are any issues arising from the operation of the offence, including with respect to judicial directions. If any issues are raised, DCJ will inform the Judicial Commission of the feedback received.

Policy progress since recommendation was made:

On 1 December 2018, the *Crimes Legislation Amendment Act 2018* commenced. This Act amended the *Crimes Act 1900* to introduce a new simpler strangulation offence of intentionally choking, suffocating or strangling another person without the person's consent. The DVDRT 2017-2019 made recommendation 11 in response to deaths that had occurred up until 2019 and consequently had limited time to examine the impact of legislative changes made by the *Crimes Legislation Amendment Act 2018*. This new offence was made in response to Recommendation 5 of the 2015-2017 DVDRT report:

That the Attorney General, in consultation with relevant stakeholders, review the operation of the NSW offence of strangulation (contained at s37 of the Crimes Act 1900 (NSW)) to determine whether this offence is operating effectively.

The new offence provides a simplified version of the existing strangulation offence so it is not necessary

for a victim to be rendered unconscious, insensible or incapable of resistance in order for the offence to be established. It is expected that this offence better reflects the harm caused and will facilitate more effective prosecution of choking, suffocation and strangulation, especially when it is made in the context of DFV, which can act as a predictor of further abuse and even fatality. More time is required to understand how the new offence is operating, and whether there are any issues to be addressed.

RECOMMENDATION 12

That the NSW Government make publically available information on the pathways into perpetrator programs.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ - Justice Strategy & Programs*

Details of implementation:

The NSW Government acknowledges the need for publicly accessible information about all its programs and services, including pathways into perpetrator programs to support a perpetrator's journey for behaviour change.

In support of the Premier's Priority to Reduce Domestic Violence Reoffending by 25 per cent by 2023, content will be developed, and regularly updated, for the NSW Government and DCJ websites to inform and educate the public about the Reducing Domestic Violence Reoffending program and specific interventions, including intervention pathways information.

Whole of government update - 2021

Update: Not started – Expected start date 1 July 2021.

Details of implementation:

DCJ is developing a project plan to consolidate programs currently detailed on the DCJ website and identify programs for inclusion and undertake consultation internally and externally to confirm and identify links and contact information for NGO service providers.

RECOMMENDATION 13

That the NSW Government, in partnership with Aboriginal communities and organisations, develop a framework to prevent and respond to violence in Aboriginal families and communities.

The objectives of the framework, subject to consultation with communities and organisations, should be to improve the quality, availability and cultural competency of services across the broad DFV service system for Aboriginal people.

The framework must include a governance structure that draws together the diverse DFV service system and has strong connections to NSW Aboriginal communities.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ - Justice Strategy & Programs*



Details of implementation:

The NSW Government will work with partner agencies, including Domestic Violence NSW and the NSW Health Education Centre Against Violence (ECAV), to develop a culturally safe framework for domestic and family violence services

This recommendation is supported subject to available funding.

Whole of government update - 2021

Update: Not started – To be considered under initiatives in response to Closing the Gap.

Details of implementation:

It is anticipated that a framework be developed in response to Closing the Gap Target 13: Families and households are safe: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced by at least 50%, as progress towards zero.

Policy progress since recommendation was made:

The National Agreement on Closing the Gap was released July 2020 and has 17 national socio-economic targets across areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people.

RECOMMENDATION 14.1

14.1 That the NSW Government create a pool of independent Aboriginal specialist workers from a range of services to be involved in Safer Pathway for Aboriginal people experiencing domestic and family violence.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *Legal Aid (for female victim-survivors), DCJ – Victims Services (for male victim-survivors)*

Details of implementation:

Legal Aid NSW recognises the higher rates of referral for Aboriginal people into Safer Pathway and supports efforts to improve Aboriginal engagement with the system, and to ensure that Safer Pathway service delivery is culturally appropriate.

For female victim-survivors:

From 1 July 2020, each WDVCS will have a full-time Aboriginal Specialist Worker. Given this, Legal Aid NSW does not support the creation of a ‘pool of independent Aboriginal specialist workers’, as it may lead to a duplication of roles.

For male victim-survivors:

Victims Services will continue to work with Local Support Services to ensure culturally appropriate service delivery is available for Aboriginal male victim-survivors. It is noted this may be dependent on available resourcing.

Whole of government update - 2021

Update: Completed – 1 July 2020.

Details of implementation:

While Legal Aid NSW supported this recommendation in principle, Legal Aid NSW did not support the creation of a ‘pool of independent Aboriginal specialist workers’ as this would duplicate the work of WDVCS’s Aboriginal

Focus Workers (AFWs).

Since 1 July 2020, each WDVCS is required to have a full-time AFW – these positions have been filled. All Aboriginal clients referred into Safer Pathway have the option of speaking with an AFW, and every Safety Action Meeting (SAM) is required to have an Aboriginal representative present to inform culturally appropriate service delivery to Aboriginal victims on the SAM agenda.

Victims Services includes a clause in service agreements with its Local Support Services to ensure the availability and accessibility of culturally appropriate services.

RECOMMENDATION 14.2

14.2 That the NSW Government ensure that Safer Pathway includes input from independent Aboriginal specialist workers for Aboriginal people experiencing domestic and family violence (with their consent).

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *Legal Aid, DCJ – Victims Services*

Details of implementation:

Legal Aid NSW and Victims Services will invite Aboriginal specialist workers to contribute to the Safer Pathway Steering Group in order to enhance Safer Pathway policies, operations and governance in relation to Aboriginal communities. Legal Aid NSW and Victims Services will also explore ways to enhance input into Safer Pathway development from Aboriginal communities and organisations.

Whole of government update - 2021

Update: Underway – Expected completion date July 2021.

Details of implementation:

This recommendation was initially interpreted to mean that there is a need to improve Aboriginal engagement in the government of Safer Pathway as a whole. As a result, in its response to the recommendation, Legal Aid NSW and Victims Services committed to inviting Aboriginal specialist workers to contribute to the Safer Pathway Steering Group (SPSG) and exploring other options to increasing Aboriginal engagement in governance of Safer Pathway.

However, subsequent discussions have indicated that the substance of this recommendation is about Aboriginal engagement in Safety Action Meetings (SAMs). Legal Aid NSW will therefore shortly circulate a guide to all WDVCSs regarding Aboriginal engagement at SAMs. The guide clarifies that at least one Aboriginal representative must be present at each SAM so input can be provided about the cultural safety of the discussions and any actions arising. The representative can be the AFW, an Aboriginal representative from a SAM member agency, or a representative from a local Aboriginal service.

Legal Aid NSW and victims Services will also liaise with other Safer Pathway stakeholders regarding engagement with the SPSG.



RECOMMENDATION 15

That the NSW Police Force require Multicultural Community Liaison Officers to receive comprehensive commencement and regular training in domestic and family violence. This training should be modelled off the Domestic Violence Liaison Officer training, but should also include modules specific to violence in culturally and linguistically diverse communities, and working with culturally and linguistically diverse people, perpetrators of violence and victims of violence.

Whole of government response – 2020

Response: *Supported*

Lead agency: *NSW Police Force*

Details of implementation:

The NSW Police Force is currently developing a Liaison Officer program that incorporates the general skills, knowledge, attributes and behaviours expected of all Liaison Officers across the organisation in a single course, including baseline domestic violence training. Specialist skills will be developed in online modules to be completed by officers who have completed the general Liaison Officer course.

The NSW Police Force will review the Domestic Violence Liaison Officer training course to ascertain its relevance to Multicultural Community Liaison Officers' duties and role.

Whole of government update - 2021

Update: Underway – Domestic and Family Violence Fundamentals course available May 2021. DVO Course estimated to be completed November 2021

Details of implementation:

The NSW Police Force has developed a Fundamental Domestic and Family Violence (D&FV) course that consists of 15 online modules and a six hour face to face component. The aim of the course is to equip learners with relevant knowledge, skills and strategies to improve how NSW Police Force employees respond to and investigate DFV incidents, while complying with NSW Police Force standing operational procedures and legislative requirements. The modules include a focus area of working with vulnerable communities, including working with culturally and linguistically diverse communities. While the course material predominantly focuses on operational policing, it is open to all NSW Police Force employees and contains information to assist them in their roles.

The D&FV Fundamentals course commenced in May 2021. The D&FV Fundamentals workshop is scheduled to be delivered to Multicultural Liaison Officers ('MCLOs') in June 2021.

The NSW Police Force will review requirements for further training following the delivery of the D&FV Fundamentals course to MCLOs in June.

RECOMMENDATION 16

That the Department of Premier and Cabinet work with other jurisdictions to:

- 1. ensure all new and existing interpreters working in NSW are required to undertake domestic and family violence education at commencement, as part of accreditation and at the revalidation stage; and*
- 2. develop a strategy to ensure compliance amongst interpreters with the rules, regulation and ethical expectations of their profession. This compliance strategy should also specifically ensure that*

interpreters do not put pressure on victims of domestic and family violence not to disclose violence, and that interpreters accurately represent the testimony or information being provided by victims of domestic and family violence.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ – Multicultural NSW*

Details of implementation:

The NSW Government notes that the appropriate lead agency in this context is Multicultural NSW, not the Department of Premier and Cabinet (DPC) as nominated by the recommendation.

Multicultural NSW will explore options for continuing and expanding domestic and family violence awareness training for interpreters, currently provided through the ECAV, noting that additional financial resources may be required.

Multicultural NSW will liaise with appropriate interpreting organisations to explore ways to promote good practice across the sector, including working with the National Accreditation Authority for Translators and Interpreters (NAATI) to raise the importance of domestic and family violence education as an important component of professional development training for interpreters, and the Australian Institute of Interpreters and Translators (AUSIT) to strengthen the industry code of ethics to ensure appropriate behaviour of interpreters in domestic and family violence assignments.

Whole of government update - 2021

Update: Completed April 2021.

Details of implementation:

The appropriate lead agency in this context is Multicultural NSW and not the Department of Premier and Cabinet as recommended.

Multicultural NSW (MNSW) has liaised with appropriate interpreting bodies on the following:

1. Raising the importance of DFV-awareness training as part of professional development training for interpreters, and
2. Advocating for an industry code of ethics to strengthen industry code of ethics for language service professionals.

MNSW is supportive of actions that seek to bolster DFV-awareness training and strengthened industry codes of ethics for language service professionals. However, MNSW direct influence over language service professionals is limited to the agency's own employees.

MNSW progressed the following opportunities in consultation with interpreting bodies:

1. Amended the language of NAATI's Professional Development Catalogue to be consistent with terminology used in NSW and federally, from 'family violence' to include 'domestic and family violence'.
2. Instigated collaboration opportunity with AUSIT to strengthen the current Code of Ethics to ensure appropriate behaviour of interpreters in DFV assignments.

MNSW maintains our support in providing opportunities for MNSW-employed professionals to attend DFV-awareness training through ECAV. Additionally, MNSW is scoping further opportunities to support greater uptake of DFV-awareness training.

Opportunities, challenges and/or consequences:

MNSW reiterates that our direct influence over language service professionals is limited to the agency's own employees. As such:



- MNSW does not have authoritative reach over all language service professionals across NSW that may work on a DFV-related assignment, and
- The work provided by MNSW’s panel of language service professionals is not indicative of the language services provided across the entire sector.

MNSW also wish to highlight that improvements made in this area also rely on those using an interpreter being equipped with the capabilities, skills and knowledge on how to use an interpreter effectively. MNSW encourages and invites future opportunities to consult with the DVDRT to ensure multicultural communities are appropriately considered in the development of future recommendation actions.

RECOMMENDATION 17

That the Department of Communities and Justice develop a framework for responding to domestic and family violence in culturally and linguistically diverse communities in contact with the criminal justice system. This framework should be developed in partnership with communities to:

- 1. address the specific barriers facing culturally and linguistically diverse communities (including language barriers, barriers to reporting, acculturation stress, vulnerable immigration status and the impacts of torture and trauma); and***
- 2. ensure the availability of culturally inclusive supports and responses to domestic violence.***

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Justice Strategy & Programs*

Details of implementation:

The Department of Communities and Justice is developing a framework to support culturally and linguistically diverse communities with their response to domestic and family violence. This framework will be co-designed with culturally and linguistically diverse communities.

Whole of government update - 2021

Update: Underway – Expected completion date December 2022

Details of implementation:

DCJ has developed and approved of a project plan to deliver on this recommendation. Consultation with internal justice stakeholders has commenced to communicate aims and objectives of the project and identify justice agency representatives to continue to the project. Next steps will be stakeholder engagement to consider how co-design will be undertaken in due course.

RECOMMENDATION 18

That the NSW Government coordinate a roundtable with sex work organisations to examine how to reduce barriers to reporting and outreach for sex workers who experience violence and abuse from their current or former intimate partners, as well as violence and abuse in the context of their work. This roundtable should address the issue of stigma and discrimination against sex workers and how this interacts with victims' experiences of violence.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ – Justice Strategy & Programs*

Details of implementation:

The NSW Government, through the Department of Communities and Justice, will explore the opportunity of coordinating a roundtable with representative sex worker organisations. Design of the roundtable would draw on advice from key stakeholders, including the Domestic and Family Violence and Sexual Assault Council, to develop content and identify suitable participants.

This recommendation is supported subject to available funding.

Whole of government update - 2021

Update: Not started – Pending identification of resources.

Details of implementation:

Roundtable on hold pending identification of resources.

RECOMMENDATION 19

That the NSW Government convene an interagency working group to consider mechanisms to rapidly share information between NSW Health and the Department of Communities and Justice to allow informed interagency planning with respect to mental health consumers (in the community or in custody) who are considered to present a serious risk to themselves or to another person. This working group should consider the role of Community Treatment Orders, courts, police, bail and parole conditions with particular regard to those people at risk of domestic and family violence reoffending and their families.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ – Justice Strategy & Programs, with support from NSW Health*

Details of implementation:

The NSW Government facilitates a number of boards and working groups that consider the issue of mental health and the criminal justice system. This includes interagency information sharing between the Health and Justice systems. Prior to establishing a new entity, the Department of Communities and Justice will explore if an existing governance body would be an appropriate body to effectively address this recommendation.

Whole of government update - 2021

Update: Underway – Expected completion date to be confirmed (estimated early 2022).



Details of implementation:

The Office of Community Safety and Cohesion and Domestic Violence Strategy propose to establish a new working group to address Recommendation 19. DCJ intends to work in close collaboration with NSW Health to scope the objectives and required outcomes of the working group to ensure all relevant and necessary parties are involved.

DCJ has scoped all active working groups and steering committees related to mental health and/or DFV. It was concluded that current working groups related to domestic violence and/or mental health were either too narrow or lacked the necessary representation required to have particular regard to the factors listed in the recommendation. Further investigation into mental health and domestic violence related working groups confirmed that a new working group was necessary to engage in designing new processes.

DCJ has commended work to scope the issues at question in the recommendation in advance of establishing the working group. Establishing the working group will provide DCJ with the expertise and advice needed to redesign information sharing processes.

Opportunities, challenges and/or consequences:

Recommendation 19 involves exploring information sharing between government agencies and will therefore require a close investigation of existing mechanisms and arrangements. There is potential to leverage the work undertaken by CSNSW. The work of NSW Health's VAN Redesign and PARVAN Unit will also be leveraged for this recommendation.

RECOMMENDATION 20

That NSW Health through Phase 2 of its Integrated Prevention and Response to Violence Abuse and Neglect, prioritise initiatives aimed at improving NSW Health responses to victims and perpetrators of domestic and family violence accessing mental health and alcohol and other drug use (AOD) services. Action and initiatives should:

- 1. facilitate increased integration between NSW Health AOD, Mental Health and VAN services to support risk assessment, safety planning and pathways to further support for clients and their families and carers, including Safer Pathway;***
- 2. promote increased engagement of NSW Health AOD, Mental Health and VAN workforces, with learning and development initiatives that promote trauma-informed responses; and***
- 3. facilitate collaboration with government partners, relevant peak bodies and NSW Health funded services to promote trauma-informed integrated responses and family inclusive practice between AOD and DFV NGO service providers.***

Whole of government response – 2020

Response: *Supported*

Lead agency: *NSW Health*

Details of implementation:

NSW Health is planning for Phase 2 implementation of its Integrated Prevention and Response to Violence, Abuse and Neglect, Which will address this recommendation.

A Phase 2 project plan is in development and will include consultation with internal and external stakeholders, including government partners, relevant peak bodies and NSW Health funded services.

Whole of government update - 2021

Update: Underway – Expected completion date June 2025.

Details of implementation:

Implementation of the Violence Abuse and Neglect (VAN) Redesign Program and its supporting IPARVAN Framework is occurring through two overlapping phases. Phase 1 commenced in 2019 and is focussed on integration of NSW Health's Violence, Abuse and Neglect Services. Strengthening the capacity of VAN services to respond to DFV intersecting forms of violence, abuse and neglect through Phase 1 provides an important foundation from which to implement longer term reforms through Phase 2. Implementations of Phase 2 has commenced and builds on NSW Health's efforts to ensure services are able to respond to all forms of violence, abuse and neglect, including DFV for clients across their lifecycle.

An interim Progress Report (Phase 1) on the Evaluation of the IPARVAN Framework was finalised in December 2020 by Nous. It found that overall good progress was made on implementation of the Framework.

Policy progress since recommendation was made:

The development of Phase 2 is based on the underlying principle that there is a strong alignment between the IPARVAN Framework and other NSW Health frameworks, strategies, projects and clinical practice supporting integrated practice. Key examples include:

- NSW Family Focused Recovery Framework 2020-2025.
- First 2000 Days Framework and Implementation Strategy.

Also aligned to IPARVAN and supporting the progression of this recommendation is Evidence to Support Safe & Together Implementation and Evaluation (ESTIE) project (a collaboration between the Ministry of Health and the University of Melbourne). This action research project is exploring the work of practitioners and their organisations when working at the complex intersections of DFV, parental mental health issues and alcohol and other drug use. Completion of this project and final report is anticipated for September 2022.

RECOMMENDATION 21

That the NSW Government ensure service providers working in both alcohol and other drug, domestic and family violence services and NSW Police Force, receive evidence-based training around working with clients who are experiencing alcohol and other drug use (AOD) issues and using or experiencing domestic and family violence. This training should challenge attitudes and practices that can promote victim blaming, foster stigma and discrimination against victims of violence with AOD issues, and minimise and excuse perpetrators' use of violence and abusive behaviours against victims with AOD issues.

Whole of government response – 2020

Response: Supported in principle

Lead agency: NSW Health with support from NSW Police Force, DCJ – Corrective Services NSW, DCJ – Justice Strategy & Programs

Details of implementation:

The NSW Government supports this recommendation in principle, noting that challenging attitudes and stigma, and improving practice in work with both victim-survivors and perpetrators, will require ongoing and sustained efforts by NSW Health, the NSW Police Force, the Department of Communities and Justice and relevant funded NGOs.

Long term training and other workforce development strategies will need to be implemented to build knowledge



and capacity across the sizable and diverse workforces targeted by this recommendation. This will require significant investment over time by the agencies involved and is subject to available funding..

As lead agency for this recommendation, NSW Health will seek to address the issues underpinning this recommendation within existing resources by leveraging off current initiatives and sharing knowledge and resources with partner agencies. Partner agencies will be responsible for implementation of training for their workforces, including the NSW Police Force and Department of Communities and Justice-funded NGOs.

As a priority area of work, NSW Health has been progressing actions and initiatives to challenge stigma and discrimination experienced by consumers of alcohol and other drug (AOD) services provided by NSW Health and the non-government sector. In addition, ECAV currently delivers a range of training that promotes perpetrator accountability and seeks to address attitudes and behaviours that minimise and condone perpetrator behaviour and reinforce victim blaming. In the immediate term, the Centre for Alcohol and Other Drugs and the Prevention and Response to Violence Abuse and Neglect (PARVAN) Unit within the Ministry of Health will work collaboratively to identify and develop targeted workforce development initiatives and resources that specifically challenge the additional discrimination, stigma and victim blaming practices experienced by victims of domestic and family violence with AOD issues.

NSW Health will work collaboratively with the Department of Communities and Justice and the NSW Police Force to support the development and implementation of workforce development initiatives within those agencies and funded partner organisations.

Whole of government update - 2021

Update: Underway – Expected completion date not yet determined.

Details of implementation:

The NSW Ministry of Health (Centre for Alcohol and Other Drugs) in partnership with the Agency for Clinical Innovation and the Network of Alcohol and other Drugs Agencies has encouraged external researchers to conduct qualitative behavioural research to better understand workforce values and attitudes towards people who use alcohol and other drugs. The project aims to:

- Identify the nature, extent and factors contributing to stigma and discrimination among healthcare professionals towards people experiencing harm related to alcohol and or other drugs use and;
- Identify mechanisms likely to be effective in raising awareness of and reducing stigma and discrimination in NSW.

The research will also provide workforce segmentation to help inform a system wide quality improvement project to promote and enhance care provision. The research, targeting segments of the NSW Health and non-government (NGO) workforce, has recently concluded, and analysis of the research findings is currently underway. A final report outlining recommendations to addressing stigma and discrimination in the drug and alcohol sector is due mid-2021.

The Centre for Alcohol and Other Drugs and PARVAN Unit within the Ministry of Health will work collaboratively to identify and develop targeted workforce development initiatives and resources that specifically challenge the additional discrimination, stigma and victim blaming practices experienced by victims of DFV with AOD issues. This work will be informed by the findings of the behavioural research still underway and dependant on available resources.

In the longer term, NSW Health will work collaboratively with DCJ and the NSW Police Force to share knowledge and resources to support the development and implementation of targeted workforce development initiatives within those agencies and funded partner organisations.

Policy progress since recommendation was made:

Qualitative behavioural research has been conducted in Emergency Departments, mental health, maternity and drug and alcohol services in recognition that these settings see people who have experienced high levels of injury from alcohol and other drug use.

RECOMMENDATION 22

That NSW Health work with relevant stakeholders, including the Commonwealth, to continue to strengthen the pathways between GPs, mental health and/or alcohol and other drug services. This should include work to promote a range of resources to support GPs to identify and respond to victims and perpetrators of domestic and family violence.

Whole of government response – 2020

Response: *Supported*

Lead agency: *NSW Health*

Details of implementation:

NSW Health will seek to build upon a number of current initiatives to support implementation of this recommendation, including:

- identifying opportunities to enhance the provision of information, guidance, resources and referral pathways for victim-survivors and perpetrators of domestic and family violence through the NSW HealthPathway portals. NSW Health, in partnership with Primary Health Networks, is also exploring the feasibility of a state-wide central reference site HealthPathways for NSW project, which may further support progression of this recommendation*
- promoting awareness and engagement with the Commonwealth Government's Recognise, Respond and Refer Pilot and National Training for the Primary Care Workforce initiative under the Fourth Action Plan for the National Plan to Reduce Violence Against Women and their Children*
- utilise existing partnership arrangements with the Royal Australian College of General Practitioners (RACGP) to progress the development and promotion of guidance and resources for general practitioners that address intersections of DFV.*

Whole of government update - 2021

Update: Underway – Expected completion date not yet determined.

Details of implementation:

The NSW Ministry of Health worked in partnership with the NSW Health ECAV and RACGP in the second half of 2020 on the development and delivery of the webinar *Engaging with people who use domestic and family violence identifying and responding to the intersections of domestic and family violence, mental health and alcohol and other drug use*. The November 25 webinar can be accessed at www.racgp.org.au/racgp-digital-events-calendar/online-event-items/on-demand/engaging-with-people-who-use-domestic-and-family-v

The NSW Ministry of Health also worked in partnership with RACGP to produce a podcast that discusses a GP's role in responding to DFV and share practical advice on how GPs can support safety planning for people experiencing violence. The podcast *Domestic and family violence: what is a GP's role?* is available online <https://soundcloud.com/nswact-racgp/domestic-and-family-violence-what-is-a-gps-role>

In addition, the Commonwealth Government has funded three NSW based Primary Health Networks (PHNs) to trial integrated models for the identification, response and referral activities in response to DFV (between 2019-20 and 2022-23). The NSW Ministry of Health is in the early discussions with these PHNs to identify opportunities to support GP awareness of the intersections of DFV, mental health and alcohol and other drugs use and referral pathways.

An options paper for the development of a state-wide reference site for Health Pathways has been completed in consultation with key stakeholders within NSW Health and PHNs and is currently under consideration.



RECOMMENDATION 23

That the NSW Government examine ways to improve coordination between Safer Pathway and the child protection system, including to consider ways to promote cross-referral within the systems and improve supports for parents and families who are experiencing concurrent child protection and domestic and family violence issues.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ – Justice Strategy & Programs, DCJ – Child and Family, Legal Aid*

Details of implementation:

The NSW Government is committed to improving systems that support families experiencing domestic family violence and in protecting children and young people from risk of significant harm.

Lead agencies will work collaboratively with relevant stakeholders to identify key intersections, barriers, and enablers of coordination between Safer Pathway and the child protection system.

Implementation may be contingent on available resources.

Whole of government update - 2021

Update: Underway – Expected completion date June 2022.

Details of implementation:

DCJ is leading work to identify how to better integrate Safer Pathway with other service systems, in particular child protection. The first phase of this work, which involves investigating existing pathways between child protection and Safer Pathway and unmet need for Safer Pathway among families who are also receiving child protection services is anticipated to be completed mid 2021. A second phase, which will involve trialling approaches to increase service system integration is planned for the period July 2021-June 2022, subject to the volume of unmet need and additional caseload that may be generated through increasing referrals into Safer Pathway.

To improve coordination in the short term, DCJ has completed updating the Child Wellbeing and Child Protection NSW Interagency Guidelines 2012 (the Guidelines). The Guidelines provide key information and guidance to government and non-government agencies to work collaboratively to help meet the safety, welfare and wellbeing needs of children and young people. The revised Guidelines were published on the DCJ website in April 2021.

Opportunities, challenges and/or consequences:

In order to develop the most appropriate model of integrated service delivery for DFV victim-survivors, their children and perpetrators, it is important to investigate, and potentially test, a range of different models of integrated multi-agency service responses and delivery in NSW to ensure:

- Responses are tailored to the specific needs of different communities in NSW, for example Aboriginal communities;
- Approaches build on existing good practices in integrated service delivery, such as those currently being implemented by child protection and Safer Pathway services at the local level.

RECOMMENDATION 24

That the NSW Department of Education develop a specific strategy aimed at strengthening the Department of Education's overall response to students who are using or experiencing domestic and family violence at home.

This strategy should focus on increasing the competency of Departmental staff to:

- 1. identify where domestic and family violence is occurring in families or for students in the NSW public education system. This may include understanding risk and vulnerability indicators for domestic and family violence, as well as coexisting indicators such as non-attendance or educational neglect;*
- 2. respond effectively and promptly to concerns around domestic and family violence where these are identified; and*
- 3. support students where their families or parents are using or experiencing domestic and family violence.*

This strategy should take into account legislative mandates around child protection matters, but should focus on providing additional practical support and training for staff and students involved in the NSW public education system, tailored to the specific issue of domestic and family violence.

Whole of government response – 2020

Response: *Supported*

Lead agency: *Department of Education*

Details of implementation:

The Department of Education is currently developing a Domestic and Family Violence Strategy, which includes a review of Child Wellbeing Unit data to analyse patterns of reporting and create an evidence base to improve understanding of the domestic and family violence indicators, including non-attendance. This is in addition to related initiatives underway, such as mandatory training in child protection, domestic violence and support for students and a review of the child protection guidelines.

Whole of government update - 2021

Update: Underway – Expected completion date 2022.

Details of implementation:

The current focus for the Department of Education is on finalising the Domestic and Family Violence Strategy by 2022. The 2020 review of the Child Wellbeing unit contacts will be supplemented by further data sets, an updated literature review and the development of the draft strategy in 2021. This will be supplemented by consultation with relevant stakeholders.

Progress on addressing the recommendation has been undertaken through the following actions:

- A data review was undertaken of DFV Child Wellbeing Unit contacts. This will be supplemented by further data sets and a literature review in 2021.
- The 2021 Mandatory Child Protection Training Module 1 focused on recognising and responding to DFV child protection concerns. This was differentiated to provide DFV case studies for primary and secondary school staff, early childcare and preschool staff, volunteers and contractors in schools, Assisted School Travel Program staff, special religious and ethics education teachers and corporate staff.
- The Department of Education's Child Wellbeing Unit supported staff to identify the level of suspected risk to a



child or young person, and provided advice about possible services that are available to assist students and their families.

- The Department of Education's Child Wellbeing Unit continues to work in conjunction with Child Wellbeing Units within the NSW Police Force and with NSW Health. This interagency collaboration ensures linked responses and better coordinated support for children and families who have witnessed or are subject to DFV and need assistance.
- Government and non-government service providers shared relevant information and have developed priority actions to support community safety at Safety Action Meetings. NSW Department of Education is represented at these meetings across the state.
- Students from K-10 learn about respectful relationships, the effect of violence on relationships and domestic violence prevention through the Personal Developments, Health and Physical Education (PDHPE) mandatory syllabus. NSW public school students undertake the mandatory 25-hour Life Ready program in Year 11 and/or 12.
- In 2020, the Department released the Child Protection Education curriculum support materials mapped to the PDHPE K-10 syllabus. The child protection education materials are optional for schools and are designed to guide teachers to deliver the syllabus content using effective teaching and learning approaches. These materials explicitly address abuse, DFV, power and gender expectation.

Opportunities, challenges and/or consequences:

Progress on finalising the Domestic and Family Violence Strategy was impacted by deployment of personnel to support at risk students affected by the Covid-19 lockdown. Child protection policy and CWU staff undertook additional support and roll checks of non-returning students throughout 2020 to support schools and the coordination of support across the organisation. The development of the strategy is back on track for 2021.

Policy progress since recommendation was made:

Department of Education personnel have been involved in providing feedback to the Office of the Children's Guardian around the child safe legislation changes. Once the legislation is in place, the Child Protection and related policies will be reviewed and updated to reflect the changes.

RECOMMENDATION 25

That the Department of Communities and Justice (Housing) in consultation with specialist domestic violence service providers and victims with lived experience of domestic violence, examine opportunities and strategies to enhance engagement with victims of domestic violence using the Link2Home system.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Housing and Homelessness*

Details of implementation:

Link2home currently links callers who identify as experiencing or being at risk of violence with specialist domestic and family violence services, as well as Specialist Homelessness Services, at the initial point of contact.

Link2home has introduced a call back service to follow up with those clients the next day to ensure they have been able to make the contact with the domestic and family violence service.

Link2home continues to regularly meet with service providers to identify service improvements.

Whole of government update - 2021

Update: Completed – March 2021

Details of implementation:

On 21 March 2016, Link2home introduced a DFV call back service specifically aimed for callers identifying as at risk or experiencing DFV. Link2home staff attempt to contact the caller on the following day to ensure they are safe and have linked in with a DFV support service.

The aim of the Link2home assessment includes gathering client information and circumstances to organise appropriate referrals to support services. All support services are listed on an online vacancy management database called Client Information Management Systems (CIMS). Link2Home has ongoing and regular meetings with service providers to identify challenges and implement service improvements. In addition, Link2Home has recently engaged all support services and educated them on how to update CIMS to reflect accurate provider information and vacancies.

Since March 2020, Link2Home have scheduled monthly meetings with the Domestic Violence Line to ensure communication between both services and to discuss ways to work more efficiently together. Link2Home have also provided DVNSW, and DFV interagency services direct escalation points of contact to raise and discuss any client welfare concerns, referral pathways and any additional assistance, in real time.

Opportunities, challenges and/or consequences:

A particular challenge in contacting DFV identified clients, is the lack of resources available to the client upon fleeing DFV situations, eg. no contact number/mobile phone. In cases where the client has no personal phone number, contact is made with the accommodation provider to confirm check-in and to request the call be transferred to the client's room.

Link2Home operational staff met with Domestic Violence NSW and Women and Girls Emergency in December 2020 to address any issues, challenges and implement changes to improve service delivery. Link2Home has since rolled out additional training and knowledge articles to Customer Service Officers regarding the quality of information in the referrals with focus on details pertaining to any risk factors. Weekly communications are also sent to all Link2Home staff with updates and reminders.

RECOMMENDATION 26

That the Department of Communities and Justice (Housing) amend its Antisocial Behaviour Management Policy to build in safeguards to protect victims of domestic violence from eviction or the strikes notice process for minor, moderate, or serious breaches where those breaches are caused by domestic violence.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Housing and Homelessness*

Details of implementation:

In January 2020, the Department of Communities and Justice amended its Antisocial Behaviour Management Policy to make it explicit that the policy will not be invoked in cases where the antisocial behaviour is caused by a perpetrator of domestic violence and where the tenancy consequences fall on the victim of the antisocial behaviour.

<https://www.facs.nsw.gov.au/housing/policies/antisocial-behaviour-management-policy>



Whole of government update - 2021

Update: Completed – January 2020

Details of implementation:

In January 2020, DCJ amended its Antisocial Behaviour (ASB) Management Policy to make it explicit that the policy will not be invoked in cases where the ASB is caused by a perpetrator of domestic violence and the consequences in terms of the tenancy fall on the victim of the ASB. This was communicated to all Tenancy Management Staff via a Client Service Notice.

<https://www.facs.nsw.gov.au/housing/policies/antisocial-behaviour-management-policy>

Policy progress since recommendation was made:

In September 2020, DCJ amended internal processes and procedures with a focus on identifying appropriate support services for tenants and making referrals, including for DFV.

RECOMMENDATION 27.1

27.1 That the NSW Police Force consider opportunities to provide enhanced support to domestic violence victims who approach police stations, and other actions to improve responses to initial approaches for assistance, including to consider the co-location of specialist domestic violence services at police stations. Any co-location initiatives should be developed in partnership with local domestic violence specialist services, including Aboriginal services.

Whole of government response – 2020

Response: *Supported*

Lead agency: *NSW Police Force with support from DCJ – Justice Strategy & Programs*

Details of implementation:

The NSW Police Force will explore opportunities for enhanced support to domestic violence victim-survivors through Safer Pathway and ascertain if there is an opportunity for co-location of services that are already in partnership with Police. Subject to obtaining agreement, establishing memoranda of understanding and agreed work practices, the NSW Police Force will aim for a pilot launch in 2021. The pilot and any longer term implementation will need to be completed within existing resources.

Whole of government update - 2021

Update: Not started – Expected start date July 2021.

Details of implementation:

A trial is intended to commence in July 2021 and is expected to run for 12 months. Implementation planning has commenced with the following actions:

- Co-location project brief prepared
- Trial sites selected – Griffith, Armidale, Fairfield, Kogarah, Nowra
- Consultations with trial sites to inform the development of co-located trial guidelines.
- Workshops with Women's Domestic Violence Court Advocacy Program, Legal Aid, to discuss and align roles, responsibilities and processes across the trial sites for both agencies.

Pending resolution of the challenges listed below, the trial will commence in May 2021 and is expected to run for 12 months. Noting that the trial does not change the requisite policies and procedures of either agency, shared guidelines are being drafted to assist each agency to implement the trial seamlessly.

Opportunities, challenges and/or consequences:

Challenges identified during consultation and implementation planning stages include limitations to information sharing and additional funding for specialist DFV worker – WDVCS has not received any additional funding to co-locate a worker.

RECOMMENDATION 27.1

27.2 That the NSW Government examine and review the Orange Door (Support and Safety Hubs) model being used to deliver services to victims of domestic and family violence in Victoria and consider whether this (or a similar) model should be adopted in NSW.

Whole of government response – 2020

Response: *Supported in principle*

Lead agency: *DCJ – Justice Strategy & Programs*

Details of implementation:

The NSW Government will consider all effective models of domestic and family violence service provision, such as the Orange Door model, as part of the development of the next whole-of-government domestic and family violence strategy, which will replace the NSW Domestic and Family Violence Blueprint for Reform when it expires in 2021.

Whole of government update - 2021

Update: Underway – completion date yet to be determined.

Details of implementation:

DCJ has conducted an initial review of the Victorian Orange Door (Support and Safety Hubs) model. DCJ has engaged directly with counterparts in Victoria responsible for the model's design and implementation to obtain information about the model's rationale, scale of change associated with the reforms, resourcing and implementation of the initial roll-out of the model. DCJ has engaged directly with the consultant firm that undertook the initial process evaluations for the Orange Door model and has reviewed relevant documentation pertaining to the establishment model in Victoria; client experience; workforce requirements and capabilities and integration with local services.

An initiative has been scoped to undertake further investigation and recommendation of models providing system-wide integrated service delivery, including the Victorian model along with other models of integrated service delivery for families impacted by DFV as part of development of a NSW DFV Multiagency Risk Response Framework (currently on hold).

Opportunities, challenges and/or consequences:

In order to develop the most appropriate model of integrated service delivery for DFV victim-survivors, their children and perpetrators, it is important to investigate, and potentially test, a range of different models of integrated multi-agency service responses and delivery in NSW to ensure:

- responses are tailored to the specific needs of different communities in NSW, for example Aboriginal communities;
- approaches build on existing good practices in integrated service delivery, such as those implemented through the IDFVS program, Safer Pathway as well as those that may exist at the local level.



RECOMMENDATION 28

That the Department of Communities and Justice identify opportunities to better understand the circumstances in which an Apprehended Domestic Violence Order application or domestic violence-related criminal prosecution has been dismissed. Consideration should be given to improving the functionality of Justicelink to improve recording of the reasons as to why an application has been dismissed.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Justice Strategy & Programs*

Details of implementation:

The Department of Communities and Justice will use existing information sources to explore opportunities to better understand why Apprehended Domestic Violence Order (ADVO) applications and domestic and family violence related prosecutions are withdrawn or dismissed. This will include considering potential enhancements to relevant systems such as Courts and Police IT systems (JusticeLink and COPS).

Whole of government update - 2021

Update: Underway – Expected completion date to be confirmed.

Details of implementation:

DCJ is consulting with justice agencies to understand how the reasons for dismissing an ADVO application and/or domestic violence related prosecutions are provided and recorded, in order to improve our understanding of the circumstances giving rise to the dismissal and whether the criminal justice response can be improved. This will enable DCJ to understand the circumstances that lead to the dismissal and develop options for improving the criminal justice response, if required.

In formulating Recommendation 28, the DVDRT raised the need to better understand the reasons ADVOs are not finalised as important to assessing the overall functioning of the criminal justice system, and in highlighting weaknesses and strengths in the current response. The DVDRT also raised the need for greater visibility and data around how the criminal justice system is functioning in respect of ADVOs. As such, DCJ is in the process of identifying available data sets that can be used to identify operational and contextual issues and common themes behind the dismissal of matters. Once these themes are identified, feasible options to improve recording and information sharing can be developed.

RECOMMENDATION 29

That the Department of Communities and Justice review the use of AVL /remote witness facilities in ADVO and criminal domestic violence matters with a view to increasing the proportion of matters in which these options are used.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Justice Strategy & Programs, DCJ – Courts Tribunals and Service Delivery*

Details of implementation:

The NSW Government is committed to continuing to improve victim-survivors' experiences of the criminal justice system and is currently exploring options to expand the entitlement of a complainant in a domestic violence matter to appear remotely when giving evidence.

Whole of government update - 2021

Update: Underway – Expected completion date late 2021.

Details of implementation:

The *Stronger Communities Legislation Amendment (Domestic Violence) Act 2020* introduced an entitlement within the *Criminal Procedure Act 1986* (CPA) for domestic violence complainants to give evidence via alternative means, including through the use of AVL (or other similar technology), in criminal proceedings and related ADVO proceedings. These reforms allow complainants in domestic violence criminal proceedings to give evidence in closed courts or remotely via audio-visual link. Prior to these amendments, domestic violence complainants could only give evidence remotely after they had applied to do so at court, which was not always granted. The changes build on existing arrangements for vulnerable witnesses, including child complainants and witnesses, sexual offence victims and people with cognitive disability.

Work is underway to install new and upgraded audio visual links (AVL) in more courtrooms and expand the availability of remote witness facilities.

RECOMMENDATION 30

That the NSW Police Force and the Department of Communities and Justice review the process for notifying domestic violence victims of the release of a defendant on bail by Police or a court, without the victim being present or if the defendant is released from custody at short notice. The process should link to Safer Pathway and provide for timely notification of victims and ensure they are linked to support services.

Whole of government response – 2020

Response: Supported

Lead agency: DCJ – Justice Strategy & Programs with support from NSW Police Force

Details of implementation:

The Department of Communities and Justice will explore strategies to address this recommendation, including convening a working group, comprising representatives from relevant government agencies, to refine elements of a staged consultation process.

Subject to the outcome of the consultations, work on implementation of the preferred option is estimated to commence in 2021.

Whole of government update - 2021

Update: Underway – Expected completion date April 2022, subject to funding.

Details of implementation:

DCJ has worked with NSW Police to undertake a preliminary examination of existing processes. Further progress is subject to confirmation of funding.

Opportunities, challenges and/or consequences:

This is a joint project between Courts, Tribunals Services Division as lead agency, and the DV Strategy and Policy team (DCJ). Key stakeholders are NSW Police Force, Legal Aid NSW, Office of the Director of Public Prosecutions, Corrective Services NSW, Police Prosecutors, Information and Digital Services, Law Reform and Legal Services and WDVCS services, and Victims Services. Additionally, there are multiple projects running concurrently that require support of justice partner agencies, and the project is likely to require a high level of integration between agency systems (including COPS and JusticeLink) – and buy in from technical resources from participating agencies; and appropriate management of sensitive agency and customer data within legislated guidelines.



RECOMMENDATION 31

That Women NSW work with the Department of Social Services on the national primary prevention campaigns as part of the Fourth Action Plan to support the National Plan to Reduce Violence Against Women and their children.

Whole of government response – 2020

Response: *Supported*

Lead agency: *DCJ – Justice Strategy & Programs*

Details of implementation:

The Department of Social Services (Commonwealth) leads the development of national primary prevention campaigns as part of the Fourth Action Plan to support the National Plan to Reduce Violence Against Women and their Children. Where invited, Women NSW will continue to work with the Department of Social Services on the development of the campaigns.

Whole of government update - 2021

Update: Underway – Expected completion date ongoing.

Details of implementation:

On 29 May 2020, Prime Minister announced the continuation of National Cabinet, cessation of the Council of Australian Governments, and the formation of a new National Federation Reform Council (NFRC) including the creation of an NFRC Taskforce on Women's Safety. The Women's Safety Taskforce is comprised of Commonwealth and state and territory Women's Safety Ministers. The Women's Safety Taskforce is supported by the Women's Safety Council Officials Group, of which the NSW Government is a member.

The purpose of the taskforce is for states and territories to oversee implementation of the Fourth Action Plan under the National Plan to Reduce Violence against Women and Children 2010-2022 and funding under the COVID-19 Domestic Violence Support Package. The Taskforce will be responsible for the next National Plan, which will commence in 2022.

In 2020, the NSW Government provided input on the Australian Government DFV support services information campaign. Where invited, DCJ will continue to work with the Department of Social Services on the development of the campaigns.

Policy progress since recommendation was made:

The Women's Safety Ministers meetings in 2020 focused primarily on coordinating the government response to DFV through the Covid-19 pandemic. Other issues discussed included women on temporary visas experiencing violence, progress on implementing the Fourth Action Plan of the National Plan to Reduce Violence against Women and their Children, the development of the next National Plan, and coercive control.

RECOMMENDATION 32

That the NSW State Coroner issue a Case Management Note to ensure that all coronial cases involving murder-suicides are remitted to the State Coroner's Court at first instance to enable suitable allocation.

Whole of government response – 2020

Response: Supported in principle

Lead agency: Chief Magistrate's Office

Details of implementation:

The Chief Magistrate will discuss this recommendation with the State Coroner to determine an appropriate course of action. However, it is noted that the Coroner's Court forms part of the Local Court. While the State Coroner has statutory functions in relation to coronial matters under the Coroners Act 2009, those functions are subject to the direction and control of the Chief Magistrate. Both the State Coroner and Chief Magistrate exercise these functions as independent judicial officers.

Recent changes in reporting of deaths, which have centralised matters throughout the state to the Coronial Case Management Unit at Lidcombe during the COVID-19 pandemic, will also provide a further level of consistency of approach to these types of matters if they are to continue.

Whole of government update - 2021

Update: Completed – April 2021

Details of implementation:

On the 26 April 2021, Her Honour State Coroner Teresa O'Sullivan issued a case management note to all coroners requiring all deaths as a result of a murder/suicide event to be transferred to Lidcombe Coroners Court upon the completion of a burial order. In addition, regional courts should now transfer any open murder/suicide coronial proceedings to the Registrar at Lidcombe Coroner's Court. This arrangement does allow for consistency of approach, however this does potentially create additional resourcing issues at Lidcombe Coroner's Court.

RECOMMENDATION 33

That the NSW Government in conjunction with the current review of the Coroners Act 2009 (NSW) amend the definition of a 'domestic violence death' as defined in s101B of the Act to 'a death which occurs in the context of domestic violence'. The reference to relationship should be omitted.

Whole of government response – 2020

Response: Supported in principle

Lead agency: DCJ – Justice Strategy & Programs

Details of implementation:

The Department of Communities and Justice will consult with stakeholders on changing the definition of a 'domestic violence death' as defined under s101B of the Coroners Act 200, and, if agreed by Cabinet, will introduce amendments to Parliament.

Whole of government update - 2021

Update: Expected completion date end of 2021.

Details of implementation:



DCJ has proposed amending the definition of ‘domestic violence death’ in line with the recommendation. This proposal is currently being consulted on with stakeholders as part of the upcoming *Justice Legislation Miscellaneous Amendments Bill* process. Changing the definition of a ‘domestic violence death’ in s101B of the *Coroner’s Act 2009* has been recommended by the DVDRT to broaden cases they can review to include situations in which the perpetrator dies by suicide and other cases which have occurred in the context of DFV but do not currently fall within the definition. The proposal has been sent to stakeholders for review as part of the *Justice Legislation Miscellaneous Amendments Bill* proposal development process.

RECOMMENDATION 34

That the Attorney-General, in conjunction with the current review of the Coroners Act 2009 (NSW) amend the Act to create greater parity in the non-government and government membership of the NSW Domestic Violence Death Review Team.

Whole of government response – 2020

Response: Supported

Lead agency: DCJ – Justice Strategy & Programs

Details of implementation:

The Attorney General, will consider options for greater parity in non-government and government membership of the NSW Domestic Violence Death Review Team.

Whole of government update - 2021

Update: Completed - January 2021.

Details of implementation:

The number of government members on the DVDRT has been reduced from 16 to 13. This ensures all specialist skills and expertise required by the *Coroners Regulation 2010* are met and assists with streamlining the overall function of the DVDRT.

An internal review of the current legislative requirements regarding the membership of the DVDRT was undertaken by DCJ. Legislative and non-legislative opportunities to improve the balance between government and non-government membership were identified and assessed.

Any substantial changes to membership arrangements would have required legislative amendments to the *Coroners Act 2009*. With the DVDRT due to report again in October 2021, a non-legislative option to achieve better balance between government and non-government representation has been pursued to ensure a fully constituted Team is available to develop the report.

Domestic Violence Death Review Team

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