



**Investigation into family and domestic
violence and suicide**

Volume 1: Executive Summary

Ombudsman Western Australia

About this Report

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The office of the Ombudsman acknowledges Aboriginal and Torres Strait Islander people of Australia as the traditional custodians of Australia. We recognise and respect the exceptionally long history and ongoing cultural connection Aboriginal and Torres Strait Islander people have to Australia, recognise the strength, resilience and capacity of Aboriginal and Torres Strait Islander people and pay respect to Elders past, present and emerging.

CONTENT WARNING

This report contains information about suicide, family and domestic violence and child abuse that may be distressing. We wish to advise Aboriginal and Torres Strait Islander readers that this report also includes information about Aboriginal and Torres Strait Islander women and children who died by suicide.

The Institution of the Ombudsman

The institution of the Ombudsman is more than 200 years old. The institution of the Ombudsman promotes and protects human rights, good governance and the rule of law as recognised through the adoption in December 2020 by the United Nations General Assembly of Resolution 75/186, *The role of Ombudsman and mediator institutions in the promotion and protection of human rights, good governance and the rule of law*.

The International Ombudsman Institute, established in 1978, is the global organisation for the cooperation of 205 independent Ombudsman institutions from more than 100 countries worldwide. The IOI is organised in six regional chapters - Africa, Asia, Australasian and Pacific, Europe, the Caribbean and Latin America and North America.

Ombudsman Western Australia



Ombudsman Western Australia is one of the oldest Ombudsman institutions in the world. The Ombudsman is an independent and impartial officer who reports directly to Parliament. The Ombudsman receives, investigates and resolves complaints about State Government agencies, local governments and universities, undertakes own motion investigations, reviews child deaths, reviews family and domestic violence fatalities and undertakes inspection, monitoring and other functions.

The Ombudsman concurrently holds the roles of Energy and Water Ombudsman and Chair, State Records Commission.

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The office of the Western Australian Ombudsman takes pride in diversity and equal opportunity. The office stands with the LGBTQTIA+ community. The Ombudsman's pronouns are he/him/his.

The Ombudsman Western Australia and Aboriginal Western Australians

Ombudsman Western Australia acknowledges Aboriginal and Torres Strait Islander people of Australia as the traditional custodians of this land. We recognise and respect the long history and ongoing cultural connection Aboriginal and Torres Strait Islander people have to Australia, recognise the strength, resilience and capacity of Aboriginal and Torres Strait Islander people and pay respect to Elders past, present and emerging.

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Getting help and finding support

If a life is in danger, or someone you know is at immediate risk of harm, call 000.

If you, or someone you are with is highly distressed, feeling unsafe and thinks they are a risk to themselves, go to your nearest emergency department.

If you are worried about a person who refuses to go to an emergency department, and need urgent mental health assistance, please contact:

Mental Health Emergency Response Line: 1300 55 788 (Perth) or 1800 676 822 (Peel)
rapid response for after-hours mental health emergencies in the Perth and Peel metro areas, or connection to your local mental health service during business hours

Rurallink: 1800 552 003 (regional Western Australia, free call)
specialist after hours mental health telephone service for people in rural communities, 4.30 pm to 8.30 am, Monday to Friday and 24 hours Saturday, Sunday and public holidays, and for connection to your local mental health service during business hours

Suicide Call Back Service: 1300 659 467 or suicidecallbackservice.org.au
free phone, video and online counselling for people at risk of suicide, concerned about someone at risk, bereaved by suicide and people experiencing emotional or mental health issues

Child and Adolescent Mental Health Service Crisis Connect: 1800 048 636
phone and online videocall support for children and young people experiencing a mental health crisis as well as support and advice to families and carers, available seven days a week from 8.30 am to 2.30 pm across the Perth metro area

Australia-wide 24 hour mental health support lines

Lifeline: 13 11 14 or lifeline.org.au
24 hour telephone crisis support and suicide prevention online crisis support chat available from 7 pm to midnight AEST

13 YARN 13 92 76
the first national crisis support line for mob who are feeling overwhelmed or having difficulty coping, they offer a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter who can provide crisis support 24 hours a day, 7 days a week

Beyond Blue: 1300 22 4636 or beyondblue.org.au
immediate support available 7 days a week, through phone (24 hours), online chat (3 pm to 12 am) or email (response within 24 hours)

1800RESPECT: 1800 737 732 or 1800respect.org.au
24 hour phone and web chat counselling for people impacted by sexual assault, domestic or family violence and abuse

MensLine Australia: 1300 78 99 78 or mensline.org.au
phone, video and web counselling for men who want to take responsibility for their violence and have healthy and respectful relationships

StandBy Support After Suicide: 1300 72 77 47

a program focused on supporting anyone who has been bereaved or impacted by suicide at any stage in their life

Additional support services

Women's Domestic Violence Helpline: 1800 007 339

provides support for women, with or without children, who are experiencing family and domestic violence in Western Australia (including referrals to women's refuges)

Men's Domestic Violence Helpline: 1800 000 599

provides telephone information and referrals for men in Western Australia who are concerned about their violent and abusive behaviours

Crisis Care: 9223 1111 or 1800 199 008

provides Western Australia's after-hours response to reported concerns for a child's safety and wellbeing and information and referrals for people experiencing crisis

Sexual Assault Resource Centre: (08) 6458 1828 or freecall 1800 199 888

provides a range of free services to people affected by sexual violence

Derbarl Yerrigan Health Service: 9241 3888 or dhys.org.au

health and medical support for Aboriginal people, including counselling, Mon-Fri 9 am to 5 pm

SANE Australian Helpline: 1800 18 SANE (7263) or sane.org

phone, web chat or email counselling support for people affected by complex mental health issues, available from 10 am to 10 pm AEST

GriefLine: 1300 845 745 (landlines) or (03) 9935 7400 (mobiles) or griefline.org.au

free phone counselling and support for people experiencing grief, loss and trauma, 6 am to midnight AEST, seven days a week

Active Response Bereavement Outreach (ARBOR): 1300 11 44 46 or arbor.bereavement@anglicarewa.org.au

a free service offering short-medium term grief counselling, practical & emotional support, appropriate referral support, volunteer lived-experience peer support, and support groups to people recently impacted by losing loved ones to suicide

QLife: 1800 184 527 or qlife.org.au

3 pm to midnight, 7 days per week, telephone and webchat counselling for LGBTI people

Support services for children and young people

Kids Helpline: 1800 55 1800 or kidshelpline.com.au

24 hour telephone and web chat support for kids, teens and young adults from 5 to 25 years and their parents, carers, teachers, and schools

headspace: headspace.org.au/eheadspace

free telephone and online support and counselling for children and young people 12 to 25 years, their families and friends

Children and Young People Responsive Suicide Support (CYPRESS): 1300 11 44 46 or info@anglicarewa.org.au

support service for children and young people between the ages of 6 and 18 who have been bereaved by suicide

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If you are assisting someone who does not speak English, first call the Translating and Interpreting Service (**TIS**) on 13 14 50 and they can connect you with the service of your choice and interpret for you.

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Ombudsman's Foreword

As Ombudsman, I undertake the important responsibilities of reviewing family and domestic violence fatalities and child deaths. Arising from this work, I identified the need to undertake a major own motion investigation into family and domestic violence and suicide.

To undertake this investigation, in addition to an extensive literature review and stakeholder engagement, my office collected and analysed a comprehensive set of state-wide data relating to those who died by suicide in circumstances where family and domestic violence had previously been identified by one or more State government departments or authorities. This included an examination of 68 women and child victims of family and domestic violence who died by suicide in 2017.

I have found that a range of work has been undertaken by State government departments and authorities to administer their relevant legislative responsibilities to support the safety of women and children experiencing family and domestic violence. I have found, however, that there is important further work that should be done. This work, detailed in the findings of this report, includes a range of important opportunities for improvement for State government departments and authorities, working individually and collectively, across all stages of the service spectrum to improve the identification of, and responses to, family and domestic violence in Western Australia.

In addition, this investigation has identified the need for State government departments and authorities to use a trauma informed approach when working with people who have experienced multiple circumstances of vulnerability, including in responding to family and domestic violence and suicidality.

There is much good work being done by State government departments and authorities to prevent men's vile and criminal violence against women and the trauma and tragedy that results from this violence, but we can and must do more.

Arising from my findings, I have made nine recommendations to four government agencies about ways to prevent or reduce family and domestic violence related deaths by suicide. I am very pleased that each agency has agreed to these recommendations and has, more generally, been highly co-operative, responsive and positively engaged with our investigation.

The work of my Office in ensuring that the recommendations of the Investigation are given effect does not end with the tabling of this report. My Office will continue to monitor and report on the steps taken to give effect to the recommendations arising from the Investigation.

I acknowledge the ongoing effort of State government departments and authorities, our first responders, including police officers, child protection workers and health professionals, as well as non-government organisations, who work to keep victims safe and hold perpetrators accountable.

Finally, I extend my deepest personal sympathy and condolences to all Western Australian families, friends and communities impacted by the tragic and immeasurable loss of life of a loved one who has died by suicide. It is my sincerest hope that the recommendations of this investigation will contribute to preventing these tragic deaths in the future.

A handwritten signature in black ink, appearing to read 'Chris Field', with a stylized flourish at the end.

Chris Field
OMBUDSMAN

Table of Recommendations

Recommendation 1 That the Western Australia Police Force implement the recommended policy and practice reform proposed by Australia’s National Research Organisation for Women’s Safety (**ANROWS**) in its report on *Accurately identifying the “person most in need of protection” in domestic and family violence law*, including the development of guidance on:

- distinguishing between coercive controlling violence (physical and non-physical) and violence used in response to ongoing abuse;
- identifying patterns of coercive control;
- identifying the person most in need of protection in ambiguous circumstances; and
- determining whether a police order is necessary or desirable.

Recommendation 2: The Department of Justice consider the findings of this Investigation and continues to identify opportunities for community-based suicide prevention for women known to have been victims of family and domestic violence related crime including those:

- receiving support from court counselling and support services; and
- convicted of criminal offences and being managed in the community by Adult Community Corrections.

Recommendation 3: The Department of Communities, working together with relevant State government departments and authorities and stakeholders, identify strategies and practices for identifying, recording, and utilising information about children and adolescents’ experiences of family and domestic violence. Including, but not limited to:

- the number of children affected by family and domestic violence in Western Australia;
- the nature of how children and adolescents experience family and domestic violence; and
- strategies, principles, and practices for collecting information about children affected by family and domestic violence.

Recommendation 4: That the Department of Communities consider and incorporate the findings of this investigation when undertaking the development and implementation of a ‘Western Australian Family and Domestic Violence-Informed Approach,’ regarding:

- the recording of family and domestic violence as a ‘primary issue’ or ‘issue’ in ASSIST;
- use of the outcomes ‘Not departmental business’ or ‘Assessed as no further role’ when family and domestic violence is identified; and
- the intake of interactions relating to family and domestic violence.

Recommendation 5: The Department of Communities, in order to better inform practice and policy, conducts a review and examines current data on:

- the presence of family and domestic violence in duty interactions concerning older children and adolescents;
- intake rates related to duty interactions concerning older children and adolescents, particularly where family and domestic violence is identified;
- policy, practice, and culture in relation to how the Department of Communities responds to older children and adolescents; and

provides the resulting review report to this Office within 12 months of the tabling in the Western Australian Parliament of the report of this Investigation.

Recommendation 6: The Department of Communities, in consultation with key government and non-government stakeholders, considers this investigation and incorporates the findings of the investigation into strategic initiatives aimed at reducing the incidence and impact of suicide and self-harm associated with family and domestic violence, including incorporation into Path to Safety beyond the First Action Plan.

Recommendation 7: The Department of Communities, Western Australia Police Force and the Department of Justice, in consultation with key government and non-government stakeholders consider this investigation and incorporates the findings of this investigation in the redesign of the Family and Domestic Violence Response Team Model including, but not limited to:

- the association between family and domestic violence and suicide, for women and children;
- the association between family and domestic violence and suicide for Aboriginal and Torres Strait Islander women and children; and
- the need to see and speak to children and adolescents who are exposed to family and domestic violence when engaging with families and assessing risk, including those alleged to be the perpetrator or instigator of parent-child conflicts.

Recommendation 8: The Mental Health Commission, in collaboration with relevant State government departments and authorities and stakeholders, develop and disseminate a common understanding of what constitutes a trauma informed approach for Western Australian State government departments and authorities. Including, but not limited to:

- a definition and key principles of a trauma informed approach;
- domains of implementation (including, but not limited to, an organisation's strategic leadership, policy, training for staff, and evaluation);
- consideration of vicarious trauma in the service delivery context;
- this approach being intersectional, and elevates the voices and experiences of Aboriginal and/or Torres Strait Islander people; and
- a timeline for undertaking this work.

Recommendation 9: Taking into account the outcome of Recommendation 8, the Western Australia Police Force; the Department of Justice; the Department of Health; and the Department of Communities each:

- consider how a trauma informed approach may be incorporated into their operations; and
- work to improve their organisation's understanding of trauma.

Executive Summary

1 Introduction

Violence against women and children is a ‘major public health problem and a violation of women’s human rights’ that is also preventable.¹

Tragically, in this investigation, the Office of the Western Australian Ombudsman (**the Office**) has found that 56 per cent of the women who died by suicide in 2017 in Western Australia, had been recorded as a victim of family and domestic violence by a State government department or authority prior to their death.

Government agencies, through collaborative policy development and service provision, have a vital role to play in preventing suicide by women and child victims of family and domestic violence. Understanding the experiences of women and children who died by suicide and their interactions with State government agencies, is critical to improving public administration and the effectiveness of both family and domestic violence support services and suicide prevention efforts.

This Executive Summary outlines the role of the Ombudsman, the objectives and methodology of the investigation and a summary of the findings and recommendations.

Volume 2 of the investigation report, *Understanding the impact of family and domestic violence and suicide*, outlines the reasons why family and domestic violence increases the risk of suicide and self-harm in women and children, as identified in the research literature. It also explores what family and domestic violence looks like and feels like for victims and presents important context about family and domestic violence and suicide in Western Australia, including:

- definitions of family and domestic violence;
- coercive controlling behaviour;
- research examining the nature of family violence among Aboriginal and/or Torres Strait Islander people, families and communities; and
- research examining the impact of family and domestic violence upon children and adolescents.

Volume 3 of the investigation report, *Contact between victims of family and domestic violence who died by suicide and State government departments and authorities* details the Office’s consideration of the deaths of 68 Western Australian women and children who were victims of family and domestic violence and died by suicide during the investigation period, and:

- includes an overview of state-wide Western Australia Police Force (**WA Police**) data relating to family and domestic incidents during between 1 January and 31 December 2017 (the investigation period);
- sets out how family and domestic violence is identified in the records of the WA Police Force, courts hearing restraining order proceedings, corrective services, hospitals and child protection services in Western Australia;

¹ World Health Organization, *Fact sheet: Violence against women*, 9 March 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>>.

- details the instances where records show that the 68 women and children who died by suicide had experienced repeat or persistent violence;
- sets out patterns of contact, including the time between the victim's most recent contact with each agency prior to their death; and
- explores differences in the patterns and trends between the 68 women and children State government departments and authorities.

Volume 4 of the investigation report, *The need for trauma informed responses*, identifies the current systemic responses to family and domestic violence provided by State government departments and authorities. It explores the need for agencies to continuously improve their focus on achieving safety for women and children and provide trauma-informed services to better meet their needs.

2 The role of the Ombudsman

The Parliamentary Commissioner for Administrative Investigations – more commonly known as the Ombudsman – is an independent and impartial officer of the Western Australian Parliament. The Ombudsman is responsible to the Parliament rather than to the government of the day or any Minister. This allows the Ombudsman to be independent in undertaking the Ombudsman's functions.

The Office of the Ombudsman (**the Office**) has four principal functions derived from the *Parliamentary Commissioner Act 1971 (the Act)* and other legislation, codes and service delivery arrangements:

- receives, investigates and resolves complaints about State government agencies, local governments and universities;
- reviews child deaths and family and domestic violence fatalities;
- undertakes own motion investigations with all the powers of a standing Royal Commission; and
- undertakes a range of additional functions, including statutory inspection and monitoring functions.

2.1 The Ombudsman's family and domestic violence fatality review function

On 1 July 2012, the Office commenced an important new role to review family and domestic violence fatalities.

As outlined in Figure 1, WA Police informs the Office of all family and domestic violence fatalities and provides information about the circumstances of the death, together with any relevant information of prior WA Police contact with the person who died and the suspected perpetrator. A family and domestic violence fatality involves persons apparently in a 'family relationship' as defined by section 4 of the *Restraining Orders Act 1997 (the Restraining Orders Act)*.

More specifically, the ‘family relationship’ between the person who was killed and the suspected perpetrator is a relationship between two persons:

- (a) who are, or were, married to each other;
- (b) who are, or were, in a de facto relationship with each other;
- (c) who are, or were, related to each other;
- (d) one of whom is a child who —
 - (i) ordinarily resides, or resided, with the other person; or
 - (ii) regularly resides or stays, or resided or stayed, with the other person;
- (e) one of whom is, or was, a child of whom the other person is a guardian; or
- (f) who have, or had, an intimate personal relationship, or other personal relationship, with each other.²

‘Other personal relationship’ means a personal relationship of a domestic nature in which the lives of the persons are, or were, interrelated and the actions of one person affects, or affected the other person.

‘Related’, in relation to a person, means a person who:

- (a) is related to that person taking into consideration the cultural, social or religious backgrounds of the 2 persons; or
- (b) is related to the person’s —
 - (i) spouse or former spouse; or
 - (ii) de facto partner or former de facto partner.³

If the relationship meets these criteria, a review is undertaken.

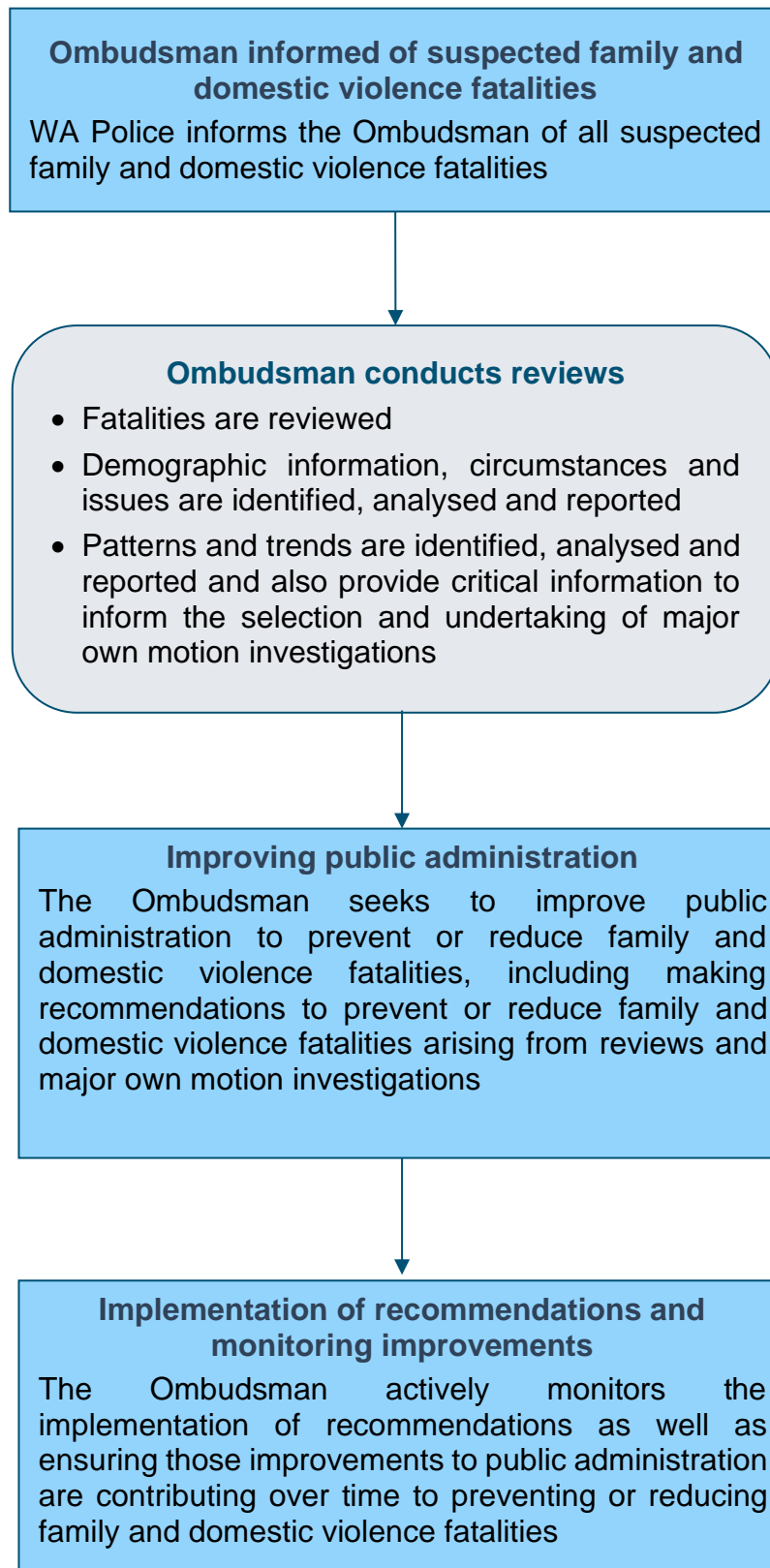
The extent of a review depends on a number of factors, including the circumstances surrounding the death and the level of involvement of relevant public authorities in the life of the person who died or other relevant people in a family and domestic relationship with the person who died, including the suspected perpetrator. Confidentiality of all parties involved with the case is strictly observed.

The family and domestic violence fatality review process is intended to identify key learnings that will positively contribute to ways to prevent or reduce family and domestic violence fatalities. The review does not set out to establish the cause of death of the person who died; this is properly the role of the Coroner. Nor does the review seek to determine whether a suspected perpetrator has committed a criminal offence; this is only a role for a relevant court.

² *Restraining Orders Act 1997 (WA)*, s. 4(1).

³ *Restraining Orders Act 1997 (WA)*, s. 4(2).

Figure 1: The Family and Domestic Violence Fatality Review Process



Source: Ombudsman Western Australia

2.2 The Ombudsman's child death review function

On 30 June 2009, amendments to the *Parliamentary Commissioner Act 1971 (the Act)* commenced into effect, granting an important new child death review function to the Ombudsman. The child death review function enables the Ombudsman to review investigable deaths where the child, or their family, was known to the Department of Communities in the two years before the child's death as defined in section 19A(3) of the Act.

To facilitate the review of investigable deaths, the Department of Communities receives information from the State Coroner on reportable deaths of children and notifies the Ombudsman of these deaths. The notification provides the Ombudsman with a copy of the information provided to the Department of Communities by the Coroner about the circumstances of the child or young person's death together with a summary outlining the past involvement of the Department of Communities with the child and their family.

In addition to reviewing investigable deaths, the Ombudsman can review other notified deaths and undertake major own motion investigations relating to child death reviews under section 16(1) of the Act. Each recommendation arising from an own motion investigation is actively monitored by the Office to ensure its implementation and effectiveness, in accordance with sections 25(4) and (5) of the Act.

2.3 Own motion investigations

Under section 16(1) of the Act, the Ombudsman is able to investigate, by her or his own motion, any administrative decision, recommendation or action by State government departments and authorities within his or her jurisdiction, as follows:

Without prejudice to the provisions of section 15 any investigation that the [Ombudsman] is authorised to conduct under this Act may be so conducted, either on [her or his] own motion or on a complaint ...

3 About the investigation

3.1 Objectives

The objectives of the investigation were to:

- examine the association between family and domestic violence and suicide as identified in the research literature, and among individuals who died by suicide;
- identify patterns and trends in the demographic characteristics and social circumstances of women and children who were victims of family and domestic violence and died by suicide and their contact with State government departments and authorities; and
- based upon this analysis, determine whether it may be appropriate to make recommendations to any State government department or authority.

3.2 Methodology

To undertake the own motion investigation, the Office:

- conducted a review of relevant national and international literature relating to the association between family and domestic violence and suicide (which is referred to as **the research literature** throughout this report);
- collected information and data from State government departments and authorities about each of the 410 people who died by suicide during the investigation period;
- analysed the information and data relating to the 410 people who died by suicide using qualitative and quantitative techniques to identify women and children who were victims of family and domestic violence and died by suicide within the 410 people;
- identified that 68 women and children were victims of family and domestic violence and died by suicide, this includes 20 children and young women aged under 26;
- undertook extensive analysis of the circumstances of the 68 women and children who were victims of family and domestic violence and died by suicide;
- undertook analysis of two further sub-groups of the 410 people, namely Aboriginal and Torres Strait Island people and children and young women;
- consulted with government and non-government organisations;
- consulted relevant stakeholders regarding the results of our analysis as well as engaging external professionals with expertise regarding suicide and family and domestic violence to critically comment and review the data collection and analysis and the draft findings that arose from this analysis;
- developed a draft report containing preliminary opinions and draft recommendations and provided it to relevant State government departments and authorities for their consideration and comment; and
- prepared the final report and recommendations.

4 Definitions and language used in this report

Throughout the investigation, including during consultation with stakeholders and the review of the research literature, the use of language has been raised as an important issue.

Aboriginal and/or Torres Strait Islander

The Office recognises and deeply respects the Aboriginal communities who are the original inhabitants of Western Australia.

The terms 'Aboriginal' and 'Torres Strait Islander' are used to describe the identity of people who have died by suicide. When referring to a group of people including both Aboriginal people and Torres Strait Islander people, we use the phrase 'Aboriginal and Torres Strait Islander people'. We also use the term 'Aboriginal and/or Torres Strait Islander' when referring to the population.

In tables, Aboriginal and/or Torres Strait Islander individuals are identified as **ATSI individuals**.

Aboriginal family violence

Where the Office is specifically discussing family and domestic violence in relation to Aboriginal and/or Torres Strait Islander Western Australians, where appropriate, the Office has used the term 'family violence'. In the work of the Office, Aboriginal and Torres Strait Islander stakeholders have indicated to the Office that this is the preferred terminology, particularly as it recognises the importance of extended kinship and family networks to Aboriginal and Torres Strait Islander people. However, it is important to note that 'the use of this term [does] not obscure the fact that Aboriginal [and Torres Strait Islander] women and children bear the brunt of family violence'.⁴

Family violence involves any use of force, be it physical or non-physical, which is aimed at controlling another family or community member and which undermines that person's well-being. It can be directed towards an individual, family, community or particular group. Family violence is not limited to physical forms of abuse, and also includes cultural and spiritual abuse. There are interconnecting and trans-generational experiences of violence within Indigenous families and communities.⁵

Aboriginal and/or Torres Strait Islander researchers and experts identify that there are 'multiple complex and diverse factors contributing to the high levels and severity of family violence in Aboriginal and Torres Strait Islander communities,'⁶ and 'it must be clearly understood that the causes do not derive from Aboriginal culture. Family violence is not part of Aboriginal culture.'⁷

The drivers of family violence for Aboriginal and/or Torres Strait Islander individuals are distinct and multifaceted and cannot be conceptualised without examining the history of

⁴ Department for Child Protection and Family Support, *Family and Domestic Violence Background Paper*, 2012, Government of Western Australia, Perth, p. 2.

⁵ Aboriginal and Torres Strait Islander Social Justice Commissioner, *Ending family violence and abuse in Aboriginal and Torres Strait Islander communities – Key issues, An overview paper of research and findings by the Human Rights and Equal Opportunity Commission, 2001 – 2006*, 2006, Human Rights and Equal Opportunity Commission, p. 6.

⁶ Aboriginal Family Violence Prevention & Legal Service Victoria, 'Submission to the Victorian Royal Commission into Family Violence,' 2015, FVPLS Victoria, Melbourne, p. 22.

⁷ Aboriginal Family Violence Prevention & Legal Service Victoria, 'Submission to the Victorian Royal Commission into Family Violence,' 2015, FVPLS Victoria, Melbourne, p. 22.

Aboriginal and/or Torres Strait Islander peoples following colonisation. Aboriginal and/or Torres Strait Islander perspectives highlight the causes of family violence as ‘located in the history and impacts of white settlement,’ and ‘structural violence of race relations since then.’⁸ Family violence is examined in further detail in section 1.2 of Volume 4 of this report.

Family and domestic violence

The term ‘family and domestic violence’ or ‘family violence’ is used to refer to the relationships identified under section 4 of the *Restraining Orders Act 1997*, and the behaviours specified in section 5A of the *Restraining Orders Act 1997*. The definition of family and domestic violence is discussed in further detail at section 1.1 of Volume 4 of this report.

The Office recognises that the terms ‘family and domestic violence’ and ‘family violence’ can be ‘mutualising’,⁹ that is, these terms could mean that everyone in a family, or a number of members of a family, were, or are, violent to each other. Where appropriate, the Office has included information about who perpetrated the violence, and who was the victim of the violence.

In tables, family and domestic violence is referred to as **FDV**.

Gendered language

Much of the research literature and key Australian and Western Australian reports commonly identify family and domestic violence as involving male perpetrators and female victims, in recognition that family and domestic violence has an ‘unequal impact on women,’¹⁰ and is ‘grounded in gender inequality.’¹¹ While some literature identifies ‘this is not intended to suggest that men are never victims or that women are never perpetrators’ of family and domestic violence, family and domestic violence ‘predominantly affects women and children.’¹²

⁸ Aboriginal Affairs Victoria, *Strong Culture, Strong Peoples, Strong Families Towards a safer future for Indigenous families and communities*, 2008, Victorian Government, p. 12.

⁹ Coates L and Wade A, *National Crime Victims Awareness Week “Choose Your Words Carefully”*, PowerPoint presentation delivered in Ottawa, Canada, 19 April 2010.

¹⁰ Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, 2011, viewed 18 September 2020, <<http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children>>.

¹¹ Government of Western Australia, *Path to Safety: Western Australia’s strategy to reduce family and domestic violence 2020-2030*, 2020, Department of Communities, p. 51.

¹² AVERT Family Violence, *Prevention Strategies: Involving and Engaging Perpetrators*, Australian Government, Canberra, 2010, p. 5.

Sex

The ABS identifies that although the terms sex and gender are interrelated and often used interchangeably, ‘they are two distinct concepts,’ in particular:

... a person's **sex** is based upon their sex characteristics, such as their chromosomes, hormones and reproductive organs. While typically based upon the sex characteristics observed and recorded at birth or infancy, a person's reported sex can change over the course of their lifetime and may differ from their sex recorded at birth ... [and]

Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.¹³

In its review of Western Australian legislation in relation to the recognition of a person's sex, change of sex or intersex status, the Law Reform Commission of Western Australia acknowledged that:

... challenges affecting the intersex, trans and gender diverse communities are highly personal. It also acknowledges that as language evolves over time, terminology may mean different things to different people.¹⁴

The personal challenges and experiences of people with intersex variations, transgender and gender-diverse people whose genetically assigned sex differs from their gender identity, illustrate the ‘important distinction between sex and gender.’¹⁵ For this reason, the Office has sought to use inclusive terminology throughout this report when discussing gender identity.

The Office also acknowledges that:

- our data with respect to the gender identity of individuals (as drawn from the records of State Government departments and authorities) is unlikely to be complete, and many agency data collection systems and processes do not yet facilitate the recording of gender identity beyond a binary male/female format;
- comparable population data relating to self-harm and suicide, and variables relating to family and domestic violence published by agencies such as the ABS is currently only reported with reference to biological sex; and
- qualitative and quantitative data examined in the research literature relating to family and domestic violence and suicide is predominantly reported with reference to biological sex.

Accordingly, as a result of these methodological limitations, we use the word ‘sex’ to refer to the set of biological features that define the different types of sexes, that is, males, females and others (those with mixed or non-binary biological characteristics, or who were assigned a non-binary sex at birth). Further, we use the word ‘gender’ to refer to a person's

¹³ Australian Bureau of Statistics, *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables*, January 2021, viewed 4 November 2021 <<https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>>.

¹⁴ Law Reform Commission of Western Australia, *Final Report: Review of Western Australian legislation in relation to the registration or change of a person's sex and/or gender and status relating to sex characteristics*, 2018, p. 12.

¹⁵ Law Reform Commission of Western Australia, *Final Report: Review of Western Australian legislation in relation to the registration or change of a person's sex and/or gender and status relating to sex characteristics*, 2018, p. 12.

self-described gender identity, where this is recorded as part of the records obtained during this investigation.

In this report, we also use the words ‘men and boys’ and ‘women and girls’ as meaning:

- **men and boys:** persons recorded as displaying primarily male or masculine biological characteristics, or as male sex assigned, where this accords with a person’s self-described gender identity, in addition to those recorded with female or feminine biological characteristics or as female sex assigned at birth, who self-identify as being male.
- **women and girls:** persons recorded as displaying primarily female or feminine biological characteristics, or as female sex assigned, where this accords with a person’s self-described gender identity, in addition to those recorded as having male biological characteristics or sex assigned at birth who self-identify as being female.

Suicide

Suicide is defined as ‘the intentional taking of one’s life.’¹⁶

The 410 people who died by suicide

The Office analysed 410 deaths that occurred between 1 January 2017 and 31 December 2017 in which a person had either died by suicide (for those deaths where the State Coroner had completed an investigation and found that the cause of death was suicide) or was suspected of having died by suicide (for those deaths where the State Coroner had not yet completed an investigation). In this report, these people are referred to as **the 410 people who died by suicide**.

From the 410 people who died by suicide, the Office then analysed the deaths of 68 women and children who were victims of family and domestic violence and died by suicide between 1 January 2017 and 31 December 2017. These women and children are referred to as **the 68 women and children**. Included in the 68 women and children, the Office identified 20 children and young women aged under 26 who died by suicide. These children and young women are referred to **the 20 children and young women**.

The investigation period

During this investigation, the Office considered the 410 Western Australians who died by suicide between 1 January 2017 and 31 December 2017. Throughout this report, we refer to these dates as **the investigation period**.

Children

In this report, the term ‘children’ is used when referring to children aged 0-17 years unless specified otherwise.

¹⁶ Mendoza J and Rosenberg S, *Suicide and Suicide Prevention in Australia: Breaking the Silence*, 2010, Lifeline Australia and Suicide Prevention Australia, p. 12.

Adolescents

In this report, the term ‘adolescents’ is used to refer to children aged between 14 and 17 years unless specified otherwise.

Young adults

In this report, the term ‘young adults’ is used to refer to individuals aged 18 to 25 years at the time of their death.

Victim and perpetrator

Throughout this report, the Office uses the terms ‘victim’ and ‘perpetrator’, which are commonly used in the research literature.

These terms are also consistent with key national and state reports, for example the Council of Australian Government’s *National Plan to Reduce Violence against Women and their Children 2010 – 2022*¹⁷ and *Path to Safety: Western Australia’s strategy to reduce family and domestic violence 2020-2030*.¹⁸

The term ‘victim’ is used in acknowledgement of the harm caused by family and domestic violence ‘and is not reflective of the person’s full identity’.¹⁹

The term ‘perpetrator’ is used when identifying individuals who have used violence and inflicted harm within their family relationships and ‘is not reflective of the person’s identity or capacity for change’.²⁰

¹⁷ Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, 2011, Australian Government, viewed 18 September 2020, <<http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children>>.

¹⁸ Government of Western Australia, *Path to Safety: Western Australia’s strategy to reduce family and domestic violence 2020-2030*, 2020, Department of Communities, Perth.

¹⁹ Government of Western Australia, *Path to Safety: Western Australia’s strategy to reduce family and domestic violence 2020-2030*, 2020, Department of Communities, Perth, p. 51.

²⁰ Government of Western Australia, *Path to Safety: Western Australia’s strategy to reduce family and domestic violence 2020-2030*, 2020, Department of Communities, Perth, p. 51.

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5 Volume 2: Understanding the impact of family and domestic violence and suicide

Volume 2 of the investigation report, *Understanding the impact of family and domestic violence and suicide*, outlines the reasons why family and domestic violence increases the risk of suicide and self-harm in women and children, as identified in the research literature. It also explores what family and domestic violence looks like and feels like for victims and presents important context about family and domestic violence and suicide in Western Australia, including:

- definitions of family and domestic violence;
- coercive controlling behaviour;
- research examining the nature of family violence among Aboriginal and/or Torres Strait Islander people, families and communities; and
- research examining the impact of family and domestic violence upon children and adolescents.

Volume 2 contains the thematic findings of the Office's extensive literature review regarding family and domestic violence and suicide, as summarised below.

5.1 Suicide is preventable

Suicide can be prevented, as highlighted by the World Health Organization, the United States Centers for Disease Control and Suicide Prevention Australia.²¹ Government departments and authorities have a key role in preventing suicide in our community, and there 'is the potential at every level and across each portfolio to identify aspects of suicide prevention that relate to existing responsibilities.'²²

5.2 Many complex factors can influence suicide risk, or create safety and prevent suicide

The research literature offers no simple explanations for suicide, with scientific evidence highlighting a range of risk factors for suicide and suicidal behaviour including mental illness, previous self-harm or suicide attempts, substance abuse disorders, adverse childhood experiences, and stressful life events or crises.²³ Effective suicide prevention requires a whole of government approach to address the 'social, economic, health, occupational, cultural, and environmental factors' that can lead a person to significant distress and suicidal behaviours.²⁴

²¹ World Health Organization, *Key facts: Suicide*, 17 June 2001, <<https://www.who.int/news-room/fact-sheets/detail/suicide>>; Stone DM, Holland KM, Bartholow B, Crosby AE, Davis S, and Wilkins N, *Preventing Suicide: A Technical Package of Policies, Programs, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, 2017, Centers for Disease Control and Prevention; Suicide Prevention Australia, 'Our ambition', <<https://www.suicidepreventionaust.org/our-ambition/>>.

²² National Suicide Prevention Taskforce, *Final Advice: Connected & Compassionate – Implementing a national whole of governments approach to suicide prevention*, Australian Government, December 2020, p 1.

²³ MacIsaac M, Bugeja L, and Jelinek G, 'The association between exposure to interpersonal violence and suicide among women: a systematic review,' *Australian and New Zealand Journal of Public Health*, 2016, vol. 41, p. 61; Fuller-Thomson, Baird SL et al, 'The association between adverse childhood experiences (ACEs) and suicide attempts in a population based study,' *Child: care, health and development*, 42(5), p. 725; and Commission for Children and Young People (Victoria), *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, 2019, Victorian Government, p. 8.

²⁴ Suicide Prevention Australia, *2022-23 Pre-Budget Submission*, January 2022, p 11.

Although commonly used, suicide ‘risk assessment tools’ linking demographic risk factors to suicide risk have been found by a British Medical Journal ‘state of the art’ review of suicide risk assessment and intervention as having been developed without a solid evidence base.²⁵

There is, however, ‘strong evidence’ which demonstrates that ‘the risk of suicide among those who have self-harmed is much greater than that of the general population.’²⁶ Those bereaved by suicide are also recognised as being at elevated risk of suicide, including those who may need support but are ‘less visible, such as children, ex-partners, and more peripheral friends, ... [who] can experience disenfranchised grief that is not socially sanctioned or openly acknowledged.’²⁷

The Australian Institute of Health and Welfare (**AIHW**) has noted that ‘risk factors relating to deaths by suicide can highlight areas of a person's life experience that may need additional attention [however] ... the presence of one or more of these risk factors in an individual's life does not necessarily mean they will have suicidal behaviours.’²⁸

For Aboriginal and Torres Strait Islander people, there are additional risk factors and impacts affecting both suicide risk and the effectiveness of suicide prevention interventions. Suicide among Aboriginal and Torres Strait Islander peoples ‘was almost unheard of prior to the 1960s.’²⁹ The *Wiyi Yani U Thangani Report* identifies that ‘there appears to be a relatively low correlation between Aboriginal suicide and diagnosable mental illness, where drug and alcohol misuse is considered separately’ and that the ‘disproportionate rate of suicide in Aboriginal and Torres Strait Islander populations is in part attributed to higher levels of social and economic disadvantage, and increased exposure to known risk factors shared with the general population such as poverty, unemployment, homelessness, incarceration and family violence.’³⁰

5.3 Violence against women and children is a ‘major public health problem and a violation of women’s human rights’ that is also preventable

As noted by the World Health Organization, violence against women and children is a highly prevalent, worldwide, preventable social problem, with ‘about 1 in 3 (30%) of women worldwide ... subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime’.³¹

Children living in homes with violence can ‘suffer a range of behavioural and emotional disturbances ... [and] higher rates of infant and child mortality and morbidity (through, for example diarrhoeal disease or malnutrition and lower immunization rates’.³²

²⁵ Bolton JM, Gunnell D and Turecki G, ‘Suicide risk assessment and intervention in people with mental illness’, *BMJ*, 2015;351:h4978 <<http://dx.doi.org/10.1136/bmj.h4978>>.

²⁶ Royal College of Psychiatrists, *Self-harm and suicide in adults: Final report of the Patient Safety Group (CR229)*, July 2020, p 30 - 31.

²⁷ Royal College of Psychiatrists, *Self-harm and suicide in adults: Final report of the Patient Safety Group (CR229)*, July 2020, p 57.

²⁸ Australian Institute of Health and Wellbeing, *Suicide & self-harm monitoring: Psychosocial risk factors and deaths by suicide*, viewed 28 May 2022, <<https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/psychosocial-risk-factors-suicide>>.

²⁹ Dudgeon P, Cox A, Walker R, et al, *Solutions that Work: What the Evidence of our People Tell Us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report.*, 2016, School of Indigenous Studies, UWA, Perth, p. 6.

³⁰ Australian Human Rights Commission, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, AHRC, Canberra, 2020, p. 433.

³¹ World Health Organization, *Fact sheet: Violence against women*, 9 March 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>>.

³² World Health Organization, *Fact sheet: Violence against women*, 9 March 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>>.

5.4 Suicidal behaviour is highest among women and girls, who attempt suicide more frequently but die less frequently than men and boys

National statistics and studies on suicidal behaviour have consistently shown that women and girls engage in suicidal behaviour much more frequently than men and boys, although they are less likely to die from suicide than men.³³ The Australian Institute of Health and Wellbeing observes that the morbidity burden associated with women and girls' suicidal behaviour has grown markedly in recent years, with 'males ... more likely than females to die by suicide, [but] females ... more likely to be hospitalised for intentional self-harm (1.75 times).'³⁴

Historically, there have been few studies on suicide focussed on suicidal behaviour in women and its association with gender differences, vulnerabilities, or psychosocial stressors, with some attempting to explain this research gap as arising from 'a tendency to view suicidal behavior in women as manipulative and nonserious (despite evidence of intent, lethality, and hospitalization), to describe their attempts as "unsuccessful," "failed," or attention-seeking, and generally to imply that women's suicidal behavior is inept or incompetent.'³⁵

5.5 Suicide is linked to experiences of violence and injury, including gender-based violence, family and domestic violence, sexual abuse, physical abuse and abuse in childhood

Despite historical violence prevention research and prevention focussing on particular forms of violence, such as physical abuse, sexual abuse, psychological abuse and neglect, the United States Centres for Disease Control have long observed the need for a cross-cutting, strategic approach to preventing multiple forms of violence, due to the strong connection and relationship between them, including that:

- Those who are victims of one form of violence are likely to experience other forms of violence.
- Those who have been violent in one context are likely to be violent in another context.
- The different forms of violence share common consequences. Beyond physical injuries and deaths these include a broad range of mental, emotional and physical health, and social problems that have effects across the lifespan.
- The evidence also clearly shows that the different forms of violence share common risk and protective factors.³⁶

Across Australia, research and reviews jurisdictions have identified an association between family and domestic violence and suicide, including in Queensland, where the Domestic and Family Violence Death Review and Advisory Board has observed that 'the relationship between suicidal ideation, threats and attempts, and violence perpetration within intimate

³³ Australian Institute of Health and Wellbeing, *Injury in Australia: Intentional self-harm and suicide*, 9 December 2021 <<https://www.aihw.gov.au/reports/injury/intentional-self-harm-and-suicide>>; Devries K, Watts C, Yoshihama M et al, 'Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women', 2011, *Social science & medicine*, 73(1), p. 79-86.

³⁴ Australian Institute of Health and Wellbeing, *Australia's health 2020: Suicide and intentional self-harm*, 23 July 2020, <<https://www.aihw.gov.au/reports/australias-health/suicide-and-intentional-self-harm>>.

³⁵ Vijayakumar L, 'Suicide in women', *Indian journal of psychiatry*, 2015, vol. 57, Suppl 2: S233-8. doi:10.4103/0019-5545.161484.

³⁶ Centres for Disease Control, *Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots*. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, 2016, p. 4-5.

partner or family relationships is not well understood, particularly its association with subsequent lethality ... in part because of a paucity of research in this area.³⁷

5.6 There is a strong relationship between family and domestic violence and suicidality identified in the research literature

In responding to the need to advance knowledge and understanding, and to mitigate limitations in available research, researchers have undertaken systematic reviews that aim to identify, evaluate, and summarise individual studies undertaken concerning the relationship between family and domestic violence and suicide.

Importantly, in acknowledging the limitations of existing, individual studies, systematic reviews have nonetheless identified 'a strong and consistent association between intimate partner abuse and suicidality.'³⁸ This relationship has been identified to hold 'irrespective of method, sample and measurement of [intimate partner violence/abuse] and suicidality' with 'the degree of consistency in findings across these studies confirm[ing] a strong relationship between [intimate partner violence/abuse] and suicidality [and for] ... intimate partner abuse [as] a significant risk factor for suicidal thoughts and behaviours.'³⁹

Additionally, the relationship appears to extend beyond violence in the context of intimate partner relationships, with a recent systematic review identifying that 'being a victim or perpetrator of violence appears to be associated with risk of suicide.'⁴⁰

The association between family and domestic violence and suicide has been examined in other Australian jurisdictions. Crucially, this work is also based upon broad and inclusive definitions of family and domestic violence, with:

- the Queensland Domestic and Family Violence Death Review and Advisory Board identifying that 'apparent suicides contribute the largest number of domestic and family violence deaths each year in Queensland' and that 'intimate partner violence is a significant risk factor for suicide in female victim/survivors, with some studies suggesting women who have been abused by their intimate partners are almost four times more likely to experience suicidal ideation compared to non-abused women in the general population';⁴¹
- the New South Wales Domestic Violence Death Review Team identifying that almost half of female suicides examined in a pilot study 'had a recorded or apparent history of domestic and family violence, relationship conflict or relationship breakdown' (49 per cent);⁴² and
- Victorian research identifying that 'forty-two percent of women who died from suicide had a history of exposure to interpersonal violence.'⁴³

³⁷ Queensland Domestic and Family Violence Death Review and Advisory Board, 'Domestic and family violence death of 'Frank,' 2017, Queensland Government, Brisbane, p. 14-15.

³⁸ McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, volume 32, p. 677.

³⁹ McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, volume 32, p. 685.

⁴⁰ MacIsaac M, Bugeja L and Jelinek G, 'The association between exposure to interpersonal violence and suicide among women: a systematic review,' *Australian and New Zealand Journal of Public Health*, 2016, vol. 41, p. 61.

⁴¹ Queensland Government, *Suicide Prevention Framework for working with people impacted by domestic and family violence*, Queensland Government, Brisbane, 2021, p. 1.

⁴² NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2017-2019*, New South Wales Government, Sydney, 2019, p. 140.

⁴³ MacIsaac M, Bugeja L, Weiland T et al, 'Prevalence and Characteristics of Interpersonal Violence in People Dying From Suicide in Victoria, Australia,' *Asia Pacific Journal of Public Health*, 2018, 30(1), p. 36.

Aboriginal and/or Torres Strait Islander researchers have also identified that family violence and suicide are connected, with family violence ‘disrupt[ing] healthy connections to family and has long-term negative impacts on mental health and wellbeing of children and their mothers,’ and ‘mak[ing] children more vulnerable to suicide and suicide-related behaviour.’⁴⁴

5.7 Family and domestic violence is gendered violence and criminal behaviour perpetrated against women and children

Family and domestic violence is gendered violence and criminal behaviour perpetrated against women and children and ‘is a violent crime perpetrated by men against women and children that ‘tears lives apart.’⁴⁵

Each week in Australia, on average, one woman is killed by her current or former partner.⁴⁶

Women are most likely to experience violence from someone they know (often a current or a previous partner) in their own home. In contrast, men are most likely to experience violence in public from a stranger.⁴⁷

Recognising the gendered nature of family and domestic violence and its relationship with historic and current systemic misogyny and sexism and the structural social, political and economic inequality of women (and the role of men in causing and perpetrating this inequality) is an essential, indeed inseparable, element for ensuring successful service systems, policies and responses to family and domestic violence.⁴⁸ It is also important to recognise that ‘individual stories of courage, hope and resilience form the backdrop of these statistics.’⁴⁹

5.8 Family and domestic violence includes non-physical, coercive controlling behaviours

The United Nations *Declaration on the Elimination of Violence against Women* defines violence against women as ‘any act of gender-based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life.’⁵⁰

In 2017, the UN Committee for the Elimination of Discrimination against Women adopted Recommendation No. 35 on gender-based violence against women, which defines ‘gender-based violence against women’ as taking ‘multiple forms, including acts or omissions intended or likely to cause or result in death or physical, sexual, psychological, or economic harm or suffering to women, threats of such acts, harassment, coercion, and arbitrary

⁴⁴ Dudgeon P, Blustein S, Bray A, et al, *Connection between family, kinship and social and emotional wellbeing*, 2021, Indigenous Mental Health and Suicide Prevention Clearinghouse, Australian Institute of Health and Welfare, Canberra, p. v.

⁴⁵ NSW Government Communities and Justice, *The effects of domestic and family violence*, September 2019, viewed 18 February 2022, <<https://www.facs.nsw.gov.au/domestic-violence/about/effects-of-dv>>.

⁴⁶ Australia’s National Research Organisation for Women’s Safety, *Violence against women: Accurate use of key statistics (ANROWS Insights 05/2018)*, 2018, ANROWS, Sydney; Cussen T & Bryant W, *Domestic/family homicide in Australia (Research in practice, no. 38)*, 2015, Australian Institute of Criminology; Bryant W & Bricknell S, *Homicide in Australia 2012-13 and 2013-14: National Homicide Monitoring Program report*, 2017, Australian Institute of Criminology, Canberra.

⁴⁷ Australian Institute of Health and Welfare, *Family, domestic, and sexual violence in Australia*, 2018, viewed 18 February 2022, <<https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/summary>>.

⁴⁸ Poon J, Dawson M & Morton M, ‘Factors increasing the likelihood of sole and dual charging of women for intimate partner violence’, *Violence Against Women*, 2014, 20(12), 1447–1472; Nancarrow H, Thomas K, Ringland V & Modini T, *Accurately identifying the “person most in need of protection” in domestic and family violence law* (Research report, 23/2020), 2020, ANROWS; Nancarrow H, *Unintended consequences of domestic violence law: Gendered aspirations and racialised realities*, 2019, Springer Nature.

⁴⁹ Australia’s National Research Organisation for Women’s Safety, *Violence against women: Accurate use of key statistics (ANROWS Insights 05/2018)*, 2018, ANROWS.

⁵⁰ United Nations General Assembly, *Declaration on the Elimination of Violence against Women* (1993), viewed 18 February 2022, <<https://digitallibrary.un.org/record/179739?ln=en>>.

deprivation of liberty' which may occur in 'all spaces and spheres of human interaction, ... [including] the family, the community, the public spaces, the workplace, leisure, politics, sport, health services, educational settings and ... contemporary forms of violence occurring in the Internet and digital spaces.'⁵¹

For the purposes of this investigation, in using the term 'family and domestic violence', the Office refers to the relationships and behaviours specified in the *Restraining Orders Act 1997 (WA)*. Section 5A of the *Restraining Orders Act* recognises a range of violent, threatening, coercive, controlling and fear-inducing behaviours beyond physical abuse as 'family violence', including sexual, emotional, psychological and financial abuse.⁵²

5.9 Coercive control is the context in which family and domestic violence occurs

Family and domestic violence is not solely made up of discrete, isolated incidents of violence.⁵³ Power and control are central to understanding family and domestic violence. These concepts are 'well understood by those who have experienced it' and have been expressed in recent research literature using the concept of 'coercive control'.⁵⁴ Coercive control, is the relentless pattern of behaviour and 'tactics to isolate, degrade, exploit ... frighten or hurt [victims] physically' specifically targeting and responding to a victim-survivor, with the aim of controlling their life.⁵⁵

Coercive control is ongoing, insidious, and 'almost exclusively perpetrated by men against women.'⁵⁶ Coercive controlling behaviours are 'not simply an action within a list of other actions that may constitute DFV [domestic and family violence], but is the *context* in which DFV occurs.'⁵⁷

Coercive control is 'commonly described by victim-survivors as the worst form of abuse they experience' that can be 'hostage-like' in the harmful way it erodes a person's safety, wellbeing, confidence, self-esteem, 'autonomy and personhood, as well as to physical and psychological integrity'.⁵⁸ These effects have been described as 'intimate terrorism', leaving 'emotional and psychological scars [that] are not immediately visible.'⁵⁹

⁵¹ United Nations Committee on the Elimination of Discrimination against Women, *General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19*, 14 July 2017 CEDAW/C/GC/35.

⁵² *Restraining Orders Act 1997 (WA)*, s 5A(2)-(3).

⁵³ Australia's National Research Organisation for Women's Safety, *Accurately identifying the 'person most in need of protection' in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, p. 93.

⁵⁴ Nancarrow H, Thomas K, Ringland V & Modini T, *Accurately identifying the "person most in need of protection" in domestic and family violence law (Research report, 23/2020)*, 2020, ANROWS, Sydney, p. 47.

⁵⁵ Stark E, 'Re-representing Battered Women: Coercive Control and the Defense of Liberty,' prepared for Violence Against Women Complex Realities and New Issues in a Changing World Conference, Montreal, 2012, viewed 9 October 2020 <http://www.stopvaw.org/uploads/evan_stark_article_final_100812.pdf>.

⁵⁶ Australia's National Research Organisation for Women's Safety, *Accurately identifying the 'person most in need of protection' in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, p. 40.

⁵⁷ Australia's National Research Organisation for Women's Safety, *Accurately identifying the 'person most in need of protection' in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, p. 2.

⁵⁸ Parliament of Australia, House of Representatives Standing Committee on Social Policy and Legal Affairs, *Final Report: Inquiry into family, domestic and sexual violence*, March 2021, Commonwealth of Australia, p. 11, viewed 18 June 2022, <https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Familyviolence/Report/section?id=committees%2Freportre p%2F024577%2F75463>.

⁵⁹ Healthtalk, *Women's experiences of Domestic Violence and Abuse: Emotional-psychological abuse and effects on women's self-esteem*, February 2020, viewed 18 February 2022 <<https://healthtalk.org/womens-experiences-domestic-violence-and-abuse/emotional-psychological-abuse-and-effects-on-womens-self-esteem>>.

5.10 Family and domestic violence can have devastating effects

Family and domestic violence can have devastating effects. Each and every woman that experiences family and domestic violence has a unique and individual experience, and ‘the individual and cumulative impact of each act of violence depends on many complex factors.’⁶⁰

Family and domestic violence seriously affects women’s health and causes more illness, disability and deaths than any other risk factor for women aged 25–44, including smoking, alcohol and obesity.⁶¹ The health impacts of family and domestic violence include ‘injuries and homicide, poor mental health, reproductive health problems and problems with alcohol and drug use.’⁶²

Violence against women and children can also significantly impact on their short and long-term health, wellbeing, education, relationships and housing outcomes.⁶³

Communities, governments and businesses also suffer the effects of family and domestic violence, with the estimated total annual cost of this violence in Australia during 2015-16 being \$22 billion.⁶⁴

5.10.1 Some women and children are more vulnerable to family and domestic violence

Aboriginal and Torres Strait Islander women, young women, pregnant women, women separating from their partners, women with disability, older women, women from culturally and linguistically diverse backgrounds, LGBTIQ+ people, women living in rural and remote areas, and women experiencing socioeconomically disadvantage and women financial hardship are at greater risk of family, domestic and sexual violence.⁶⁵

Children and Aboriginal and Torres Strait Islander women are particularly vulnerable to family and domestic violence in Western Australia, and for this reason are the subject of separate consideration, where relevant, in this investigation.

5.10.2 Perpetrators seek to avoid accountability for their violence and may manipulate institutions to maintain control or inflict abuse

The research literature suggests that perpetrators of family and domestic violence will take steps to avoid being held accountable for their behaviour, including instances where perpetrators may present the violence as mutual or joint, both to avoid responsibility and to shift responsibility to the victim.⁶⁶ This includes where perpetrators describe violence as an ‘argument’ or ‘retaliation’.⁶⁷

⁶⁰ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story*, 2019, cat. no. FDV 3, AIHW, Canberra.

⁶¹ Ayre J, Lum On M, Webster K, Gourley M, & Moon L, *Examination of the burden of disease of intimate partner violence against women in 2011: Final report*, 2016, ANROWS, p. 9.

⁶² Webster K, ‘A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women: *Key findings and future directions*,’ 2016, Australia’s National Research Organisation for Women’s Safety, Sydney.

⁶³ Ayre J, Lum On M, Webster K et al, *Examination of the burden of disease of intimate partner violence against women in 2011: Final report*, 2016, ANROWS, p. 9.

⁶⁴ KPMG, *The cost of violence against women and their children in Australia: Final detailed report*, 2016, Sydney, NSW.

⁶⁵ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story*, 2019, cat. no. FDV 3, AIHW, Canberra, p. 70.

⁶⁶ Government of Western Australia, *Perpetrator Accountability in Child Protection Practice*, 2013, Department for Child Protection and Family Support, Perth, p. 12.

⁶⁷ Chung D, Green D, Smith G et al, *Breaching Safety: Improving the Effectiveness of Violence Restraining Orders for Victims of Family and Domestic Violence*, 2014, The Women’s Council for Domestic and Family Violence Services, Perth, p. 11.

Examples of strategies used by perpetrators to manipulate institutions and maintain control over a victim include:

- Threatening to call Child Protective Services ... and making actual reports that his partner neglects or abuses the children.
- Changing lawyers and delaying court hearings to increase his partner's financial hardship.
- Telling police officers she hit him, too.
- Giving false information about the criminal justice system to confuse his partner or prevent her from acting on her own behalf.⁶⁸

The Department of Communities has specifically identified the risk of 'collusive practice' in its resource materials for officers engaging with perpetrators:

Men who perpetrate violence can be persuasive and subtle in the ways they downplay, deny, justify and rationalise their behaviour. Furthermore, they hold implicit beliefs—about women, relating to women and relationships—that enable them to feel right and vindicated regarding their behaviours and to perceive themselves as the victim in their interpersonal relationships.

When you are trying to engage a perpetrator of family and domestic violence, it is very likely that he will try to get you to collude with his narrative about the violence, perhaps by:

- presenting as calm, collected and reasonable;
- presenting his (ex)partner as irrational, unreasonable or mentally ill;
- lying about or omitting known facts, or presenting a partial picture;
- claiming his partner is lying or fabricating evidence;
- claiming 'the system' is out to get him;
- speaking on behalf of his (ex)partner—especially if he is her carer;
- claiming the violence is mutual;
- acknowledging some wrongs while not accepting responsibility; or
- attempting to use humour or other forms of charm to win you over.⁶⁹

5.10.3 Victims of family and domestic violence act to resist violence perpetrated against them and protect their children

The research literature identifies that victims of family and domestic violence will use a wide array of strategies to resist and respond to violence, and that the way in which victims respond to and resist violence depends upon the dangers and opportunities of their specific circumstances.⁷⁰

⁶⁸ Alabama Coalition Against Domestic Violence, *Why do Abusers Batter?*, Alabama Coalition Against Domestic Violence, cited by Ombudsman Western Australia *Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities*, 2015, p. 129.

⁶⁹ Government of Western Australia, *Perpetrator Accountability in Child Protection Practice*, 2013, Department for Child Protection and Family Support, p. 47-48.

⁷⁰ For example, Wilson, D, Smith, R, Tolmie, J and de Haan, I, *Becoming Better Helpers: rethinking language to move beyond simplistic responses to women experiencing intimate partner violence*, 2015, Institute for Governance and Policy Studies, Victoria University of Wellington, p. 28.

Researchers in the area of family and domestic violence further identify that some strategies employed by victims may create the perception that a victim is also a perpetrator of violence or not responding in a way that may align with expectations, such as ‘fighting back or defying the [perpetrator],’ or using or abusing substances as an ‘escape’ or to numb physical pain.⁷¹ Researchers identify that for some victims use of force is ‘not always defensive ... often it is more aptly described as “violent resistance”’, insofar as some women will respond to a violent partner with violence to stop or reduce the violence, or through ‘anger, frustration or retaliation.’⁷²

Researchers identify that these factors influence police decision making.⁷³ In 2010, the Australian Law Reform Commission observed that, if police ‘fail to identify the “primary aggressor” and the “primary victim” when attending a scene of family violence ... this may mean that victims are wrongly charged with family-violence related offences and inappropriately having protection orders taken out against them.’⁷⁴

5.10.4 Women are misidentified as a perpetrator of family and domestic violence

In Australia, each State and Territory has introduced laws attempting to address the harmful effects of family and domestic violence on women and to enable them to seek protection from harm occurring in the future.⁷⁵

The difficulty experienced by police in determining who is the ‘person most in need of protection’ when attending call outs relating to family and domestic violence, can lead to misidentification of ‘women who use violence in response to abuse’ as suspected perpetrators of abuse, particularly when there are ‘mutual allegations of violence.’⁷⁶

Misidentification of women as perpetrators of violence has ‘wide-ranging, harmful (even life-threatening) and long-term’ impacts including re-victimisation of victims, homelessness, criminal justice outcomes, and can undermine and compromise victim safety.⁷⁷

5.10.5 Most family and domestic violence is not reported

Most women who have experienced physical or sexual violence from a partner do not seek advice or support from the police (82%), and with many also reluctant to turn to informal networks of friends or family for support (46%).⁷⁸ Accordingly, the numbers of women and children experiencing family and domestic violence are likely to be significantly higher than

⁷¹Lien Bragg H, *Child Protection in Families Experiencing Domestic Violence*, 2003, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, Office on Child Abuse and Neglect, Washington, D.C, p. 28.

⁷² Women’s Legal Service Victoria, *Policy Paper 1: “Officer she’s psychotic and I need protection”: Police misidentification of the ‘primary aggressor’ in family and domestic violence incidents in Victoria*, 2018, Monash University and Women’s Legal Service Victoria, p. 3.

⁷³ Women’s Legal Service Victoria, *Policy Paper 1: “Officer she’s psychotic and I need protection”: Police misidentification of the ‘primary aggressor’ in family and domestic violence incidents in Victoria*, 2018, Monash University and Women’s Legal Service Victoria, p. 3.

⁷⁴ Australian Law Reform Commission, *Family Violence – A National Legal Response*, 2010, Australian Government, Canberra, viewed 21 June 2021 <<https://www.alrc.gov.au/publication/family-violence-a-national-legal-response-alrc-report-114/9-police-and-family-violence-2/identifying-the-primary-aggressor/>>.

⁷⁵ Australia’s National Research Organisation for Women’s Safety, *Accurately identifying the “person most in need of protection” in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, Sydney.

⁷⁶ Australia’s National Research Organisation for Women’s Safety, *Accurately identifying the “person most in need of protection” in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, Sydney.

⁷⁷ Nancarrow H, Thomas K, Ringland V & Modini T, *Accurately identifying the “person most in need of protection” in domestic and family violence law (Research report, 23/2020)*, 2020, ANROWS, Sydney, p. 30-31.

⁷⁸ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story 2019—In brief*, 2019, cat. no. FDV 4, AIHW Canberra, p. ix.

the number captured by administrative data, due to the general underreporting of this type of abuse, with the World Health Organization highlighting that:

A large proportion of interpersonal violence is unreported to criminal justice agencies, often because individuals fear stigma (e.g. from family and friends) or retribution from abusers for revealing their abuse. In addition, many victims will not disclose their situation unless they are directly asked.⁷⁹

Sexual violence within family and domestic violence relationships 'is one of the most under-reported tactics of DFV and is a significant indicator of escalating frequency and severity of DFV.'⁸⁰

5.11 Understanding the impact of family and domestic violence on children

5.11.1 Families are the primary source of a child's safety

Research identifies that families 'are a child's single most important environment in terms of influence on development,' 'with family relationships and interactions being critically important.'⁸¹

Families play a primary role in child caregiving, protection, and in the prevention of violence against children,⁸² often representing 'a first layer of a child's protective environment.'⁸³ International human rights instruments recognise the family as 'the natural and fundamental group unit of society,'⁸⁴ with the right to family unity, protection and assistance entrenched in universal and regional human rights instruments, and international humanitarian law.⁸⁵

The primacy of the family is also enshrined in the Council of Australian Government's *National Framework for Protecting Australia's Children 2009-2020*, which is underpinned by the principle that 'the safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and governments.'⁸⁶

⁷⁹ WHO, Reducing violence through victim identification, care and support programmes. (Series of briefings on violence prevention: the evidence), 2009, viewed 18 February 2022, <https://www.who.int/violence_injury_prevention/violence/programmes.pdf>.

⁸⁰ Australia's National Research Organisation for Women's Safety. (2020). Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020). Sydney: ANROWS, p. 2.

⁸¹ Australian Institute of Health and Welfare, 'Feature Article 3.1: The role of the family in child wellbeing,' Australian Government, Canberra, 2015 p.2, viewed 14 May 2020, <<https://www.aihw.gov.au/getmedia/30d3e529-a599-4b39-a30b-8ac63c6617b2/AW15-3-1-role-of-family-in-child-wellbeing.pdf.aspx>>.

⁸² United Nations Children's Fund, *General comment no. 13: the right of the child to freedom from all forms of violence*, Committee on the Rights of the Child, Geneva, 2011, p. 2.

⁸³ United Nations Human Rights Council, *Report of the Special Rapporteur on the sale of children, child prostitution and child pornography*, United Nations General Assembly, New York, 23 December 2013, A/25/48, para. 32.

⁸⁴ United Nations, *Article 16, United Nations Universal Declaration of Human Rights*, 1948, New York.

⁸⁵ United Nations High Commissioner for Refugees, 'Summary Conclusions: family unity,' 2001, Geneva, p. 604, viewed 12 March 2020, <<https://www.unhcr.org/419dbfaf4.pdf>>.

⁸⁶ Council of Australian Governments, *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*, 2009, Commonwealth of Australia, Canberra, p. 12.

In Western Australia, the role of the family is ingrained in the principal legislation governing the care and protection of children, the *Children and Community Services Act 2004*, which identifies ‘the principle that the parents, family and community of a child have the primary role in safeguarding and promoting the child’s wellbeing’ must be observed in the administration of the Act.⁸⁷

5.11.2 Families with multiple, chronic and inter-related problems can have difficulties in meeting children’s needs and keeping children safe from harm

Not all children reside in a home ‘where some or all aspects of their family are positively functioning’ and, ‘for some children, families may not be able to provide a safe and supportive environment.’⁸⁸

In fact, family and domestic violence, parental drug and/or alcohol misuse and parental mental health problems frequently co-occur and are associated with child abuse and neglect within the home.⁸⁹

However, it is important to understand that these complex problems occur within a wider context of social exclusion, poverty and trauma and do not arise as a result of individual failings, but rather as part of a complex reaction to structural, relational and distributional disadvantage.⁹⁰

5.11.3 Children and adolescents are vulnerable to violence within their families

The research literature identifies that children living in homes characterised by family and domestic violence have previously been considered the “silent”, “forgotten”, “unintended”, “invisible” and/or “secondary” victims of domestic violence.⁹¹ Researchers also identified that child protection and family support systems, ‘tended to overlook children who have been exposed to domestic violence in the mistaken belief that “children are untouched by the chaos happening around them in the family home” and a belief that the absence of physical harm meant that no real harm had occurred.’⁹² Further, ANROWS has identified that ‘in the majority of cases, [Child Protection] workers do not properly document the impact of violence and abuse on children ... [and] minimise the impact of [family and domestic violence] on children, through the use of language that framed recorded incidents as an issue between parents only.’⁹³

Acknowledgement of the breadth of children’s experiences in the context of family and domestic violence was also recognised by former National Children’s Commissioner Megan Mitchell. In her 2015 Children’s Rights Report, Commissioner Mitchell noted that stakeholders repeatedly identified that ‘differentiating between witnessing violence, being

⁸⁷ *Children and Community Services Act 2004 (WA)*, s. 9(a).

⁸⁸ Australian Institute of Health and Welfare, *Australia’s Children*, 2020, Canberra, p. 231.

⁸⁹ Bromfield L et al, *Issues for the safety and wellbeing of children in families with multiple and complex problems: the co-occurrence of domestic violence, parental substance misuse, and mental health problems: NCPC Issues 33*, 2010, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne, p.1.

⁹⁰ Bromfield L et al, *Issues for the safety and wellbeing of children in families with multiple and complex problems: the co-occurrence of domestic violence, parental substance misuse, and mental health problems: NCPC Issues 33*, 2010, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne, p. 13.

⁹¹ Richards K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 1.

⁹² Kovacs K and Tomison A, ‘An analysis of current Australian program initiatives for children exposed to domestic violence’, *Australian Journal of Social Issues*, 2003, 38(4), p. 514.

⁹³ Australian National Research Organisation for Women’s Safety, *The impacts of domestic and family violence on children*, 2018, ANROWS, Sydney, p. 3.

exposed to violence, and/or being directly abused in the context of family and domestic violence is not helpful.⁹⁴

The need to challenge how the system conceptualises children's experience of family and domestic violence was recently highlighted by Australian investigative journalist Jess Hill, in her award winning investigation into domestic abuse:

These are the children we refer to as “witnesses” who’ve been “exposed” to domestic abuse. Such language does gross injustice to their experience. These children are not bystanders. They are victims in their own right, with needs, fears, and loyalties independent of their abused parent. This is a fact recognised in Australian law: exposure to domestic violence is now considered a form of child abuse.⁹⁵

5.11.4 Family and domestic violence often co-occurs with other forms of child abuse and neglect

ANROWS has identified that being in a household where there is violence ‘places children at increased risk of maltreatment, including physical sexual and emotional abuse,’ with ‘co-occurrence of child maltreatment and neglect within families where there is [family and domestic violence] ... usually estimated to occur in 30 to 50 percent of cases.’⁹⁶

Research also identifies that the co-occurrence of family and domestic violence with other forms of child maltreatment ‘magnifies the detrimental effects of exposure to [family and domestic violence] on children’s emotional and behavioural outcomes,’ a “double whammy” effect’ that results in these children experiencing ‘worse [outcomes] in later life.’⁹⁷

5.11.5 Family and domestic violence incidents involving children and adolescents are often underreported

There is little reliable data on how many children are affected by domestic abuse in Australia. One survey of 5,000 children found that 23 per cent had witnessed physical violence against their mother or stepmother.⁹⁸ Fundamentally, some of these limitations stem from family and domestic violence ‘incidents themselves being under-reported,’ resulting in a lack of data on children’s involvement in these incidents.⁹⁹

Research indicates that the presence of children can be a significant barrier to victims seeking help and reporting of family and domestic violence, particularly due to fear of family separation.¹⁰⁰ Child protection services are also often feared as an additional means by which family separation may occur and are not viewed as a potential source of assistance for women experiencing family and domestic violence.¹⁰¹

⁹⁴ National Children’s Commissioner, *Children’s Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 121-122.

⁹⁵ Hill J, See *What You Made Me Do*, 2019, Black Inc, Carlton, p. 166.

⁹⁶ Australian National Research Organisation for Women’s Safety, *The impacts of domestic and family violence on children*, 2018, ANROWS, Sydney, p. 9.

⁹⁷ Australian National Research Organisation for Women’s Safety, *The impacts of domestic and family violence on children*, 2018, ANROWS, Sydney, p. 9; and Herrenkohl TI, Sousa C, Tajima EA, Herrenkohl RC & Moylan C A, ‘Intersection of child abuse and children’s exposure to domestic violence,’ *Trauma, Violence & Abuse*, 9 (2), p. 90.

⁹⁸ Hill J, See *What You Made Me Do*, 2019, Black Inc, Carlton, p. 165.

⁹⁹ Richards, K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 2.

¹⁰⁰ National Children’s Commissioner, *Children’s Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 123.

¹⁰¹ Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 9-11.

This particularly affects Aboriginal and/or Torres Strait Islander families, 'given the history of government removal of children,' and the 'current over-representation of Indigenous children in out of home care.'¹⁰²

Children are also 'especially vulnerable to being subjected to unreported violence, as perpetrators of incidents against children and young people are often their parents or a person whom they depend on for care.'¹⁰³

5.11.6 Family and domestic violence can have a devastating impact upon children's lifelong physical and mental health

Research concerning suicide and children affected by family and domestic violence is often included in broader examinations of factors that make individuals more vulnerable to suicidal behaviour, particularly exposure to adverse childhood experiences including physical and sexual abuse.¹⁰⁴

Research examining mental health, suicide ideation and attempts establishes 'a strong association between exposure to childhood adversity and psychiatric disorders and suicidal behaviour in adulthood,' with some research also identifying 'increasing severity of childhood adversity corresponding with poorer mental health outcomes.'¹⁰⁵ With regard to suicide attempts and ideation specifically, the research literature identifies:

Dube et al. used a clinic sample ...found that 67% of lifetime suicide attempts, 80% of child or adolescent suicide attempts, and 64% of adult suicide attempts were attributable to having experienced 1 or more adverse childhood events...

A striking finding from our study was that the highest attributable fraction corresponded with any childhood adversity and suicide attempts. More specifically, the results indicated that if childhood physical abuse, childhood sexual abuse, and having witnessed domestic violence did not occur, the prevalence of suicide attempts among women and men in the general population would have been reduced by approximately 50% and 33% respectively.¹⁰⁶

5.11.7 Australian researchers have identified a link between family and domestic violence and self-harm and suicide by children

Family and domestic violence was the subject of significant work by former Australian Children's Commissioner Megan Mitchell, who examined the impact of family and domestic violence on Australian children:

¹⁰² Richards K, *Children's exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 2.

¹⁰³ Victorian Government, *Victorian Family Violence Data Collection Framework*, 2020, Victorian Government, Melbourne, p. 40.

¹⁰⁴ Fuller-Thomson E, Baird SL, Dhrodia R et al, 'The association between adverse childhood experiences (ACEs) and suicide attempts in a population based study,' *Child: care, health and development*, 2016, 42(5), p. 725 and Commission for Children and Young People (Victoria), *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, 2019, Victorian Government, p. 8.

¹⁰⁵ Affi T, Enns M, Cox B et al, 'Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences,' *American Journal of Public Health*, 2008, 98(5), p. 946-952, viewed 4 June 2020 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2374808/>>.

¹⁰⁶ Affi T, Enns M, Cox B et al, 'Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences,' *American Journal of Public Health*, 2008, 98(5), p. 946-952, viewed 4 June 2020 <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2374808/>>.

Family conflict and domestic violence is consistently raised as a precipitating factor for self-harm and suicide among children... adverse family experiences, including domestic violence is now seen as one of the key distal risk factors that may predispose a child or young person to suicidal behaviours.¹⁰⁷

In 2019, the Victorian Commission for Children and Young People tabled *Lost, not forgotten*, an inquiry into children who died by suicide and were known to child protection authorities. *Lost, not forgotten* examined the lives and stories of 35 children who died by suicide between 2007 and 2019 and identified that ‘the 35 children presented with multiple, often chronic, risk indicators that brought them into recurring contact with different systems.’¹⁰⁸

5.12 Aboriginal perspectives on family violence

Aboriginal and Torres Strait Islander peoples have traditionally recognised health and wellbeing as a holistic concept, derived from their law and culture.¹⁰⁹

Prior to the arrival of European settlers, Aboriginal laws and culture (although unique to each community) shared a number of features that promoted collective safety and wellbeing through the strength of connections to culture, family and kin, country, law, and spirituality.¹¹⁰

The research literature recognises ‘that holistic social and emotional wellbeing approaches which nurture healthy connections to family, community, country, body, spirituality, mind, emotions, and culture, are a great source of Indigenous wellbeing and resilience’.¹¹¹ Further, building on Aboriginal and Torres Strait Islander people’s holistic view of health, the ‘spiritual and emotional wellbeing of families’ is seen as the foundation for building and maintaining healthy communities.¹¹²

5.12.1 Family violence is not part of Aboriginal and Torres Strait Islander cultures

Professor Michael Dodson AM, a prominent advocate on issues affecting Australian Aboriginal and Torres Strait Islander people, has stated:

We have no cultural traditions based on humiliation, degradation and violation.

Let me make this point abundantly clear.

Most of the violence, if not all, that Aboriginal communities are experiencing today are not part of Aboriginal tradition or culture.¹¹³

¹⁰⁷ Australia’s Children’s Commissioner Megan Mitchell, Speech at the 13th Australasian Injury Prevention Network Conference, 13 November 2017, viewed 4 June 2020 <<https://humanrights.gov.au/about/news/speeches/13th-australasian-injury-prevention-network-conference>>.

¹⁰⁸ Commission for Children and Young People (Victoria), *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, 2019, Victorian Government, p. 14.

¹⁰⁹ Swan P and Raphael B, *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy*, 1995, p. 19.

¹¹⁰ Parker R and Milroy H, ‘Aboriginal and Torres Strait Islander Mental Health: An Overview’, in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed), 2014, Telethon Kids Institute for Child Health Research and Commonwealth of Australia, p. 25-38.

¹¹¹ Dudgeon P, ‘Aboriginal and Torres Strait Islander women and mental health’, *InPsych*, February 2017, 39(1), viewed 21 March 2022, <<https://psychology.org.au/inpsych/2017/february/dudgeon>>.

¹¹² Blagg H, Hovane V, Tulich T et al, ‘Law, Culture and Decolonisation: The perspectives of Aboriginal Elders on Family Violence in Australia’, *Social & Legal Studies*, 2021, 1-24, p. 9-10.

¹¹³ Dodson M, ‘Violence Dysfunction Aboriginality,’ 11 June 2003, National Press Club, Canberra, p. 2.

Aboriginal women speaking to researchers highlighted their view that ‘they have always had gender equality, evidenced by the fact that they have possessed their own laws and dreaming, patterns of governance, and roles in relationships to the Earth and to the community.’¹¹⁴

5.12.2 Aboriginal peoples have demonstrated great resilience and strength over a long period of time and remain at the forefront of efforts to reduce this disadvantage and achieve social and economic equity for their communities through self-determination and culturally informed solutions

The voices of Aboriginal and Torres Strait peoples mirror ‘views in the literature that Law and Culture were vital forces in their lives.’¹¹⁵ As noted by ANROWS, Aboriginal and Torres Strait Islander peoples have long called for cultural responses to family violence to be funded in order to address the ongoing unmet need for healing and prevention ‘that covers the whole spectrum of violence on communities’:

It is important to acknowledge that Aboriginal peoples have demonstrated great resilience and strength over a long period of time and remain at the forefront of efforts to reduce this disadvantage and achieve social and economic equity for their communities through self-determination and culturally informed solutions such as night patrols. The work of organisations such as the Marninwarntikura Fitzroy Women’s Resource Centre, The Men’s Outreach Service (MOS) in Broome, the Yiriman Project, and the ongoing advocacy, care and leadership provided by Aboriginal women each day in Western Australia.

5.12.3 Aboriginal family violence in context

While most Aboriginal and Torres Strait Islander people ‘do not experience physical or threatened harm’, numerous reports, inquiries, journal articles and published statistics have established that Aboriginal women and children are vulnerable to experiencing violence at vastly disproportionate rates.¹¹⁶

As noted in the Australian Human Rights Commission Report *Wiyi Yani U Thangani (Women’s Voices): Securing Our Rights, Securing Our Future*, the overrepresentation of Aboriginal and Torres Strait Islander peoples in official statistics is ‘indicative of the entrenched social, economic and cultural disadvantage that we face’:¹¹⁷ More particularly, as stated by Australia’s National Research Organisation for Women’s Safety (ANROWS), ‘high rates of family violence cannot be uncoupled from the history of colonial settlement and the multiple traumas resulting from dispossession.’¹¹⁸

¹¹⁴ Blagg H, Tulich T, Hovane V et al, *Understanding the role of Law and Culture in Aboriginal and/or Torres Strait Islander communities in responding to and preventing family violence (Research report, 19/2020)*, 2020, Sydney: ANROWS, p. 36.

¹¹⁵ Blagg H, Tulich T, Hovane V et al, *Understanding the role of Law and Culture in Aboriginal and/or Torres Strait Islander communities in responding to and preventing family violence (Research report, 19/2020)*, 2020, Sydney: ANROWS, p. 10.

¹¹⁶ Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Health Performance Framework - Measures: 2.10 Community Safety*, 2020, viewed 21 March 2022, <<https://www.indigenoushpf.gov.au/measures/2-10-community-safety>>; Australian Department of Social Services, *Fourth Action Plan – National Plan to Reduce Violence against Women and their Children 2010-2022*, 2019; Bartels L, *Emerging issues in domestic/family violence research: Research in practice no. 10*, 2010, Australian Institute of Criminology; Closing the Gap Clearinghouse, *The role of community patrols in improving safety in Indigenous communities*, 2006; Aboriginal and Torres Strait Islander Social Justice Commissioner, *Ending family violence and abuse in Aboriginal and Torres Strait Islander communities*, 2006; Gordon S, Hallahan K, and Henry D, *Putting the picture together, Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, 2002, Department of Premier and Cabinet, Western Australia.

¹¹⁷ Australian Human Rights Commission, *Wiyi Yani U Thangani (Women’s Voices): Securing Our Rights, Securing Our Future Report*, 2020, AHRC, Sydney, p. 42.

¹¹⁸ Blagg H, Williams E, Cummings E et al, *Innovative models in addressing violence against Indigenous women: Final report (ANROWS Horizons, 01/2018)*, 2018, ANROWS, p. 64.

Identifying and understanding the impact of violence against Aboriginal women and children in Western Australia requires recognition of the historical, cultural, spiritual, social and environmental issues against which this violence has developed.¹¹⁹ As noted by the Healing Foundation, 'Intergenerational Trauma, stemming from over 200 years of constant and deliberate disruption, dislocation and mistreatment of Aboriginal and Torres Strait Islander people, is not just experienced individually but collectively. It is experienced between generations and across communities.'¹²⁰

This legacy of historically discriminatory policies and practices, and the long-term impacts of intergenerational trauma, continue to increase Aboriginal and Torres Strait Islander children and young people's vulnerability to poor health and wellbeing outcomes, as noted in multiple government inquiries and reports.¹²¹

Colonisation is widely regarded as an ongoing process that continues to impact the social and emotional wellbeing of Aboriginal and Torres Strait Islander people today, as highlighted by suicide researchers Ernest Hunter and Helen Milroy, as survival

...in the face of trauma across generations, including the forcible removal of children and repeated violations of self and family, demanded that feelings be repressed or dissociated, that the realities of exclusion be denied or distorted (living "as if" one was accepted as part of the wider Australian society), or simply finding the strength to endure with the hope that future generations would be spared the pain of those in the past and present.¹²²

While noting that the real extent of family violence 'and the impact of family violence on women and child victims is unknown because there are many barriers to reporting family violence,' population survey data indicates that family violence occurs at higher rates for Aboriginal and/or Torres Strait Islander Australians than for non-Indigenous Australians.¹²³

The research literature also highlights that Aboriginal and/or Torres Strait Islander women, particularly younger women, are more vulnerable to family violence, with women aged 25-34 years and 34-44 years 'most likely to have experienced family and domestic violence.'¹²⁴

¹¹⁹ Blagg H, Hovane V, Tulich T et al, 'Law Culture and Decolonisation: The perspectives of Aboriginal Elders on Family Violence in Australia', *Social & Legal Studies*, 2021, 1-24, p. 5-6.

¹²⁰ Healing Foundation, *Our Healing Our Way: Leading and shaping our future – National Youth Healing Forum Report*, 2017, p. 4.

¹²¹ AIHW, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015*, 2015,; AIHW, *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018, in brief*, 2018; Dudgeon P et al, *Hear Our Voices: Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia – Final Research Report*, 2012; Dudgeon P et al, *Solutions That Work: What the Evidence of our People Tell Us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report*, 2016; Education and Health Standing Committee, *Report No. 11: Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas*, 2016, Legislative Assembly, Parliament of Western Australia; Department of Health, *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations*, 2017, Australian Government; Holland C, *Close the Gap 2018: A ten-year review: the Closing the Gap Strategy and Recommendations for Reset*, 2018.

¹²² Hunter E and Milroy H, 'Aboriginal and Torres Strait Islander Suicide in Context', *Archives of Suicide Research*, 2006, 10:2, 141-157, p. 147-148.

¹²³ Dudgeon P, Blustein S, Bray A et al, *Connection between family, kinship and social and emotional wellbeing*, 2021, Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, p. vi; Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia*, 2018, AIHW, Canberra, p. xi.

¹²⁴ Australian Bureau of Statistics, *Aboriginal and Torres Strait Islander Women's Experiences of Family and Domestic Violence*, 2019, ABS, Canberra.

The research literature further highlights the ongoing effects on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples arising from the 'intergenerational effects of Australia's past policies of forced removal of WA Aboriginal children from their natural families on rates of family breakdown, mental health problems and suicidal behaviour among families impacted by these policies.'¹²⁵

It is thought that social exclusion and disconnection from protective cultural factors including 'social contact/community support', 'family and friends', 'removal from family' and the 'influence of Elders' disrupt cultural continuity and young people's ability to 'have a sense of their past and their cultures ... [and] conceive of themselves as having a future (as bearers of that culture)'.¹²⁶

5.13 This investigation likely under-represents the relationship between family and domestic violence and suicide

Those examining the relationship between family and domestic violence and suicide highlight key challenges faced in undertaking this research, including gaps in data, changing data, the time taken to investigate and understand the circumstances of death and prior historical factors such as family and domestic violence, delays in the completion of coronial findings and determination of a cause of death, and delays in publicly reporting data or otherwise applying for and obtaining access to data.¹²⁷ One significant issue in undertaking this research is that data collected concerning family and domestic violence, and other key information about individuals who died by suicide, is retrospective:

A primary challenge is that in a completed suicide the person best positioned to report on causal or other factors in relation to that suicide is deceased. In the absence of a suicide note, or in the absence of relevant service contacts, it can be extremely difficult to ascertain what factors influenced the individuals' decision to end their life, or indeed what factors might have been decisive in that decision. This makes it difficult to conduct effective research examining causal factors and makes it difficult for researchers to draw firm conclusions around other aspects of the completed suicide.¹²⁸

Due to the underreporting of family and domestic violence and the limitations of available information contained in the records of State government departments and authorities, this investigation also likely under-represents the extent of family and domestic violence among those who died by suicide.

¹²⁵ Silburn S, Zubrick SR, Lawrence DM et al, 'The Intergenerational Effects of Forced Separation on the Social and Emotional Wellbeing of Aboriginal Children and Young People', *Family matters*, 2006, 75, p. 10-17.

¹²⁶ Dudgeon P, Calma T and Holland C, 'The context and causes of the suicide of Indigenous people in Australia', *The Journal of Indigenous Wellbeing: Te Mauri*, 2017, 2(2), p. 5-15.

¹²⁷ NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017*, 2017, New South Wales Government, Sydney, p. 139.

¹²⁸ NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017*, 2017, New South Wales Government, Sydney, p. 139.

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6 Volume 3: Contact between victims of family and domestic violence who died by suicide and State government departments and authorities

6.1 Introduction

Coronial inquests and other forms of death reviews, including the Office's own child death reviews and family and domestic violence fatality (homicide) reviews, have frequently identified that women and children experiencing family and domestic violence prior to their death have often had repeated contact with State government departments and authorities.¹²⁹

Australia has a number of obligations relevant to family and domestic violence under three international human rights treaties, namely:

- the *International Covenant on Civil and Political Rights*;
- the *Convention on the Elimination of All Forms of Discrimination Against Women*; and
- the *Convention on the Rights of Persons with Disabilities*.

As noted by the Australian Human Rights Commission (**AHRC**):

These cascading obligations include the obligation to protect and promote; the right to life and the right to be free from gender-based violence. Both of these rights are underpinned by obligations to prevent death and prevent violence against women and children. This in turn imposes an obligation to act with due diligence to prevent, investigate, punish and provide remedies for acts of violence regardless of whether these are committed by private or State actors. The obligation to act with due diligence includes various elements, such as the duty to; investigate incidents of violence against women, collect data and to provide appropriate training to relevant personnel.¹³⁰

Accordingly, as recommended by the AHRC, this report seeks to '[examine] the ways in which our systems and services performed when they were most challenged ... [and investigate] the history of service engagement by the deceased'.¹³¹

Improving our understanding of contact between State government departments and authorities and the women and children with experiences of family and domestic violence prior to their death by suicide is vitally important to preventing similar deaths occurring in the future, as each contact 'provides an opportunity to recognise and respond'.¹³²

In other Australian jurisdictions, family and domestic violence related suicides account for the greatest number of family and domestic violence fatalities and have been shown to have 'higher levels of service contact'.¹³³

In Western Australia there is currently no ongoing review or public reporting of family and domestic violence related suicides outside of the child death reviews and own motion

¹²⁹ NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017 (NSW 2015-2017 Report)*, New South Wales Government, Sydney, 2017; *Child RM* [2020] WACOR 14; Domestic and Family Violence Death Review and Advisory Board, *Domestic and Family Violence Death Review and Advisory Board 2019-2020 Annual Report (Qld FVDR Report)*, Queensland Government, Brisbane, 2021.

¹³⁰ Australian Human Rights Commission, *A National System for Domestic and Family Violence Death Review*– December 2016 p 15.

¹³¹ AHRC, *A National System for Domestic and Family Violence Death Review*, December 2016 p. 7.

¹³² Qld FVDR Report 2020-21, p. 12.

¹³³ Qld FVDR Report 2020-21, p. 55, NSW 2015-2017 Report.

investigations conducted by the Office. Statistics developed and captured by the State Coroner are collected on a regular basis for uploading into the National Coronial Information System (NCIS), however data is only accessible to 'coroners, court staff, forensic pathologists, other medical, scientific or legal professionals tasked with assisting a coroner, and ... police whose role involves the investigation of death ... subject to approval by the State or Chief Coroner of the requesting jurisdiction'.¹³⁴

6.1.1 The availability of information relating to deaths by suicide is often subject to a delay or 'lag' arising from the different administrative processes for reporting, registering and investigating these deaths

In reporting on suicide deaths, Australian researchers and authorities highlight a number of factors which have a significant impact upon the availability and reporting of data about the number of people who die by suicide. In this context, the Australian Bureau of Statistics notes that 'Lags between when deaths occur and when they are registered can influence the count of deaths, while the flow of information between Coroners courts, Registries, the National Coronial Information System and the ABS can influence what information is available to specify a particular cause of death.'¹³⁵ Similarly, the Australian Institute of Health and Welfare (AIHW) identifies that it 'can take a number of years for the coronial process to determine if suicide was the cause of death in a particular case.'¹³⁶

In the context of these identified factors, the Office identified that 2017 was the most recent year for which there was complete data available concerning individuals who died by suicide in Western Australia. Accordingly, the Office used 1 January 2017 to 31 December 2017 as the investigation period.

Since 2017, the most recent ABS statistics regarding Australian deaths by suicide are for the years 2011-2020. In Western Australia, the number of suicide deaths has remained relatively stable between 2017 and 2020, at between 381 and 418 deaths each year.¹³⁷ Further, WA Police data shows there has been a significant rise in reported incidents of family and domestic violence in Western Australia between 2017 and 2021, with 'Reports of family violence-related assault and threatening behaviour ... 19.3 percent above the 5-year average.'¹³⁸

In 2020-21, WA Police also identified that 'there was a 10.9 percent increase in family violence-related offences against the person compared with 2019-20.'¹³⁹

¹³⁴ National Coronial Information System, 'Data access', viewed 21 April 2022 <<https://www.ncis.org.au/data-access/request-for-death-investigator-access/>>.

¹³⁵ Australian Bureau of Statistics, *Causes of Death, Australia*, 2021, ABS, Canberra.

¹³⁶ AIHW, *Suicide and self-harm monitoring: The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19*, 2021, viewed 7 January 2022 <<https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19>>; Dudgeon P and Luxford Y, *Real Time Suicide Data: A Discussion Paper*, 2017, ATSISEPEP, p. 8; National Mental Health Commission, 'National Suicide and Self-Harm Monitoring System,' Australian Government, Canberra, 2022, viewed 7 January 2022 <<https://www.mentalhealthcommission.gov.au/national-suicide-prevention-office/National-Suicide-and-Self-Harm-Monitoring-System>>.

¹³⁷ Australian Bureau of Statistics, *Causes of Death, Australia*, 2021, ABS, Canberra.

¹³⁸ WA Police, *Western Australia Police Force 2021 Annual Report*, WA Police, 2021, Perth, p. 38.

¹³⁹ WA Police, *Western Australia Police Force 2021 Annual Report*, WA Police, 2021, Perth, p. 195.

6.1.2 The Office obtained information and data from a range of State government departments and authorities in relation to the investigation

This investigation obtained information and data about the 410 individuals who died by suicide from a select range of State government departments and authorities, including:

- the Department of Communities;
- the Department of Health;
- the Department of Justice;
- WA Police; and
- Western Australian Courts and specialist tribunals, including the Magistrates Court, the District Court, the Supreme Court, the Children’s Court, the Coroner’s Court and the Office of Criminal Injuries Compensation.

6.1.3 The Office identified that 410 individuals died by suicide between 1 January 2017 and 31 December 2017

The Office reviewed all of the records, data and information obtained from State government departments and authorities during the course of this investigation relating to the 410 people who died by suicide in Western Australia from 1 January 2017 to 31 December 2017.

The Office provisionally coded information about each person’s circumstances of death and contact with State government departments and authorities, including whether family and domestic violence occurred prior to death.

The Office then cross-checked the information from each agency and, where relevant, this review also included information obtained by the Office during child death reviews and family and domestic violence fatality reviews. Finally, for each of the 124 people identifying as women and children that died by suicide, the Office settled its provisional coding on whether they were victims of family and domestic violence known to State government department and authorities based on the totality of the information received, as shown in Figure 2.

The Office’s review of these records identified that 68 women and children who died by suicide had been identified as a victim of family and domestic violence by State government departments and authorities prior to their death. Throughout this report, we refer to these victims of family and domestic violence who died by suicide as **the 68 women and children**.

6.2 The 68 women and children who were identified victims of family and domestic violence in WA Police, courts and tribunals, WA Health, child protection and corrective services records and died by suicide

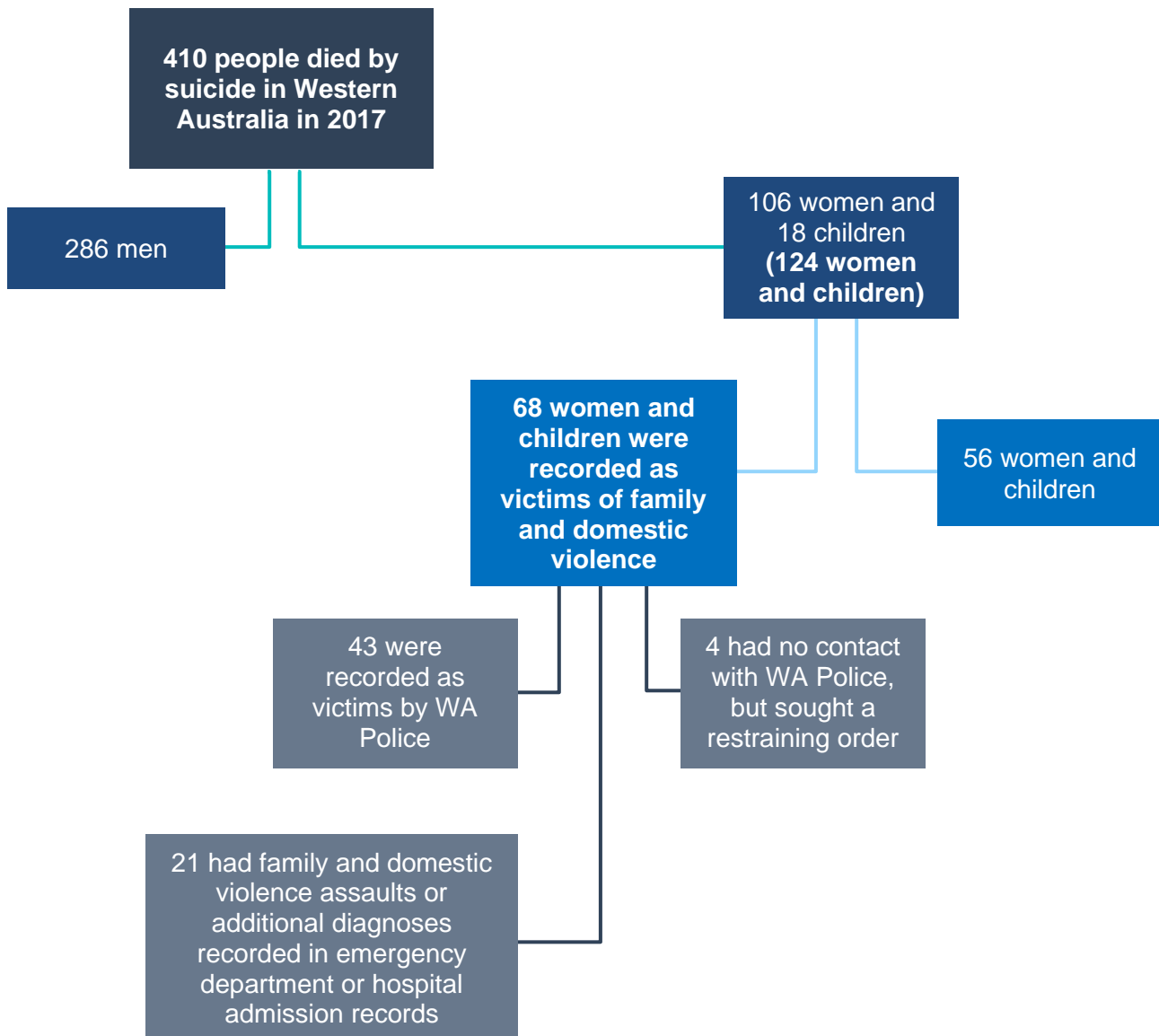
The Office identified 68 women and children as being victims of family and domestic violence prior to their suicide.

Of the 68 women and children identified by the Office as being victims of family and domestic violence prior to their suicide, there were:

- 59 women aged 18 or over at the time of their death, 9 of whom were Aboriginal and/or Torres Strait Islander;
- 9 children aged under 18 at the time of their death, 3 of whom were Aboriginal and/or Torres Strait Islander;
- 48 women aged 26 or older at the time of their death, 7 of whom were Aboriginal and/or Torres Strait Islander; and
- 11 young women aged 25 or under at the time of their death, 2 of whom were Aboriginal and/or Torres Strait Islander.

A summary of the demographic characteristics of the 68 women and children is provided in Table 1.

Figure 2: 68 of the 124 women and children who died by suicide were identified by State government departments and authorities as victims of family and domestic violence



Source: Ombudsman Western Australia

Table 1: Demographic characteristics of the 68 women and children

Age	
10 to 14 years	2
15 to 19 years	8
20 to 24 years	5
25 to 29 years	7
30 to 34 years	7
35 to 39 years	5
40 to 44 years	11
45 to 49 years	8
50 to 54 years	5
55 to 59 years	3
60 to 64 years	3
65 to 69 years	2
70 to 74 years	1
85 plus years	1
Gender	
Female	62
Male	6
Aboriginality	
Aboriginal and/or Torres Strait Islander	12
Non-ATSI	56
Remoteness of Residence	
Inner Regional	5
Major Cities	52
Outer Regional	4
Remote	3
Very Remote	4
SEIFA-IRSD decile rank (within WA)	
1	15
2	4
3	4
4	10
5	2
6	7
7	2
8	6
9	10
10	6
No Fixed Permanent Address	2

Source: Ombudsman Western Australia

6.3 Overview of contact between the 68 women and children and State government departments and authorities

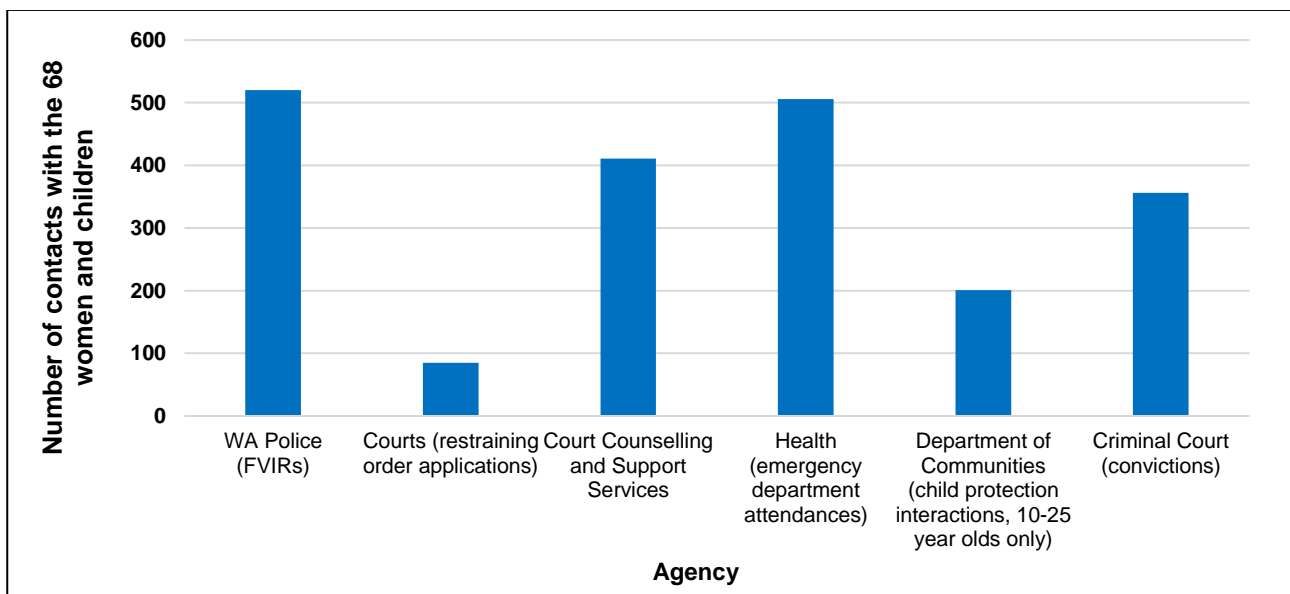
The data in this report relating to the contact between State government departments and authorities is limited to data provided by the WA Police, the Department of Justice, the Department of Health, Health Service Providers and the Department of Communities.

Although this data captures many of experiences of the women and children who were victims of family and domestic violence in dealing with the service system in Western Australia prior to their death by suicide, it is acknowledged that:

- further analysis is required to get a complete picture of longer-term trends and experiences with government funded services and contact where family and domestic violence was not a presenting issue;
- this data does not capture the interaction between services and the women and children who experienced family and domestic violence that was unreported prior to their suicide, including those who may have spoken about their experiences with others such as family and friends;
- contact between the women and children who died by suicide and other agencies and non-government organisations is not captured; and
- the data does not always clearly distinguish between contact where family and domestic violence is the presenting issue or an underlying issue, and where another issue is the primary reason for contact.

The contact between State government departments and authorities documented in this Volume ranges from one-off contact with a single agency to a high number of repeated contacts across multiple agencies, as shown in Figure 3:

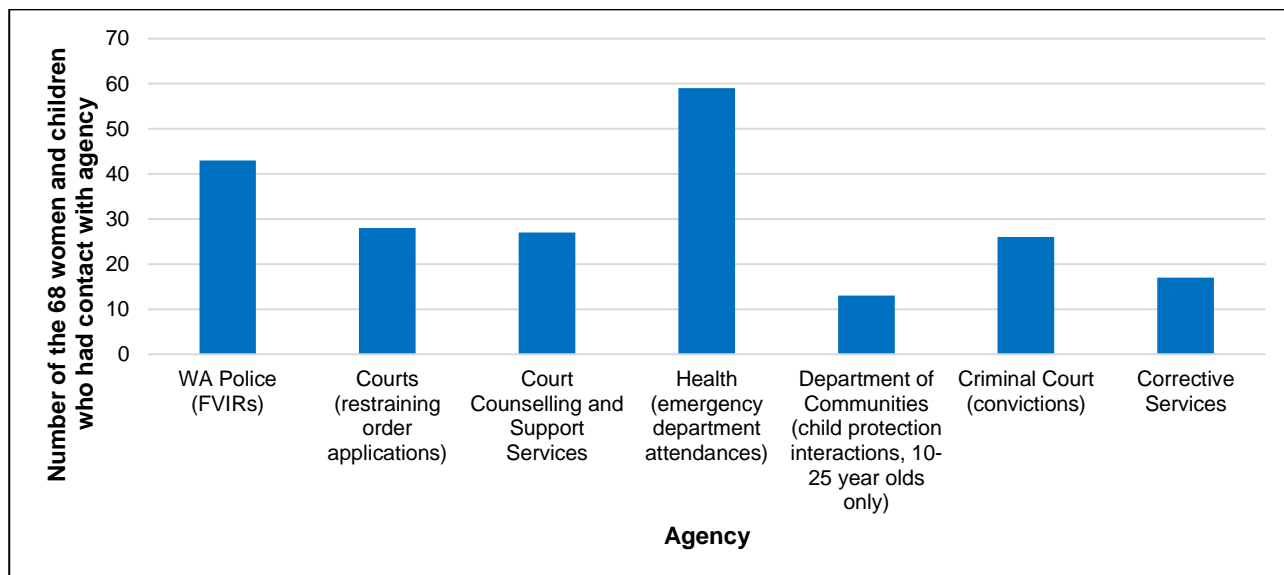
Figure 3: Contact between State government departments and authorities for the 68 women and children



Source: Ombudsman Western Australia

As shown in Figure 4, most of the 68 women and children had contact with the WA Police and emergency departments.

Figure 4: Number of the 68 women and children who had contact with State government departments and authorities, by agency



Source: Ombudsman Western Australia

6.4 Contact between the 68 women and children and WA Police

When responding to family and domestic violence, WA Police record what a responding police officer has seen and been told in a family violence incident report (**FVIR**).

The Office obtained data from WA Police relating to FVIRs in which the 68 women and children who died by suicide were named as a victim or person of interest. The earliest recorded FVIRs relating to those who died by suicide took place in 2003, with WA Police informing the Office that this was due to changes in their information recording practices between September 2002 and December 2004, as follows:

On 16 September 2002 the Incident Management System (IMS) replaced the Offence Information System (OIS) through the Delta Communications and Technology Program, with the two systems running side by side during the implementation period. By 2004, IMS was available across the agency with all OIS data archived in December 2004.¹⁴⁰

Accordingly, the data regarding contact which follows is based upon the available data from WA Police spanning 14 years of family and domestic violence incident reports (**FVIRs**) from 2003 until the victims' deaths in 2017.

The Office's analysis of the 68 women and children's contact with WA Police identified that:

- despite most family and domestic violence going unreported to government services, 43 of the 68 women and children had family and domestic violence related contact with WA Police between the introduction of FVIRs in 2003 and their deaths in 2017

¹⁴⁰ Western Australia Police Force, electronic communication, 27 November 2021.

(66 per cent). This is consistent with the research literature identifying experiences of family and domestic violence as a significant psycho-social risk factor for suicide.¹⁴¹

- WA Police recorded a total of 520 FVIRs relating to the 43 women and children named in a FVIR by WA Police on one or more occasions prior to their death. The number of FVIRs relating to each woman and child ranged from one to 54, with an average of 12 FVIRs per person and a median of 4.
- Thirty-six of the women and children who died by suicide (84 per cent) had more than one occasion of family and domestic violence related contact with WA Police. Of these 36 women and children with multiple recorded occasions of family and domestic violence related contact with WA Police, 16 had more than 10 contacts (44 per cent).
- Forty-one of the 43 women and children known to have had family and domestic violence related contact with WA Police were identified as a victim of this violence in an FVIR. Of the 43 women and children who had family and domestic violence related contact with WA Police prior to their death, 32 (63 per cent) were identified as both a victim and as a person of interest or offender in FVIRs.
- Twenty-five of the 43 women and children had been named in a FVIR within 12 months of their death (58 per cent).

6.4.1 Twelve women among the 43 women and children known to have had family and domestic violence related contact with WA Police were also recorded as a suspected offender in FVIRs

Across Australia, the problem of misidentification of women as perpetrators of family and domestic violence is shown in the over-representation of women named as respondents in Restraining Order and equivalent legal proceedings (comprising between one fifth and one quarter of these applications), as compared to reliable data on experiences of family and domestic violence.¹⁴²

Women who do not present to Police and other support services in the submissive, passive and cooperative ways depicted in popular culture, including women who use violence in self-defence and those who turn to alcohol or substances in response to the abuse, can be misidentified as suspected perpetrators of abuse, particularly when there are 'mutual allegations of violence.'¹⁴³

Accordingly, our analysis that found twelve women were recorded as both victims and suspected perpetrators of family and domestic violence is not unexpected and is consistent with the findings of previous Australian research.¹⁴⁴

Throughout this investigation, the Office has sought to use as many sources of information possible in its assessment of women and children as victims of family and domestic violence.

¹⁴¹ Dillon et al, 'Mental and Physical Health and Intimate Partner Violence Against Women: A review of the literature' (2013) International Journal of Family Medicine 5; Golding, 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis' (1999) 14 Journal of Family Violence 99; Lipsky et al, 'Is there a relationship between victim and partner alcohol use during an intimate partner violence event?' (2005) 66 Journal of Studies on Alcoholism 407; Taft, 'Promoting women's mental health: The challenges of intimate/domestic violence against women' (2003) 8 Australian Domestic Violence Clearinghouse Issues Paper; Devries et al, 'Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies' (2013) 10(5) PLoS Medicine; Devries et al, 'Violence against women is strongly associated with suicide attempts: evidence from the WHO multi-country study on women's health and domestic violence against women' (2011) 73(1) Social Science & Medicine 79; Garcia-Moreno et al, 'Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence' (2006) 368(9543) Lancet 1260; MacIsaac et al, 'The association between exposure to interpersonal violence and suicide among women: a systematic review' (2017) 41(1) Australian and New Zealand Journal of Public Health 61.

¹⁴² Australia's National Research Organisation for Women's Safety, *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS.

¹⁴³ Australia's National Research Organisation for Women's Safety, *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, p. 9.

¹⁴⁴ Australia's National Research Organisation for Women's Safety, *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020.

The Office also considered data on police orders issued by WA Police as recorded in FVIRs. A police order is an order made by a police officer under Part 2 Division 3A of the *Restraining Orders Act 1997*. Police orders are temporary orders that can only be made in circumstances where a police officer reasonably believes that:

- ‘a person has committed an act of family and domestic violence and is likely again to commit such an act;’¹⁴⁵ or
- ‘a child has been exposed to an act of family and domestic violence ... and the child is likely again to be exposed to such an act;’¹⁴⁶ or
- ‘a person will have committed against him or her an act of family and domestic violence;’¹⁴⁷ or
- ‘a child will be exposed to an act of family and domestic violence ... and that making a police order is necessary to ensure the safety of a person.’¹⁴⁸

Persons named in a police order are referred as the person:

- **Protected:** that is, ‘the person or persons for whose benefit the order is made’;¹⁴⁹ and
- **Bound:** that is, ‘the person on whose lawful activities and behaviour restraints are imposed by the order’.¹⁵⁰

The Office’s analysis of police orders found that WA Police issued a total of 159 police orders in respect of 30 women and three children of the 43 women and children named as a victim in a FVIR. Thirteen women and one child were both protected and bound by police orders. Of these 119 police orders:

- 50 orders bound the 13 women and one child; and
- 69 orders protected the 13 women and one child.

Research on accurately identifying the ‘person most in need of protection’ acknowledges that ‘[w]ithout knowledge of the history of the relationship, use of violence against someone who is perpetrating DFV may be misread, and the law will be inappropriately applied.’¹⁵¹ ANROWS has recommended that ‘clearer guidance and training’ and ‘changes to policing and investigation models’ are needed to assist police in better identifying the person most in need of protection:

... police need clearer guidance and training to assist them to distinguish between coercive controlling violence (physical and non-physical) and violence used in response to ongoing abuse. Explicit guidance on identifying patterns of coercive control would assist police in identifying the person most in need of protection in ambiguous circumstances, and in determining whether a protection order is necessary or desirable.

The changes to policing and investigation models most widely supported by participants were specialist DFV police units or co-responder models. These models see specialists with expertise in coercive control accompany police at investigations, or otherwise support police assessments. Co-responders were

¹⁴⁵ *Restraining Orders Act 1997* (WA), s. 30A(1)(a)(i); Western Australia, *Parliamentary Debates*, Legislative Assembly, 2 June 2004, p. 3303c-3306a (JA McGinty, Attorney General.).

¹⁴⁶ *Restraining Orders Act 1997* (WA), s. 30A(1)(a)(ii).

¹⁴⁷ *Restraining Orders Act 1997* (WA), s. 30A(1)(b)(i).

¹⁴⁸ *Restraining Orders Act 1997* (WA), s. 30A(1)(b)(ii).

¹⁴⁹ *Restraining Orders Act 1997* (WA), section 30E(2)(a).

¹⁵⁰ *Restraining Orders Act 1997* (WA), section 30E(2)(b).

¹⁵¹ Australia’s National Research Organisation for Women’s Safety, *Accurately identifying the “person most in need of protection” in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020.

widely seen as potential enablers of good police practice in identifying the aggrieved and respondent, and the appropriate action to be taken. Police participants in particular expressed support for specialist and co-responder models as strategies to improve policing responses. ... There was widespread recognition that this would require significant resourcing. However, there may be other ways to achieve some of the benefits of a co-responder model. Police in this research suggested, for example, consultation with a specialist unit to support investigation and decision-making on whether an application is necessary or desirable.¹⁵²

Recommendation 1 That the Western Australia Police Force implement the recommended policy and practice reform proposed by Australia's National Research Organisation for Women's Safety (**ANROWS**) in its report on *Accurately identifying the "person most in need of protection" in domestic and family violence law*, including the development of guidance on:

- distinguishing between coercive controlling violence (physical and non-physical) and violence used in response to ongoing abuse;
- identifying patterns of coercive control;
- identifying the person most in need of protection in ambiguous circumstances; and
- determining whether a police order is necessary or desirable.

6.5 Use of restraining orders by the 59 women who died by suicide

The Office examined patterns and trends about the use of restraining orders among the 59 women. This information is useful in learning about occasions when women and children affected by family and domestic violence took action to protect themselves from family and domestic violence.

The Office identified that 28 of the 59 women were involved in restraining order proceedings prior to their death (47 per cent). These 28 women were identified in a cumulative total of 85 distinct restraining order applications. The Office also identified that 19 women had been involved in restraining order proceedings on multiple occasions. The Office's analysis shows that one fifth of the 28 women that were involved in restraining order proceedings (six women or 21 per cent) were involved in proceedings relating to five or more separate restraining order applications.

Of the 28 women that were named in a restraining order, 24 were named as a protected person (86 per cent). Eighteen of the 28 women for whom a restraining order was made, were named as a protected person in the last restraining order made prior to their suicide (62 per cent). Five of these women (17 per cent) had a restraining order naming them as a protected person made within 2 years of their suicide, which is likely to have been current at the time of their death. Three women were named as the respondent in a restraining order made within 2 years prior to their death.

Of the seven Aboriginal and/or Torres Strait Islander women among the 59 women, the Office identified that each (100 per cent) had been the subject of a restraining order at some time prior to their death. These seven women were named in 12 restraining orders. Each of the seven Aboriginal and/or Torres Strait Islander women were named as a protected person in restraining order proceedings prior to their death (100 per cent). Arising from this analysis,

¹⁵² Nancarrow H, Thomas K, Ringland V & Modini T, *Accurately identifying the "person most in need of protection" in domestic and family violence law (Research report, 23/2020)*, 2020, ANROWS, Sydney, citing Larence LY, Goodmark L, Miller S L, & Dasgupta SD, 'Understanding and addressing women's use of force in intimate relationships: A retrospective,' *Violence Against Women*, 2019, 25(1), 56–80, p. 57.

the Office identified that for the seven Aboriginal and/or Torres Strait Islander women named in a restraining order prior to their death:

- four were protected by multiple restraining orders; and
- three were identified as a respondent in one or more restraining orders.

All of the restraining orders for the seven Aboriginal and/or Torres Strait Islander women had been made more than 2 years prior to their death. Accordingly, none of the seven women were likely to have been protected by a restraining order at the time of their death.

6.6 Contact between court counselling and support services and the 68 women and children prior to their suicide

6.6.1 Twenty-seven of the 68 women and children had contact with court counselling and support services prior to their death (40 per cent) on 411 occasions.

Court counselling and support services are provided to victims of crime. In this context, 'victims of crime' includes those who 'suffer injury or loss as a direct result of an offence or [who] ... are a member of the immediate family where an offence results in the death of an individual.'¹⁵³

6.7 Contact between criminal courts and the 59 women who died by suicide

The Office undertook analysis to identify how many of the women and children who died by suicide were charged or convicted of a criminal offence. As identifiable data from the Magistrates Court of WA, the District Court of WA, and the Supreme Court of WA concerned criminal offences relating only to adult matters, the Office undertook this analysis for the 59 women known to have experienced family and domestic violence prior to their suicide, who were aged 18 years or older at the time of their death.

6.7.1 Forty-four per cent of the 59 women were convicted of a criminal offence (26 women)

The Office's key findings about the 26 women convicted of a criminal offence were that:

- the 26 women were convicted on 356 occasions, with the majority of these convictions being recorded in relation to traffic and vehicle regulatory offences, offences against government procedures, government security and government operations and public order offences (236 convictions, 66 per cent of the 356 convictions).
- nine women were convicted of offences relating to acts intended to cause injury (16 convictions) and 11 women were convicted of illicit drug offences (37 convictions).

¹⁵³ Government of Western Australia, *Court Counselling and Support Services*, viewed 28 May 2022, <<https://www.wa.gov.au/service/community-services/counselling-services/court-counselling-and-support-services>>.

- analysis of the convictions by Australian and New Zealand Standard Offence Classification (**ANZSOC**) Group codes identified that the 26 women were most frequently convicted of offences for driving while licence disqualified or suspended (11 women, 48 convictions), breaches of bail (10 women, 32 convictions), breaches of community-based orders (5 women, 29 convictions), theft excluding motor vehicles (12 women, 25 convictions) and motor vehicle registration offences (9 women, 22 convictions).
- consistent with WA Police FVIR data and records, the Office's analysis of the convictions for the 26 women also identified that seven women were convicted of breaching a violence order on 19 occasions. Each of these convictions occurred after a guilty plea by the defendant.
- none of the 26 women known to have experienced family and domestic violence prior to their suicide with criminal convictions were convicted of homicide or sexual assault.
- the 26 women known to have experienced family and domestic violence prior to suicide were rarely convicted of acts intended to cause injury, dangerous or negligent acts endangering persons, and abduction, harassment and other offences against the person. These ANZSOC divisions, cumulatively, accounted for 21 of the 356 convictions recorded against the 26 women known to have experienced family and domestic violence prior to their suicide and convicted of a criminal offence (6 per cent of convictions).
- five of the 27 women charged with a criminal offence prior to their suicide had a criminal charge outstanding at the time of their death (19 per cent).

6.8 Contact between corrective services and the 68 women and children

6.8.1 Sixteen of the 68 women and children had contact with corrective services

The Office's key findings about the 16 women and children who had contact with corrective services were that:

- eight of the 16 women and children who had contact with corrective services were Aboriginal and/or Torres Strait Islander.
- most of the 16 women and children had contact with custodial and community-based corrective services, including:
 - three women and 1 child had contact with Youth Justice Services and/or a juvenile detention facility during their childhood (25 per cent);
 - eleven women had contact with Adult Community Corrections (69 per cent); and
 - nine women had contact with an adult custodial facility (56 per cent).
- six of the 11 women managed by Adult Community Corrections were identified in one or more WA Police family and domestic violence incident reports during their period of their management in the community.
- five women known to corrective services died while on an active period of adult community management or during a custodial stay.

The Department of Justice advised the Office that Adult Community Corrections 'contributes to the management of those offenders and defendants who are subject to community supervision in a number of ways as a part of the individuals case management,¹⁵⁴ noting:

¹⁵⁴ Department of Justice, electronic communication, 10 December 2021.

ACC utilise the Kessler 10 (K 10) Self Harm Assessment Tool and Stress Management Workbooks for those individuals presenting with mental health issues.

The ACC Handbook provides guidance to ACC Case Managers in the management of individuals presenting with mental health and particularly self-harm issues. This guidance incorporates safety screening, assessing mental health and referral pathways.¹⁵⁵

In addition to this guidance, the Department of Justice further advised the Office that:

- '[all Community Corrections Officers] are required to complete the Correctional Officer Foundation Program,' which includes 'Gatekeeper – Suicide Awareness' training (two-day training), 'Mental Health First Aid' training (two-day training), and 'Mental Health Matters' (half a day training); and
- 'on every occasion that ACC receives confirmation of the death of an offender/defendant subject to ACC supervision, the ACC Directorate will determine if the circumstances of the death require a review of the deceased's Case Management.'

This review is undertaken by an ACC Manager who is not connected with the case and with the purpose of ascertaining if the deceased's Case Management was conducted in accordance with ACC policy and practice, plus to identify if there were any missed opportunities.

The outcome of these reviews are used to identify if there are any systemic Case Management issues and provides the opportunity to implement any necessary remedial action whether it be on a local level or for ACC state-wide.¹⁵⁶

Recommendation 2: The Department of Justice consider the findings of this investigation and continues to identify opportunities for community-based suicide prevention for women known to have been victims of family and domestic violence related crime including those:

- receiving support from court counselling and support services; and
- convicted of criminal offences and being managed in the community by Adult Community Corrections.

¹⁵⁵ Department of Justice, electronic communication, 10 December 2021.

¹⁵⁶ Department of Justice, electronic communication, 13 October 2021.

6.9 Contact with between hospitals and the 68 women and children

The Office obtained all emergency department attendance and hospital admission records for the 410 people who died by suicide in Western Australia, for the period between 1 January 2012 and their death, from the Department of Health's Emergency Department Data Collection and Hospital Morbidity Data Collection.

Excluding emergency department attendances and hospital admissions relating to death, the Office identified that, of the 410 people who died by suicide, 340 (83 per cent) attended a hospital emergency department or were admitted to hospital prior to their death.

These 340 people had a total of 1,550 inpatient separations and 1,797 emergency department attendances between 1 January 2012 and the date of their death.¹⁵⁷

In analysing and considering the data about hospital contact that follows, it is important to bear in mind that the data presented only records the instances a woman or child sought treatment for any reason. The Office acknowledges that the data within this Chapter does not reflect whether or not there was a missed opportunity to recognise and respond to the dual risks of family and domestic violence and suicidal behaviour for each person. Further, the data presented does not convey instances of good practice and high-quality support work provided by hard-working health professionals often working in traumatic, highly stressed and high workload environments in order to deliver the best possible medical care to Western Australians, that may be identified in the course of our review of identified information.

6.9.1 Hospital admissions for the 68 women and children

Excluding admissions where a person died by suicide, the Office identified that 55 of the 68 women and children known to have experienced family and domestic violence prior to their suicide (81 per cent) had one or more hospital admissions between 1 January 2012 and the date of their death. Further, the Office identified that 49 of the 55 women and children admitted to hospital were admitted on multiple occasions (89 per cent), with only 7 admitted once (13 per cent).

Eleven of the twelve Aboriginal and/or Torres Strait Islander women and children known to have experienced family and domestic violence prior to their suicide, were also admitted to hospital (92 per cent). Ten of these 11 Aboriginal and/or Torres Strait Islander women and children were admitted to hospital on more than one occasion (91 per cent), and only one was admitted on a single occasion (9 per cent).

The Office's key findings about the 55 women and children admitted to hospital were that:

- thirty-three of the 55 women and children who had been admitted to hospital, had been admitted on one or more occasions for mental health issues (60 per cent).
- twenty-four of the 55 women and children who had been admitted to hospital, had been admitted on one or more occasions for intentional self-harm (44 per cent).
- three of the 55 women and children admitted to hospital had a recorded diagnosis of suicidal ideation.

¹⁵⁷ Not included in this analysis were:

- thirty-three emergency department attendances with a disposal code indicating that a person died;
- forty hospital admissions with a method of patient discharge code indicating that a person died during an inpatient stay; and
- six-hundred and forty-one emergency department attendances which had no recorded diagnosis or symptom code.

- seven women and children had diagnoses indicative of family and domestic violence (that is, the ICD-10-AM external cause codes indicating an assault perpetrated by a spouse or family member and the additional diagnosis Z63 codes for relationship problems impacting health status).

6.9.2 Emergency department attendances for the 68 women and children

Excluding attendance where a person died by suicide, the Office identified that 59 of the 68 women and children known to have experienced family and domestic violence prior to their suicide (87 per cent) attended an emergency department on one or more occasions between 1 January 2012 and the date of their death.

Further, the Office identified that most of the 59 women and children who attended an emergency department on multiple occasions, with only nine attending an emergency department on a single occasion (15 per cent).

Ten of the 11 Aboriginal and/or Torres Strait Islander women and children known to have experienced family and domestic violence prior to their suicide, also attended an emergency department (91 per cent). Nine of these 11 Aboriginal and/or Torres Strait Islander women and children attended an emergency department on more than one occasion, and only one was attended an emergency department on a single occasion (10 per cent).

The Office's key findings about the 59 women and children who attended an emergency department were that:

- thirty-five women and children attended an emergency department on one or more occasions for mental health reasons (59 per cent) on 114 occasions.
- twenty-three women and children had multiple recorded emergency department attendances for mental health reasons (40 per cent).
- twenty-four of the 59 women and children that attended an emergency department, attended on one or more occasions for intentional self-harm (41 per cent).
- twenty of the 59 women and children presented to an emergency department for reasons relating to suicidal ideation on 43 occasions (34 per cent).

6.9.3 Proximity of contact with hospitals for the 59 women and children who attended an emergency department and/or were admitted to hospital between 1 January 2012 and their death

The Office analysed the time between the last attendance at an emergency department and/or last hospital admission and death by suicide for each of the 59 women and children known to have had contact with a hospital, and found that:

- thirty-four of the 59 women and children who attended an emergency department between 1 January 2012 and their death in 2017, presented at an emergency department within the 90 days prior to their death.
- twenty of the 55 women and children admitted to hospital between 1 January 2012 and their death in 2017, were discharged from a hospital admission within the 90 days prior to their death.

6.10 Contact between child protection services and 13 children and young women known to the Department of Communities

In 2020, the Ombudsman tabled his major own motion investigation report on *Preventing suicide by children and young people 2020*, which analysed the deaths of 115 children and young people who died by suicide in Western Australia between 1 July 2009 and 30 June 2018.

Arising from this analysis, the Office identified that the majority of the 115 children and young people (70 children and young people, 61 per cent) experienced significant and enduring life difficulties, including alleged child abuse or neglect and family dysfunction. Significantly, among these 70 children and young people (referred to in the report as 'Group 1') 53 had allegedly experienced family and domestic violence prior to their death.¹⁵⁸

Comprehensive data collection about children's experiences and perceptions of family and domestic violence is crucial in underpinning the development of services intended to assist children affected by family and domestic violence.

Building the evidence base of data on family and domestic violence in Australia has also been identified as a foundation for change under *Australia's National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan)*.¹⁵⁹

The Office undertook in depth analysis to understand the experiences of children and young people known to have experienced family and domestic violence who died by suicide. This investigation analysed the 20 children and young women who died by suicide during the investigation period. The Office's key findings about the 20 children and young women's contact with child protection services were that:

- the Department of Communities received information about the wellbeing of 13 children and young women who died by suicide in 201 interactions;
- all of the 13 children and young women known to the Department of Communities were the subject of multiple referrals;
- four of the 13 children and young women known to the Department of Communities were the subject of a Child Safety Investigation as children;
- two children were in the care of the Chief Executive Officer at the time they died by suicide;
- family and domestic violence was the second most frequently recorded primary issue in the 201 interactions for the 13 children and young women known to the Department of Communities;
- family and domestic violence was the most frequently recorded 'other' issue among the 201 interactions for the 13 children and young women known to the Department of Communities;
- the Department of Communities recorded family and domestic violence as an issue in 66 of the 201 interactions relating to the 13 children and young women, while the Office identified family and domestic violence in 110 of the 201 interactions relating to the 13 children and young people;

¹⁵⁸ Ombudsman Western Australia, *Preventing suicide by children and young people 2020, Volume 1: Ombudsman's Foreword and Executive Summary*, September 2020, p. 25.

¹⁵⁹ Australian Bureau of Statistics, 'Defining the data challenge for family, domestic and sexual violence: Summary 2013,' Canberra, 2013, viewed 15 June 2020 <<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4529.0.00.001main+features32013>>.

- the Department of Communities recorded the outcome of ‘not departmental business’ or ‘assessed as no further role’ in 35 per cent of interactions where the Office identified family and domestic violence;
- of the 110 interactions relating to the 13 children and young women where the Office identified family and domestic violence, the Department of Communities progressed to intake for additional actions on 26 occasions (27 per cent);
- nine of the 13 children and young people known to the Department of Communities were first in contact with the Department as a child between the ages of 0 and 13;
- referrals to the Department of Communities regarding the 13 children and young women occurred most frequently at age one and between the ages of 14 and 17 years;
- family and domestic violence related interactions for the 13 children and young women occurred most frequently between the ages of 10 and 13 years and again between the ages of 14 and 17 years; and
- intake of concerns for the 13 children and young people by the Department of Communities occurred most frequently at ages 1 and 13. Intake of interactions occurred most frequently at age 1 and between the ages of 10 to 13 years.

The Office consulted with the Department of Communities about patterns and trends in how the Department identified and responded to family and domestic violence among the children and young women who died by suicide, and was advised that the Department is ‘currently undertaking a review of the practice guidance relating to family and domestic violence practice.’¹⁶⁰

Recently, the Department of Communities has partnered with the Safe & Together Institute to examine the current systemic family and domestic violence responses in Western Australia. In utilising the Safe & Together Institute’s Continuum of Domestic Violence Practice, the Department of Communities has highlighted that the ‘Department of Communities’ competency in responding to family and domestic violence sits across Domestic Violence Destructive, Domestic Violence Neglectful and Domestic Violence Pre-Competent.’¹⁶¹

Accordingly, the Department of Communities has highlighted that:

Communities is developing a Western Australian FDV-Informed Approach that is family violence, trauma and culturally-informed. The development of this approach sits across Strategy and Partnerships, Aboriginal Outcomes and Community Services.

We have partnered with the Safe and Together Institute to start this work:

1. An organisational assessment of Communities family and domestic violence policies, systems and practices. This is a process that requires staff to audit / review policies, data systems, governance arrangements etc. to examine current family violence capability. It includes a case reading analysis (same methodology as used in the PATRICIA research project) to support detailed analysis of current responses to family and domestic violence (an initial draft has been received by Communities).

¹⁶⁰ Department of Communities, electronic communication, 29 October 2021.

¹⁶¹ Department of Communities, ‘Family and Domestic Violence-Informed Approach’ (PowerPoint presentation), Government of Western Australia, delivered 9 September 2021, Perth, slide 5.

2. Participatory protocol development. Informed by the organisational assessment, Safe and Together Institute will work with Aboriginal staff and Aboriginal stakeholders to develop approaches for working with Aboriginal families.
3. Implementation of the participatory protocol, and other necessary changes identified through the organisational assessment, to embed good family violence practice in our people, policy and systems.¹⁶²

The Department of Communities has highlighted that work on a family and domestic violence informed approach, and the priority of family and domestic violence responses is congruent across agency projects and ongoing work, including:

- Aboriginal Cultural Framework and Cultural Capability.
- Aboriginal family safety strategy.
- Communities family and domestic violence service model.
- Recommissioning the family and domestic violence sector.
- Developing an integrated family and domestic violence response.
- Senior Officer's Group - Reinvigorated across government commitment.¹⁶³

Recommendation 3: The Department of Communities, working together with relevant State government departments and authorities and stakeholders, identify strategies and practices for identifying, recording, and utilising information about children and adolescents' experiences of family and domestic violence. Including, but not limited to:

- the number of children affected by family and domestic violence in Western Australia;
- the nature of how children and adolescents experience family and domestic violence; and
- strategies, principles, and practices for collecting information about children affected by family and domestic violence.

Recommendation 4: That the Department of Communities consider and incorporate the findings of this investigation when undertaking the development and implementation of a 'Western Australian Family and Domestic Violence-Informed Approach,' regarding:

- the recording of family and domestic violence as a 'primary issue' or 'issue' in ASSIST;
- use of the outcomes 'Not departmental business' or 'Assessed as no further role' when family and domestic violence is identified; and
- the intake of interactions relating to family and domestic violence.

¹⁶² Department of Communities, 'Family and Domestic Violence-Informed Approach' (PowerPoint presentation), Government of Western Australia, delivered 9 September 2021, Perth, slide 6.

¹⁶³ Department of Communities, 'Family and Domestic Violence-Informed Approach' (PowerPoint presentation), Government of Western Australia, delivered 9 September 2021, Perth, slide 7.

6.11 Opportunities to improve outreach and engagement with young people and their families

6.11.1 The research literature highlights that interventions with adolescents often focus on addressing immediate risks and challenging behaviour, instead of the underlying causes

Recent research in the UK has examined issues that arise in interactions with adolescents, including work by the UK's National Society for the Prevention of Cruelty to Children (**NSPCC**) which has published learnings from 15 case reviews that were published between 2018 and 2019 featuring children and adolescents aged 13 to 18 years. Teenagers in these case reviews 'faced a complex lived experience and wide range of risk factors [and] became the subject of reviews following: suicide or attempted suicide, physical injuries or death at the hands of another person, child sexual abuse and sexual abuse, neglect, and criminal exploitation.' Arising from these reviews, the NSPCC identified a number of key learnings about the manner in which adolescents were perceived and engaged.

The NSPCC identified that 'practitioners sometimes struggle to work with teenagers who are experiencing complex issues [and that] interventions can focus on tackling challenging behaviour, rather than exploring the underlying causes and risk factors.'

6.11.2 The research literature identifies a need to recognise the vulnerability of young people and not overestimate their maturity or 'resilience'

AIHW notes that 'infants [and] younger children are regarded as the most vulnerable [to being] abused, neglected or otherwise harmed', and more often receive a response from child protection services.¹⁶⁴

The Office's 2020-2021 Annual Report identifies that children aged 13 to 17 years are also 'over-represented compared to the child population as a whole for both investigable and non-investigable deaths.'¹⁶⁵ Thirty-three per cent (335) of the 1,002 child death notifications received by the Ombudsman from 30 June 2009 to 30 June 2021 related to those aged 13 to 17 years, and 35 per cent of these deaths were investigable.¹⁶⁶ 'Of these children, suicide was the most common circumstance of death, accounting for 45% of deaths. Furthermore, and of serious concern, Aboriginal children were very significantly over-represented in the number of young people who died by suicide.'¹⁶⁷

Researchers highlight the need to counter assumptions about the resilience and independence of teenagers, noting that 'it is easy to fail to recognise or minimise the vulnerability of older children.'¹⁶⁸

In reviewing the involvement of vulnerable adolescents and older children with services, UK researchers identified a tendency for practitioners to adopt an approach that affords maturity to adolescents, rather than centring their status as children.

¹⁶⁴ AIHW, *Family, domestic and sexual violence in Australia: 2018*, 2018, Australian Government, p. 64.

¹⁶⁵ Ombudsman Western Australia, *Ombudsman Western Australia Annual Report 2020-21*, 2021, p. 63.

¹⁶⁶ Ombudsman Western Australia, *Ombudsman Western Australia Annual Report 2020-21*, 2021, p. 80.

¹⁶⁷ Ombudsman Western Australia, *Ombudsman Western Australia Annual Report 2020-21*, 2021, p. 63, 91.

¹⁶⁸ Queensland Department of Child Safety, Youth and Women, *Practice Paper: A framework for practice with 'high risk' young people (12 – 17 years)*, 2008, Queensland Government, p. 1-2.

The NSPCC identified that at times, ‘practitioners perceived a young person to be independent and mature. This led them to be quick to act in accordance with the young person’s expressed wishes, even when it was not necessarily in the young person’s best interests.’¹⁶⁹ This, combined with a focus upon the challenging or risk-taking behaviour of adolescents, ‘sometimes causes practitioners to lose sight of the fact that teenagers are children in need of protection.’¹⁷⁰

Similarly, consultation undertaken by Crest Advisory identified that, rather than meeting the threshold for support (in the cases of criminally-exploited children), there was ‘a tendency to view these young people’s behaviour, especially in the case of boys, as a sign of criminality, almost a lifestyle choice, rather than evidence of a vulnerable child in need of protection.’¹⁷¹

6.11.3 The research literature identifies the need to view older children and adolescents’ challenging behaviours and unwillingness to engage with services in the context of the long-term impacts of trauma, violence, abuse and neglect

Researchers have identified that in dealing with adolescents, practitioners ‘are not always aware of the long-term impact that abuse and neglect experienced in earlier childhood can have on teenagers’ mental health and behaviour.’¹⁷²

The JTAI response report identifies that early childhood or chronic trauma ‘will most likely affect a child’s mental and emotional well-being and behaviour into adolescence and beyond.’¹⁷³ Research also identifies that adolescents’ experiences of trauma can influence their engagement with services, eroding trust in adults, the wider environment, and services offered. This is further compounded when support from services ‘often focuses on managing immediate risks rather than building trust.’¹⁷⁴

6.11.4 The Office identified barriers to effective outreach and engagement with older children between the ages of 14 to 17 years from the Department of Communities’ interaction notes for the 13 children and young women known to the Department of Communities

The Office’s analysis identified that the 13 children and young women known to the Department of Communities most frequently came to the attention of the Department when they were between the ages of 14 and 17 years.

In the context of the research literature, and in understanding that infants and younger children are often regarded as most vulnerable to harm, the Office undertook qualitative analysis to identify insights into the nature of concerns regarding the 13 children and young women, and the attitudes and decision-making processes of professionals responding to these issues.

¹⁶⁹ National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 2.

¹⁷⁰ National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.

¹⁷¹ Crest Advisory, *Violence and vulnerability*, 2020, London, p. 49.

¹⁷² National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 3.

¹⁷³ Her Majesty’s Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty’s Inspectorate of Probation, p. 6.

¹⁷⁴ Crest Advisory, *Violence and vulnerability*, 2020, London, p. 50.

The Office observed parallels between issues that were identified in the research literature and in the dialogue of interactions concerning the 13 children and young women during periods of contact as adolescents, including:

- **perceptions of challenging behaviour:** the research literature identifies that engagement with adolescents sometimes focuses on tackling behaviours, rather than exploring underlying causes and risk factors;¹⁷⁵
- **affording maturity to adolescents:** researchers identify a tendency for practitioners to adopt an approach that affords maturity to adolescents, rather than centring their status as children. At times this manifested in adolescent's behaviour being perceived as 'a lifestyle choice',¹⁷⁶ or young people being 'allowed to make decisions beyond their capacity'.¹⁷⁷ In other instances, 'children's lack of willingness to engage with professionals was seen as a reason to end social work involvement';¹⁷⁸ and
- **the long-term impacts of trauma, violence, abuse and neglect:** the research literature identifies that early childhood or chronic trauma 'will most likely affect a child's mental and emotional well-being and behaviour into adolescence and beyond'.¹⁷⁹ Researchers identify that in working with adolescents, there is a propensity for interventions to 'focus on tackling challenging behaviour, rather than exploring the underlying causes and risk factors'.¹⁸⁰

Underpinning these issues, researchers have identified that a tendency to view the actions of adolescents as arising from the conscious decisions of mature individuals does not align with the reality that 'anyone aged under 18 is legally a child and should be protected as such'.¹⁸¹ In Western Australia, the provisions of the *Children and Community Services Act 2004* relate to 'children', as defined in section 3. That is, 'a person who is under 18 years of age.'

Recommendation 5: The Department of Communities, in order to better inform practice and policy, conducts a review and examines current data on:

- the presence of family and domestic violence in duty interactions concerning older children and adolescents;
- intake rates related to duty interactions concerning older children and adolescents, particularly where family and domestic violence is identified;
- policy, practice, and culture in relation to how the Department of Communities responds to older children and adolescents; and

provides the resulting review report to this Office within 12 months of the tabling in the Western Australian Parliament of the report of this Investigation.

¹⁷⁵ National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.

¹⁷⁶ Crest Advisory, *Violence and vulnerability*, 2020, London, p. 49.

¹⁷⁷ Commission for Children and Young People (Victoria), *Neither seen nor heard: Inquiry into issues of family violence in child deaths*, 2016, Victorian Government, p. 40.

¹⁷⁸ Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 24.

¹⁷⁹ Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 6.

¹⁸⁰ National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.

¹⁸¹ National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 5.

7 Volume 4: The need for trauma informed responses

7.1 Trauma

The research literature identifies that trauma is 'both the experience of, and a person's response to, an overwhelmingly negative event or series of events'¹⁸² that are emotionally disturbing or life-threatening.¹⁸³

The Blue Knot Foundation, Australia's National Centre of Excellence for Complex Trauma, identifies that trauma 'is a state of high arousal in which severe threat or the perception of severe threat overwhelms a person's capacity to cope. It comprises a range of events, situations and contexts. These include natural disasters, accidents, betrayal in interpersonal relationships, and diverse forms of abuse.'¹⁸⁴

In defining trauma, researchers differentiate between simple and complex trauma. Simple trauma is the term used for single-incident trauma involving experiences or events 'that are life threatening and/or have the potential to cause serious injury'¹⁸⁵ and are generally unexpected. Simple trauma can include experiences such as being in a car accident, house fire, natural disaster, fighting in a war, or experiencing assault in adulthood.¹⁸⁶

Where simple trauma is generally the experience of a single, unexpected event, complex trauma is often ongoing and interpersonal, occurring in relationships that are meant to be safe:

Complex Trauma occurs as a result of traumatic stressors that are interpersonal – premeditated, planned and perpetrated by one human being on another. It is particularly damaging if it occurs in childhood. These actions can be both violating and exploitative of another person.¹⁸⁷

When trauma is transferred across a number of generations, 'it is known as transgenerational trauma' and extends beyond individuals to families and communities.¹⁸⁸ In Australia, transgenerational trauma impacts Aboriginal and Torres Strait Islander people who have experienced trauma because of 'colonisation, including the associated violence and loss of culture and land, as well as subsequent policies such as the forced removal of children. In many Indigenous families and communities, this trauma continues to be passed from generation to generation with devastating effects.'¹⁸⁹

¹⁸² Wathen C, Schmitt B and MacGregor J, 'Measuring Trauma- (and Violence-) Informed Care: A Scoping Review,' *Trauma, Violence & Abuse*, 2021, p. 1.

¹⁸³ Centre for Health Care Strategies, 'Understanding the Effects of Trauma on Health,' 2017, p. 1.

¹⁸⁴ Kezelman C, 'Unresolved childhood trauma and physical and mental health,' *New Paradigm (The Australian Journal on Psychosocial Rehabilitation)*, 2018 (Winter), p. 45.

¹⁸⁵ Thomas L, *What is trauma?*, 2019, Australian Childhood Foundation, Richmond, viewed 11 October 2021 <<https://professionals.childhood.org.au/prosody/2019/03/what-is-trauma/>>.

¹⁸⁶ Blue Knot Foundation, 'What is Complex Trauma', 2021, viewed 11 October 2021, <<https://blueknot.org.au/resources/understanding-trauma-and-abuse/what-is-complex-trauma/>> and Thomas L, *What is trauma?*, 2019, Australian Childhood Foundation, Richmond, viewed 11 October 2021 <<https://professionals.childhood.org.au/prosody/2019/03/what-is-trauma/>>.

¹⁸⁷ Mental Health Coordinating Council, *Trauma Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia*, 2013, p. 8.

¹⁸⁸ Blue Knot Foundation, *Intergenerational Trauma: Fact Sheet*, 2021, p. 1.

¹⁸⁹ Australians Together, 'Intergenerational Trauma,' 2021, viewed 12 November 2021 <<https://australiantogether.org.au/discover/the-wound/intergenerational-trauma/>>.

The research literature identifies that people impacted by trauma ‘characteristically present at a wide range of services. They often have severe and persistent mental health and coexisting substance abuse problems and are frequently the highest users of the inpatient, crisis and residential services.’¹⁹⁰

A large percentage of those seeking help across a diversity of health and human service settings have trauma histories severely affecting their mental and physical health and wellbeing. The impacts of trauma characteristically persist long after the trauma has ended. Although exact prevalence estimates vary, there is a broad consensus that many consumers who engage with public, private and community managed mental health and human services are trauma survivors and that their trauma experiences shape their responses to service providers.¹⁹¹

Researchers identify that individuals with experiences of trauma ‘are found in multiple service sectors.’ These include:

- **Mental Health Services:** research has found that ‘nine out of 10 people accessing mental health services have experienced trauma at some stage in their life;’¹⁹²
- **Child protection systems:** researchers identify that ‘children and families in the child welfare system ‘experience high rates of trauma and associated behavioral health problems;’¹⁹³
- **Police:** Experiencing trauma has been linked with increased rates of criminal behaviour;¹⁹⁴
- **The juvenile and criminal justice system:** ‘Studies of people in the juvenile and criminal justice system reveal high rates of mental and substance use disorders and personal histories of trauma;’¹⁹⁵
- **Homelessness:** AIHW identifies that ‘half (54%) of [the] children and young people who received homelessness and child protection services [in 2016-17] were [also] experiencing family and domestic violence;’¹⁹⁶ and
- **Alcohol and other drugs treatment programs:** research identifies that over 80 per cent of individuals entering substance use treatment programs ‘report having experienced a traumatic event in their lifetime,’ and that the ‘vast majority have experienced multiple traumas.’¹⁹⁷

¹⁹⁰ Mental Health Coordinating Council, *Trauma Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia*, 2013, p. 4.

¹⁹¹ Mental Health Coordinating Council, *Trauma Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia*, 2013, p. 4.

¹⁹² New South Wales Agency for Clinical Innovation, *Trauma-Informed Care and Practice in Mental Health Services*, 2021, New South Wales Government, viewed 21 October 2021 <<https://aci.health.nsw.gov.au/networks/mental-health/trauma-informed-care-and-practice-in-mental-health-services>>.

¹⁹³ Substance Abuse and Mental Health Services Administration, *SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014, p. 2.

¹⁹⁴ For example, Atkinson, J, *Trauma-informed services and trauma-specific care for Indigenous Australian children: Resource sheet no. 21*, 2013, Closing the Gap Clearinghouse, Australian Institute of Health and Welfare; Randall M and Haskell L, ‘Trauma-Informed Approaches to Law: Why Restorative Justice Must Understand Trauma and Psychological Coping’, *Dalhousie Law Journal*, 36(2), 2013, p. 516; Ardino V, *Offending Behaviour: The Role of Trauma and PTSD*, 2012.

¹⁹⁵ Substance Abuse and Mental Health Services Administration, *SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014, p. 2.

¹⁹⁶ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: 2018*, 2018, p. 65.

¹⁹⁷ Mills K, ‘Trauma and substance use,’ Presentation at the Western Australian Network of Alcohol & other Drug Agencies WA AOD Conference, March 2018, viewed 21 October 2021 <<https://cracksintheice.org.au/pdf/webinar-trauma-substance-use.pdf>>.

7.1.1 Trauma survivors display extraordinary strength and resilience, and recovery from trauma is possible

Researchers have identified that ‘we know far more’ about trauma and post-traumatic symptoms ‘than we do about resiliency’ arising from family and domestic violence.¹⁹⁸ Increasingly, researchers have found that recognising an individual’s strength is vital in responding to trauma:

... a list of symptoms tells us little about the tremendous strengths and resources battered women draw on to recover from domestic violence. The pain individuals experience from domestic violence should not be minimized. Yet, it does not have to be the centerpiece of one’s identity. Standing alongside the entire range of debilitating effects of trauma, most survivors display a stunning capacity for survival and perseverance. Growth and pain, therefore, are not necessarily mutually exclusive, but instead are inextricably linked in recovery from trauma.¹⁹⁹

Resilience refers to ‘the capacity of human beings of any age to survive and thrive in the face of adversity.’²⁰⁰

7.1.2 Trauma can have long-term impacts upon individuals

Researchers identify that the long-lasting adverse effects of an event ‘are a critical component of trauma,’ noting that:

These adverse effects may occur immediately or may have a delayed onset. The duration of the effects can be short to long term. In some situations, the individual may not recognise the connection between the traumatic events and the effects.²⁰¹

As a result of advances in diverse and numerous fields, there is a growing body of evidence showing that experiencing trauma or traumatic events can have significant impacts upon individuals, raising their risk of long-term physical and behavioural health issues.²⁰²

The Australian Childhood Foundation has also highlighted that, with respect to children experiencing toxic stress:

Children and young people affected by high impact stress and toxic stress find it difficult to make meaning from their experiences. They have few or no effective internal maps to guide their actions. As a result, they react rather than respond.²⁰³

¹⁹⁸ Anderson K, Renner L and Danis F, ‘Recovery: Resilience and Growth in the Aftermath of Domestic Violence,’ *Violence Against Women*, 18(11), 2012, p. 1280.

¹⁹⁹ Anderson K, Renner L and Danis F, ‘Recovery: Resilience and Growth in the Aftermath of Domestic Violence,’ *Violence Against Women*, 18(11), 2012, p. 1280.

²⁰⁰ Mental Health Coordinating Council, *Trauma Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia*, 2013, p. 20.

²⁰¹ Substance Abuse and Mental Health Services Administration, *SAMHSA’S Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014, p. 8.

²⁰² Shonkoff J and Garner A, ‘The Lifelong Effects of Early Childhood Adversity and Toxic Stress,’ *Pediatrics*, 2012, 129(1), p. e232, viewed 11 October 2021, <<http://www.pediatrics.org/cgi/doi/10.1542/peds.2011-2663>>; Centre for Health Care Strategies, *Understanding the Effects of Trauma on Health*, 2017, p. 1.

²⁰³ Tucci J, Mitchell J, Lindeman M et al, *Strengthening Community Capacity to End Violence: A Project for NPY Women’s Council*, 2017, NPY Women’s Council and Australian Childhood Foundation, p. 18.

The research literature suggests that experiencing trauma can result in the development of neurological and psychological symptoms, and ‘[i]n the absence of treatment, [these] trauma-related difficulties and their effects tend to persist into adolescence and adulthood and become difficult to reverse.’²⁰⁴ The brain’s ‘remarkable adaptiveness’ and the ability of the nervous system ‘to change its activity in response to intrinsic or extrinsic stimuli by reorganizing its structure, functions, or connections’ can mean that, ‘if the initial trauma is not resolved and the person has not recovered, he/she can be repeatedly “triggered” into survival responses by seemingly minor stressors.’²⁰⁵

Coping strategies may assist a person to manage dysregulation and overwhelming stress arising from trauma in the short term. Often though, the long-term effects of trauma prove to be ‘pervasive and cannot be compartmentalised.’²⁰⁶ Accordingly, over time, the coping strategies used by a person who has experienced trauma, may decrease in their effectiveness, and cause trauma-organised ‘profound neurobiological adaptations’ which may be injurious to their health.²⁰⁷

7.1.3 Adaptations arising from trauma may influence behaviour and lead to difficult or discordant interactions with service systems

Dr Sandra Bloom, former President of the International Society for Traumatic Stress Studies and Chair of the Campaign for Trauma-Informed Policy and Practice in the United States, has highlighted that ‘many people who present to social service and health organisations, especially ‘high utilisers’, will have a trauma history, and this may lead to difficult or discordant interactions.’²⁰⁸

Additionally, researchers identify that ‘challenging behaviours’ can be adaptive responses to trauma.²⁰⁹ For example, a ‘mistrust of authority figures and wariness of professional helpers,’ rather than being interpreted as ‘hostility, lack of motivation or resistance to services’, may be viewed as a normal, ‘protective reaction when an individual feels vulnerable.’²¹⁰ In this sense, trauma informed approaches serve to ‘normalise symptoms and behaviours that have traditionally been pathologised and viewed as examples of personal and social deviance.’²¹¹

²⁰⁴ For example, see: van der Kolk B, *The Body Keeps Score: Brain, mind and body in the healing of trauma*, New York, 2014; Schore A, ‘Dysregulation of the Right Brain: A Fundamental Mechanism of Traumatic Attachment and the Psychopathogenesis of Posttraumatic Stress Disorder’, *Australian and New Zealand Journal of Psychiatry*, 2002(36), p. 9-30; Dudley RG, *Childhood Trauma and Its Effects: Implications for Police*, 2015, National Institute of Justice; Dudley RG, *Childhood Trauma and Its Effects: Implications for Police*, 2015, National Institute of Justice, p. 1.

²⁰⁵ Rosenzweig J, Jivanjee P, Brennan E et al, ‘Understanding Neurobiology of Psychological Trauma,’ Pathways Research and Training Centre, Portland, 2017, p. 2, viewed 12 October 2021 <<https://www.pathwaysrtc.pdx.edu/pdf/projPTTP-neurobiology-tip-sheet.pdf>>; Mateos-Aparicio P, and Rodriguez-Moreno A, ‘The Impact of Studying Brain Plasticity,’ *Frontiers in Cellular Neuroscience*, 2019, viewed 12 October 2021 <<https://www.frontiersin.org/articles/10.3389/fncel.2019.00066/full>>; Kezelman C and Stavropoulos P, *Talking about Trauma: Guide to conversations and screening for health and other service providers*, 2018, p. 11.

²⁰⁶ Kezelman K and Stavropoulos P, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, 2012, p. xxxi.

²⁰⁷ Kezelman K and Stavropoulos P, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, 2012, p. xxxi.

²⁰⁸ Bloom S (2019) and Mautner et al (2013) cited by Smith P and Kaleveld L, *Addressing Trauma in Western Australia*, 2020, Western Australian Association for Mental Health, p. 20.

²⁰⁹ Blue Knot Foundation, ‘Foundations for Building Trauma Awareness: Professional Development Training Booklet,’ delivered 17 September 2021.

²¹⁰ Levenson J, ‘Trauma-Informed Social Work Practice,’ *Social Work*, 2017, 62(2), p. 105-113, viewed 18 October 2021 <<https://doi.org/10.1093/sw/swx001>>.

²¹¹ Henderson C, and Bateman J, *Reframing Responses Stage Two: Supporting Women Survivors of Child Abuse An Information Resource Guide and Workbook for Community Managed Organisations*, 2010, Mental Health Coordinating Council, p. 79.

7.1.4 Services can unintentionally re-traumatise individuals

Researchers identify a broad consensus that ‘many consumers who engage with public, private and community managed mental health and human services are trauma survivors,’ with ‘trauma experiences shape[ing] their responses to service providers.’

People impacted by trauma characteristically present to multiple services over a long period of time and care is often fragmented with inadequate coordination between services, and poor referral pathways and follow-up protocols which results in a ‘merry go round’ of unintegrated care. This risks retraumatisation and compounding problems as a result of unrecognised trauma. Such escalation and entrenchment of symptoms is psychologically, financially and systemically costly. Understanding that trauma underpins the way in which many people present who attend a diversity of service settings necessitates substantially new ways of operating.²¹²

How services are provided ‘can have important impacts on health and well-being,’ particularly for individuals experiencing trauma:

When serving survivors of trauma and violence, a lack of understanding of the complex and lasting impacts of these experiences may lead to harm and to missed opportunities to provide effective care.²¹³

7.2 Trauma informed approaches to service provision

Researchers identify that trauma informed interventions ‘occur at two levels: trauma-specific interventions and trauma informed models of care.’²¹⁴

Trauma specific clinical interventions ‘refer to clinical services or programs designed to treat and ameliorate the actual symptoms and presentations of trauma.’²¹⁵ Trauma specific interventions include diagnostic and treatment services ‘designed to treat the actual sequelae of sexual or physical abuse trauma ... [such as] grounding techniques which help trauma survivors manage dissociative symptoms, desensitization therapies which help make to render painful images more tolerable, and behavioural therapies which teach skills for the modulation of powerful emotions.’²¹⁶

Trauma informed approaches or services ‘do not directly treat trauma or the range of symptoms with which its different manifestations are associated,’ however, they are ‘informed about, and sensitive to, trauma related issues’ and incorporate key trauma principles into organisational care.²¹⁷

²¹² Bateman K, Henderson C and Kezelman C, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia – a national strategic direction*, 2013, p. 1.

²¹³ Wathen C, Schmitt B and MacGregor J, ‘Measuring Trauma- (and Violence-) Informed Care: A Scoping Review,’ *Trauma, Violence & Abuse*, 2021, p. 1.

²¹⁴ Wall L, Higgins D and Hunter C, *Trauma-informed care in child/family welfare services*, 2016, AIHW, p. 4.

²¹⁵ Wall L, Higgins D and Hunter C, *Trauma-informed care in child/family welfare services*, 2016, AIHW, p. 4.

²¹⁶ Jennings A, *Models for Developing Trauma-Informed Behavioural Health Systems and Trauma-Specific Services*, 2004, p. 15-16, viewed 1 August 2022, <<https://www.theannainstitute.org/MDT.pdf>>.

²¹⁷ Kezelman K and Stavropoulos P, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, 2012, Blue Knot Foundation, NSW, p. 88; Substance Abuse and Mental Health Services Administration, *SAMHSA’S Concept of Trauma and Guidance for a Trauma-Informed Approach*, p. 9.

A 'trauma informed' system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. A 'trauma informed' system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent retraumatization and will facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships with other public sector service systems serving these clients and the local network of private practitioners with particular clinical expertise in 'traumatology'.²¹⁸

Researchers identify that the provision of both trauma specific clinical interventions and trauma informed approaches are essential in addressing the consequences of trauma, noting that 'the provision of trauma informed services must also be supported by trauma specific services, which provide specific interventions to address the consequences of trauma.'²¹⁹ Similarly, trauma specific services require a trauma informed 'environment capable of sustaining these services and supporting the positive outcomes to clients who receive these services.'²²⁰

The Office's focus on trauma informed approaches relates to the broader organisational or service system responses that are **trauma informed**, rather than trauma specific clinical interventions. However, growing awareness of trauma and its impacts have led to calls from researchers for the need for both trauma informed and trauma specific services.²²¹

The research literature identifies that trauma informed approaches aim to 'normalise symptoms and behaviours that have traditionally been pathologized,' with the approach asking 'what has happened to you?' rather than, 'what is wrong with you?'²²²

The Blue Knot Foundation has identified that trauma-informed services:

- attune to the possibility of trauma in the lives of everyone seeking support
- apply the core principles of safety, trustworthiness, choice, collaboration and empowerment (Fallot and Harris, 2001)
- accommodate the vulnerabilities of trauma survivors including people from diverse backgrounds
- minimise the risks of re-traumatisation and promote healing
- emphasise physical and emotional safety for everyone
- recognise coping strategies as attempts to cope
- collaborate with clients, and affirm their strengths and resources
- recognise the importance of respect, dignity and hope
- focus on the whole context in which a service is provided and not just on what is provided.²²³

²¹⁸ Jennings A, *Models for Developing Trauma-Informed Behavioural Health Systems and Trauma-Specific Services*, 2004, p. 15, viewed 1 August 2022, <<https://www.theannainstitute.org/MDT.pdf>>.

²¹⁹ Kezelman C, 'Trauma informed practice,' *Mental Health Australia*, 2014, viewed 26 October 2021 <<https://mhaustralia.org/general/trauma-informed-practice>>.

²²⁰ Jennings A, *Models for Developing Trauma-Informed Behavioural Health Systems and Trauma-Specific Services*, 2004, p. 15, viewed 1 August 2022, <<https://www.theannainstitute.org/MDT.pdf>>.

²²¹ Fallot R and Harris M, *Creating Cultures of Trauma-Informed Care (CTIC): A Self-Assessment and Planning Protocol*, 2009, Community Connections, Washington DC, p. 2.

²²² Queensland Government, *Trauma-Informed Care and Practice: A guide to working well with Aboriginal and Torres Strait Islander Peoples*, 2019, p. 3.

²²³ Blue Knot Foundation, 'Building a Trauma-Informed World', 2021, viewed 4 November 2021 <<https://blueknot.org.au/resources/building-a-trauma-informed-world/>>.

7.2.1 Key principles of trauma informed approaches

Frameworks articulating trauma informed approaches to service provision identify a set of key principles underpinning these approaches. 'Although at times there might be subtle variations in terminology, and a degree of overlap between the principles, there is general congruence' around five key principles of trauma informed approaches.²²⁴ These principles include:

- SAFETY:** Ensuring physical and emotional safety
- TRUSTWORTHINESS:** Maximising trustworthiness through task clarity, consistency, and interpersonal boundaries
- CHOICE:** Maximising consumer choice and control
- COLLABORATION:** Maximising collaboration and sharing power
- EMPOWERMENT:** Prioritising empowerment and skill building.²²⁵

7.2.2 Trauma and violence informed approaches acknowledge the impact of systemic inequalities and violence

In acknowledging that violence and abuse occurs within broader structural systems and inequalities, researchers have identified that frameworks for trauma and violence informed approaches 'expand the concept of trauma informed practice to account for the impact of systemic and interpersonal violence and inequalities have on a person's life.'²²⁶

Trauma-informed care (TIC) creates safety for service users by understanding the effects of trauma, and its close links to health and behaviour; it is not about eliciting or treating people's trauma.

Trauma- and violence-informed care (TVIC) expands on this to account for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life, emphasizing both historical and ongoing violence and their traumatic impacts. It shifts the focus to a person's experiences of past and current violence so problems are seen as residing in both their psychological state, and social circumstances.²²⁷

The research literature highlights that this shift in language also allows for 'a more expansive understanding of people's experiences of violence and trauma,' as, particularly in the case of complex trauma, 'histories of violence typically include interconnected experiences of interpersonal and systemic violence.' Further, 'for many victims, interpersonal violence is ongoing; it can be intergenerational and linked to broader historical contexts.'²²⁸

²²⁴ Smith P and Kaleveld L, *Addressing Trauma in Western Australia*, 2020, Western Australian Association for Mental Health, p. 24.

²²⁵ Adapted by Ombudsman Western Australia from: Fallot R and Harris M, *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*, 2009, Community Connections, Washington DC, p. 7-10; Henderson C, Everett M, Isobel S, *Trauma Informed Care and Practice Organisational Toolkit (TIPCOT) – An Organisational Change Practice Resource – Stage 1, Planning and Audit*, 2018, p. 8; Kezelman C and Stavropoulos P, *Talking About Trauma: Guide to Everyday Conversations for the General Public*, p.12-23; and Substance Abuse and Mental Health Services Administration, *SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014, p. 11.

²²⁶ Women's Health Victoria, *Spotlight on Trauma-informed practice and women*, 2019, p. 1.

²²⁷ Wathen C and Varcoe C, *Trauma- & Violence-Informed Care (TVIC): A Tool for Health & Social Service Organizations & Providers*, 2021, Gender, Trauma & Violence Knowledge Incubator @ Western University and Equip Health Care, London, Canada, p. 1.

²²⁸ Ponice P, Varcoe C and Smutylo T, *Trauma-(and Violence-) Informed Approaches to Supporting Victims of Violence: Policy and Practice Considerations (Victims of Crime Research Digest No. 9)*, 2018, Department of Justice, Ottawa, viewed 8 November 2021 <<https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html>>.

7.2.3 Trauma informed, culturally strong healing approaches

The research literature highlights the importance of trauma informed approaches respecting diversity and ensuring cultural competency, identifying that a trauma informed approach ‘understands how cultural context influences perception of and response to traumatic events and the recovery process,’ and uses interventions respectful of and specific to cultural backgrounds, leveraging the healing value of traditional cultural connections.²²⁹

In highlighting that trauma informed approaches ‘need to be responsive to cultural, historical, and gender issues,’ researchers also highlight that this includes ‘the provision of gender-responsive services, or considering gender-specific needs when interacting with individuals.’²³⁰

An example of a ‘community centred, culturally strong, trauma-informed’ framework for strengthening community capacity to end violence has been developed by the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council together with the Australian Childhood Foundation.²³¹ As noted by the Australian Human Rights Commission Report *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, this practice framework:

... contains a strong commitment to resourcing communities with the tools to build and develop their own strategies based in their knowledge systems, stories, ceremonies, healing practices and spiritual beliefs to challenge violence and find safety in their lives.

The Framework is useful in understanding what forms of working practices are considered trauma-informed and appropriate for Indigenous organisations to deliver.

The Framework consists of eleven stages of actions and strategies which should be approached gradually and with care by practitioners in a linear order. Each stage of the Framework has a set of actions, strategies and practical information for the family violence practitioner to guide and evaluate their work.²³²

7.2.4 Victims and witnesses of violent crime have diverse and varied needs for support

In recent years, a number of Australian reviews and inquiries have been conducted into the needs and experiences of victims. Most notably, these have included the Royal Commission into Institutional Responses to Child Sexual Abuse, and the Victorian Royal Commission into Family Violence. The reports of these inquiries have provided new perspectives on victims’ experiences, support needs, and the re-traumatisation that can arise from inadequate systemic responses.

²²⁹ Henderson C, Everett M, Isobel S, *Trauma Informed Care and Practice Organisational Toolkit (TIPcot) – An Organisational Change Practice Resource – Stage 1, Planning and Audit*, 2018, p. 8; Substance Abuse and Mental Health Services Administration, *SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014, p. 11.

²³⁰ Women's Health Victoria, *Spotlight on Trauma-informed practice and women*, 2019, p. 1.

²³¹ Australian Human Rights Commission, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, 2020, AHRC, Sydney, p. 141.

²³² Australian Human Rights Commission, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, 2020, AHRC, Sydney, p. 141-142.

Accordingly, the evidence base on victims' needs and experiences has expanded in recent years, broadening understandings of victimisation and trauma beyond

... an understanding of crime as an isolated or confined experience from which victims of crime are well equipped to recover; that victims experience crime with few pre-existing issues; and that victims of crime are always able to identify and articulate what they need from the system.²³³

It is now well recognised that victims of crime have diverse needs and experiences of victimisation, and may have multiple and/or complex support requirements – all of which occur in the broader context of their life circumstances, historical interactions with support services and pre-existing vulnerabilities.²³⁴

7.3 Victims of family and domestic violence who died by suicide had significant contact with State government departments and authorities, demonstrating significant demand for crisis services in the absence of available longer-term support

Western Australia's Aboriginal Empowerment Strategy identifies that 'government services generally fall into three basic categories, based on how intensive, urgent or reactive they are. Different sectors use different terminology for these categories (and different numbers of categories), however the table below shows the key basic characteristics.'²³⁵

²³³ Centre for Innovative Justice, *Strengthening Victoria's Victim Support System: victim Services Review: Final Report*, 2020, RMIT University, p 12, viewed 27 May 2022, <<https://cij.org.au/cms/wp-content/uploads/2020/11/strengthening-victorias-victim-support-system-victim-services-review-centre-for-innovative-justice-november-2020.pdf>>

²³⁴ Centre for Innovative Justice, *Strengthening Victoria's Victim Support System: victim Services Review: Final Report*, 2020, RMIT University, p 21-23, viewed 27 May 2022, <<https://cij.org.au/cms/wp-content/uploads/2020/11/strengthening-victorias-victim-support-system-victim-services-review-centre-for-innovative-justice-november-2020.pdf>>

²³⁵ Government of Western Australia, *Aboriginal Empowerment Strategy Western Australia 2021-2029: Policy Guide*, 2021, Department of Premier and Cabinet, p. 32.

Table 2: Types of Government Services, as identified in Western Australia’s Aboriginal Empowerment Strategy

Primary Preventative Universal Resilience	Secondary Restorative / Early intervention Targeted Stabilisation	Tertiary Reactive Mandatory/Statutory Crisis
Support wellbeing, foundational needs and capacities, inclusion, and protective factors, before issues arise	Reduce vulnerability and the risk factors leading to the need for crisis response	Provide safety and protection of self or others from identified risk
<p>EXAMPLES</p> <ul style="list-style-type: none"> • Parenting and early years • Youth recreation • Cultural programs and healing • Education and skills • Community infrastructure • Public health initiatives • Safe and stable housing 	<p>EXAMPLES</p> <ul style="list-style-type: none"> • Youth Diversion • Youth diversion programs • Tenancy supports • Financial counselling • Rehabilitation facilities • Family counselling 	<p>EXAMPLES</p> <ul style="list-style-type: none"> • Prisons • Hospitals • Children in out-of-home care • Women’s refuges

Source: Aboriginal Empowerment Strategy²³⁶

7.3.1 The underlying drivers of demand for crisis-oriented service provision are also inherently related to suicide prevention

Key Western Australian inquiries and strategic frameworks have highlighted the need to address the underlying drivers of demand upon crisis responses, including in the context of suicide prevention, including:

- the State Coroner’s 2017 *Inquest into the deaths of 13 children and young persons in the Kimberley*,²³⁷
- Western Australia’s Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 in Western Australia,²³⁸ and
- Western Australia’s Aboriginal Empowerment Strategy.²³⁹

²³⁶ Government of Western Australia, *Aboriginal Empowerment Strategy Western Australia 2021-2029: Policy Guide*, 2021, Department of Premier and Cabinet, p. 32.

²³⁷ State Coroner, *Inquest into the deaths of 13 children and young persons in the Kimberley*, 2017, Coroner’s Court of Western Australia, p. 33.

²³⁸ Government of Western Australia, *Emerging Directions: The Crucial Issues For Change*, 2021, Ministerial Taskforce into Public Mental Health Services for Infants, Children, and Adolescents aged 0-18 in Western Australia, p. 6.

²³⁹ Government of Western Australia, *Aboriginal Empowerment Strategy Western Australia 2021-2029: Policy Guide*, 2021, Department of Premier and Cabinet, p. 33.

7.4 Some Australian jurisdictions include the association between family and domestic violence and suicide in strategic frameworks

The Office identified that in some other Australian jurisdictions, significant work has been undertaken to incorporate knowledge about the association between family and domestic violence and suicide into relevant strategies and frameworks, including in the:

- Victorian *Family Violence Multi-Agency Risk Assessment and Management Framework (the MARAM Framework)*, which ‘aims to address the gaps identified by the Commission’ and ‘provides a system-wide approach to risk assessment and risk management’;²⁴⁰ and
- Queensland *Suicide prevention framework for working with people impacted by domestic and family violence*.²⁴¹

7.4.1 There is some recognition of the association between family and domestic violence and suicide in Western Australian strategic frameworks

The Office identified that some Western Australian strategic frameworks recognise the association of family and domestic violence and suicide, including:

- *Path to Safety: Western Australia’s Strategy to Reduce Family and Domestic Violence 2020 – 2030* identifies that ‘family and domestic violence towards children, young people, and adults is a primary cause of ... suicide and self-harm’;²⁴²
- the Western Australian Suicide Prevention Framework, which acknowledges ‘the role that addressing historical and current trauma and the social determinants of health have in suicide prevention’;²⁴³ and
- the State government’s draft Aboriginal Family Safety Strategy.²⁴⁴

On 22 July 2020, the State Government launched *Path to Safety: Western Australia’s Strategy to Reduce Family and Domestic Violence 2020 – 2030 (Path to Safety)*, Western Australia’s strategy for reducing and responding to family and domestic violence.

The Path to Safety framework for change has ‘four focus areas:’

- work with Aboriginal people to strengthen Aboriginal family safety;
- act immediately to keep people safe and hold perpetrators to account;
- grow primary prevention to stop family and domestic violence; and
- reform systems to prioritise safety, accountability and collaboration.²⁴⁵

²⁴⁰ Victorian Government, *Family Violence Multi-Agency Risk Assessment and Management Framework*, 2018, p. 5; Victorian Government, *MARAM Practice Guides Foundation Knowledge Guide*, 2021, p. 3.

²⁴¹ Queensland Government, *Suicide Prevention Framework for working with people impacted by domestic and family violence*, 2021, p. 1-2.

²⁴² Department of Communities, *Path to Safety: Western Australia’s Strategy to Reduce Family and Domestic Violence 2020 – 2030*, 2020, Government of Western Australia, p. 17.

²⁴³ Mental Health Commission, *Western Australian Suicide Prevention Framework 2021-2025*, 2020, Government of Western Australia, p. 24.

²⁴⁴ Government of Western Australia, ‘Aboriginal Family Safety Strategy released for comment’, *Media Statements*, 17 March 2022, accessed 17 March 2022 <<https://www.mediastatements.wa.gov.au/Pages/McGowan/2022/03/Aboriginal-Family-Safety-Strategy-released-for-comment.aspx>>.

²⁴⁵ Government of Western Australia, *Western Australia’s Strategy to Reduce Family and Domestic Violence*, 2021, viewed 15 December 2021 <<https://www.wa.gov.au/government/publications/western-australias-strategy-reduce-family-and-domestic-violence>>.

Path to Safety will be supported by three action plans ‘that set out what needs to be done to achieve the long-term vision of all Western Australian’s living free from family and domestic violence.’ The First Action Plan, running from July 2020 to June 2022, initially focuses on ‘actions to address the significant impact of COVID-19 on family and domestic violence in Western Australia.’²⁴⁶

Recommendation 6: The Department of Communities, in consultation with key government and non-government stakeholders, considers this investigation and incorporates the findings of the investigation into strategic initiatives aimed at reducing the incidence and impact of suicide and self-harm associated with family and domestic violence, including incorporation into Path to Safety beyond the First Action Plan.

7.4.2 The Family and Domestic Violence Response Team Model was in place at the time of the investigation, and is currently being redesigned

As part of Western Australia’s approach in assessing and responding to family and domestic violence, FVIRs are provided to a multi-agency team comprising representatives from WA Police, the Department of Communities, and non-government organisations for triage, assessment, and further action. This model, known as the Family and Domestic Violence Response Team (**FDVRT**) model, became operational in February 2013.²⁴⁷ It was therefore in place approximately four years prior to the commencement of the investigation period, when 711 (56 per cent) of the 1,276 FVIRs relating to the individuals who died by suicide were recorded.

In August 2020, the Department of Communities released the findings of the Family and Domestic Violence Response Team Review Report (**the Review Report**), summarising key themes and findings of a review undertaken into the operation of FDVRTs. The Review Report identified that ‘the review of the FDVRT model was conducted as a result of the Ombudsman Western Australia (OWA) findings in relation to various child death and family and domestic violence (FDV) fatality reviews that identified recurring issues with the FDVRT model. In addition, known issues have been identified through operational and contract management feedback.’²⁴⁸

The Review Report highlighted a number of findings, including that ‘there is an urgent and critical need for a focussed team to support and guide the FDVRT with appropriate governance, monitoring, and compliance processes.’²⁴⁹

In July 2021, government stakeholders including the Minister for Police, Hon Paul Papalia and the Minister for Prevention of Family and Domestic Violence, Hon Simone McGurk met with the Director General, Communities to discuss interagency Family and Domestic Violence responses.²⁵⁰

²⁴⁶ Government of Western Australia, *Western Australia’s Strategy to Reduce Family and Domestic Violence*, 2021, viewed 15 December 2021 <<https://www.wa.gov.au/government/publications/western-australias-strategy-reduce-family-and-domestic-violence>>.

²⁴⁷ Department of Communities, *Family and Domestic Violence Response Team Operating Procedures*, 2017, p. 4.

²⁴⁸ Smith P, *Family and Domestic Violence Response Team Review*, 2020, Thirdforce Consultancy Services Pty Ltd, p. 6.

²⁴⁹ Smith P, *Family and Domestic Violence Response Team Review*, 2020, Thirdforce Consultancy Services Pty Ltd, p. 8.

²⁵⁰ Personal Communication, Department of Justice, 4 November 2021 and Personal Communication, Department of Communities, 29 October 2021.

During the investigation, the Department of Communities advised the Office that:

The FDVRT Project will be guided by the Aboriginal Family Safety Strategy, which is currently in development, and apply the principles and critical components of the nationally and internationally recognised Safe and Together model. Over the past two months, the project team has met fortnightly to develop a project plan which outlines the agreed principles and considerations which will guide the Project. This draft project plan was reviewed and endorsed by the committee on 2 September 2021.²⁵¹

In December 2021, the Department of Communities most recently informed the Office that:

... the project team have finalised the design of the enhanced Family Domestic Violence Response Team (FDVRT) service delivery model.

The project team includes representatives from Communities, Justice and Police who have worked consultatively to implement the agreed deliverables, including

- The inclusion of Justice Officers in the co-located FDVRT
- Development of a Central Support and Coordination Team to provide governance of the model and ensure ongoing continuous improvement across the structure, policy, process and training. This is a tripartite arrangement, staffed by representatives of Communities', Police and Justice.

Recommendation 7: The Department of Communities, Western Australia Police Force and the Department of Justice, in consultation with key government and non-government stakeholders consider this investigation and incorporates the findings of this investigation in the redesign of the Family and Domestic Violence Response Team Model including, but not limited to:

- the association between family and domestic violence and suicide, for women and children;
- the association between family and domestic violence and suicide for Aboriginal and Torres Strait Islander women and children; and
- the need to see and speak to children and adolescents who are exposed to family and domestic violence when engaging with families and assessing risk, including those alleged to be the perpetrator or instigator of parent-child conflicts.

7.5 Some Western Australian strategic frameworks identify the need for trauma informed approaches to service provision

Key Western Australian strategy documents in the area of suicide prevention, family and domestic violence, engaging with young people, empowering Aboriginal and/or Torres Strait Islanders, and workforce development recognise the significance of trauma and its impact upon individuals and communities.

²⁵¹ Personal Communication, Department of Communities, 29 October 2021.

These strategy instruments also emphasise the need for services to adequately understand and appropriately respond to trauma, including:

- *Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030*, which identifies that Western Australian responses to family and domestic violence will be trauma-informed;²⁵²
- the *WA Suicide Prevention Framework*, which specifies the need for trauma informed supports;²⁵³
- the *Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025*, which identifies that services to young people must be trauma informed, and emphasises the need for all staff delivering services to young people are appropriately trained;²⁵⁴
- the *Aboriginal Empowerment Strategy*, which identifies that healing trauma is an essential part of the strategy, emphasising trauma informed service delivery;²⁵⁵ and
- *Western Australia's Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025*, which identifies that implementation of trauma-informed care is necessary across health and human service systems, not just within mental health and alcohol and other drug settings.²⁵⁶

7.5.1 The Office did not identify detailed public sector guidance about what it means to be trauma informed

The Office identified that these strategies and frameworks recognise the importance of understanding trauma and identify the importance of trauma informed service delivery. However, the Office did not identify a unified whole of government service approach or framework for creating shared definitions and understandings of trauma informed practice, its implementation and evaluation.

In other countries and in Australia, some agencies are 'moving towards a trauma-informed paradigm for considering health and human service delivery systems.'²⁵⁷

Researchers acknowledge that the implementation of trauma informed approaches at 'the systems level' is challenging 'due to the complex, dynamic nature of service systems.'²⁵⁸ While the term 'trauma informed' is common, and used frequently across a range of service settings, some researchers highlight that 'there is not a common understanding of [trauma informed care],' or of how to implement it in different service settings. This 'causes confusion and difficulties in integrating and coordinating service delivery across sectors.'²⁵⁹

²⁵² Government of Western Australia, *Path to Safety: Western Australia's strategy to reduce family and domestic violence 2020-2030*, 2020, Department of Communities, p. 6.

²⁵³ Mental Health Commission, *Western Australian Suicide Prevention Framework 2021-2025*, 2020, p. 24.

²⁵⁴ Mental Health Commission, *Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025*, 2020, p. 20.

²⁵⁵ Government of Western Australia, *The Aboriginal Empowerment Strategy Western Australia 2021-2029: Policy Guide*, 2021, p. 11.

²⁵⁶ Mental Health Commission, *Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025*, 2020, p. 48.

²⁵⁷ Wall L, Higgins D, and Hunter C, *Trauma-informed care in child/family welfare services*, 2016, Australian Institute of Family Studies, p. 12.

²⁵⁸ Quadara A and Hunter C, *Principles of Trauma-informed approaches to child sexual abuse: A discussion paper*, 2016, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, p. 38.

²⁵⁹ Domestic Violence Victoria, 'DV Vic Submission to Mental Health Royal Commission,' 2019, p. 19.

The research literature identifies that, while take-up of the idea of trauma informed approaches has been enthusiastic, 'leadership on framing trauma-informed care and collaborative initiatives to design, implement and evaluate organisational and systemic approaches are essential.'²⁶⁰

Recommendation 8: The Mental Health Commission, in collaboration with relevant State government departments and authorities and stakeholders, develop and disseminate a common understanding of what constitutes a trauma informed approach for Western Australian State government departments and authorities. Including, but not limited to:

- a definition and key principles of a trauma informed approach;
- domains of implementation (including, but not limited to, an organisation's strategic leadership, policy, training for staff, and evaluation);
- consideration of vicarious trauma in the service delivery context;
- this approach being intersectional, and elevates the voices and experiences of Aboriginal and/or Torres Strait Islander people; and
- a timeline for undertaking this work.

7.6 Operationalising what it is to be trauma informed will vary across settings and systems

Researchers exploring the operation of frameworks for trauma informed approaches emphasise that 'a shared understanding about the overall philosophy and purpose of trauma-informed care [or practice]' and appropriate support 'to realise this paradigm shift' is crucial.²⁶¹ Trauma informed approaches 'must be based on principles, policies, and procedures that provide safety, voice and choice.'²⁶²

However, principles of trauma informed practice are not prescriptive, 'and cannot be given the wide range of possible service contexts in which they may be applied.'²⁶³ In this context, the research literature highlights that an aspect of trauma informed approaches is that they 'must be culturally relevant' to the population served.²⁶⁴

The core idea behind trauma-informed systems is that they are relational, and human... It will also be difficult for others to prescribe. Each service, organisation and individual will need to work through how they can embrace the principles of trauma informed care, and then apply them in non-static ways to best meet the needs of the person in front of them.²⁶⁵

²⁶⁰ Quadara A and Hunter C, *Principles of Trauma-informed approaches to child sexual abuse: A discussion paper*, 2016, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, p. 36.

²⁶¹ Quadara A and Hunter C, *Principles of Trauma-informed approaches to child sexual abuse: A discussion paper*, 2016, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, p.39-41

²⁶² Mental Health Coordinating Council, *Trauma Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia*, 2013, p. 27.

²⁶³ Jackson A and Walters S *Taking Time – Framework: A trauma-informed framework for supporting people with intellectual disability*, 2015, Berry Street, p. 18.

²⁶⁴ Wall L, Higgins D and Hunter C, *Trauma-informed care in child/family welfare services*, 2016, Australian Institute of Family Studies, p. 13.

²⁶⁵ Smith P and Kaleveld L, *Addressing Trauma in Western Australia*, 2020, Western Australian Association for Mental Health, p. 8.

In identifying that the principles and practices of a trauma informed approach must be translated in a way that is relevant for unique service settings, researchers also identify that the nature of a trauma informed approach transcends isolated policies or procedures and may instead be used ‘as a lens through which to focus on, create and then review all policies and procedures.’²⁶⁶

While the adoption of trauma informed approaches therefore requires leadership, guidance, and visibility about how this is being implemented, what it means to practice a trauma informed approach will vary in different settings. Accordingly, researchers identify that, to some extent, variability in how trauma informed approaches are ‘translated into practice or operationalised in different settings’ is expected.²⁶⁷

Translating trauma informed approaches into practice also involves considering the needs of distinct workforces, and how staff in different settings engage with individuals, information, and are exposed to trauma.

In identifying that the implementation of a trauma informed approaches is a ‘paradigm shift in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time,’ researchers have identified a continuum of implementation for organisations increasing their awareness of trauma. This continuum of implementation begins ‘with becoming trauma aware and ... [moving] to trauma sensitive to responsive to being fully trauma informed.’²⁶⁸

1. **Trauma aware:** where staff understand trauma and how individuals may have behavioural presentations in response to traumatic experiences.
2. **Trauma sensitive:** where an organisation’s work practice can operationalise some concepts of a trauma-informed approach.
3. **Trauma responsive:** where the individual and organisational response enables changes in behaviour and strengthens resilience and protective factors.
4. **Trauma-informed:** where the culture of the whole system reflects a trauma-informed approach in all work practices and settings.²⁶⁹

Recommendation 9: Taking into account the outcome of Recommendation 8, the Western Australia Police Force; the Department of Justice; the Department of Health; and the Department of Communities each:

- consider how a trauma informed approach may be incorporated into their operations; and
- work to improve their organisation’s understanding of trauma.

²⁶⁶ Jackson A and Walters S, *Taking Time – Framework: A trauma-informed framework for supporting people with intellectual disability*, 2015, Berry Street, p. 39.

²⁶⁷ Quadara A and Hunter C, *Principles of Trauma-informed approaches to child sexual abuse: A discussion paper*, 2016, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, p. 39.

²⁶⁸ Missouri Department of Mental Health, ‘Missouri Model: A Developmental Framework for Trauma Informed Approaches,’ 2019, p. 1, viewed 11 November 2021 <<https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches>> and Blue Knot Foundation, ‘Foundations for Building Trauma Awareness: Professional Development Training Booklet’, delivered 17 September 2021.

²⁶⁹ Te Pou o te Whakaaro Nui, *Trauma-Informed Care: Literature Scan*, 2018, Te Pou (New Zealand’s National Centre of Mental Health Research, Information and Workforce Development), Auckland, p. 38.

Major Investigations and Reports

Title	Date
<u><i>A report on giving effect to the recommendations arising from An investigation into the Office of the Public Advocate's role in notifying the families of Mrs Joyce Savage, Mr Robert Ayling and Mr Kenneth Hartley of the deaths of Mrs Savage, Mr Ayling and Mr Hartley</i></u>	October 2022
<u><i>A report on giving effect to the recommendations arising from the Investigation into the handling of complaints by the Legal Services and Complaints Committee</i></u>	September 2022
<u><i>A report on the steps taken to give effect to the recommendations arising from Preventing suicide by children and young people 2020</i></u>	September 2021
<u><i>An investigation into the Office of the Public Advocate's role in notifying the families of Mrs Joyce Savage, Mr Robert Ayling and Mr Kenneth Hartley of the deaths of Mrs Savage, Mr Ayling and Mr Hartley</i></u>	July 2021
<u><i>Preventing suicide by children and young people 2020</i></u>	September 2020
<u><i>A report on giving effect to the recommendations arising from Investigation into ways to prevent or reduce deaths of children by drowning</i></u>	November 2018
<u><i>Investigation into ways to prevent or reduce deaths of children by drowning</i></u>	November 2017
<u><i>A report on giving effect to the recommendations arising from the Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities</i></u>	November 2016
<u><i>Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities</i></u>	November 2015
<u><i>Investigation into ways that State Government departments and authorities can prevent or reduce suicide by young people</i></u>	April 2014
<u><i>Investigation into ways that State Government departments can prevent or reduce sleep-related infant deaths</i></u>	November 2012
<u><i>Planning for children in care: An Ombudsman's own motion investigation into the administration of the care planning provisions of the Children and Community Services Act 2004</i></u>	November 2011
<u><i>The Management of Personal Information - good practice and opportunities for improvement</i></u>	March 2011
<u><i>2009-10 Survey of Complaint Handling Practices in the Western Australian State and Local Government Sectors</i></u>	June 2010

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