



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

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

**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.

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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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](mailto: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](http://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](http://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](http://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](mailto:info@anglicarewa.org.au) support service for children and young people between the ages of 6 and 18 who have been bereaved by suicide



## Translating and interpreting

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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# 1 Family and domestic violence and suicide

## 1.1 The research literature

### 1.1.1 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.<sup>1</sup> Government departments and authorities have a key role in preventing suicide in our community, as noted recently by Australia's National Suicide Adviser, Christine Morgan:

Governments can do much for suicide prevention. There is the potential at every level and across each portfolio to identify aspects of suicide prevention that relate to existing responsibilities. There are improvements that can be made to better equip the workforces involved in the delivery of services. Governments, however, cannot and should not do everything on suicide prevention. We also need those in business and in community spheres of influence to examine how they can make a contribution that complements government action.<sup>2</sup>

### 1.1.2 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.<sup>3</sup> As noted by Suicide Prevention Australia, 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:

Suicide is a complicated, multi-factorial human behaviour and is more than an expression of mental ill health. Only half of those who tragically lose their life to suicide each year are accessing mental health services at the time. Recent modelling released by the Australian Institute of Health and Welfare revealed socio-economic factors such as being widowed, divorced or separated, being not in the labour force or being unemployed, being a lone person household and being male, to be risk factors that had the strongest associations with suicide.

As noted in the Interim Report of the National Suicide Prevention Advisor: "no single government portfolio can undertake the breadth of actions that are required to reduce suicides, reduce suicide attempts and respond effectively to distress".

Preventing suicide therefore requires a holistic, cross-governmental approach that effectively coordinates funding and policy attention to address the social, economic, health, occupational, cultural, and environmental factors involved. This

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<sup>1</sup> 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/>>.

<sup>2</sup> National Suicide Prevention Taskforce, *Final Advice: Connected & Compassionate – Implementing a national whole of governments approach to suicide prevention*, Australian Government, December 2020, p 1.

<sup>3</sup> Maclsaac 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.

includes consideration of suicide prevention in issues as diverse as housing, employment, and helping people to build healthy social connections.<sup>4</sup>

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.<sup>5</sup> Further, the United Kingdom Royal College of Psychiatrists has noted that:

Current suicide risk assessment tools mainly use demographic risk factors (which may be as common in the general population) and have largely been developed without a solid empirical basis. ...The reliance upon risk factor identification fails both clinicians and patients.

Our understanding of which factors differentiate those who will have thoughts of suicide from those who will act upon those thoughts and attempt suicide is still elementary. Demographic risk factors increase the suicide risk of a whole population across its lifetime, but do not predict suicide in an individual at a single time-point. Furthermore, suicide risk assessment is itself a complex intervention, unpredictable, with the process influenced by practitioner, patient and organisational factors.

While suicide rates vary significantly among different demographic groups, a review of suicide risk assessments in 2015 found that demographic factors are unable to predict suicide risk accurately and should not be relied upon. A person may still be at high risk of suicide even though they might not be assessed as a member of a high-risk group.

Conversely, not all members of high-risk groups are equally at risk of suicide. Moreover, suicidal thoughts (and risk) can vary across a relatively short time period.<sup>6</sup>

There is, however, 'strong evidence' which demonstrates that previous suicide attempts and self-harming behaviours are significant risk factors for suicide:

... the risk of suicide among those who have self-harmed is much greater than that of the general population, as is the risk of premature death. Almost half of the general population and over half of young people who end their life by suicide, have previously harmed themselves. ...

The risk of suicide is elevated by between 30 and 100 fold in the year following an episode of self harm, compared to the general population (Chan et al. 2016).

20% of people who attend hospital after self-harming repeat this behaviour within a year, many returning to the same hospital (Kendall et al. 2011). One in 50 patients who attend hospital after self-harm will die by suicide within one year and one in 15 within nine years (Owens, Horrocks & House, 2002). More than 50% of people who die by suicide have self-harmed, 15% within the previous year (Gairin, House & Owens, 2003). People who self-harm also have a higher all-cause mortality, i.e. not just from suicide (Bergen et al. 2012).<sup>7</sup>

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<sup>4</sup> Suicide Prevention Australia, *2022-23 Pre-Budget Submission*, January 2022, p. 11.

<sup>5</sup> 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>>.

<sup>6</sup> Royal College of Psychiatrists, *Self-harm and suicide in adults: Final report of the Patient Safety Group (CR229)*, July 2020, p. 28-29.

<sup>7</sup> Royal College of Psychiatrists, *Self-harm and suicide in adults: Final report of the Patient Safety Group (CR229)*, July 2020, p. 30-31.

Those bereaved by suicide are also recognised as being at elevated risk of suicide:

Not only is there robust empirical evidence to support the elevated risk of suicide in people bereaved by the suicide of a child (Qin & Mortensen 2003), partner (Agerbo 2015, Erlangsen et al. 2017), or parent (Garssen et al. 2011) compared to those bereaved by other causes, but also evidence of greater perception of stigma (Pitman et al. 2014). This has help-seeking implications, particularly as those in need of support may not always be next of kin, and the elevated risk of a suicide attempt applies whether a person was related to the deceased or not (Pitman et al. 2016). Indeed, the negative effects of suicide bereavement can affect relatives, friends, partners, and the professionals who cared for that person before their death. Those who are less visible, such as children, ex-partners, and more peripheral friends, are described as the 'hidden bereaved'. They can experience disenfranchised grief that is not socially sanctioned or openly acknowledged, yet they too are in need of support.<sup>8</sup>

Suicide is also increasingly recognised as occurring 'more frequently with the coexistence of psychiatric and physical illness:'

In primary care patients studies have shown higher suicide risk with coronary heart disease, stroke, COPD, and osteoporosis (Webb et al. 2012). Women with cancer or coronary heart disease have an elevated risk of suicide independent of clinical depression. Risk of suicide is greater in younger, physically ill women and in older women with multimorbidity. Most people who die by suicide late in life have recognised clinical depression. ...

We know that the risk of self-harm is raised across a wide variety of physical illnesses in both genders, and particularly so in women. Using the General Practice Research Database, Webb and colleagues (2012) found significantly higher risk of self-harm in patients with asthma, back pain, COPD, coronary heart disease, diabetes, epilepsy, hypertension, osteoarthritis and stroke (Webb et al. 2012). Depression explained 57% of the elevated risk among all patients diagnosed with one or more LTCs. Depression raised the risk of self-harm in two thirds of men and half of women. The risk remained elevated in women with asthma, back pain, diabetes, epilepsy or hypertension, even after adjustment for depression.<sup>9</sup>

In the Australian context, the AIHW has noted that:

Capturing information on risk factors relating to deaths by suicide can highlight areas of a person's life experience that may need additional attention to provide the most effective suicide prevention interventions. However, it is important to note that the presence of one or more of these risk factors in an individual's life does not necessarily mean they will have suicidal behaviours. The vast majority of people who experience these risk factors will not experience suicidal behaviours.

As part of the National Suicide and Self-harm Monitoring Project the AIHW has funded the Australian Bureau of Statistics (ABS) to identify and code (using ICD-10) psychosocial risk factors for deaths referred to a coroner, including deaths by suicide. ...

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<sup>8</sup> Royal College of Psychiatrists, *Self-harm and suicide in adults: Final report of the Patient Safety Group (CR229)*, July 2020, p. 57.

<sup>9</sup> Royal College of Psychiatrists, *Self-harm and suicide in adults: Final report of the Patient Safety Group (CR229)*, July 2020, p. 31.

From 2017 to 2020:

- the most commonly identified risk factor for males and females in all age groups except those 65 and over was a ‘personal history of self-harm’.
- ‘Limitation of activities due to disability’ was the most commonly identified risk factor in males and females aged 65 and over.
- ‘Disruption of family by separation and divorce’ and ‘problems in relationship with spouse or partner’ were generally the second- and third-most common risk factors in males and females aged under 55.
- ‘Problems related to other legal circumstances’ was also a common risk factor in males aged 25–34, 35–44 and 45–54 (associated with more than 10% of deaths by suicide).
- ‘Other problems relating to economic circumstances’ also emerged as a common risk factor in middle-aged males (45–54 and 55–64; associated with more than 10% of deaths by suicide in these age groups).
- ‘Disappearance and death of a family member’ was also identified as a frequently occurring psychosocial risk factor in males and females.
- ‘Prophylactic measure for pandemic response’ (including closure of business and stay at home measures) appeared as a one of the most frequently occurring psychosocial risk factors in males aged 55–64 (associated with 4% of deaths by suicide in 2020) and females aged 25–34, 55–64 and 65 and older (associated with 4% to 6% of deaths by suicide in these age groups in 2020).<sup>10</sup>

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.’<sup>11</sup> The Wiyi Yani U Thangani Report identifies ‘research shows that there is a difference in the nature of suicides and suicide attempts between Aboriginal and Torres Strait Islander peoples and other Australians.’

Notably, there appears to be a relatively low correlation between Aboriginal suicide and diagnosable mental illness, where drug and alcohol misuse is considered separately. ...

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.<sup>12</sup>

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<sup>10</sup> 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>>.

<sup>11</sup> 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.

<sup>12</sup> Australian Human Rights Commission, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, 2020, AHRC, Canberra, p. 433.

These systemic disadvantages have been compounded by the persistence of institutional racism in Australian health and mental health systems, as detailed in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.<sup>13</sup>

Importantly researchers identify that:

While any one of these factors can increase the risk of suicide, suicide is rarely the consequence of one single cause but often the result of a combination of factors.<sup>14</sup>

Further to this, “[t]he journey to suicide is complicated; it can span decades.”<sup>15</sup>

### **1.1.3 Violence against women and children is a ‘major public health problem and a violation of women’s human rights’ that is also preventable<sup>16</sup>**

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.’<sup>17</sup>

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).’<sup>18</sup>

The World Health Organization and UN Women have developed seven key evidence-based strategies to prevent violence against women and girls. All of these strategies, when successfully implemented, start early in life and involve prioritising the safety of women, challenging gender inequities in power and relationships, and addressing multiple risk factors, as follows:

In 2019, WHO and UN Women with endorsement from 12 other UN and bilateral agencies published *RESPECT women* – a framework for preventing violence against women aimed at policy makers.

Each letter of RESPECT stands for one of seven strategies: Relationship skills strengthening; Empowerment of women; Services ensured; Poverty reduced; Enabling environments (schools, work places, public spaces) created; Child and adolescent abuse prevented; and transformed attitudes, beliefs and norms.

For each of these seven strategies there are a range of interventions in low and high resource settings with varying degree of evidence of effectiveness. Examples of promising interventions include psychosocial support and psychological interventions for survivors of intimate partner violence; combined economic and social empowerment programmes; cash transfers; working with couples to improve communication and relationship skills; community mobilization interventions to

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<sup>13</sup> 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. 52.

<sup>14</sup> 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.

<sup>15</sup> Prof Vanessa Munro, University of Warwick’s School of Law, quoted by Moore, A. ‘Fatal truth: how the suicide of Alex Reid exposed the hidden death toll of domestic violence,’ *The Guardian*, London, 24 March 2021, viewed 10 May 2021 <<https://www.theguardian.com/society/2021/mar/24/fatal-truth-how-the-suicide-of-alex-reid-exposed-the-hidden-death-toll-of-domestic-violence>>.

<sup>16</sup> World Health Organization, *Fact sheet: Violence against women*, 9 March 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>>.

<sup>17</sup> World Health Organization, *Fact sheet: Violence against women*, 9 March 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>>.

<sup>18</sup> World Health Organization, *Fact sheet: Violence against women*, 9 March 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>>.

change unequal gender norms; school programmes that enhance safety in schools and reduce/eliminate harsh punishment and include curricula that challenges gender stereotypes and promotes relationships based on equality and consent; and group-based participatory education with women and men to generate critical reflections about unequal gender power relationships.<sup>19</sup>

#### **1.1.4 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.<sup>20</sup> The Australian Institute of Health and Wellbeing has noted that the morbidity burden associated with women and girls' suicidal behaviour has grown markedly in recent years:

While males are more likely than females to die by suicide, females are more likely to be hospitalised for intentional self-harm (1.75 times); in 2016–17 females made up almost two-thirds (64%) of intentional self-harm hospitalisation cases (AIHW: Pointer 2019).

In 2016–17, the age-specific rates of hospitalised injury cases for intentional self-harm peaked among females aged 15–19 at 686 cases per 100,000—nearly 4 times the rate for males in the same age group (180 per 100,000). The age-specific rates for females aged 0–14 and 15–24 rose markedly between 2007–08 and 2016–17, from 19 and 317 cases per 100,000 respectively in 2007–08 to 49 and 512 cases per 100,000 in 2016–17.<sup>21</sup>

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.

The lack of investment in women's suicidal behavior may also arise from a global focus on the mortality of suicidal behavior (dominated by male deaths in all countries except China), with this focus on suicide leading to a relative under regard for morbidity (in which women predominate). ... Suicide data fails to fully represent the major female contribution to morbidity. If both mortality and morbidity are considered together then it is evident that the weight of disease burden in suicidal behavior is clearly female.<sup>22</sup>

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<sup>19</sup> World Health Organization, *Fact sheet: Violence against women*, 9 March 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women>>.

<sup>20</sup> 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.

<sup>21</sup> 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>>.

<sup>22</sup> Vijayakumar L, 'Suicide in women', *Indian journal of psychiatry*, 2015, vol. 57, Suppl 2: S233-8. doi:10.4103/0019-5545.161484.



### 1.1.5 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.** There is evidence to suggest that experiencing one type of victimization can lead to a doubling or tripling of the risk for another type of victimization.
- **Those who have been violent in one context are likely to be violent in another context.** Youth who are violent toward peers, for example, are also more likely to be violent toward their dating partners. Adults who are violent toward their partners are also more likely to abuse their children.
- **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.** Exposure to violence increases the risk of depression, post-traumatic stress disorder (PTSD), anxiety, sleep and eating disorders, and suicide and suicide attempts. There is also a strong association between violence and infectious diseases, especially HIV and other sexually transmitted infections. Multiple studies also document a number of reproductive consequences from exposure to violence, including unintended pregnancy and teen pregnancy, as well as associated risk behaviors, such as multiple partners and early initiation of sexual activity. Many of the leading causes of death—such as cancer, cardiovascular disease, lung disease, and diabetes—are linked to experiences of violence through the adoption of harmful alcohol use, tobacco use, and physical inactivity, and impacts on the brain, cardiovascular, immune and other biological systems. Beyond the chronic health effects, serious psychosocial effects of childhood violence are observed decades later, including severe problems with finances, family, jobs, anger, and stress.
- **The evidence also clearly shows that the different forms of violence share common risk and protective factors.** These factors can start in early childhood and continue across the lifespan. Many of the behavioral factors associated with perpetrating violence are evident well before 10 years of age, with signs of early physical aggression being one of the strongest predictors for later involvement in violent behavior, including violence against intimate partners. Early onset of sexual aggression is also one of the strongest predictors of subsequent sexual violence perpetration. Those who have been exposed to violence in the home are at increased risk for several forms of violence. Growing up and living in impoverished environments with limited social, educational, and economic opportunities and confronting the daily stresses of violence, racism, and instability at home or in the community also increases the risk of multiple forms of violence. Societal influences such as norms about violence, gender, and race/ethnicity, which are often rooted in customs, institutional practices and policies, impact health and opportunities and are associated with risk for multiple forms of violence. Connectedness, on the other hand, is protective across multiple forms of violence. Those who have

stable connections to caring adults, affiliations with pro-social peers, and a strong connection to school and community are at lower risk for violence.<sup>23</sup>

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 partner or family relationships is not well understood, particularly its association with subsequent lethality. This is in part because of a paucity of research in this area.<sup>24</sup>

Despite there being an awareness of the association between family and domestic violence and suicide, researchers identify that 'it is a largely under-researched area,' and that among the existing research literature, 'there is a large degree of variability in the focus and methods employed, making direct comparisons problematic.'<sup>25</sup> There are some common limitations identified by researchers examining the research literature surrounding family and domestic violence and suicide. Researchers highlight a significant degree of diversity in samples, definitions, and measures employed in scientific literature.

Definitions and conceptualisations of family and domestic violence are subject to change, reflecting ongoing research and analysis. Early studies examining the association between family and domestic violence and suicide utilised limited definitions of family and domestic violence and focused primarily upon exposure to intimate partner violence or abuse, 'defined as any "incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners, regardless of gender or sexuality."<sup>26</sup>

Definitions of intimate partner violence or abuse are also subject to change, with researchers identifying that 'much early research in this area was carried out with the assumptions that intimate partner abuse was synonymous with only physical abuse.'<sup>27</sup>

The definitions of [intimate partner abuse] that are employed by the researchers have a significant impact on the measures that are used, and often influence which aspects of [intimate partner abuse] are focused on. These studies varied in which aspects of [intimate partner abuse] were measured, with the majority of studies focused solely on the physical aspects of abuse, whilst only three ... also included psychological abuse.<sup>28</sup>

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<sup>23</sup> 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.

<sup>24</sup> Queensland Domestic and Family Violence Death Review and Advisory Board, *Domestic and family violence death of 'Frank'*, 2017, Queensland Government, Brisbane, p. 14-15.

<sup>25</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, vol. 32, p. 678.

<sup>26</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, vol.32, p. 678.

<sup>27</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, vol.32, p. 678.

<sup>28</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, vol. 32, p. 679.

The absence of uniform definitions concerning family and domestic violence in studies examining its association with suicide, 'both the relationships within which violence exposure occurs and the type of abuse experienced,' is identified as 'a major deficiency in the current research literature.'<sup>29</sup> Similarly, researchers highlight that measures of suicidality employed in studies relating to family and domestic violence are varied, 'often limited, with many studies using a single item to assess either suicidal ideation or suicide attempts,' and limited studies 'including more detailed measure[s] of suicidality.'<sup>30</sup>

Researchers further identify that much early research examining the association between family and domestic violence and suicide was carried out with assumptions, including the above perceptions of violence as relating to intimate partner abuse or violence and physical abuse only, and some further assumptions that this violence was synonymous 'with female victims and male perpetrators.'<sup>31</sup> Similar limitations were identified by the Queensland Domestic and Family Violence Death Review and Advisory Board, which, in a review relating to a family and domestic violence related suicide, identified that:

The scientific literature regarding domestic and family violence and suicide generally focuses on two typologies: homicide-suicide and suicide by victims of domestic and family violence. For the most part, research has not explored the nature of suicide among perpetrators exclusive of homicide-suicides, despite evidence that domestic violence related suicides are more common than domestic violence related homicides.<sup>32</sup>

Samples used in studies examining the association between family and domestic violence and suicide are identified as an area of concern for researchers, noting that this has contributed to a 'dearth of literature relating to male victims of [intimate partner violence],'<sup>33</sup> and left the nature of suicide among perpetrators of family and domestic violence, exclusive of homicide-suicides, largely unexplored.

Due to heterogeneity in the current literature,<sup>34</sup> researchers identify that future research 'requires uniform definitions regarding types of violence and relationships between victim and perpetrator,' and measures of suicide and suicidality, to better enable targeted suicide prevention strategies.<sup>35</sup> Improving understandings of the relationship between 'suicidal ideation, threats and attempts, and violence perpetration within intimate partner or family relationships' is critical in strengthening responses to victims and perpetrators of family and domestic violence.<sup>36</sup>

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<sup>29</sup> 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. 67

<sup>30</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, volume 32, p. 679.

<sup>31</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, volume 32, p. 678.

<sup>32</sup> Queensland Domestic and Family Violence Death Review and Advisory Board, *Domestic and family violence death of 'Frank'*, 2017, Queensland Government, Brisbane, p.15.

<sup>33</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, volume 32, p. 685.

<sup>34</sup> McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review*, 2012, volume 32, p. 677.

<sup>35</sup> 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. 67

<sup>36</sup> Queensland Domestic and Family Violence Death Review and Advisory Board, *Domestic and family violence death of 'Frank'*, 2017, Queensland Government, Brisbane, p. 15.

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,’<sup>37</sup> which is examined in further depth below.

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

As identified, a significant portion of the research literature examining the association between family and domestic violence and suicide relates to intimate partner violence. In a systematic review of the research literature surrounding intimate partner violence and suicidality, McLaughlin et al identified 37 papers on the topic, and identified that:

With only one exception... all of the studies found an association between [intimate partner violence/abuse] and suicidality. Importantly, this relationship held irrespective of method, sample and measurement of [intimate partner violence/abuse] and suicidality. Consequently, the degree of consistency in findings across these studies confirms a strong relationship between [intimate partner violence/abuse] and suicidality. This review highlights that intimate partner abuse is a significant risk factor for suicidal thoughts and behaviours, which has important clinical implications.<sup>38</sup>

Similarly, in a systematic review examining the research literature concerning the association between interpersonal violence and suicide among women, MacIsaac et al identified that ‘being a victim or perpetrator of violence appears to be associated with risk of suicide.’<sup>39</sup>

## **1.2 The association between family and domestic violence and suicide in Australia**

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.

### **1.2.1 The Queensland Domestic and Family Violence Death Review and Advisory Board has identified that ‘apparent suicides contribute the largest number of domestic and family violence deaths each year in Queensland’**

In Queensland, the Domestic and Family Violence Death Review and Advisory Board, comprised of representatives of government and non-government organisations and chaired by the State Coroner, is responsible for ‘the systemic review of domestic and family violence deaths in Queensland.’<sup>40</sup>

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<sup>37</sup> McLaughlin J, O’Carroll RE, O’Connor RC, ‘Intimate partner abuse and suicidality: A systematic review,’ *Clinical Psychology Review*, 2012, volume 32, p. 677.

<sup>38</sup> McLaughlin J, O’Carroll RE, O’Connor RC, ‘Intimate partner abuse and suicidality: A systematic review,’ *Clinical Psychology Review*, 2012, volume 32, p. 685.

<sup>39</sup> 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.

<sup>40</sup> Queensland Courts, *Review of deaths from domestic and family violence*, 2020, viewed 13 July 2020, <<https://www.courts.qld.gov.au/courts/coroners-court/review-of-deaths-from-domestic-and-family-violence>>.

As part of this role, as established by section 91B of the *Coroners Act 2003*, the Domestic and Family Violence Death Review and Advisory Board also examines all apparent suicides that occurred in the context of family and domestic violence, where the person died by suicide or suspected suicide and 'was or had been in a relevant relationship with another person that involved domestic and family violence.'<sup>41</sup>

A relevant relationship, according to the *Coroners Act 2003* is defined as 'an intimate personal relationship, a family relationship or an informal care relationship, as defined under [the *Domestic and Family Violence Protection Act 2012*].'<sup>42</sup>

Recently, the Domestic and Family Violence Death Review and Advisory Board has reported that 'apparent suicides contribute the largest number of domestic and family violence deaths each year in Queensland, with 53 recorded in 2018-19 where there were clear links between domestic and family violence and the death.'<sup>43</sup>

From 1 July 2015 to 30 June 2019, there have been 172 apparent domestic and family violence suicides recorded in Queensland.

Broken down by financial year, this includes:

- 30 apparent suicides in 2015-16
- 51 apparent suicides in 2016-17
- 38 apparent suicides in 2017-18
- 53 apparent suicides in 2018-19.

The vast majority of apparent suicides occurred in the context of intimate partner violence, with small numbers reported for family violence and where children were exposed to domestic and family violence in the household.<sup>44</sup>

The Queensland Government further highlights the association between family and domestic violence and suicide, particularly for females, in its recently released Suicide Prevention Framework for working with people impacted by family and domestic violence, noting:

While suicide can affect all people, some people and groups are more vulnerable than others. Research indicates 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. While threats of suicide may be used by a perpetrator as a form of domestic and family violence, many suicides that occur in the context of domestic and family violence involve the perpetrator taking their own life.<sup>45</sup>

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<sup>41</sup> *Coroners Act 2003* (QLD), s. 91B(b).

<sup>42</sup> *Coroners Act 2003* (QLD), s. 91B(b).

<sup>43</sup> Queensland Domestic and Family Violence Death Review and Advisory Board, *Domestic and Family Violence Death Review and Advisory Board 2018-2019 Annual Report*, 2019, Queensland Government, Brisbane, p. 25.

<sup>44</sup> Queensland Domestic and Family Violence Death Review and Advisory Board, *Domestic and Family Violence Death Review and Advisory Board 2018-2019 Annual Report*, 2019, Queensland Government, Brisbane, p. 35.

<sup>45</sup> Queensland Government, *Suicide Prevention Framework for working with people impacted by domestic and family violence*, 2021, p. 1.

### **1.2.2 The New South Wales Domestic Violence Death Review Team identified 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)**

The New South Wales (**NSW**) Domestic Violence Death Review Team is a multi-agency committee convened by the State Coroner, responsible for reviewing deaths that occur in the context of family and domestic violence in NSW.

In its 2015-2017 Report, the NSW Domestic Violence Death Review Team undertook a pilot study of domestic violence related suicides (that is, suicides where there is no murder or other domestic violence death associated). Whilst the NSW Domestic Violence Death Review Team has identified that this category of cases 'are not covered under the current legislative definition' and that 'due to limited resourcing and capacity issues within the Secretariat, this study has been unable to progress further,' the 2015-2017 report examined all suicides in the six-month period from 1 July 2013 to 31 December 2013, and found that:

Of the 85 females who suicided, 33 (39%) had prior contact with NSWPF in relation to domestic or family violence (either as a victim, an offender, or both).

For an additional 9 females, there was an apparent unreported history of domestic or family violence; proximal relationship conflict or evidence that their current relationship was breaking down at the time of their suicide. This information was derived from the police narrative attached to the report of death.

Accordingly, of the 85 female suicides in the reporting period, 42 (49%) had a recorded or apparent history of domestic and family violence, relationship conflict or relationship breakdown.<sup>46</sup>

### **1.2.3 Victorian research identified that 'forty-two percent of women who died from suicide had a history of exposure to interpersonal violence'**

In Victoria, researchers conducted a retrospective study comprising 2,153 people who died by suicide between 1 January 2009 and 31 December 2012, aiming 'to determine the prevalence of [intimate partner violence] among people dying from suicide.' This research sought to determine 'the characteristics of victims and perpetrators of violence, according to the type of violence, the victim-perpetrator relationship, and the proximity of violence to death.'<sup>47</sup> Utilising data from the Coroner's Court of Victoria's Victorian Suicide Register, researchers identified that more than one-third of suicides in Victoria had a history of exposure to violence:

Forty-two percent of women who died from suicide had a history of exposure to interpersonal violence, with 23% having been a victim of physical violence, 18% suffering psychological violence, and 16% experiencing sexual abuse.<sup>48</sup>

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<sup>46</sup> NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2017-2019*, 2019, New South Wales Government, Sydney, p. 140.

<sup>47</sup> MacIsaac M, Bujega 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. 37.

<sup>48</sup> MacIsaac M, Bujega 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.

### 1.2.4 The Australian Burden of Disease Study showed a causal link between exposure to intimate partner violence to suicide and self-harm among Australian women

Burden of disease analysis 'quantifies the gap between a population's actual health and an ideal level of health – that is, every individual living without disease or injury to the theoretical maximum life span – in a given year' which:

... reflects the direct relationship between a risk factor (for example, overweight and obesity) and a disease outcome. It is the amount of burden that could be avoided if the risk factor were removed or reduced to the lowest possible exposure.<sup>49</sup>

The Australian Burden of Disease Study 2015 (**ABDS**) 'estimated the amount of burden that could have been avoided if no women aged 15 and over in Australia in 2015 were exposed to' the risk factor of 'intimate partner violence.'<sup>50</sup> The ABDS estimated the burden due to partner violence 'only in women, as evidence in the literature to inform the causally linked diseases and the amount of increased risk (relative risk) was only available for women.'<sup>51</sup>

In estimating this burden, the ABDS, undertaken by the Australian Institute of Health and Welfare (**AIHW**), identified that six diseases were 'causally linked to exposure to intimate partner violence.'<sup>52</sup>

If no female aged 15 and over had experienced partner violence in 2015 there would have been (among females aged 15 and over):

- **41%** less homicide & violence (where females were the victim)
- **18%** less early pregnancy loss
- **19%** less suicide & self-inflicted injuries
- **19%** less depressive disorders
- **12%** less anxiety disorders
- **4%** less alcohol disorders (AIHW 2019).<sup>53</sup>

The ABDS was repeated by AIHW in 2018, with the AIHW again examining the burden of intimate partner violence on Australian women. In undertaking this work, AIHW noted that to be included, 'the risk factor had to be modifiable, meaning that it could be prevented or modified through intervention and have sufficient evidence of a causal association between risk factor exposure and disease.'<sup>54</sup>

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<sup>49</sup> Australian Institute of Health and Welfare, 'Burden of disease,' 2020, AIHW, Canberra, viewed 12 December 2021 <<https://www.aihw.gov.au/reports/australias-health/burden-of-disease>>.

<sup>50</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story 2019*, 2019, p. 47.

<sup>51</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story 2019*, 2019, p. 47.

<sup>52</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story 2019*, 2019, p. 47.

<sup>53</sup> Australian Institute of Health and Welfare, 'Health impacts of family, domestic and sexual violence,' 2020, AIHW, Canberra, viewed 12 December 2021 <<https://www.aihw.gov.au/reports/australias-health/health-impacts-family-domestic-and-sexual-violence>>.

<sup>54</sup> Australian Institute of Health and Welfare, 'Health impacts of family, domestic and sexual violence,' AIHW, Canberra, 2020, viewed 12 December 2021 <<https://www.aihw.gov.au/reports/australias-health/health-impacts-family-domestic-and-sexual-violence>>.

The 2018 ABDS identified that ‘intimate partner violence contributed to 1.4% of the total disease burden in Australian women,’ and contributed to 19 per cent of the burden due to suicide and self-inflicted injuries:

Total burden due to intimate partner violence was highest for women between ages 35–44 years. The most burden due to intimate partner violence in this age group was from depressive disorders, anxiety disorders, and suicide & self-inflicted injuries.<sup>55</sup>

Work by the Australian National Research Organisation for Women’s Safety (**ANROWS**) has further identified that ‘there is a gap in the burden between Indigenous and non-Indigenous women,’ noting that ‘among Indigenous women aged 18-44 years’, rates of burden due to intimate partner violence ‘are 6.3 times higher than for non-Indigenous women in the same age group.’ For suicide and self-inflicted injuries, estimated rates of burden due to intimate partner violence are seven times higher ‘among Indigenous women aged 18-44 years than non-Indigenous women of the same age.’<sup>56</sup>

In this context, qualitative Australian research has demonstrated the significant health impacts of intimate partner violence, and causally linked exposure to intimate partner violence with the burden of suicide and self-harm among Australian women.

### **1.2.5 Aboriginal and/or Torres Strait Islander researchers identify that family violence and suicide are connected**

In defining and examining the nature of family violence, Aboriginal and/or Torres Strait Islander people have highlighted the connection between family violence and suicide.

In Victoria, the Victorian Indigenous Family Violence Task Force’s definition of family violence ‘extends to one-on one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide,’<sup>57</sup> and further notes:

The Task Force recognises the importance of providing a nurturing environment for Indigenous children and young people. Task Force members know from personal experience that some young Indigenous people may commit suicide to end their lives and be rid of family violence issues.<sup>58</sup>

The research literature identifies that ‘family violence impairs the protective connections between family and kin. It drives the transmission of trauma across generations and has been linked to a range of adverse life outcomes, mental health challenges, as well as suicide and suicide-related behaviour.’<sup>59</sup> Researchers also identify that family violence ‘disrupts healthy connections to family and has long-term negative impacts on mental health and wellbeing of children and their mothers,’ and ‘makes children more vulnerable to suicide and suicide-related behaviour.’<sup>60</sup>

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<sup>55</sup> Australian Institute of Health and Welfare, ‘Australian Burden of Disease Study 2018: Interactive data on risk factor burden,’ 2021, viewed 13 December 2021 <<https://www.aihw.gov.au/getmedia/5664eeb9-eb36-4db9-a86c-28398228296d/ABDS-2018-Interactive-data-on-risk-factor-burden.pdf.aspx?inline=true>>.

<sup>56</sup> 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, ANROWS, Sydney, p. 4.

<sup>57</sup> Victorian Indigenous Family Violence Task Force, *Victorian Indigenous Family Violence Task Force Final Report*, 2003, Victorian Government, Melbourne, p. 123.

<sup>58</sup> Victorian Indigenous Family Violence Task Force, *Victorian Indigenous Family Violence Task Force Final Report*, 2003, Victorian Government, Melbourne, p. 167.

<sup>59</sup> Dudgeon P, Blustein S, Bray A et al, *Connection between family, kinship and social and emotional wellbeing*, 2021, Mental Health and Suicide Prevention Clearinghouse, Australian Institute of Health and Welfare, Canberra, p. 15.

<sup>60</sup> Dudgeon P, Blustein S, Bray A et al, *Connection between family, kinship and social and emotional wellbeing*, 2021, Mental Health and Suicide Prevention Clearinghouse, Australian Institute of Health and Welfare, Canberra, p. v.



In 2020, the Australian Human Rights Commission released the *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report (the Wiyi Yani U Thangani Report)*, the result of a project to elevate the voices of Aboriginal and/or Torres Strait Islander women and girls. The Wiyi Yani U Thangani Report highlighted 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.<sup>61</sup>

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<sup>61</sup> Australian Human Rights Commission, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, 2020, AHRC, Canberra, p. 433.

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## 2 Understanding the impact of family and domestic violence on women

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

Family and domestic violence is a violent crime perpetrated by men against women and children that ‘tears lives apart.’<sup>62</sup>

Each week in Australia, on average, one woman is killed by her current or former partner.<sup>63</sup> In contrast, men are most likely to experience violence in public from a stranger.<sup>64</sup>

Women are most likely to experience violence from someone they know (often a current or a previous partner) in their own home:

**One in three** women has experienced:

- Physical violence perpetrated by another person, irrespective of the type of relationship (30.5%. ABS, 2017).
- Physical or sexual violence, or both, perpetrated by a man they know (31.1%. ABS, 2017). [original emphasis]<sup>65</sup>

It is important to observe that the statistic of ‘one in three’ is reported experience; actual experience is likely to be much higher, given levels of underreporting identified in the literature.<sup>66</sup>

It is also important to recognise the ‘individual stories of courage, hope and resilience that form the backdrop of these statistics.’<sup>67</sup>

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<sup>62</sup> 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>>.

<sup>63</sup> 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.

<sup>64</sup> Australian Institute of Health and Welfare, *Family, domestic, and sexual violence in Australia, 2018*, AIHW, February 2018, viewed 18 February 2022, <<https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/summary>>.

<sup>65</sup> Australia’s National Research Organisation for Women’s Safety, *Violence against women: Accurate use of key statistics (ANROWS Insights 05/2018)*, 2018, ANROWS.

<sup>66</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story*, 2019, cat. no. FDV 3, AIHW, Canberra.

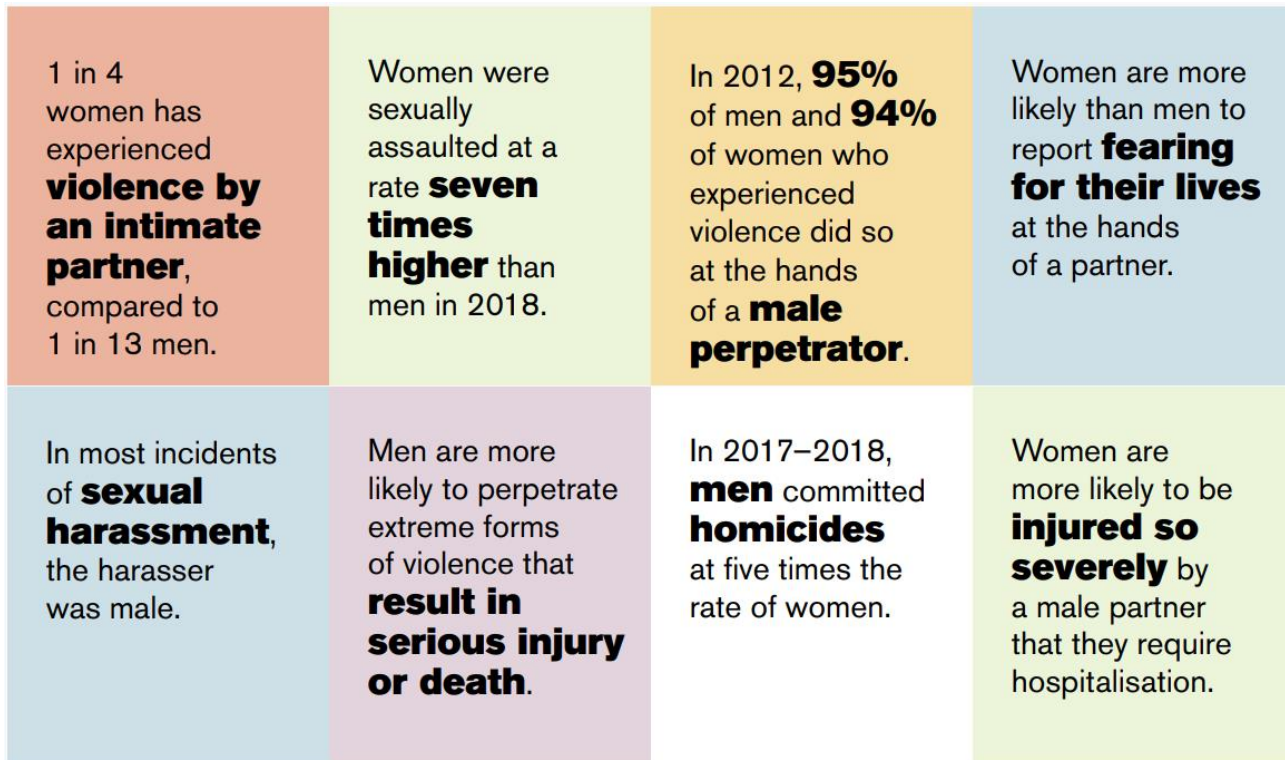
<sup>67</sup> Australia’s National Research Organisation for Women’s Safety, *Violence against women: Accurate use of key statistics (ANROWS Insights 05/2018)*, 2018, ANROWS.

The National Plan to Reduce Violence Against Women and their Children 2010-2022 states that:

While a small proportion of men are victims of domestic violence and sexual assault, the majority of people who experience this kind of violence are women – in a home, at the hands of men they know.<sup>68</sup>

Family and domestic violence is a violent crime that pervades the whole of society. [Family and domestic violence] is not limited to one section of society; it is not based on socio-economic circumstance, race, religion or creed.<sup>69</sup>

**Figure 1: Gendered patterns in violence perpetration and victimisation**



Sources: Our Watch, Australian Bureau of Statistics, Australian Human Rights Commission, Australian Institute of Criminology, Australian Institute of Health and Welfare

<sup>68</sup> 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>>.

<sup>69</sup> Community Development and Justice Standing Committee, *Opening Doors to Justice: Supporting victims by improving the management of family and domestic violence matters in the Magistrates Court of Western Australia*, 2020, Legislative Assembly, Parliament of Western Australia, Perth, p. 15.

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.<sup>70</sup> Without such recognition, responses to family and domestic violence may fail to realise their objectives and result in ‘unintended consequences for women’, such as:

- providing an additional avenue for abuse by a perpetrator of family and domestic violence by exacerbating the power differentials within intimate and family relationships;<sup>71</sup>
- introducing additional barriers for women seeking to leave a violent situation;
- inappropriate confrontation and interventions involving a perpetrator that may increase risk for victims;<sup>72</sup> and
- re-traumatising victims, for example through the removal of children from their care or requiring women to visit multiple agencies a number of times to access supports to promote their safety.<sup>73</sup>

## **2.2 Family and domestic violence includes non-physical, coercive controlling behaviours**

### **2.2.1 The United Nations’ definition of violence against women**

The United Nations *Declaration on the Elimination of Violence against Women* states that:

Violence against women is 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.<sup>74</sup>

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 encompassing all forms of violence, harassment, abuse and coercive control that women experience across their lifespan, (including girls and young women), that:

... takes 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 deprivation of liberty. ...

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<sup>70</sup> 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.

<sup>71</sup> Douglas H and Chapple K, *National domestic and family violence bench book*, 2019, viewed 18 February 2022, <<http://dfvbenchbook.aija.org.au/>>.

<sup>72</sup> Victorian Government, *MARAM victim survivor practice guide - Responsibility 1: Respectful, sensitive and safe engagement, Section 1.3.2: Physical environment*, 4 October 2021, viewed 18 February 2022, <<https://www.vic.gov.au/maram-practice-guides-and-resources/responsibility-1>>.

<sup>73</sup> Carne S, Rees D, Paton N & Fanslow J, *Using Systems Thinking to Address Intimate Partner Violence and Child Abuse in New Zealand*, 2019, New Zealand Family Violence Clearinghouse, University of Auckland; Hamby S & Grych J, *The Web of Violence: Exploring Connections Among Different Forms of Interpersonal Violence and Abuse*, 2013, Springer, Dordrecht, NY; Dale A, ‘Systemic abuse: the devastating ripple effects of family violence’, *Law Society Journal*, 2 July 2019, viewed 18 February 2022, <<https://lsj.com.au/articles/systemic-abuse-the-ripple-effects-of-family-violence/>>.

<sup>74</sup> 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>>.

The Committee regards gender-based violence against women to be rooted in gender-related factors such as the ideology of men's entitlement and privilege over women, social norms regarding masculinity, the need to assert male control or power, enforce gender roles, or prevent, discourage or punish what is considered to be unacceptable female behaviour. These factors also contribute to the explicit or implicit social acceptance of gender-based violence against women, often still considered as a private matter, and to the widespread impunity for it.

Gender-based violence against women occurs in all spaces and spheres of human interaction, whether public or private. These include the family, the community, the public spaces, the workplace, leisure, politics, sport, health services, educational settings and their redefinition through technology-mediated environments, such as contemporary forms of violence occurring in the Internet and digital spaces.<sup>75</sup>

### **2.2.2 Australian definitions of family and domestic violence**

Across Australia, there is 'no single nationally or internationally agreed definition' of family and domestic violence, and the set of behaviours captured by the term 'varies across the policy, legislative, service provision, and research contexts.'<sup>76</sup>

The Australian Institute of Health and Welfare identifies that family and domestic violence includes acts and behaviours of varying 'type, intensity and frequency' where a perpetrator exercises power and control over their partner or family member using physical violence, sexual violence, and/or psychological and emotional abuse:

**Physical violence** can include slaps, hits, punches, being pushed downstairs or across a room, choking and burns, as well as the use of knives, firearms and other weapons.

**Sexual violence** can include rape; sexual abuse; unwanted sexual advances or harassment and intimidation at work and elsewhere; being forced to watch or engage in pornography; sexual coercion; having sexual intercourse because you are afraid of what your partner might do; forced prostitution; and trafficking.

**Psychological and emotional abuse** can include intimidation, belittling, humiliation, coercive control and the effects of financial, social and other non-physical forms of abuse.

The types of violence described here are not an exhaustive list of all possible acts and behaviours that can be classified under the umbrella term of 'family, domestic and sexual violence'. The term 'violence' also includes the attempt or threat of violence.<sup>77</sup>

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<sup>75</sup> 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.

<sup>76</sup> Australian Bureau of Statistics, 'Defining Family and Domestic Violence', *Directory of Family and Domestic Violence Statistics*, 2018, cat. no. 4533.0, ABS, Canberra.

<sup>77</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story*, 2019, Australian Government, Canberra, p. 2.

### 2.2.3 Western Australian definition of family and domestic violence

In using the term ‘family and domestic violence’, the Office refers to the relationships and behaviours specified in the *Restraining Orders Act 1997* (**the Restraining Orders Act**).

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, as follows:

- (1) A reference in this Act to **family violence** is a reference to —
  - (a) violence, or a threat of violence, by a person towards a family member of the person; or
  - (b) any other behaviour by the person that coerces or controls the family member or causes the member to be fearful.
  
- (2) Examples of behaviour that may constitute family violence include (but are not limited to) the following —
  - (a) an assault against the family member;
  - (b) a sexual assault or other sexually abusive behaviour against the family member;
  - (c) stalking or cyber-stalking the family member;
  - (d) repeated derogatory remarks against the family member;
  - (e) damaging or destroying property of the family member;
  - (f) causing death or injury to an animal that is the property of the family member;
  - (g) unreasonably denying the family member the financial autonomy that the member would otherwise have had;
  - (h) unreasonably withholding financial support needed to meet the reasonable living expenses of the family member, or a child of the member, at a time when the member is entirely or predominantly dependant on the person for financial support;
  - (i) preventing the family member from making or keeping connections with the member’s family, friends or culture;
  - (j) kidnapping, or depriving the liberty of, the family member, or any other person with whom the member has a family relationship;
  - (k) distributing an intimate image of the family member without the family member’s consent, or threatening to distribute the image;
  - (l) causing any family member who is a child to be exposed to behaviour referred to in this section.<sup>78</sup>

The *Restraining Orders Act* also defines ‘family relationship’ and ‘family member’ broadly, to include current and former:

- spouses, de-facto partners, siblings, children, parents, grandparents, step-parents;
- biological and extended relatives recognised in a person’s cultural, social or religious background;
- members within other intimate and other family-like personal relationships; and
- former spouses and de-facto partners of a person’s current partner.

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<sup>78</sup> *Restraining Orders Act 1997* (WA), s. 5A(2)-(3).

Section 4 of *the Restraining Orders Act* provides the following definitions of 'family relationship' and 'family member':

(1) In this Act —

**family relationship** means a relationship between 2 persons —

- (a) who are, or were, married to each other; or
- (b) who are, or were, in a de facto relationship with each other; or
- (c) who are, or were, related to each other; or
- (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; or
- (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; or
- (g) one of whom is the former spouse or former de facto partner of the other person's current spouse or current de facto partner.

(2) In subsection (1) —

**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) In this Act a person is a family member of another person if the persons are in a family relationship.

## 2.2.4 Coercive control

Family and domestic violence is not solely made up of discrete, isolated incidents of violence.<sup>79</sup> 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.'<sup>80</sup>

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.<sup>81</sup>

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<sup>79</sup> 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.

<sup>80</sup> 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, p. 47.

<sup>81</sup> 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](http://www.stopvaw.org/uploads/evan_stark_article_final_100812.pdf)>.



Coercive control is ongoing, insidious, and ‘almost exclusively perpetrated by men against women.’<sup>82</sup> 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.’<sup>83</sup>

Controlling behaviour develops gradually, ‘often creep[ing] unnoticed into a relationship:’

The majority of women said that at the beginning, they loved their partner. Many referred to him as their ‘**Prince Charming**’. Initially their partner’s behaviour could be seen as loving, for example wanting to spend all their time together, but gradually their partner became more controlling. Women said they found it difficult to put their finger on exactly what was wrong, as the individual actions themselves could be part of any ‘normal’ relationship, or even trivial. For example, Jessica was criticised for ‘**not cutting the cheese straight**’. Sara’s partner kept telling her a dishwasher would not fit in the kitchen even though she presented the measurements that showed it would. Over time, however, these comments formed a pattern of increasing control. Women described their behaviour, activities and access to friends and family being increasingly controlled so that their life revolved more and more around their partner.

Women described how their partner would ‘punish’ them and threaten more serious harm to her or the children if they did not do as they wanted. Charlotte and Nessa both described how their partners became more and more controlling, cutting off their access to friends by withholding money for phone credit. Charlotte felt herself ‘**slowly shutting down... disappearing**’.<sup>84</sup> [original emphasis]

In the Australian context, media reporting of the circumstances prior to the death of Hannah Clarke in Queensland during 2020 illustrates the mixture of abusive behaviours that can be used to target and control a person by perpetrators of family and domestic violence:

[Media reporting] ... revealed a significant pattern of control and coercion, in which the perpetrator used recording devices to monitor Hannah’s conversations, controlled what she wore (for example by preventing her from wearing shorts or a bikini off the beach), and isolated her from her family. Reporting also noted that this was coupled with sexual violence, in which [Rowan] Baxter forced Hannah to have sex with him every night, and made threats if she did not comply. Even when they separated, Baxter continued to track and monitor Hannah’s actions and movements, and sought to control her through their children, including kidnapping one of them, which he claimed was punishment for her leaving him.<sup>85</sup>

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<sup>82</sup> 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.

<sup>83</sup> 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.

<sup>84</sup> Healthtalk, *Women’s experiences of Domestic Violence and Abuse: Coercive Controlling Behaviour*, February 2020, viewed 18 February 2022 <<https://healthtalk.org/womens-experiences-domestic-violence-and-abuse/emotional-psychological-abuse-and-effects-on-womens-self-esteem>>.

<sup>85</sup> NSW Government, *Coercive Control: Discussion Paper*, October 2020, p. 7-8, viewed 18 February 2020 <<http://www.crimeprevention.nsw.gov.au/domesticviolence/Documents/domestic-violence/discussion-paper-coercive-control.pdf>>.

The Queensland Domestic and Family Violence Death Review and Advisory Board has repeatedly observed a number of coercive controlling behaviours in its reports, including:

**Emotional, verbal and psychological abuse**

- mocking and humiliating victims including insults, name calling, derogatory put downs, constant criticisms, and belittling.
- systems abuse (e.g. using legal mechanisms to portray the victim in a negative manner or as the abuser).
- gaslighting (e.g. by confusing victims and making them question their memory of events).
- threatening suicide and/or self-harm.
- yelling and screaming.
- isolation and intimidation.
- trying to stop victims from having contact with friends, family and support systems (e.g. threatening to harm other people the victim may have contact with, constant accusations of infidelity and expressing jealousy and suspicion of friends and family).
- threats to harm or kill the victim, children and pets.
- threats to take children away.
- monitoring victims through online communication tools, spyware, or physically stalking them.
- making victims account for their whereabouts at all times.
- depriving victims of their basic needs (e.g. access to transport, food, finances and medical care).
- damaging victims' property or removing their access to property.
- deprivation of liberty or autonomy (e.g. preventing victims from leaving their house or restricting their movements beyond the household).
- attempting to control victims through fear and intimidation.
- neglecting children to control victims.
- using weapons to threaten victims.

**Financial abuse**

- stealing victims' money or belongings/borrowing money and refusing to give it back.
- refusing to contribute to shared costs/making the victim pay for everything.
- controlling victims' finances and expenditure.
- restricting victims' access to bank accounts/credit cards/financial information.
- preventing victims from obtaining employment.

**Physical abuse**

- non-lethal strangulation.
- assaulting victims through punching, kicking, shoving, grabbing, slapping.
- assaulting victims with weapons (e.g. knives, bats and household objects).

**Sexual abuse**

- rape and sexual assault.
- pressuring victims to have sex or perform sexual acts through threats and intimidation.
- making degrading sexual comments.<sup>86</sup>

Coercive control is also a predictor of severe physical violence and homicide.<sup>87</sup>

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<sup>86</sup> Queensland Domestic and Family Violence Death Review and Advisory Board, *Annual Report 2020-21*, 2021, p. 53-54.

<sup>87</sup> 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. 20.

## 2.3 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.’<sup>88</sup> As noted earlier, the complexity and reality of women’s experiences of family and domestic violence cannot be accurately and completely accounted for by aggregate data and ‘it is important to recognise the individual stories of courage, hope and resilience that form the backdrop of these statistics.’<sup>89</sup>

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.<sup>90</sup> 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.’<sup>91</sup>

Violence against women and children can also significantly impact on their short and long-term health, wellbeing, education, relationships and housing outcomes.<sup>92</sup>

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.<sup>93</sup>

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.’<sup>94</sup> These effects have been described as ‘intimate terrorism’, leaving ‘emotional and psychological scars [that] are not immediately visible’:<sup>95</sup>

Constantly having to deal with the changing demands of an abusive partner wears women down, so that they develop a range of problems such as finding it difficult to sleep and eat and symptoms of anxiety, self-harming and suicide attempts.<sup>96</sup>

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<sup>88</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story*, 2019, cat. no. FDV 3, AIHW, Canberra.

<sup>89</sup> Australia’s National Research Organisation for Women’s Safety, *Violence against women: Accurate use of key statistics (ANROWS Insights 05/2018)*, 2018, ANROWS, p.1.

<sup>90</sup> 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.

<sup>91</sup> 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, ANROWS, Sydney, p. 4.

<sup>92</sup> 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.

<sup>93</sup> KPMG, *The cost of violence against women and their children in Australia: Final detailed report*, 2016, Sydney, NSW.

<sup>94</sup> 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, p. 11 <[https://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Social\\_Policy\\_and\\_Legal\\_Affairs/Familyviolence/Report/section?id=committees%2Freportrep%2F024577%2F75463](https://www.aph.gov.au/Parliamentary_Business/Committees/House/Social_Policy_and_Legal_Affairs/Familyviolence/Report/section?id=committees%2Freportrep%2F024577%2F75463)>.

<sup>95</sup> 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>>.

<sup>96</sup> 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>>.

Research which has followed survivors over time after separation, has shown that the emotional impacts of coercive controlling behaviours within an intimate partnership can persist over the long-term and include:

- feelings of shock and grief after recognising abuse;
- ongoing feelings of anger and/or regret;
- loss of trust;
- feeling powerless; and
- losing a sense of identity.<sup>97</sup>

Women who have experienced after-effects from coercive controlling behaviours describe feelings of loss, isolation, hopelessness, self-loathing and anger:

We know from the testimonies of women over past decades that, for many, emotional-psychological abuse was often more damaging than physical abuse. ... Women described how their partners would stop them from seeing family and friends, constantly criticise their behaviour or appearance and punish them if they failed to meet their demands. By isolating women through emotional and psychological abuse, partners' control often increased. ...

'I'm more angry with me than I am with him. ... And I hate myself more than I do him, because I've got no emotion .... I don't hate him, I'm not angry at him, I don't think anything of him because I cannot be bothered to give him any emotion.' ...

'The self-loathing and the self-hate is probably still with me today and I don't know truly how long the mental side will take to heal. ...the bruises and everything else, they heal, they go. The mental side, it's stopped me going into any other relationship because I can't. I've got a real trust issue so I can't.' ...

Melanie described feeling like she was 'nothing' and being powerless to change anything. Many also suffered from depression alongside the lack of confidence and as Penny explained, that made it more difficult to leave:

'I just felt - well my confidence, confidence just went down and down and down and I was so depressed really that I wasn't in a state to get out of it.' ...

Women used words like feeling '**only half the woman I was before**', that their '**light had gone out**'. Often they said that, rather than being themselves they tried to become the person their partner wanted them to be.<sup>98</sup>

Neuroimaging studies on trauma and the processing of intense emotions have also identified that experiencing abuse causes physical changes in the brain, 'that are believed to be responsible for physical and psychological symptoms associated with complex trauma, such as difficulties in regulating emotional and physiological states and communicating experiences in therapeutic settings.'<sup>99</sup>

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<sup>97</sup> 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>>.

<sup>98</sup> 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>>.

<sup>99</sup> Australian Government, *Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report, Volume 9: Advocacy, support and therapeutic treatment services*, 2017, Commonwealth of Australia, p. 57; van der Kolk BA, 'Clinical implications of neuroscience research in PTSD', *Annals of the New York Academy of Sciences*, 2006, 1071(1), p. 278.

Some victim behaviours often viewed as ‘difficult’, ‘uncooperative’ or ‘non-engagement’ by services providers may arise from the cumulative impact of these changes to brain structure and function over time: For example, permanent damage to memory systems like the hippocampus can impact on a person’s recall of events and give the story a fragmented appearance. This is not deliberate but a function of brain development, which can make the taking of a statement very frustrating particularly in cases of repeated trauma where specific detail may be lost. Trauma can affect a child’s brain functioning, mental and physical health, schooling and sexual behaviour, and the child may need support in all these areas.<sup>100</sup>

## **2.4 Some women and children are more vulnerable to family and domestic violence**

As noted by the AIHW:

Understanding how family, domestic and sexual violence is experienced by different population groups helps to inform and support the development of appropriate services, education and prevention programs. The ways in which different people experience family, domestic and sexual violence, and the options they have to access services that meet their needs, can be shaped by multiple intersecting cultural, social and physical factors.<sup>101</sup>

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.<sup>102</sup>

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.

## **2.5 Perpetrators deliberately choose to use violence and may use legal and support services 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.<sup>103</sup> This includes where perpetrators describe violence as an ‘argument’ or ‘retaliation’ or allege that that a victim is an unfit or incapable parent.<sup>104</sup>

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<sup>100</sup> Hart H & Rubia K, ‘Neuroimaging of child abuse: A critical review’, *Frontiers in Human Neuroscience*, 2012, 6(52); MH Teicher & JA Samson, ‘Annual research review: Enduring neurobiological effects of childhood abuse and neglect’, *The Journal of Child Psychology and Psychiatry*, 2016, 57(3); Child Welfare Information Gateway, *Understanding the effects of maltreatment on brain development*, Children’s Bureau, Washington DC, 2015.

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.

<sup>102</sup> 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.

<sup>103</sup> Government of Western Australia, *Perpetrator Accountability in Child Protection Practice*, 2013, Department for Child Protection and Family Support, Perth, p. 12.

<sup>104</sup> Chung, D, Green, D and 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.<sup>105</sup>

The Department of Communities identifies that collusive child protection practice entails significant risk of endangering women and children's safety, observing that:

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.

... If you collude, you might reinforce the perpetrator's violence-supporting narratives, at considerable cost to his family members.<sup>106</sup>

As identified in the Ombudsman's 2015 *Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities*, it is critically important that all State government departments and authorities working with women and child victims of family and domestic violence are aware of the risk of being manipulated by perpetrators.

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<sup>105</sup> Alabama Coalition Against Domestic Violence, *Why do Abusers Batter?*, Alabama Coalition Against Domestic Violence, 2015, as quoted by Ombudsman Western Australia *Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities*, Ombudsman Western Australia, Perth, 2015, p. 129.

<sup>106</sup> Government of Western Australia, *Perpetrator Accountability in Child Protection Practice*, 2013, Department for Child Protection and Family Support, p. 47-48.

## 2.6 Victims of family and domestic violence will resist violence perpetrated against them and try to protect themselves and their children

The research literature identifies that victims of family and domestic violence will consider and 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.<sup>107</sup>

Victims may resist violence utilising both covert and overt strategies.<sup>108</sup> Overt resistance strategies used by victims can include openly challenging the perpetrator's behaviour; 'accessing formal and/or informal help' and/or separating from the perpetrator, which can involve 'a range of autonomous behaviors that directly challenge [sic] a partner's control.'<sup>109</sup> Covert resistance involves taking action without the perpetrator knowing about it, such as 'storing away personal objects or thinking about something else during an abusive incident'.<sup>110</sup> In this context, the research literature observes that 'victims are acutely aware that any defiant acts will be matched by an increase in the perpetrator's violence,' and that 'agency and service records serve as a testament that victims' acts of resistance are generally overlooked and unrecognised.'<sup>111</sup>

Victims may not present to services in the submissive, passive and cooperative ways often depicted in popular culture and stereotypically gendered stereotypes about women's responses to violence.<sup>112</sup> More often, victims will have 'extremely varied responses' to individual incidents of violent behaviour, including:

... being unwilling to talk to the police (or leaving the scene); appearing to be "emotional", angry, aggressive or unafraid; being confused or unable to convey a "straight" account or story; or expressing a desire to not act against, or leave, the other person.<sup>113</sup>

Women may also make use of household items in self-defence in retaliation against a male perpetrator and or be under the influence of alcohol or other substances.<sup>114</sup>

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<sup>107</sup> 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.

<sup>108</sup> Hayes B, *Women's Resistance Strategies in Abusive Relationships: An Alternative Framework*, 2013, John Jay College of Criminal Justice, New York, p. 3.

<sup>109</sup> Hayes B, *Women's Resistance Strategies in Abusive Relationships: An Alternative Framework*, 2013, John Jay College of Criminal Justice, New York, p. 5.

<sup>110</sup> Hayes B, *Women's Resistance Strategies in Abusive Relationships: An Alternative Framework*, 2013, John Jay College of Criminal Justice, New York, p. 3.

<sup>111</sup> 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, New Zealand, p. 27-28.

<sup>112</sup> 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.

<sup>113</sup> 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.

<sup>114</sup> 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. 26.

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.<sup>115</sup>

Although these protective strategies act as coping and survival mechanisms for victims, they are frequently misinterpreted by laypersons and professionals who view the victim’s behavior as uncooperative, ineffective, or neglectful.<sup>116</sup>

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.’<sup>117</sup>

In resisting and responding to violence with the use of force, or in demonstrating behaviour that is likely to ‘challenge our culture’s dominant ‘real’ victim stereotype,’<sup>118</sup> the actions of some victims are not seen in the context of broader violence:

Significantly ... victims of family violence might engage in defensive or retaliatory behaviours as a response to violence. Where police use an incident-specific lens and do not see the context of the violence, this may erode the legitimacy of a woman’s [or victim’s] ‘victimhood’.<sup>119</sup>

Researchers identify that these factors influence police decision making.<sup>120</sup> 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,’<sup>121</sup> with a Western Australian stakeholder identifying:

The view put forward by the Western Australia Police is that, although understanding the nature of domestic violence is crucial to ensuring an effective response, ultimately members are only able to respond to the circumstances before them. In ambiguous circumstances, an understanding of who is likely to be the primary aggressor will be a useful guide. However, if the female is the one who clearly appears to be threatening to commit an act of family and domestic violence, the police are obliged to respond to the circumstance before them. According to police, this means that, just as it is not the role of police to take into consideration

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<sup>115</sup> Lien 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.

<sup>116</sup> Lien 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. 29.

<sup>117</sup> 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.

<sup>118</sup> 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.

<sup>119</sup> 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. 4.

<sup>120</sup> 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.

<sup>121</sup> 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/>>.



circumstances that may amount to a defence when considering whether to arrest for the commission of an offence, police are obliged to issue an order against the woman notwithstanding that she may have been subjected to acts of domestic violence many times in the past.<sup>122</sup>

The research literature consistently identifies that victims of family and domestic violence will resist violence perpetrated against them and try to protect themselves and their children, and/or seek help.<sup>123</sup> At times, victims' decisions about how they resist violence and attempt to protect themselves does not align with the expectations of outsiders or state government departments and authorities. This does not negate their experiences as victims of family and domestic violence, and does not mean that victims do not need, want, or are less deserving of, help.

## **2.7 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.<sup>124</sup>

When police are called to an incident of DFV, one of their tasks under civil DFV law is to determine whether a party is in need of protection from future violence. However, it is not easy in the moment for police to determine if the violence they have been called to attend to is violence that has been used in response to DFV.<sup>125</sup>

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.'<sup>126</sup>

There are many factors that contribute to the misidentification of women as perpetrators of family and domestic violence, including:

... misperceptions of victim behaviour, perpetrator manipulation of police and legal systems, and incident-based policing in a civil law context that requires investigation of a pattern of coercive control.<sup>127</sup>

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<sup>122</sup> Centacare Safer Families Support Service, quoted by 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/>>.

<sup>123</sup> For example, 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; Burstow B, *Radical Feminist Therapy*, 1992, Sage Publications, Newbury Park, California; Kelly L, *Surviving Sexual Violence*, 1988, University of Minnesota Press, Minneapolis.

<sup>124</sup> 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.

<sup>125</sup> 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.

<sup>126</sup> 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.

<sup>127</sup> 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.34.

Additionally, misidentification of women as perpetrators may arise as a result of 'system abuse' which occurs when:

... the actual perpetrator uses legal processes as a tactic of further control and abuse. This can happen at multiple points of contact with police and courts, including applications for protection orders in retaliation, and to make false allegations of DFV in family law matters. It can also be a perpetrator tactic to pressure withdrawal of the victim's/survivor's legitimate protection order and escape accountability, or a strategy to deplete the victim's/survivor's financial and emotional resources.

The QDFVDR&AB found several of the DFV-related deaths reviewed included evidence of men calling the police "as a pre-emptive strike against their aggrieved partner particularly where cross protection orders are in place ... including the perpetrator threatening to report false allegations against the victim to police in an attempt to get her in trouble" (2017, p. 83).

Other studies have found evidence of perpetrators claiming that female victims were the primary aggressors by minimising their role in the incident, injuring themselves, calling the police first, and projecting a calm appearance when police attended the scene.<sup>128</sup>

The misidentification of women as perpetrators is echoed in applications for Restraining Orders in Western Australia and other protective orders in Australia, with a Queensland review of family and domestic violence related deaths finding that:

- in 44.4 per cent of female family and domestic violence related deaths reviewed, the woman who died had been identified as a respondent to a protective order at least once; and
- in nearly all cases where an Aboriginal person had died in circumstances of family and domestic violence, they had been recorded as both a respondent and applicant in protective proceedings prior to their death.<sup>129</sup>

Additionally, recent research by ANROWS has found that:

... in most jurisdictions a significant minority (between one fifth and one quarter) of respondents on protection orders are female. Given what is known about the gendered nature of DFV and women's use of violence, this proportion of female respondents suggests a likelihood of victims/survivors being misidentified as perpetrators of DFV. In most jurisdictions, Aboriginal and Torres Strait Islander peoples are over-represented as respondents on DFV protection orders. They are also over-represented in charges for breaching DFV protection orders. This disproportionality is consistent with the literature on the over-representation of Aboriginal and Torres Strait Islander people in the legal system overall.<sup>130</sup>

Misidentification of women as perpetrators of violence has 'wide-ranging, harmful (even life-threatening) and long-term' impacts including re-victimisation of victims,

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<sup>128</sup> 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.

<sup>129</sup> 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.

<sup>130</sup> 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.

homelessness, criminal justice outcomes, and can undermine and compromise victim safety.<sup>131</sup>

## 2.8 Most family and domestic violence is not reported

As noted by the AIHW:

It is difficult to accurately record the extent of family, domestic and sexual violence in the population. Incidents frequently occur behind closed doors and are often concealed by, and denied by, their perpetrators and sometimes by their victims. Data sources can only capture incidents that are disclosed by the individuals involved or recorded and/or reported to the relevant authorities.<sup>132</sup>

Most women who have experienced physical or sexual violence from a partner do not seek advice or support from the police (82 per cent), and many women are also reluctant to turn to informal networks of friends or family for support (46 per cent).<sup>133</sup> Accordingly, the numbers of women and children experiencing family and domestic violence are likely to be significantly higher than 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.<sup>134</sup>

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.'<sup>135</sup>

## 2.9 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.<sup>136</sup> 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

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<sup>131</sup> 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, p. 30-31.

<sup>132</sup> 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. 6.

<sup>133</sup> 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.

<sup>134</sup> 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](https://www.who.int/violence_injury_prevention/violence/programmes.pdf)>.

<sup>135</sup> 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.

<sup>136</sup> NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017*, 2017, New South Wales Government, Sydney, p. 139.

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.<sup>137</sup>

In conducting retrospective research, exposure to family and domestic violence can only be assessed based on reported evidence. As such, where available information details no evidence of family and domestic violence, this was interpreted to mean that an individual was not exposed to family and domestic violence.

As demonstrated by work undertaken in other jurisdictions, researchers have highlighted that this lack of data 'may have actually represented lack of reporting.' In Victoria, researchers highlighted that 'known underreporting of violence... may have resulted in underestimation of the incidence' of family and domestic violence.<sup>138</sup> Similarly, in establishing histories of violence for family and domestic violence homicides, Queensland's Domestic and Family Violence Death Review and Advisory Board has reported:

It is also likely that this figure is an under-representation due to the well-established understanding that victims of domestic and family violence under-report their experiences to formal services.<sup>139</sup>

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 individuals who died by suicide.

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<sup>137</sup> NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017*, 2017, New South Wales Government, Sydney, p. 139.

<sup>138</sup> MacIsaac M, Bujega 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. 42.

<sup>139</sup> Queensland Domestic and Family Violence Death Review and Advisory Board, *Domestic and Family Violence Death Review and Advisory Board 2018-2019 Annual Report*, 2019, Queensland Government, Brisbane, p. 32

## 3 Understanding the impact of family and domestic violence on children

### 3.1 Child safety is a paramount factor for child and adolescent health and wellbeing

As noted in the UN Convention on the rights of the child:

Every child has the right to be alive. Governments must make sure that children survive and develop in the best possible way.<sup>140</sup>

Researchers identify that ‘children are vulnerable to various forms of violence within their homes,’<sup>141</sup> and that ‘the majority of violence takes place in the context of the families.’<sup>142</sup>

Eliminating and responding to violence against children is perhaps most challenging in the context of family, considered by most as the most “private” of private spheres. However, children’s rights to life, survival, dignity and physical integrity do not stop at the door of the family home, nor do State’s obligations to ensure these rights for children.<sup>143</sup>

Violence in the home has been identified as ‘one of the most pervasive human rights challenges of our time.’<sup>144</sup> As noted by the Australian Government:

Child abuse and neglect can have a life-changing effect on individuals, and many carry trauma with them for a long time, even their whole lives. While many survivors are able to rebuild their lives, there can be many hurdles to overcome. Children who are subjected to abuse or neglect may experience fear and bodily harm, poor school performance, learning disorders, poor peer relations, antisocial behaviour and mental health disorders. Emotional abuse and neglect is associated with increased anxiety, depression, post-traumatic stress, and physical symptoms, as well as lifetime trauma exposure. A history of child sexual abuse has been associated with psychopathology, depression, anxiety disorder, phobias, panic disorder, post-traumatic stress disorder, substance abuse and violent and sexual offending later in life. The intergenerational effects of child abuse and neglect mean that problems can repeat themselves, and the cycle continues. ...

Fundamentally, the abuse of children is a crime.<sup>145</sup>

The vast majority of those who experience violence, neglect or other abuse during childhood do not grow up into adults who perpetrate violence towards others.<sup>146</sup> In fact, ‘a higher proportion of survivors of child abuse went on to experience domestic abuse in adulthood, compared with those who suffered no childhood abuse’ according to analysis

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<sup>140</sup> United Nations, *Convention on the Rights of the Child: The children’s version*, Article 6, viewed 6 April 2020, <<https://www.unicef.org/media/60981/file/convention-rights-child-text-child-friendly-version.pdf>>.

<sup>141</sup> Paulo Sergio Pinheiro, *Report of the independent expert for the United Nations study on violence against children*, 2006, United Nations, New York, p. 13.

<sup>142</sup> United Nations Children’s Fund, *General comment no. 13: the right of the child to freedom from all forms of violence*, 2011, Committee on the Rights of the Child, Geneva, p. 2.

<sup>143</sup> Paulo Sergio Pinheiro, *Report of the independent expert for the United Nations study on violence against children*, 2006, United Nations, New York, p. 12.

<sup>144</sup> United Nations Children’s Fund, *Behind Closed Doors: The Impact of Domestic Violence on Children*, 2006, UNICEF, New York, p. 3.

<sup>145</sup> Department of Families, Housing, Community Services and Indigenous Affairs, *Australia’s children: safe and well. A national framework for protecting Australia’s children: A discussion paper for consultation*, 2008, Australian Government, p. 9.

<sup>146</sup> Home C, *Policy and practice paper: Effects of child abuse and neglect for adult survivors*, 2014, Child Family Community Australia, Australian Institute of Family Studies, <<https://aifs.gov.au/resources/policy-and-practice-papers/effects-child-abuse-and-neglect-adult-survivors>>.

undertaken by the United Kingdom's Office for National Statistics.<sup>147</sup> Accordingly, accurately identifying and effectively responding to childhood abuse, neglect and trauma is critical in addressing the potential later life impacts of these adversities, as noted by the National Society for the Prevention of Cruelty to Children (UK), who have stated that:

A child's experience of abuse must never dictate their future, which is why we work directly with victims to help them recover and get their lives back on track.

Although survivors may bear the scars of their experiences, this should not define who they are.

Swift mental health support, resources for police to investigate child abusers, and a society that knows what abuse is and will step in if they suspect it can all help survivors go on to lead happy, fulfilled, lives.<sup>148</sup>

### **3.1.1 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.'<sup>149</sup>

For most children, their family offers them love, support and a sense of belonging. While what constitutes a family can vary widely, the benefits of being part of a strong and positive family unit are more universal. A strong and positive family unit can:

- help children form social networks
- provide children with resources, care and a safe place to learn and explore [and]
- teach children about the world and the rules that govern it.<sup>150</sup>

Families play a primary role in child caregiving, protection, and in the prevention of violence against children,<sup>151</sup> often representing 'a first layer of a child's protective environment.'<sup>152</sup> International human rights instruments recognise the family as 'the natural and fundamental group unit of society,'<sup>153</sup> with the right to family unity, protection and assistance entrenched in universal and regional human rights instruments, and international humanitarian law:<sup>154</sup>

A basic assumption of the Convention on the Rights of the Child, contained in its preamble, is that the family is the natural environment for the growth and well-being of all its members – and particularly children – thereby recognizing that the family has the greatest potential to protect children and provide for their physical and emotional safety. The privacy and autonomy of the family are valued in all societies

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<sup>147</sup> Office for National Statistics (UK), *People who were abused as children are more likely to be abused as an adult*, 27 September 2017, <<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/peoplewhowereabusedasc hildrenaremorelikelytobeabusedasanadult/2017-09-27>>.

<sup>148</sup> Office for National Statistics (UK), *People who were abused as children are more likely to be abused as an adult*, 27 September 2017, <<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/peoplewhowereabusedasc hildrenaremorelikelytobeabusedasanadult/2017-09-27>>.

<sup>149</sup> 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>>.

<sup>150</sup> Australian Institute of Health and Welfare, *Australia's Children*, 2020, Australian Government, Canberra, p. 230.

<sup>151</sup> United Nations Children's Fund, *General comment no. 13: the right of the child to freedom from all forms of violence*, 2011, Committee on the Rights of the Child, Geneva, p. 2.

<sup>152</sup> United Nations Human Rights Council, *Report of the Special Rapporteur on the sale of children, child prostitution and child pornography, Najat Maalla M'jid*, 2013, United Nations General Assembly, New York, A/25/48, para. 32.

<sup>153</sup> United Nations, *United Nations Universal Declaration of Human Rights*, 1948, Article 16, New York.

<sup>154</sup> United Nations High Commissioner for Refugees, 'Summary Conclusions: family unity,' 2001, Geneva, p. 604, viewed 12 March 2020, <<https://www.unhcr.org/419dbfaf4.pdf>>.

and the right to a private family life, a home and correspondence is guaranteed in international human rights instruments<sup>155</sup>

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.'<sup>156</sup>

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.<sup>157</sup>

### **3.1.2 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.'<sup>158</sup>

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:

Families with multiple and complex problems are no longer a marginal group in service delivery ... they have become the primary client group of modern child protection services.<sup>159</sup>

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:

One might look at these data and assume that, as they are based on the characteristics of parents referred to child protection services, the statistics represent "the worst of the worst" and that most parents who experience either mental health problems, substance misuse or domestic violence will not experience multiple problems. But research into domestic violence, substance misuse and mental health as problems in their own right and separate from child protection or parenting issues shows that individuals who experience any one of these problems are likely to also experience other complex problems. ...

Practitioners need to be aware that parents involved with child protection services are likely to be experiencing multiple complex problems and that these problems do not just coincidentally co-occur; they co-occur because they are inter-related. ...

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<sup>155</sup> Paulo Sergio Pinheiro, *Report of the independent expert for the United Nations study on violence against children*, 2006, United Nations, New York, p. 12.

<sup>156</sup> 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.

<sup>157</sup> *Children and Community Services Act 2004* (WA), s. 9(a).

<sup>158</sup> Australian Institute of Health and Welfare, *Australia's Children*, 2020, Australian Government, Canberra, p. 231.

<sup>159</sup> 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.

Social exclusion manifests through multidimensional and interlinked problems - primarily poverty - but can also include unemployment, poor housing or homelessness, crime, substance addiction, teenage pregnancy, victimisation, poor education or job skills, poor health, lack of social capital and family dysfunction. ... Furthermore, research has also shown that early childhood trauma contributes to social disadvantage and exclusion (Frederick & Goddard, 2007). Poverty and social exclusion are major causes of the problems that child protection services deal with in practice, yet it is unrealistic to believe that child protection and family services practitioners have the power to end poverty and social exclusion.<sup>160</sup>

### **3.2 Children and adolescents are vulnerable to violence within their families**

As identified, families, including extended families, occupy a central role in child caregiving, protection, and in the prevention of violence.<sup>161</sup> However, children are not 'untouched' by family and domestic violence; researchers highlight 'the myriad of ways' in which children experience family and domestic violence:

The kids growing up with domestic abuse live on your street and go to your local school. They return home each day to houses where they feel defenceless and afraid, or where it is their job to protect their mother and siblings. They know all the best places to hide, and how to make themselves disappear when the yelling starts. They hold their mother while she cries and help her wash off the blood; they comfort and hush their siblings; they call police and beg for help. They are recruited as spies. They blame themselves – and get blamed – for the violence, and they fantasise about hurting or killing their parents. They beg their mother to leave, because one day he's gonna kill her. They see their parents come home from hospital and carry on like everything is normal. They watch their father get arrested. They *know* the violence is their own fault and that if they can just find a way to be good enough, or do or say the right thing, it will stop. And deep down, many are terrified that when they grow up, they too will turn into an abuser – or end up marrying one.<sup>162</sup>

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.<sup>163</sup> 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.'<sup>164</sup> 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.'<sup>165</sup>

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<sup>160</sup> <sup>160</sup> 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.

<sup>161</sup> United Nations Children's Fund, *General comment no. 13: the right of the child to freedom from all forms of violence*, 2011, Committee on the Rights of the Child, Geneva, p. 2.

<sup>162</sup> Hill J, *See What You Made Me Do*, 2019, Black Inc, Carlton, p. 165.

<sup>163</sup> Richards K, *Children's exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 1.

<sup>164</sup> 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.

<sup>165</sup> Australian National Research Organisation for Women's Safety, *The impacts of domestic and family violence on children*, 2018, ANROWS, Sydney, p. 3.



Increasingly, research has drawn attention ‘to the myriad of ways children experience domestic violence,’ with researchers identifying that ‘describing this range of violent experiences as ‘witnessing’ fails to capture the extent to which children may become embroiled in domestic violence.’<sup>166</sup> Terminology used to describe children’s experiences of family and domestic violence has evolved considerably in recent years, with researchers seeking to expand upon narrow and stereotypical views of a child ‘witnessing’ family and domestic violence:<sup>167</sup>

The research literature... demonstrates that witnessing can involve a much broader range of incidents, including the child:

- hearing the violence;
- being used as a physical weapon;
- being forced to watch or participate in assaults;
- being forced to spy on a parent;
- being informed that they are to blame for the violence because of their behaviour;
- being used as a hostage;
- defending a parent against the violence; and/or
- intervening to stop the violence.

The research literature ... shows that in the aftermath of a violent incident, children’s exposure to domestic violence can involve:

- having to telephone for emergency assistance;
- seeing a parent’s injuries after the violence and having to assist in ‘patching up’ a parent;
- having their own injuries and/or trauma to cope with;
- dealing with a parent who alternates between violence and a caring role;
- seeing the parents being arrested; and
- having to leave home with a parent and/or dislocation from family, friends and school.<sup>168</sup>

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 exposed to violence, and/or being directly abused in the context of family and domestic violence is not helpful.’<sup>169</sup> 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.<sup>170</sup>

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<sup>166</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 17.

<sup>167</sup> Richards, K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 1.

<sup>168</sup> Richards, K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 1-2.

<sup>169</sup> National Children’s Commissioner, *Children’s Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 121-122.

<sup>170</sup> Hill J, *See What You Made Me Do*, 2019, Black Inc, Carlton, p. 166.

'In summary,' identifies Professor Cathy Humphreys, Co-Director of the Centre of Research Excellence to Promote Safer Families, 'the distinction between witnessing and direct abuse may be a false one and should not be the principal criterion for understanding the severity of the impact on children and their need for protection.'<sup>171</sup>

There is no doubt that children who witness the homicide of their mothers will be traumatised (Hendriks et al. 1993), as will the disturbing number of children who witness the sexual assault of their mothers... However, interviews with children and young people also draw attention to how distressing it is to hear screams, the noise of the destruction of their home and seeing assault with weapons. These children often believe their mothers are on the point of being killed.<sup>172</sup>

Professor Humphreys further identifies that:

The terminology 'children affected by domestic violence' is used to overcome the problematic divisions sometimes made between 'children witnessing domestic violence', 'children exposed to domestic violence', 'children directly abused in the context of domestic violence', 'children living with domestic violence' and 'children drawn into domestic violence'. 'Children affected by domestic violence' covers all these overlapping groups, including those where healing from trauma and disruption in the aftermath of domestic violence is an issue.<sup>173</sup>

'Children's involvement in domestic violence is intimate and central rather than peripheral.'<sup>174</sup> Accordingly, throughout this report, the Office uses the term 'children affected by domestic violence.'

### **3.2.1 Not all children and adolescents are equally affected by family and domestic violence; but all must be safeguarded from violence**

Research regarding the impact of family and domestic violence on children 'shows widely diverging experiences,' generally highlighting 'the serious and negative impact of [family and domestic violence] on the lives of very significant numbers of children.'<sup>175</sup>

However, researchers also identify that, within evidence-based studies, findings highlight some children 'who are doing as well as other children, in spite of living with the serious childhood adversity created by [family and domestic violence].'<sup>176</sup>

Not all children are equally affected by the violence they witness or live with, with some at serious risk of harm, even death, others are not as impacted due to specific protective factors.<sup>177</sup>

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<sup>171</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 18.

<sup>172</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 17.

<sup>173</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 3.

<sup>174</sup> Stanley N, *Children Experiencing Domestic Violence: A Research Review*, 2011, Darlington: Research in Practice, p. 7, cited by National Children's Commissioner, *Children's Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 119.

<sup>175</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 15.

<sup>176</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 15.

<sup>177</sup> Australian Psychological Society, cited by National Children's Commissioner, *Children's Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 127.

AIHW identifies that ‘exposure to family violence alone does not mean a child will necessarily experience negative outcomes,’ and that ‘with the right support, children exposed to family violence may have increased resilience later in life.’<sup>178</sup> Harm to children is influenced by a range of social and ecological factors within the individual, family, community, and broader culture.<sup>179</sup> In this context, researchers highlight the need to consider more than resilience as ‘an individual trait,’ but rather ‘that children live in different contexts of both severity and protection.’<sup>180</sup>

There are considerable divergences in outcomes and impacts in different populations of children... and resilience in children is not well understood. The literature suggests that there are several factors that may mitigate children’s exposure to violence, including the extent of children’s peer and social support their relationship with their mother or other primary caregiver; whether the violence was ongoing or short-term; age of child when the [family and domestic violence] occurred; and whether children received an adequate response/treatment following the [family and domestic violence].<sup>181</sup>

Professor Cathy Humphreys challenges the ‘over-pathologising of children living with domestic violence,’ identifying ‘there is a substantial portion of children who are managing in a situation of adversity.’ However, she crucially goes on to identify ‘this *must not be read* to mean that children do not have a right to live free from violence or a need to service in these circumstances.’<sup>182</sup>

There can be no compromise in challenging violence against children. Children’s uniqueness — their potential and vulnerability, their dependence on adults — makes it imperative that they have more, not less, protection from violence.<sup>183</sup>

The Australian Human Rights Commission identifies that children’s ‘exposure’ to family and domestic violence ‘has clearly been identified as a human rights issue.’<sup>184</sup> The international community ‘has pledged to safeguard all children, everywhere and at all times’ from violence.<sup>185</sup>

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<sup>178</sup> Australian Institute of Health and Welfare, *Australia’s children*, 2020, Australian Government, Canberra, p. 338.

<sup>179</sup> Humphreys C and Healey L, *PATHways and Research into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final report*, 2017, Australian National Research Organisation for Women’s Safety, Sydney, p. 8.

<sup>180</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 15.

<sup>181</sup> Australian Institute of Family Studies and Australia’s National Research Organisation for Women’s Safety, cited by National Children’s Commissioner, *Children’s Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 127.

<sup>182</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 15.

<sup>183</sup> Paulo Sergio Pinheiro, *Report of the independent expert for the United Nations study on violence against children*, 2006, United Nations, New York, p. 5.

<sup>184</sup> Australian Psychological Society, cited by National Children’s Commissioner, *Children’s Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 105.

<sup>185</sup> Marta Santos Pais, ‘Protecting children from violence is a Human Rights imperative,’ 2011, UN Special Representative of the Secretary-General on Violence Against Children, New York, viewed 16 March 2020, <<https://violenceagainstchildren.un.org/news/protecting-children-violence-human-rights-imperative>>.

Further, Article 19 of the *Convention on the Rights of the Child* places obligations upon States to prevent and respond to all forms of violence against children:<sup>186</sup>

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

### **3.3 Family and domestic violence often co-occurs with other forms of child abuse and neglect**

The research literature consistently identifies that family and domestic violence often co-occurs with other forms of child abuse and neglect:

Distinguishing children who suffer abuse in the home from those who are ‘only’ exposed to domestic violence presents a considerable methodological and conceptual challenge, as these two phenomena are rarely discrete.<sup>187</sup>

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.’<sup>188</sup> One systemic review examining the intersection of child abuse and family and domestic violence identifies:

It is known that child abuse and [family and domestic violence] often co-occur; that is, in families in which one form of violence is present, there is an increased risk for the other... Findings from Felitti et al’s (1998) retrospective study of adult health maintenance organization participants showed that individuals who retrospectively reported having been exposed to one form of violence (e.g., physical abuse or [family and domestic violence]) often were exposed to multiple other adversities. Dong et al’s (2004) analyses of these data found that the likelihood was significantly higher of an individual’s having experienced some form of child maltreatment when there was [family and domestic violence] in the home. In that study, the prevalence of physical child abuse was 57.5% for adults who reported earlier [family and domestic violence] exposure and 21.7% for those who reported no prior exposure.<sup>189</sup>

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<sup>186</sup> United Nations Children’s Fund, *General comment no. 13: the right of the child to freedom from all forms of violence*, 2011, Committee on the Rights of the Child, Geneva, p. 3.

<sup>187</sup> Richards K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 2.

<sup>188</sup> Australian National Research Organisation for Women’s Safety, *The impacts of domestic and family violence on children*, 2018, ANROWS, Sydney, p. 9.

<sup>189</sup> Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R.C., & Moylan, C. A., ‘Intersection of child abuse and children’s exposure to domestic violence,’ *Trauma, Violence & Abuse*, 9 (2), p. 86.

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.’<sup>190</sup>

These perspectives align with research about poly-victimisation (exposure to multiple types of victimisation), which identifies a relationship between the experience of childhood adversities ‘and the level of adverse outcomes for children.’<sup>191</sup> Researchers identify that ‘polyvictim[is]ation during formative developmental periods may have detrimental and potentially lifelong biopsychosocial impacts over and above the effects of exposure to specific types of adversity.’<sup>192</sup> In this context, children affected by family and domestic violence ‘may frequently be one feature of families in which other types of violence are also present.’<sup>193</sup>

### **3.4 Family and domestic violence incidents involving children and adolescents are often underreported**

There is little reliable data on how many children are affected by family and domestic violence in Australia. One survey of 5,000 children found that 23 per cent had witnessed physical violence against their mother or stepmother.<sup>194</sup>

Researchers have observed limitations in the availability of data surrounding the number of children who experience family and domestic violence, and its ability to capture how children experience this violence. For example, AIHW identifies:

Although much is known about many aspects of family, domestic and sexual violence, there are several data gaps that need to be filled to present a comprehensive picture of its extent and impact in Australia. Specifically, there is no, or limited, data on... children’s experiences, including attitudes, prevalence, severity, frequency, impacts and outcomes of these forms of violence...<sup>195</sup>

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.<sup>196</sup> Administrative data is often used to estimate the prevalence of family and domestic violence, however these:

... data collections, such as police and hospital data, can provide some insights, these data sources are likely to underestimate the true extent of children exposed to family violence, with many children (and non-perpetrating parent/guardians) reluctant to report family violence to the police or seek necessary medical intervention.<sup>197</sup>

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<sup>190</sup> 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 CA, ‘Intersection of child abuse and children’s exposure to domestic violence,’ *Trauma, Violence & Abuse*, 9(2), p. 90.

<sup>191</sup> Australian National Research Organisation for Women’s Safety, *The impacts of domestic and family violence on children*, 2018, ANROWS, Sydney, p. 9.

<sup>192</sup> Ford JD and Delker BC, ‘Polyvictimization in childhood and its adverse impacts across the lifespan: Introduction to the special issue,’ *Journal of Trauma & Dissociation*, 2018, 19(3), p. 275.

<sup>193</sup> Richards K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 2.

<sup>194</sup> Hill J, *See What You Made Me Do*, 2019, Black Inc, Carlton, p. 165.

<sup>195</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: 2018*, 2018, Australian Government, Canberra, p. x.

<sup>196</sup> Richards K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 2.

<sup>197</sup> Australian Institute of Health and Welfare, *Australia’s Children*, 2020, Australian Government, Canberra, p. 342.

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.<sup>198</sup> 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:

Most women would not choose to refer their children to statutory child protection services. It is not considered a benign or voluntary system. Yet where notification/referral is mandated or expected, this step must be taken by professionals regardless of the woman's view on the subject, or the protective factors which may be in place. In effect, in many states each time a woman calls for help in a crisis she is also referring her children to statutory child protection services...

Without fail, child protection research on domestic violence both in Australia and elsewhere mentions the way in which child protection workers focus on women as mothers and their 'failure to protect' their children from domestic abuse at the expense of addressing the perpetrator and his violence ...<sup>199</sup>

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.'<sup>200</sup>

While the number of children taken into out of home care remains very small relative to the number of children notified, it nevertheless remains a deeply held and constantly mentioned fear for many women experiencing domestic violence ... It is, of course, compounded by the tactics of abuse by the perpetrator who may constantly instil in the woman fear that he will report her to the authorities for neglecting the children.<sup>201</sup>

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.'<sup>202</sup>

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

Researchers have found that children affected by family and domestic violence and other adverse childhood experiences, exhibit higher rates of suicidal ideation and behaviour as adults, than those who did not experience violence in the home:

A growing body of research points to the importance of childhood factors that may contribute to suicidal ideation and behaviours. In particular, epidemiological studies have shown that the prevalence of suicidal ideation and attempts is significantly higher among adults with a history of Adverse Childhood Experiences (ACEs) including sexual abuse, physical abuse and exposure to parental domestic violence.<sup>203</sup>

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<sup>198</sup> National Children's Commissioner, *Children's Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 123.

<sup>199</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 9-11

<sup>200</sup> Richards, K, *Children's exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra p. 2.

<sup>201</sup> Humphreys C, *Issues Paper: domestic violence and child protection*, 2007, Australian Domestic and Family Violence Clearinghouse, p. 9.

<sup>202</sup> Victorian Government, *Victorian Family Violence Data Collection Framework*, 2020, Victorian Government, Melbourne, p. 40.

<sup>203</sup> 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. 726.

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.’<sup>204</sup> 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.<sup>205</sup>

From a public health perspective, this research goes on to identify that ‘broad social interventions that reduce child abuse may have a beneficial impact on the reduction of psychiatric illness and suicidality in the general population.’<sup>206</sup>

### **3.5.1 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:

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.<sup>207</sup>

AIHW identifies that family and domestic violence ‘can have a wide range of detrimental impacts on a child’s development, mental and physical health, housing situation and general wellbeing’ including:

- diminished educational attainment
- reduced social participation in early adulthood
- physical and psychological disorders
- suicidal ideation
- behavioural difficulties
- homelessness [and]
- future victimisation and/or violent offending<sup>208</sup>

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<sup>204</sup> Afifi 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/>>.

<sup>205</sup> Afifi 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/>>.

<sup>206</sup> Afifi 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/>>.

<sup>207</sup> Australia’s Children’s Commissioner Megan Mitchell, Speech at the 13<sup>th</sup> 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>>.

<sup>208</sup> Australian Institute of Health and Welfare, *Australia’s Children*, 2020, Australian Government, Canberra, p. 338.

A significant number of studies have shown ‘statistically significant effects of child exposure [to family and domestic violence] on behavioural and psychosocial/emotional problems.’<sup>209</sup> These impacts include:

- depression;
- anxiety;
- trauma symptoms;
- increased aggression;
- antisocial behaviour;
- lower social competence;
- temperament problems;
- low self-esteem;
- the presence of pervasive fear;
- mood problems;
- loneliness;
- school difficulties;
- peer conflict;
- impaired cognitive functioning;
- increased likelihood of substance abuse;
- eating disorders;
- suicide attempts;
- teenage pregnancy;
- delinquency; and
- violence.<sup>210</sup>

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.’<sup>211</sup>

Factors that make children more vulnerable to suicide include exposure to adverse childhood experiences, including physical and sexual abuse, and neglect. Aboriginal children and children who have contact with the child protection system are at higher risk of dying by suicide. Children that have contact with the child protection system are at an increased risk of suicide because, as a population, they are more likely to present with risk factors associated with suicide ...

... Where the information was available, it revealed that children had, in most instances, experienced multiple and recurring forms of abuse. The harms these children faced were often severe.<sup>212</sup>

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<sup>209</sup> Humphreys C and Healey L, *PATHways and Research into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final report*, 2017, Australian National Research Organisation for Women’s Safety, Sydney, p. 8-9.

<sup>210</sup> Richards K, *Children’s exposure to domestic violence in Australia*, 2011, Australian Institute of Criminology, Canberra, p. 3.

<sup>211</sup> 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.

<sup>212</sup> 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.



With regard to the children's experience of family and domestic violence, *Lost, not forgotten* identified:

Of the many risk factors present in the lives of the children reviewed the most prominent was family violence. Family violence was a feature in nearly all cases, frequently in conjunction with parental mental illness and substance abuse issues.

94 per cent of the children (n=33) were reported to have experienced family violence...

... Most of the children came from families where trauma was entrenched and compounded by the 'toxic trifecta' of family violence, parental mental illness and substance abuse issues:

97 per cent (n=34) had a mother who had been the victim of family violence.<sup>213</sup>

In examining how systems responded to contact concerning the children, *Lost, not forgotten* further identified that:

Most of the children in this inquiry had concurrent contact with the child protection and mental health systems. Where contact did coincide, the focus of each system was quite different. Child Protection largely assessed the circumstances of children in terms of mitigating parental risk, without addressing how exposure to these risks may have impacted the child. This was particularly the case where there was family violence. Mental health interventions, by comparison, were child-focussed – in that they focussed on addressing the mental health symptoms displayed by the child – but were not always well-informed regarding family history or the child's exposure to parental risks.<sup>214</sup>

### **3.6 The experiences of Western Australian children and adolescent victims of family and domestic violence that died by suicide**

Researchers note that 'there is little to no research about understanding the impact of family violence from the young child's perspective,' and that comprehensive data collection surrounding 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.<sup>215</sup>

Significant work in documenting the stories, drawings and voices of children and young people has been undertaken by the Australian Childhood Foundation in its report *Heart Felt: A collection of children's experiences and stories of abuse, recovery and hope*.<sup>216</sup> The Foundation notes that:

The experience of child abuse and family violence rocks the very core of children. It changes the ways they understand their world, the people in it and where they belong. They develop distorted rules about relationships – ones that are built on mistrust, fear and betrayal. They feel out of place in their family and with their friends. They feel separate and alone. The memories of abuse are pronounced and ever present. Small reminders may cause them to relive their fear and confusion.

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<sup>213</sup> 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. 39, 89.

<sup>214</sup> 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. 19.

<sup>215</sup> Victorian Government, *Victorian Family Violence Data Collection Framework*, 2020, Victorian Government, Melbourne, p. 41.

<sup>216</sup> Australian Childhood Foundation, *Heart Felt: A collection of children's experiences and stories of abuse, recovery and hope*, 15 December 2011, ACF, viewed 21 March 2022 <<https://professionals.childhood.org.au/resources/>>.

The world itself, is experienced as dangerous for abused children – a place without haven or safety.

Hope is the outcome of change for children. It is like a wave that carries them into the future with fun, enthusiasm and optimism. Hope is the first moment in time when they dare to dream. For these children, hope comes from feeling that their experiences of abuse no longer separate them from their friends and family. They know that they do not have to feel alone anymore. They start to really feel a sense of safety in themselves and in those around them.<sup>217</sup>

It is hoped that new insights will also be gained from the first National study of abuse and neglect in Australia, which is being conducted from 2019-2023 and will retrospectively report on childhood experiences of family violence for respondents aged 16 and over.<sup>218</sup>

Researchers in the United Kingdom have also conducted a few small interview-based studies with children and young people who have experienced coercive control.

In this context, the Office undertook in depth analysis of records to venture to understand the experiences of children and adolescents affected by family and domestic violence. The Office discerned a range of diverse and staggering experiences of family and domestic violence among those who went on to die by suicide as children, adolescents, and young adults.

In some instances, records surrounding a child were episodic, reflecting singular or sporadic reports of family and domestic violence, for example, an incident between caregivers and where children were sometimes present. Records for other children showed that they lived in circumstances of extreme and entrenched violence, including violence directly used against the child, reported in early childhood, and identified repeatedly throughout the course of their lives.

The Investigation has ascertained that the experiences of children and adolescents affected by family and domestic violence are confronting and devastating. They demonstrate the horror that is family and domestic violence for children and adolescents as victims and the resultant trauma. In each case below, the child or adolescent went on to die by suicide.

In order to ensure the utmost respect and dignity to victims, the following experiences have been fully deidentified.

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<sup>217</sup> Australian Childhood Foundation, *Children's Voices*, 2020, viewed 21 March 2022 <<https://www.childhood.org.au/the-impact/childrens-voices/>>.

<sup>218</sup> QUT (Queensland University of Technology), *The first national study of child abuse and neglect in Australia: prevalence, health outcomes, and burden of disease*, 2019, Brisbane: QUT, viewed 21 March 2022, <<https://research.qut.edu.au/child-adversity/projects/the-first-national-study-of-child-abuse-and-neglect-in-australia-prevalence-health-outcomes-and-burden-of-disease/>>.

## The experiences of family and domestic violence among children and adolescents who went on to die by suicide

- an infant boy was in his mother's arms and dropped when she was violently assaulted by members of her family.
- a toddler boy was hit across the face by his mother's partner.
- a pre-school aged child watched and cried as his father was attacked and repeatedly punched in the head by his mother.
- an adolescent boy complained of repeated physical violence from his older brother.
- an adolescent girl was assaulted by a family member and conveyed to hospital with a suspected broken bone.
- an adolescent boy called an agency from his school. Crying and distressed, he told the worker that he no longer wanted to live with his father and was scared to go home. His father told him that he would kill him if he didn't return home.
- a pre-teen girl was raped by a family member.
- an adolescent girl discovered the body of a child relative who was killed by their caregiver in an act of family and domestic violence.

The women and children in this report had suffered greatly as a result of the violence they experienced, both in an immediate and ongoing way. The details of the childhood abuse and neglect which occurred is harrowing and traumatic and is particularly difficult to read. However, it is important that we, as a State, hear the voices of these children and young adults, acknowledge the vulnerability, fear, hurt and pain they endured and recognise the need for meaningful change in the way care, support and protection is provided to them in the future. As noted by the *Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in WA*:

The consistent message we have heard from children, families and carers was that they did not want other to experience the fear, anger or despair that they all too often experienced when they sought help. ...

We have heard children tell us they felt rejected, that their experience was one of cruelty. ...

The inability of services to meet the needs of children is contributing to more children seeking to hurt themselves, or worse.<sup>219</sup>

<sup>219</sup> Government of Western Australia, *Final Report: Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in WA*, March 2022, p. 6 and 25.

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## 4 Understanding the impacts of violence against Aboriginal women and children

### 4.1 Listening to Aboriginal voices

The Office of the Western Australian Ombudsman acknowledges the traditional owners of the land on which the office is located, the Whadjuk Noongar people. The Office pays its respects to elders past, present and emerging.

In our work, the Office aims to recognise the unique cultures, histories, knowledge, strengths and experiences of Aboriginal communities in Western Australia. The Office is guided by the truths within the *Warawarni-gu Guma (Healing Together) Statement* and recognises the significant strength and wisdom of Aboriginal women and men, drawing on their cultures, to continually resist and challenge violence in their communities.<sup>220</sup>

### 4.2 Aboriginal perspectives on family violence

#### 4.2.1 The role of Aboriginal law and culture in promoting social and emotional and wellbeing

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

[T]he Aboriginal concept of health is holistic, encompassing mental health and physical, cultural and spiritual health. This holistic concept does not just refer to the 'whole body' but is in fact steeped in harmonised inter relations which constitute cultural well-being. These interrelating factors can be categorised largely into spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these inter relations is disrupted, Aboriginal ill health will persist.<sup>221</sup>

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:

Aboriginal sense of self was seen in a collective sense, intimately connected to all aspects of life, community, spirituality, culture and country. Their culture also provided for everyone by sharing rules and understanding relationships. Kinship was of prime importance in defining social roles. Aboriginal people were also given a sense of meaning and understanding of life experience through their connection to country and their Dreaming. Spiritual beliefs offered guidance and comfort and held a sense of connectivity and belonging despite distress, death and loss. Lore, the body of knowledge that defined the culture, was highly valued, as were the tribal Elders who contained and interpreted the Lore. Customary law defined rules and consequences. Over 200 traditional languages and other methods of communication allowed a rich expression of interaction in this social context, and formal ceremony enabled a method of dealing with life's transitions through birth, initiation and death. Men and women had defined economic and cultural roles. Children were well protected within the group with a range of aunties and older

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<sup>220</sup> Douglas L, Wenitong M, Cox D, Muir W, Martin-Pedersen M, Masterton G, Mosby E, et al, *Warawarni-gu Guma Statement: Healing Together in Ngurin Ngarluma*, 2018, viewed 21 March 2022, <<https://www.anrows.org.au/warawarni-gu-guma-statement/>>.

<sup>221</sup> Swan P and Raphael B, *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy*, 1995, p. 19.

siblings able to take over the childcare role if the mother was fulfilling other communal responsibilities or was stressed.<sup>222</sup>

Accordingly, 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.’<sup>223</sup> 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.<sup>224</sup>

#### **4.2.2 Aboriginal and Torres Strait Islander communities’ perspectives on family violence**

Research highlighting the voices of Aboriginal women in Western Australia indicates ‘that family violence cannot be addressed as an isolated issue but needs to be understood in the whole context of all the other issues that community members are facing:’<sup>225</sup>

All Aboriginal participants indicated that gender inequality was not a root cause of family violence in their community. Rather, they spoke about issues in the social context as causes of family violence, such as intergenerational trauma and its many manifestations, and alcohol use. All Aboriginal participants suggested that family violence is not part of Aboriginal culture, but that it had become normalised in some of the families and the community. ... Participants’ narratives indicate that the issue of family violence cannot be considered in isolation of the whole context within which people live each day. Rather, the issue of family violence must be considered in the context of family and community systems and dynamics, law and culture, the presence of alcohol and other drugs, the multiple forms of trauma present in families and communities, and the various stressors and pressures to which community members are subjected today.<sup>226</sup>

The research literature identifies that the scope of violence experienced in Aboriginal and Torres Strait Islander communities is broader than what is captured by non-Aboriginal definitions of domestic violence:

Conceptualisations of domestic and family violence in Aboriginal and Torres Strait Islander families and communities are different to prevailing dominant Western theories of domestic and family violence. It has a different background, different dynamics, it looks different, it is different. It needs its own theoretical discourse and its own evaluations.<sup>227</sup>

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<sup>222</sup> 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* (2<sup>nd</sup> ed), 2014, 25-38, p. 26, viewed 21 March 2022 <<https://www.telethonkids.org.au/our-research/early-environment/developmental-origins-of-child-health/expired-projects/working-together-second-edition/>>.

<sup>223</sup> 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>>.

<sup>224</sup> 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.

<sup>225</sup> Blagg H, Williams E, Cummings E, Hovane V, Torres M, & Woodley KN, *Innovative models in addressing violence against Indigenous women: Final report (ANROWS Horizons, 01/2018)*, 2018, ANROWS, p. 34.

<sup>226</sup> Blagg H, Williams E, Cummings E, Hovane V, Torres M, & Woodley KN, *Innovative models in addressing violence against Indigenous women: Final report (ANROWS Horizons, 01/2018)*, 2018, ANROWS, p. 34.

<sup>227</sup> Hovane V, *Our story to tell: Aboriginal perspectives on domestic and family violence (ANROWS Footprints)*, 2015, ANROWS, p. 13.

Research undertaken with Aboriginal Elders and senior community leaders, including those in Kununurra, Fitzroy Crossing and Newman, 'strongly indicates that Aboriginal peoples hold radically different understandings regarding the scope and causes of family violence, and how the issue should be tackled.'<sup>228</sup> Further, an Australian study on the impact of domestic violence law and policy on Aboriginal and Torres Strait Islander women identified that:

... compared to non-Indigenous intimate partner violence, Indigenous intimate partner violence is characterised by fights, more so than coercive control. Some of these fights occur in a context of chaos in the lives of many Aboriginal and Torres Strait Islander people, particularly those living in remote Australian communities. For Indigenous people, formulaic policing of domestic violence sits within historically strained relations between them and the police, and consecutive periods of protectionism manifested as state control over their lives. Failure of Indigenous people to comply with DVOs is partly a result of chaos and perhaps resistance to state authority.<sup>229</sup>

The research literature also notes that:

It is now well established that family violence experienced within Aboriginal and Torres Strait Islander communities is shaped by the specific and historical context of colonialism, systemic disadvantage, cultural dislocation, forced removal of children and the intergenerational impacts of trauma. As a result, it requires a distinct and tailored set of responses across multiple fronts led by Aboriginal communities and nested in Aboriginal and Torres Strait Islander cultural values and worldviews.<sup>230</sup>

Accordingly, within the research literature, the term 'family violence' is often used (rather than 'intimate partner violence' or 'domestic violence') in acknowledgment that Aboriginal and Torres Strait Islander peoples have expressed the view that this term better reflects their experiences.<sup>231</sup>

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.<sup>232</sup>

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<sup>228</sup> 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.

<sup>229</sup> Blagg H, Williams E, Cummings E, Hovane V, Torres M, & Woodley KN, *Innovative models in addressing violence against Indigenous women: Final report (ANROWS Horizons, 01/2018)*, 2018, ANROWS p. 56.

<sup>230</sup> 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. 62-63.

<sup>231</sup> For example, Australian Institute of Health and Welfare, *Family violence among Aboriginal and Torres Strait Islander peoples*, Australian Institute of Health and Welfare, cat. no. IHW 17, Canberra, 2006, p. 15; Department for Child Protection and Family Support, *Family and Domestic Violence Background Paper*, Government of Western Australia, Perth, 2012, p. 2, and 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*, Human Rights and Equal Opportunity Commission, June 2006, p. 6.

<sup>232</sup> 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.

‘Family violence’ describes the extended family and kinship relationships ‘within which a range of forms of ... violence frequently occur’ and an ‘understanding of the inter-generational impacts of violence.’<sup>233</sup> The research literature identifies that:

Aboriginal women prefer the term ‘family violence’ because it includes the broad range of marital and kin relationships in which violence may occur. Indigenous people may view family violence as occurring between members of their larger family network including aunts, uncles, grandparents, cousins and others in the wider community, whereas non-Indigenous people may view family violence as only that which occurs within the nuclear family.<sup>234</sup>

Research has also found that the term ‘family violence’ within Western Australia is used in at least ‘fifteen different’ ways, capturing:

... everything from domestic assaults through to clan feuds, jealous fighting, sister fights, neglect of children, ‘humbugging’ (bullying family members for money or services), wasting money on gambling, excessive use of alcohol and/or drugs and racialized insults. All these activities impinge on the health of family life as a whole, and it is the family/clan unit, rather than the sovereign, autonomous, western individual subject, that constitutes the irreducible core of Aboriginal Law and Culture.<sup>235</sup>

#### **4.2.2.1 Humbugging**

‘Humbugging’ refers to aggressive demands for money, goods, or services, usually aimed at kin.<sup>236</sup> This may include behaviours such as demand sharing and asking or pressuring family members for assistance or money in an unreasonable or bothersome manner.<sup>237</sup>

#### **4.2.2.2 Lateral Violence**

‘Lateral violence’ is a term used within Aboriginal and Torres Strait Islander communities to describe ‘the displacement of anger from colonial systems of control “laterally” into Indigenous families, communities, and workplaces.’<sup>238</sup>

This violence is the ‘product of a complex mix of historical, cultural and social dynamics that results in a spectrum of behaviours’<sup>239</sup> such as:

- gossiping;
- jealousy;
- bullying;
- shaming;
- social exclusion;
- family feuding;
- organisational conflict; and
- physical violence.<sup>240</sup>

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<sup>233</sup> 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. 3.

<sup>234</sup> Australian Institute of Health and Welfare, *Family violence among Aboriginal and Torres Strait Islander peoples*, 2006, cat. no. IHW 17, AIHW. Canberra, p. 15.

<sup>235</sup> 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. 3.

<sup>236</sup> Blagg et al, *Innovative models in addressing violence against Indigenous women: Key findings and future directions*, 2018, ANROWS, p. 3.

<sup>237</sup> Breunig R, Hasan S, and Hunter B, ‘Financial Stress and Indigenous Australians’, *Economic Record*, 2018. 95(308), p. 34-57, doi: 10.1111/1475-4932.12444; Weier M, Dolan K, Powell A, Muir K, and Young A., *Money stories: Financial resilience among Aboriginal and Torres Strait Islander Australians*, 2019, Centre for Social Impact - UNSW Sydney: Sydney, NSW.

<sup>238</sup> Blagg H et al, *Innovative models in addressing violence against Indigenous women: Key findings and future directions*, 2018, ANROWS, p. 2.

<sup>239</sup> Australian Human Rights Commission, *Social Justice Report 2011*, 2011, Aboriginal and Torres Strait Islander Social Justice Commissioner, p. 54.



### 4.2.3 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.<sup>241</sup>

Similarly, former Aboriginal and Torres Strait Islander Social Justice Commissioner Dr William Jonas AM identified that while prevalent, family violence is not ‘normal’ or ‘culturally acceptable.’

And it is not part of our systems of customary law. In fact, it is the reverse. It is an indication of the fragility of such customary law and a sign of the breakdown in traditional governance mechanisms in communities. It is, in short, an indication of community dysfunction ...<sup>242</sup>

In ‘yarning’ with Aboriginal Elders and senior community leaders in Northern Australia, (including those in Kununurra, Fitzroy Crossing and Newman) ANROWS researchers identified that Aboriginal and Torres Strait Islander peoples ‘were united in their beliefs that family violence is one of the most significant threats to the future of communities and is tearing family life apart’:

Similarly, participants were anxious to negate the view that violence against women and children was an acceptable part of Aboriginal and Torres Strait Islander Law and Culture, which was in line with Professor Mick Dodson’s assertion that “the violence occurring in Aboriginal communities today is not part of Aboriginal tradition or Culture. It is occurring principally because of the marginalisation of Aboriginal people.” Similarly, the LRCWA [Law Reform Commission of Western Australia] stated that it is the destruction of Aboriginal customary law and the breakdown of traditional forms of maintaining order and control that has impacted on the extent of violence and sexual abuse in Aboriginal communities. This was a consistent thread in discussions with communities.<sup>243</sup>

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.’<sup>244</sup>

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<sup>240</sup> Blagg H, Bluett-Boyd N and Williams E, *Innovative models in addressing violence against Indigenous women: State of knowledge paper*, 2015, ANROWS, p. 6, <<https://www.anrows.org.au/publication/innovative-models-in-addressing-violence-against-indigenous-women-final-report/>>.

<sup>241</sup> Dodson M, ‘Violence Dysfunction Aboriginality,’ 11 June 2003, National Press Club, Canberra, p. 2.

<sup>242</sup> Jonas W, ‘Family violence in Indigenous communities: Breaking the silence?’, *Australian Human Rights Commission*, 25 July 2002, viewed 12 December 2021, <<https://humanrights.gov.au/about/news/speeches/family-violence-indigenous-communities-breaking-silence>>.

<sup>243</sup> 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. 62.

<sup>244</sup> 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.

Further, Aboriginal women also:

... consistently maintained that how Women’s Law works and how Men’s Law works is very different to the assumptions being expressed or portrayed in the mainstream (that is, that Aboriginal Culture and Law are primitive or violent and discriminate against women, and that there is no gender balance or equality): “Both men and women must work together ... ‘this is the proper way’.” ...

Women Elders do not believe they are subordinate to men or that they don’t have a say within the community—they believe that their place and Culture are being misrepresented and downplayed by white people who either do not understand Culture or have their own political agenda. There was a widespread belief that current family violence policies are too focused on gender inequality, mirroring concerns raised in the literature. There was also a widespread belief that current family violence policies downplay the significance of inherited traumas, jealousy, alcohol and other addictions on people’s behaviour (both men and women). ...

The participants from the Kimberley, Northern Territory and Pilbara said during the yarning groups that conflicts between partners or individual family members should be dealt with together. They also support the idea of “truthtelling”—that the guilty party needs to own up to their own wrongful behaviour/s.<sup>245</sup>

#### **4.2.4 Aboriginal and Torres Strait Islander responses to family violence**

##### **4.2.4.1 The role of law and culture**

The voices of Aboriginal and Torres Strait peoples mirror ‘views in the literature that Law and Culture were vital forces in their lives.’<sup>246</sup> 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’:

Women’s Law was viewed as essential for preventing and resolving family violence. Women Elders from Kununurra said Law—especially Women’s Law—and Culture bring strength and unity to the community. ...

For Aboriginal people, Aboriginal law sets out the norms, beliefs, expectations and rules for everyday living. Aboriginal law is stable and enduring and embedded within it is dignity, wellbeing and equality between men and women. The day to day living and expression of Aboriginal law is “culture”. Family violence has no basis in either Aboriginal law or culture.

... Aboriginal Law and Culture, and in particular Women’s Law, was viewed as essential to preventing and resolving family violence and healing and empowering individuals and communities. As Martu Elders told us: Getting men and women and families living together, being together, working together, on-country is the solution for much family violence ... People get well on-country, particularly without alcohol.<sup>247</sup>

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<sup>245</sup> 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. 46-52.

<sup>246</sup> 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.

<sup>247</sup> 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. 10-13.

Recent research undertaken in Queensland has found evidence that cultural connection, engagement and reduced levels of discrimination are associated with lower suicide rates among Aboriginal and Torres Strait Islander young people:

Although cultural devastation is widely acknowledged to be a factor in the high suicide rates for Aboriginal and Torres Strait Islander people, investigation of the protective effects of community empowerment and cultural connectedness has been limited. ... Both researchers and Elders have promoted community strengths and community level protective factors to foster the wellbeing of children and adolescents, and consequently to prevent suicide. Specifically, it has been suggested that community cultural connectedness protects against the unique challenges that First Peoples face as the result of the systemic legacies of colonisation.

The “cultural continuity” model proposes that community level cultural factors protect against youth suicide among First Nations peoples by facilitating perceptions by young people of their connectedness with a past and future cultural lineage. Its proponents posit that identifying with a culture with bonds stretching into the past and positive projections into the future can reinforce a young person’s connection with and commitment to their personal futures during periods of change or disruption of self-identity, reducing their suicide risk. ...

We identified associations between suicide mortality rates for young Aboriginal and Torres Strait Islander people and culturally specific risk and protective factors at the community level. Specifically, the age-adjusted suicide rate was 80% higher in areas classified as having lower levels of cultural social capital; that is, it was 44% lower in communities with high cultural social capital, where larger proportions of First Nations people participate in cultural events, ceremonies, organisations, and community activities, and were more involved with their community. The rate was higher in communities with higher levels of reported discrimination. Our findings suggest, as others have also proposed, that suicide by young Aboriginal and Torres Strait Islander people is influenced by factors often not included in traditional models of suicide causation.<sup>248</sup>

#### **4.2.4.2 Innovations and promising practices**

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.

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<sup>248</sup> Gibson M, Stuart J, Leske S, Ward R and Tanton R, ‘Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness’, *Med J Aust*, 2021; 214(11): 514-518, doi: 10.5694/mja2.51084.

## 4.3 Aboriginal family violence in context

### 4.3.1 Historical 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.<sup>249</sup>

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':<sup>250</sup>

In 2014–15, approximately one in eight (13%) Aboriginal and Torres Strait Islander people aged 15 years and over, experienced physical violence in the last 12 months, 8% had experienced physical violence on more than one occasion.

Aboriginal and Torres Strait Islander women make up 16% of all female murder victims in Australia and also make up 10% of unsolved missing persons cases.<sup>251</sup>

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.'<sup>252</sup>

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:<sup>253</sup>

It is not possible to know Aboriginal and Torres Strait Islander people's, or women's full experience of violence without also knowing non-Aboriginal and Torres Strait Islander people's, or men's, full experience of violence and how these separate experiences inform and shape human behaviours in the whole.<sup>254</sup>

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<sup>249</sup> 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*, 2010, Australian Institute of Criminology, viewed 21 March 2022 <<https://www.aic.gov.au/publications/rip/rip10>>; Closing the Gap Clearinghouse, *The role of community patrols in improving safety in Indigenous communities*, 2013; 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, 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.

<sup>250</sup> Australian Human Rights Commission, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, 2020, p. 42.

<sup>251</sup> Australian Human Rights Commission, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, 2020, p. 42; Cussen T and Bryant W, 'Indigenous and non-Indigenous homicide in Australia', Australian Institute of Criminology, 5 May 2015, <<https://www.aic.gov.au/publications/rip/rip37>>; and Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia, 2018*, <<https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/summary>>.

<sup>252</sup> 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.

<sup>253</sup> 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.

<sup>254</sup> Atkinson J, *Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia*, 2002, Spinifex Press, p. 17.

The history of Aboriginal peoples in Western Australia prior to colonisation was summarised by the Royal Commission into Aboriginal Deaths in Custody as follows:

It is well documented that Aboriginal people occupied and traversed what is now known as Western Australia many thousands of years prior to colonisation. The level of resource management was considerable, with a viable hunting, gathering and fishing subsistence pattern. There is also evidence of husbandry and farming which were to successfully provide countless generations with a productive and spiritually rich existence. Seasonal exploitation of regional resources, and the maintenance of socio-cultural ties and religious practices ensured the continuation of Aboriginal people and their cultural integrity.

Aboriginal Law regulated relationships between individuals and groups. The demarcation of a group's land or 'country' was clear and respected. Everything that existed, whether living or inert, had meaning and integration to a world that not only constituted the here and now, but also that which continued from before. The land gave and sustained, not only life, but also the basis for meaning and intelligence to questions of order, responsibility and obligations for Aboriginal people. There was nothing to conquer in the land because the people belonged to the land. Their power and sense of being came from it. Pride and esteem emanated from celebrating the land which included the cosmos and the intricate interaction of spiritual beings, whose continuing action gave meaning, purpose and strength to all living and non-living things. Indeed, to life itself. Knowledge and practice of these mysteries is what gave pride and wisdom, not material possessions. Into this intelligently balanced material and spiritual world of early 19th century Aboriginal Australia, came the British colonisers, with their perceived superiority and arrogance which informed their denial of the rights of indigenous peoples.<sup>255</sup>

Western Australia has a violent colonial history, preserved in the records of documentary evidence and the oral histories of our Aboriginal communities. Unlike the 'national legacy of unutterable shame' arising from widespread childhood removals and practices of removing Aboriginal and Torres Strait Islander peoples from their land, the details of Western Australia's colonial history remain 'largely unknown and acknowledged'<sup>256</sup> by the public at large, despite documented incidents of shocking cruelty noted in the Regional Report for Western Australia prepared for the Royal Commission into Aboriginal Deaths in Custody, including:

- the 1833 shooting death of Yagan, whose 'smoked head [was] removed and placed on public exhibition in Britain';
- the 1834 Pinjarra massacre;
- the 1926 killing and burning of Aboriginal people in the Forrest River District in the East Kimberley;
- the practice of neck and body 'chaining' Aboriginal prisoners in Yirramagardu/Leramugado (Roebourne), Wadjemup (Rottnest Island) and other locations;
- the enslavement of Aboriginal men and women as 'agricultural and pastoral workers and domestics' on stations, particularly in the Kimberley;
- bans on Aboriginal people from entering towns, including Perth, not lifted until 1954;
- the sexual exploitation of Aboriginal women by non-Aboriginal men;

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<sup>255</sup> Australian Royal Commission into Aboriginal Deaths in Custody, *Royal Commission into Aboriginal Deaths in Custody: National reports [Vol. 1-5], and regional reports*, 1991, Australian Government Publishing Service, viewed 21 March 2022, <[http://www.austlii.edu.au/au/other/IndigLRes/rciadic/regional/wa\\_underlying/17.html](http://www.austlii.edu.au/au/other/IndigLRes/rciadic/regional/wa_underlying/17.html)>.

<sup>256</sup> Carmody S, 'The ghosts are not silent', *ABC News Background Briefing*, 17 September 2021, viewed 15 March 2022 <<https://www.abc.net.au/news/2021-09-17/wonnerup-minninup-massacre-the-ghosts-are-not-silent/100458938>>.

- reports of Police ‘carrying out unmitigated killings on Aboriginal people throughout the [Kimberley] region’ in the late 19<sup>th</sup> century and early 1900s; and
- the ‘design and implementation of Government policies and legislation ... to create institutional control over Aboriginal peoples lives without too much emphasis being placed upon Aboriginal legal, social and cultural requirements.’<sup>257</sup>

Researchers note that ‘controls over Aboriginal women’s bodies was critical to the settler project ... Aboriginal women were particularly affected by policies designed to destroy Indigenous family life.’<sup>258</sup> In summary, as noted in the Telethon Kids Institute report *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional contexts*:

Aboriginal and Torres Strait Islander people were dehumanised and women and children sexualised. Allegations of abuse against them were denied even in the face of overwhelming evidence. While colonisation broke up diverse and sophisticated systems of governance and lore in traditional Aboriginal and Torres Strait Islander communities, this was replaced with a western legal system that discriminated against Aboriginal and Torres Strait Islander peoples, provided little protection and actively prevented parents from caring for their children.<sup>259</sup>

#### **4.3.2 Contemporary context**

As identified 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.<sup>260</sup>

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.<sup>261</sup>

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<sup>257</sup> Dodson P, *Royal Commission into Aboriginal Deaths in Custody: Regional report of inquiry into underlying issues in Western Australia*, 1991, Australian Government Publishing Service, viewed 21 March 2022, <[http://www.austlii.edu.au/au/other/IndigLRes/rciadi/c/regional/wa\\_underlying/17.html](http://www.austlii.edu.au/au/other/IndigLRes/rciadi/c/regional/wa_underlying/17.html)>.

<sup>258</sup> 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.

<sup>259</sup> Anderson P, Bamblett M, Bromfield L et al, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional contexts: Report for the Royal Commission into Institutional Responses to Child Sexual Abuse*, 2017, Sydney, p. 18.

<sup>260</sup> Healing Foundation, *Our Healing Our Way: Leading and shaping our future – National Youth Healing Forum Report*, 2017, p. 4.

<sup>261</sup> 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.

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:

For many, to survive 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. ...

With the rapid social changes from the 1970s the numbing that previously supported survival lifted and long stifled emotions emerged, at times unregulated and overwhelming ... fuelled by unrestricted access to alcohol (and later other substances) the behavioural consequences included risk-taking, violence, and the undermining of capacity to address the responsibilities of family and community life. Increasingly, children’s experience of families included the depression, fear and rage of parents and others. In this time of turmoil one might wonder how children could make sense of their world while their parents were struggling to come to terms with their own experiences. While now able to contemplate a future that was inconceivable for earlier generations, these parents were increasingly aware of the tragic legacies of the past, levels of loss and trauma that were profound and ongoing. The deliberate damage to Indigenous family and kinship structures created confusion, frustration and resentment compounded by deception and discrimination that persists. The harm to culture and the sanctity of life has devastated the purpose, volition and agency, critical to cultural continuity and integrity, resulting in a state of discontinuity and incoherence within a dominant society which remains invested in denial, rationalization and trivialization of past policies and practices and which still defines the values by which such injustices are considered and recompense in the present contemplated. While Indigenous children of earlier generations were often raised in situations where parents’ rights were systematically violated, contemporary children confront a generation of parents amongst whom many have “gone missing” as new “freedoms” transformed into poverty, fragmented existence and cultural exclusion. Blame is conveniently apportioned (to the victims, Indigenous parents) and, ironically, rationalizes past racist legislation and practice.<sup>262</sup>

Aboriginal communities interviewed as part of the Australian National University’s Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study (FaCtS) identified intergenerational trauma and structural disadvantage as stressors leading to family violence:

Community members overwhelmingly described family and community violence in relation to its historical context. They viewed contemporary violence as stemming from colonisation and the related violence enacted on Aboriginal and Torres Strait Islander peoples and communities, perpetuated by intergenerational trauma and the undermining of traditional gender structures. Individuals and communities have experienced severe and widespread trauma across generations, with limited capacity to address it. Key forms of trauma include forced removal from Country, disconnection from culture, separation of families (including through the Stolen Generations, incarceration and child removals), exposure to racism, and witnessing and experiencing violence. In some instances, unresolved trauma results in damaged family structures, making it difficult to establish and maintain healthy relationships; this, in turn, continues the perpetration and experience of violence.

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<sup>262</sup> 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.

Participants described a set of interrelated factors as the catalysts of violence – housing problems, racism, financial stress, alcohol and other drug use, poor physical health and loss of social and emotional wellbeing (SEWB) – including mental health difficulties, unemployment, contact with the justice system and incarceration. Trauma and the negative impacts of ongoing colonisation were identified as the common underlying causes of these catalysts.

Analysis of quantitative data from the Community Member Survey supports these qualitative findings. The prevalence of experiencing and using violence was significantly lower among those who had less exposure to trauma, discrimination, and violence; stable income, employment, and housing; no exposure to the justice system or incarceration; no problems with alcohol and other drug use at the individual, family or community level; and better individual, family and community health and wellbeing.<sup>263</sup>

#### **4.3.2.1 Experiences of inequity**

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,’<sup>264</sup> population survey data indicates that family violence occurs at higher rates for Aboriginal and/or Torres Strait Islander Australians than for non-Indigenous Australians.<sup>265</sup> In particular, AIHW identifies that:

- In 2014–15, 1 in 7 (14%) Indigenous women experienced physical violence in the previous year. Of these, about 1 in 4 (28%) reported that their most recent incident was perpetrated by a cohabiting partner (ABS 2016).
- From 2012–13 to 2013–14, 2 in 5 Indigenous homicide victims (41%) were killed by a current or previous partner, twice the rate of non-Indigenous victims (22%) (Bryant & Bricknell 2017).
- In 2014–15, Indigenous women were 32 times as likely to be hospitalised due to family violence as non-Indigenous women, while Indigenous men were 23 times as likely to be hospitalised as non-Indigenous men (SCRGSP 2016).
- In 2015–16, Indigenous children were 7 times as likely to be the subject of substantiated child abuse or neglect as non-Indigenous children (AIHW 2017a).<sup>266</sup>

The research literature 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.’<sup>267</sup>

Violence is a significant cause of morbidity and mortality in Australia’s Indigenous population, with women predominantly being the victims. According to Oberin (2001:25), ‘domestic and family violence has an even more major impact on Aboriginal and Torres Strait Islander women than it does on other groups of Australian women’. In addition, Bagshaw et al. (2000:123; cited in Women’s Services Network 2000:8) state that ‘considerable evidence exists which suggests

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<sup>263</sup> Guthrie J, Thurber K, Lovett R et al, *The answers were there before white man come in: stories of strength and resilience for responding to violence in Aboriginal and Torres Strait Islander communities - Family Community Safety for Aboriginal and Torres Strait Islander Peoples Study Report*, 2020, Australian National University, p. 15.

<sup>264</sup> 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. vi.

<sup>265</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia*, 2018, AIHW, Canberra, p. xi.

<sup>266</sup> Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia*, 2018, AIHW, Canberra, p. xi – x.

<sup>267</sup> Australian Bureau of Statistics, ‘Aboriginal and Torres Strait Islander Women’s Experiences of Family and Domestic Violence, 2019, viewed 12 December 2021, <[https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Feature%20Article~Aboriginal%20and%20Torres%20Strait%20Islander%20women's%20experiences%20of%20family%20and%20domestic%20violence%20\(Feature%20Article\)~10100](https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Feature%20Article~Aboriginal%20and%20Torres%20Strait%20Islander%20women's%20experiences%20of%20family%20and%20domestic%20violence%20(Feature%20Article)~10100)>.



that Indigenous women are far more likely to be victims of domestic violence than non-Indigenous women and they sustain more injuries'.<sup>268</sup>

In acknowledging the 'high levels and severity of family violence in Aboriginal and/or Torres Strait Islander communities,'<sup>269</sup> and that Aboriginal and/or Torres Strait Islander women 'are targeted more than any other group in Australia,'<sup>270</sup> Aboriginal and/or Torres Strait Islander researchers importantly identify:

This does not however, mean that family violence affecting Aboriginal victims/survivors, predominantly women and children, is exclusively the domain of Aboriginal communities – or that all perpetrators of violence against Aboriginal women are Aboriginal men. There is insufficient data on the Aboriginality of perpetrators and FVPLS Victoria routinely sees Aboriginal clients, mostly women, who experience family violence at the hands of men from a range of different backgrounds and cultures, Aboriginal and non-Aboriginal. The only certainty in the existing data is that Aboriginal women are at disproportionately higher risk of family violence.<sup>271</sup>

#### **4.3.2.2 Mental health impacts and suicidality**

The research literature has also highlighted ongoing effects on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples arising from intergenerational trauma:

There is strong empirical evidence documenting the extent and 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. Similar increased rates of social and mental health problems have been documented among Canadian Indigenous families affected by abuse and historical trauma which occurred within that country's residential school system.<sup>272</sup>

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).'<sup>273</sup>

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<sup>268</sup> Al-Yaman F, Van Doeland M and Wallis M, *Family Violence among Aboriginal and Torres Strait Islander peoples*, 2006, Australian Institute of Health and Welfare, Canberra, p. 2-3.

<sup>269</sup> Aboriginal Family Violence Prevention & Legal Service Victoria, 'Submission to the Victorian Royal Commission into Family Violence,' 2015, FVPLS Victoria, Melbourne, p. 22.

<sup>270</sup> Hill J, See *What You Made Me Do*, 2019, Black Inc, Carlton, p. 300.

<sup>271</sup> Aboriginal Family Violence Prevention & Legal Service Victoria, 'Submission to the Victorian Royal Commission into Family Violence,' 2015, FVPLS Victoria, Melbourne, p. 22.

<sup>272</sup> 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.

<sup>273</sup> 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.

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## 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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