Investigation into family and domestic violence and suicide

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

Ombudsman Western Australia

About this Report

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Contact Details

Street Address
Level 2, 469 Wellington Street
PERTH WA 6000

Postal Address
PO Box Z5386 St Georges Terrace
PERTH WA 6831

Telephone: (08) 9220 7555 or 1800 117 000 (free from landlines)

Translating and Interpreting Service (TIS National): 131 450
(for people who need an interpreter)

National Relay Service: 1800 555 660 Quote 08 9220 7555
(for people with a voice or hearing impairment)

Facsimile: (08) 9220 7500

Email: mail@ombudsman.wa.gov.au

Web: www.ombudsman.wa.gov.au

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

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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

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 cares, available seven days a week from 8.30 am to 2.30 pm across the Perth metro area

Australia-wide 24 hour mental health support lines

Lifeline: 13 11 14 or lifeline.org.au

24 hour telephone crisis support and suicide prevention online crisis support chat available from 7 pm to midnight AEST

13 YARN 13 92 76

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

Beyond Blue: 1300 22 4636 or beyondblue.org.au

immediate support available 7 days a week, through phone (24 hours), online chat (3 pm to 12 am) or email (response within 24 hours)

1800RESPECT: 1800 737 732 or 1800respect.org.au

24 hour phone and web chat counselling for people impacted by sexual assault, domestic or family violence and abuse

MensLine Australia: 1300 78 99 78 or mensline.org.au

phone, video and web counselling for men who want to take responsibility for their violence and have healthy and respectful relationships.

StandBy Support After Suicide: 1300 72 77 47

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

Additional support services

Women's Domestic Violence Helpline: 1800 007 339

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

Men's Domestic Violence Helpline: 1800 000 599

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

Crisis Care: 9223 1111 or 1800 199 008

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

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

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

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

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

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

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

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

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

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

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

QLife: 1800 184 527 or qlife.org.au

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

Support services for children and young people

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

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

headspace: headspace.org.au/eheadspace

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

Children and Young People Responsive Suicide Support (CYPRESS): 1300 11 44 46 or info@anglicarewa.org.au support service for children and young people between the ages of 6 and 18 who have been bereaved by suicide

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

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1 Background

1.1 The Ombudsman's role in reviewing family and domestic violence fatalities

On 21 September 2011 the (then) Premier, the Honourable Colin Barnett MLA wrote to the Ombudsman regarding the establishment of a family and domestic violence fatality review process and the decision of the family and domestic violence fatality working group that it would be most appropriate for this fatality review function to be conducted by the Office of the Ombudsman.

Subsequently, on 1 July 2012, the Office commenced an important new function to review family and domestic violence fatalities in Western Australia.

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

1.2 State-wide prevalence of family and domestic violence in Western Australia during the investigation period

The Office obtained data from WA Police concerning family and domestic violence incidents reported and responded to in the investigation period (between 1 January 2017 and 31 December 2017).

1.2.1 WA Police recording systems and requirements

WA Police uses two systems for recording the work of police officers; Computer Aided Dispatch (**CAD**), and Incident Management System (**IMS**).

WA Police's CAD system generates 'CAD incidents' for the attention and response of frontline police officers and allows District Officers to monitor and manage the deployment of staff. CAD Dispatch Priorities are used to indicate the urgency of a CAD incident, and identify whether urgent, immediate, or routine attendance is required, or whether management of an incident will be undertaken by a police District or Sub-District. CAD can also be also used by frontline officers to record the circumstances of an incident.

WA Police also use IMS to generate incident reports to record information about alleged criminal incidents and offences. IMS also 'remains the WA Police's primary recording method for [family and domestic violence].'[1]

On 1 July 2017, amendments to the *Restraining Orders Act 1997* came into force. These legislative changes were also the catalyst for changes to WA Police policy and recording of family and domestic violence.

[1] Western Australia Police Force, 'WA Police – Family Violence Procedural Guidelines,' Western Australian Government, Perth, 1 July 2017, p. 11.

As of 1 July 2017, the manner in which WA Police record family and domestic violence is determined by *WA Police Family Violence Procedural Guidelines*, which identify that both IMS (in the form of Family Violence Incident Reports (**FVIR**) or Incident Reports (**IR**)) and CAD 'are the approved systems for the recording of family violence incidents.'[2] WA Police recording requirements for family violence are 'dependent upon the circumstances of the incident,'[3] and the relationship between its parties, as shown in Table 1 and Table 2:

Table 1: Terminology used to describe relationships in WA Police Family Violence Incident Reports

Immediate Family	Extended Family
Partner / ex-partner	Every other family or personal relationship which is not listed as immediate family
Parents	
Guardians of children	
Children who reside or regularly stay with involved parties	

Source: WA Police

Table 2: Terminology used to describe family violence incidents, offences, relationships and reporting requirements across the WA Police family violence incident reports and computer aided dispatch systems

		Immediate	Extended
	FV offence (with / without Police Order made)	FVIR	IR
or	No FV offence – Police Order made	FVIR	CAD
or	FV Red File / FV Alerts for FVIR submission	FVIR	CAD
or	No FV Offence – No Police Order made	CAD	CAD
An officer has discretion to submit an FVIR when considered appropriate outside of these recording requirements.			

Source: WA Police

WA Police's *Family Violence Procedural Guidelines* identify reporting requirements for family violence incidents between individuals who share an 'immediate family' relationship. When WA Police detect a family violence offence, where a Police Order is made, or where parties to an incident are the subject of a family violence alert, WA Police are required to complete a FVIR in IMS.

WA Police reporting requirements for family violence are less stringent where parties to an incident are not classified as immediate family and where no offence has been detected. However, 'WA Police must still be able to recall full incident details for inclusion in matters such as death reviews which may occur years after the incident. To meet this obligation a full account of the incident in CAD must be maintained in the absence of a FVIR/IR.'[4]

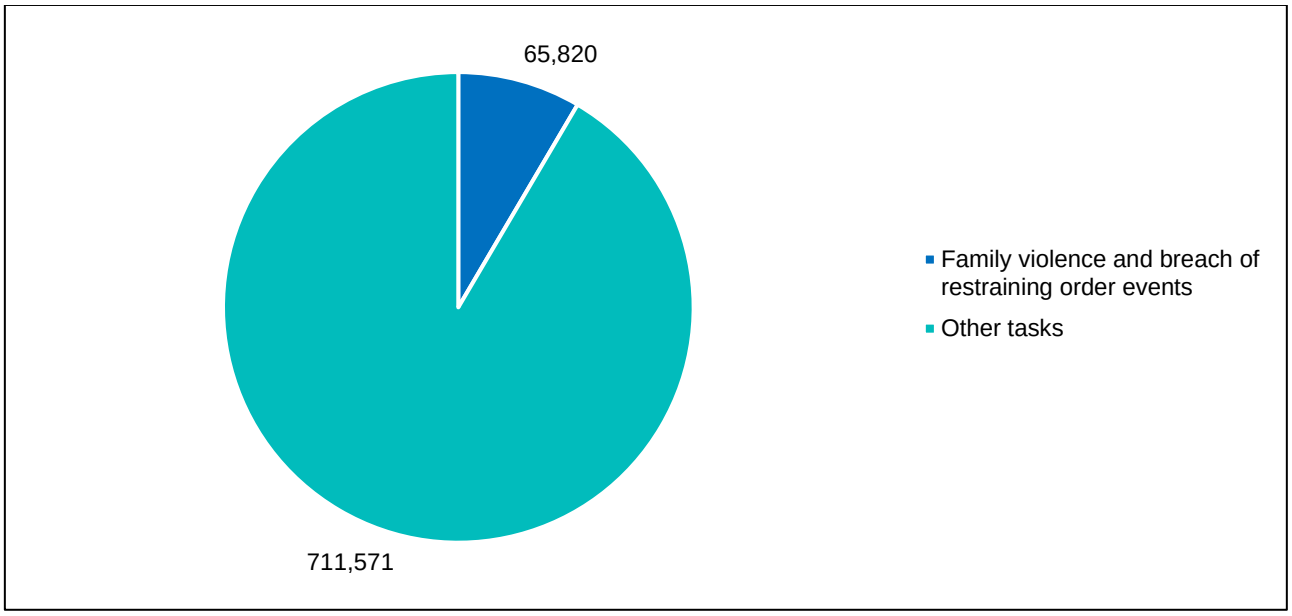
[2] Western Australia Police Force, *WA Police – Family Violence Procedural Guidelines*, 1 July 2017, p. 8.
[3] Western Australia Police Force, *WA Police – Family Violence Procedural Guidelines*, 1 July 2017, p. 8.
[4] Western Australia Police Force, *WA Police – Family Violence Procedural Guidelines*, 1 July 2017, p. 10.

1.2.2 In the investigation period, nearly one in 10 tasks allocated by WA Police were family and domestic violence related

In the investigation period, WA Police reported that it responded to 757,736 tasks where WA Police were required to attend to provide assistance to the Western Australian public. Additionally, WA Police reported a further 19,655 tasks that were managed at the district level, with WA Police follow up and tasks scheduled locally. Combined, there were 777,391 tasks requiring attendance or follow up action by WA Police between 1 January 2017 to 31 December 2017.

Of these tasks, 60,919 (8 per cent) were recorded by WA Police as 'family violence events,' and a further 4,901 (1 per cent) were recorded as a breach of a violence restraining order (Figure 1). These figures were obtained through WA Police's CAD system and show that family violence events and breaches of a restraining order constituted 9 per cent of tasks attended by frontline police officers and actioned at a local level by WA Police in 2017.

Figure 1: Family and domestic violence and breach of restraining order events, Western Australia, 2017



Source: WA Police and Ombudsman Western Australia

1.2.3 Almost one in five incidents attended by WA Police were related to family and domestic violence, some 48,836 incidents

During the investigation period, WA Police generated 276,240 incident reports on IMS. Of these incident reports, 222,682 (80 per cent) related to an incident where WA Police detected that an offence had been committed.

As identified, WA Police's primary recording method for family and domestic violence is IMS. Of the 276,240 incident reports generated by IMS during the investigation period, 48,836 (18 per cent) related to family and domestic violence. This translates to an average of 133 family and domestic violence incidents attended each day by WA Police.

WA Police's records in IMS distinguish between 'family violence incidents (general)' where there is an act of family and domestic violence between the parties involved in the incident, and 'family violence incidents (crime)' where there is an act of family and domestic violence and police officers detect that an offence has been committed.

Of the 48,836 family violence incidents attended by WA Police in the investigation period, WA Police detected an offence in 28,744 incidents (59 per cent).

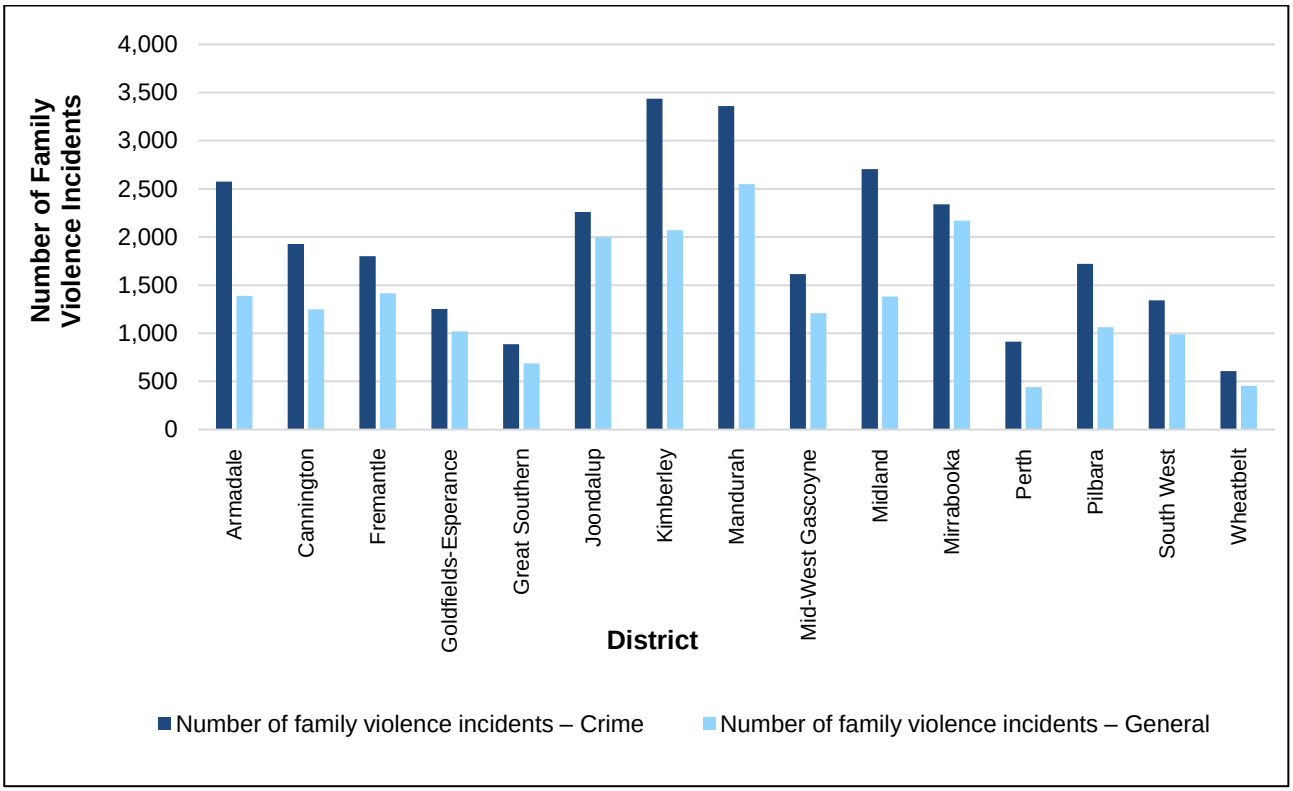
1.2.4 Despite having the lowest population of all regions in Western Australia, the Kimberley recorded the second highest number of incidents among WA Police districts

The 48,836 family violence incidents recorded by WA Police occurred throughout Western Australia. The Office found that:

- sixty two per cent (30,474) of family violence incidents occurred in metropolitan Police Districts and 38 per cent (18,362) in regional Police Districts (for comparison, the Australian Bureau of Statistics identifies that 80 per cent of Western Australia's population resides in the metropolitan area);[5] and
- despite having the lowest population of all regions in Western Australia,[6] the Kimberley Police District had the:
    - second highest number of family violence incidents; and
    - highest number of family violence incidents where an offence was detected (Figure 2).

[5] The Australian Bureau of Statistics refers to 'Greater Perth', an area the ABS notes contain not only the urban area of the capital city, but also surrounding and non-urban areas where much of the population has strong links to the capital city, through for example, commuting to work. The Office identified the 'Greater Perth' area as the closest equivalent ABS region to the metropolitan Police Districts. Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia, 2019,* cat. No. 3235.0, ABS, Canberra, August 2020.
[6] The Office identified 'Western Australia – Outback North' area as the closest equivalent ABS region to the Kimberley Police District. Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia, 2019,* cat. No. 3235.0, ABS, Canberra, August 2020.

Figure 2: Family violence incidents reported to WA Police by district, 2017



Source: WA Police and Ombudsman Western Australia

As noted, the research literature identifies difficulties with ascertaining accurate rates of family and domestic violence in any context, as it is not always reported. Researchers also identify that 'family violence is even less likely to be disclosed to formal services in rural and remote areas than in urban contexts [with victims facing] social and geographical issues that are specific to the experience of domestic and family violence living in non-urban communities.'[7] Despite these barriers to reporting, a number of Australian studies suggest that those living in regional, rural and remote areas are more likely to have experienced family and domestic violence:

- The ABS [Australian Bureau of Statistics] Personal Safety Survey (2013) showed that 21% of women living outside of capital cities had experienced violence from an intimate partner since the age of 15 (compared to 15% of women living in a capital city).
- The Australian Longitudinal Study on Women's Health (Mishra et al., 2014) found that women in rural, regional and remote areas were more likely to have experienced partner violence than women living in capital cities.
- An analysis of domestic violence cases reported to the New South Wales police in 2010 found that more incidents of domestic and family violence were reported in regional, rural and remote areas (Grech & Burgess, 2011).[8]

[7] Campo M and Tayton, S, *Domestic and family violence in regional, rural and remote communities: An overview of key issues*, 2015, Australian Institute of Family Studies, Melbourne, viewed 11 September 2020, p. 2-3, <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities>.
[8] Campo M and Tayton, S, *Domestic and family violence in regional, rural and remote communities: An overview of key issues*, 2015, Australian Institute of Family Studies, Melbourne, viewed 11 September 2020, p. 2-3, <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities>.

Family and domestic violence researchers, Australia's National Research Organisation for Women's Safety, have identified that 'there is limited research on the coping and help-seeking activities for regional, rural, and remote Australian women when they are surviving domestic violence,' further identifying 'the experiences of women living in social and geographical isolation as a priority topic for research.'[9]

1.2.5 Women were 72 per cent of the victims of family and domestic violence recorded by WA Police in the investigation period

As identified, WA Police recorded 48,836 family violence incidents on IMS in the investigation period and detected an offence in 28,744 of these incidents (59 per cent).

From these incidents, WA Police identified 20,800 unique victims of family violence. WA Police provided further information regarding these victims, including their 'gender' and 'ethnic appearance.'[10] WA Police data relating to 'ethnic appearance' refers to a variable determined and recorded by police officers when completing an incident report.

Of the 20,800 unique victims of family violence offences identified by WA Police:

- 14,886 (72 per cent) were recorded as female;
- 6,227 (30 per cent) were Aboriginal and/or Torres Strait Islander; and
- 2,035 (10 per cent) were children (recorded as being under 18 years of age at the time of their family and domestic violence experience).

As identified, WA Police data shows that 72 per cent of all victims of family and domestic violence in the investigation period were female, and ten per cent were children (under the age of 18).

WA Police data also shows that over 70 per cent of the 19,897 unique suspects in family and domestic violence incident reports were male.

This finding aligns with the research literature, which identifies that 'the overwhelming majority of victims of family and domestic violence are women and children'[11] and 'the overwhelming majority of perpetrators are men.'[12]

[9] Wendt S, Chung D, Elder A, Hendrick A and Hartwig A, *Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences: Key findings and future directions*, 2017, Australia's National Research Organisation for Women's Safety, Sydney, p. 1.
[10] Both 'gender' and 'ethnic appearance' are terms referring to variables as recorded in WA Police systems and in WA Police data provided to the Office.
[11] 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. 14.
[12] Government of Western Australia, *Path to Safety: Western Australia's strategy to reduce family and domestic violence 2020-2030*, 2020, Department of Communities, Perth, p. 18.

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,'[13] 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'.[14]

Researchers identify that these factors influence police decision making.[15] 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.'[16] A Western Australian stakeholder also observed that:

> 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 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.[17]

1.2.6 Aboriginal and/or Torres Strait Islander women are overrepresented as victims of family and domestic violence

As identified, 30 per cent of those who were recorded as a victim of family violence offences during the investigation period were identified by WA Police as Aboriginal and/or Torres Strait Islander.

[13] 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.
[14] 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.
[15] 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.
[16] Australian Law Reform Commission, *Family Violence – A National Legal Response*, 2010, Australian Government, Canberra, section 9.158, 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/>.
[17] Centacare Safer Families Support Service, quoted by Australian Law Reform Commission, *Family Violence – A National Legal Response*, 2010, Australian Government, Canberra, section 9.163, 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/>.

Making up 3.8 per cent of Western Australia's population,[18] Aboriginal and/or Torres Strait Islander people are overrepresented as victims of family and domestic violence offences in the investigation period. This was also identified in the Office's 2015 *Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities,* which stated that:

> While Aboriginal and Torres Strait Islander people make up 3.1 per cent of Western Australia's population, Aboriginal people comprised 33 per cent of victims of family and domestic violence offences committed against the person detected by [WA Police].[19]

These findings are consistent with the research literature which identifies that Aboriginal people are 'more likely to be victims of violence than any other section of Australian society', and that Aboriginal people experience family and domestic violence at 'significantly higher rates than other Australians.'[20]

1.2.7 Most family and domestic violence is not reported to police

As identified in Volume 2 and the Ombudsman's 2015 *Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities,* victims of family and domestic violence may disclose the violence to others for the purpose of obtaining support, advice, or assistance.[21] The research literature refers to these strategies as 'help seeking behaviour' and identifies that help seeking behaviour falls into two broad categories, informal and formal.[22]

Victims of family and domestic violence may seek help informally from people within their 'social network including family, friends, neighbours or colleagues,' or from formal sources including institutions such as police and 'professional services such as counsellors or crisis accommodation.'[23]

[18] Australian Bureau of Statistics, *Estimates of Aboriginal and Torres Strait Islander Australians June 2016*, 2018, cat. no. 3238.0.55.001, ABS, Canberra and Australian Bureau of Statistics, *Regional Population by Age and Sex, Australia*, 2020, cat. no. 3235.0,ABS, Canberra.
[19] Ombudsman Western Australia *Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities*, 2015, Ombudsman Western Australia, Perth, p. 107.
[20] Cripps K and Davis M, *Communities working to reduce Indigenous family violence*, June 2012, Indigenous Justice Clearinghouse, New South Wales; 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*, June 2006, Human Rights and Equal Opportunity Commission, p. 6.
[21] Gourash, 1978, quoted by Lumby, B and Farrelly T*, Family Violence, Help-Seeking and the Close-Knit Aboriginal Community: Lessons from Mainstream Service Provision*, 2009, Australian Family and Domestic Violence Clearinghouse, Sydney, p. 1.
[22] In using the term help-seeking behaviour, research literature supports the view that victims engage in self-help by resisting violence and seeking safety and dignity prior to disclosing violence, and recognises that help-seeking does not necessarily first occur when a victim contacts authorities. See Richards K and Lyneham S, *Help-seeking strategies of victim/survivors of human trafficking involving partner migration*, 2014, Australian Institute of Criminology, Canberra, viewed 20 September 2021, <https://www.aic.gov.au/publications/tandi/tandi468>.
[23] Meyer S, *Responding to intimate partner violence victimisation: Effective options for help-seeking (Trends and Issues: No. 389)*, 2010, Australian Institute of Criminology, Canberra, p. 1; Richards K and Lyneham S, *Help-seeking strategies of victim/survivors of human trafficking involving partner migration*, 2014, Australian Institute of Criminology, Canberra, viewed 20 September 2021, <https://www.aic.gov.au/publications/tandi/tandi468>.

Researchers identify that victims of family and domestic violence seek help informally from family and friends prior to seeking help formally. On this point, the research literature identifies that:

> Studies show that abused women turn first to those closest to them—extended family, friends, and neighbors—before they reach out to an organization or professional service provider. Relatively few access shelter services. And they seek out government institutions—police, courts, and child protection agencies—last.[24]

The research literature consistently identifies that family and domestic violence goes largely unreported to police and other formal services. The Australian Institute of Health and Welfare's (**AIHW**) 2016 Personal Safety Survey, found that people 'who experienced violence from a current partner … were unlikely to contact the police after physical and/or sexual violence from a partner,' with 82 per cent of women and 97 per cent of men never contacting the police.[25]

The Australian Medical Association also notes that, for women found to have experienced violence at the hands of their partners, 'more than 25 per cent of women who experienced this violence never told anyone; 39 per cent sought advice or support; and 80 per cent never contacted police.'[26]

Notably, Western Australia's Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities reported that:

> [O]f those women who experienced violence from their partner in the last 20 years, 80 per cent had not sought help from services at all. Only five per cent experiencing violence from a current partner reported the last incident to police.[27]

Further, in Western Australia, the Department of Communities reports that 'fewer than 25 per cent of women experiencing family and domestic violence contacted police or a specialist service.'[28]

Research undertaken in New South Wales with victims of family and domestic violence who had already sought help from domestic violence services examined the reporting of violence to police. This research identified that, of the 300 victims interviewed, approximately half reported the most recent incident to police.[29] Of those victims who did not report the most recent incident of violence:

> [T]he most commonly cited reasons were fear of revenge or further violence from the offender (13.9%), feelings of shame or embarrassment (11.8%), and a belief that the incident was too trivial or unimportant (11.8%). One in 10 (10.4%) respondents, however, stated that they had not reported the incident because they had previously had a bad or disappointing experience with the police. A

[24] Family Violence Prevention Fund, *Family Violence: Community Engagement Makes the Difference*, 2002, p. 2.
[25] Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: Continuing the national story*, 2019, Australian Government, Canberra, p. 19.
[26] Australian Medical Association, *Family and Domestic Violence AMA Position Statement*, 2016, viewed 24 June 2021, <https://www.ama.com.au/position-statement/family-and-domestic-violence-2016>.
[27] Gordon S, Hallahan K, and Henry D, *Putting the picture together, Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, 2002, Department of Premier and Cabinet, Western Australia, p. 46.
[28] Department for Child Protection and Family Support, *Family and Domestic Violence Response Team Evaluation Report: July – December 2013*, 2014, Government of Western Australia, Perth.
[29] Birdsey E and Snowball L, *Reporting violence to police: a survey of victims attending domestic violence services: Issue Paper No. 91*, October 2013, New South Wales Bureau of Crime Statistics and Research, p. 1.

further 7.6 per cent had not reported the matter because they thought the police would be unwilling to do anything about the violence.[30]

1.2.8 Data about victims' contact with State government departments and authorities for reasons related to family and domestic violence, and for other reasons, is limited

Both general population survey data and WA Police data measure the prevalence of family and domestic violence. However, general population survey data 'does not specifically target people who have experienced these forms of violence,'[31] and WA Police data is limited to reported incidents and recording of particular sociodemographic characteristics.

Path to Safety identifies that 'some groups are at greater risk of family and domestic violence and/or face barriers to supports.'[32] Researchers have identified that these data limitations also apply to particular at risk groups including:

- Aboriginal and Torres Strait Islander people
- young people
- children, both as witnesses and victims
- pregnant women
- sexually and gender diverse people
- people on student and partner visas
- newly settled migrants
- people living in rural and remote areas
- people from culturally and linguistically different backgrounds
- children and adults living with disability
- the elderly[33]

Comprehensive data for at risk groups of family and domestic violence is therefore 'less reliable, limited or missing.'[34]

[30] Birdsey E and Snowball L, *Reporting violence to police: a survey of victims attending domestic violence services: Issue Paper No. 91*, October 2013, New South Wales Bureau of Crime Statistics and Research, p. 5-6.
[31] Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: 2018*, 2018, Australian Government, Canberra, p. 41.
[32] Department of Communities, *Path to Safety: Western Australia's strategy to reduce family and domestic violence 2020-2030*, 2020, Government of Western Australia, Perth, p. 19.
[33] Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: 2018*, 2018, Australian Government, Canberra, p. 42.
[34] Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: 2018*, 2018, Australian Government, Canberra, p. 42.

2 Suicide of family and domestic violence victims in Western Australia

2.1 Introduction

Coronial inquests and other forms of death reviews, including the Office's own child death reviews and family and domestic violence fatality (homicide) reviews, have frequently identified that women and children experiencing family and domestic violence prior to their death have often had repeated contact with State government departments and authorities.[35]

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

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

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

> These cascading obligations include the obligation to protect and promote; the right to life and the right to be free from gender-based violence. Both of these rights are underpinned by obligations to prevent death and prevent violence against women and children. This in turn imposes an obligation to act with due diligence to prevent, investigate, punish and provide remedies for acts of violence regardless of whether these are committed by private or State actors. The obligation to act with due diligence includes various elements, such as the duty to; investigate incidents of violence against women, collect data and to provide appropriate training to relevant personnel.[36]

Accordingly, as recommended by the AHRC, this report seeks to '[examine] the ways in which our systems and services performed when they were most challenged … [and investigate] the history of service engagement by the deceased.'[37]

Improving our understanding of contact between State government departments and authorities and the women and children with experiences of family and domestic violence prior to their death by suicide is vitally important to preventing similar deaths occurring in the future, as each contact 'provides an opportunity to recognise and respond.'[38]

In other Australian jurisdictions, family and domestic violence related suicides account for the greatest number of family and domestic violence fatalities and have been shown to have 'higher levels of service contact.'[39]

[35] NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017* (**NSW 2015-2017 Report**), 2017, New South Wales Government, Sydney; *Child RM* [2020] WACOR 14; Domestic and Family Violence Death Review and Advisory Board, *Domestic and Family Violence Death Review and Advisory Board 2019-2020 Annual Report* (**Qld FVDR Report**), 2021, Queensland Government, Brisbane.
[36] Australian Human Rights Commission, *A National System for Domestic and Family Violence Death Review*, December 2016, p. 15.
[37] AHRC, *A National System for Domestic and Family Violence Death Review,* December 2016, p. 7.
[38] Qld FVDR Report 2020-21, p. 12.
[39] Qld FVDR Report 2020-21, p. 55; NSW 2015-2017 Report.

In Western Australia there is currently no ongoing review or public reporting of family and domestic violence related suicides outside of the child death reviews and own motion investigations conducted by the Office. Statistics developed and captured by the State Coroner are collected on a regular basis for uploading into the National Coronial Information System (**NCIS**), however data is only accessible to 'coroners, court staff, forensic pathologists, other medical, scientific or legal professionals tasked with assisting a coroner, and … police whose role involves the investigation of death … subject to approval by the State or Chief Coroner of the requesting jurisdiction.'[40]

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

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

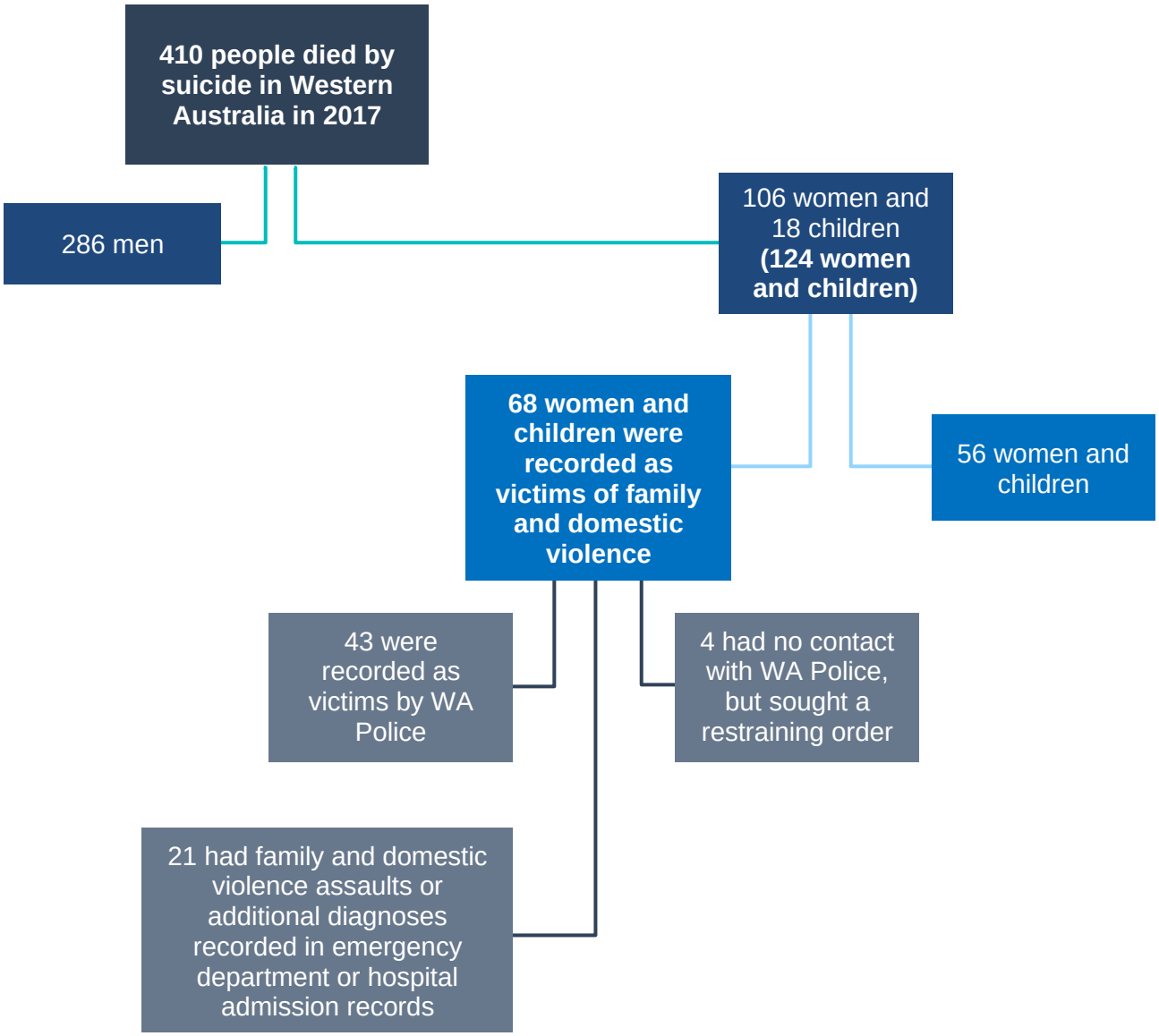
The Office provisionally coded information about each person's circumstances of death and contact with State government departments and authorities, including whether family and domestic violence occurred prior to death.

The Office then cross-checked the information from each agency and, where relevant, this review also included information obtained by the Office during child death reviews and family and domestic violence fatality reviews. Finally, for each of the 124 people identifying as women and children that died by suicide, the Office settled its provisional coding on whether they were victims of family and domestic violence known to State government department and authorities based on the totality of the information received, as shown in Figure 3.

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

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

Figure 3: 68 of the 124 women and children who died by suicide were identified by State government departments and authorities as victims of family and domestic violence



Source: Ombudsman Western Australia

Among the 68 women and children (Figure 3) assessed by the Office as being victims of family and domestic violence prior to their suicide, there were:

- nine children aged under 18 at the time of their death, three of whom were Aboriginal and/or Torres Strait Islander;
- eleven women between the ages of 18 and 25, two of whom were Aboriginal and/or Torres Strait Islander; and
- forty-eight women aged 26 or older at the time of their death, seven of whom were Aboriginal and/or Torres Strait Islander.

A summary of the demographic characteristics of the 68 women and children is provided in Table 3.

Table 3: Demographic characteristics of the 68 women and children

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

Source: Ombudsman WA

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

This volume (Volume 3), *Contact between victims of family and domestic violence who died by suicide and State government departments and authorities*, contains data about each of the 68 women and children and their contacts with:

- the WA Police;
- courts, in the context of criminal matters, court counselling and support services for victims of crime, and restraining orders made under the *Restraining Orders Act 1999*;
- corrective services;
- hospital emergency departments and inpatient wards; and
- child protection services.

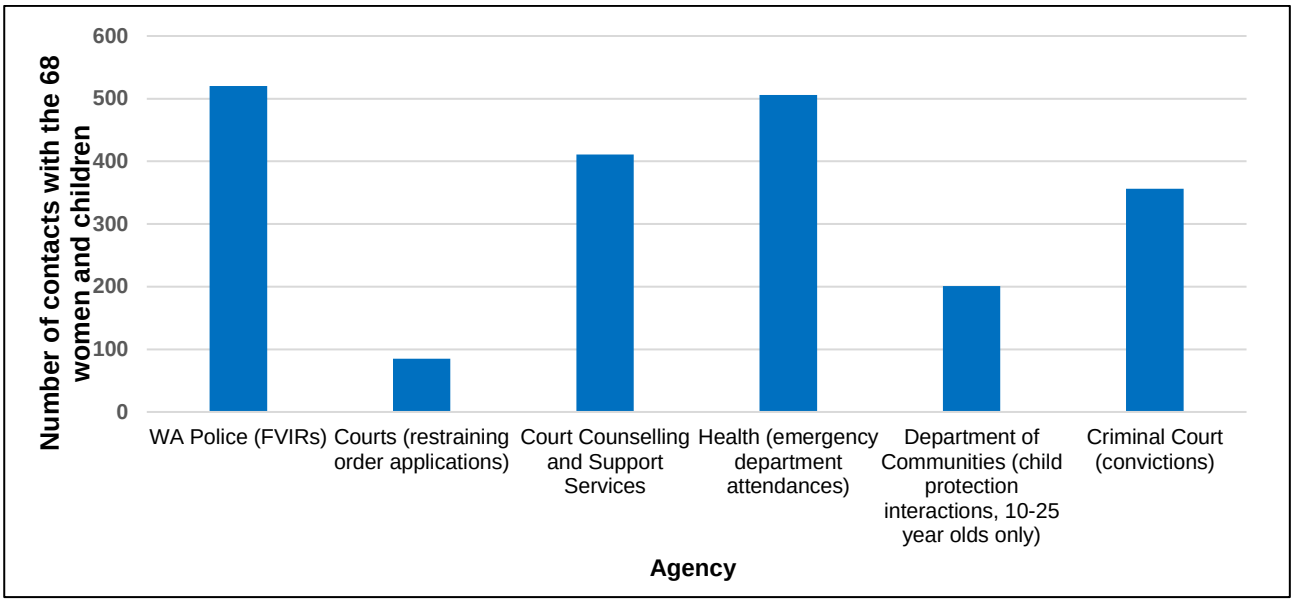
Accordingly, the data in this volume relating to the contact between State government departments and authorities is limited to data provided by the WA Police, the Department of Justice, the Department of Health and Health Service Providers and the Department of Communities.

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

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

The contact between State government departments and authorities documented in this Volume ranges from one-off contact with a single agency to a high number of repeated contacts across multiple agencies, as shown in Figure 4:

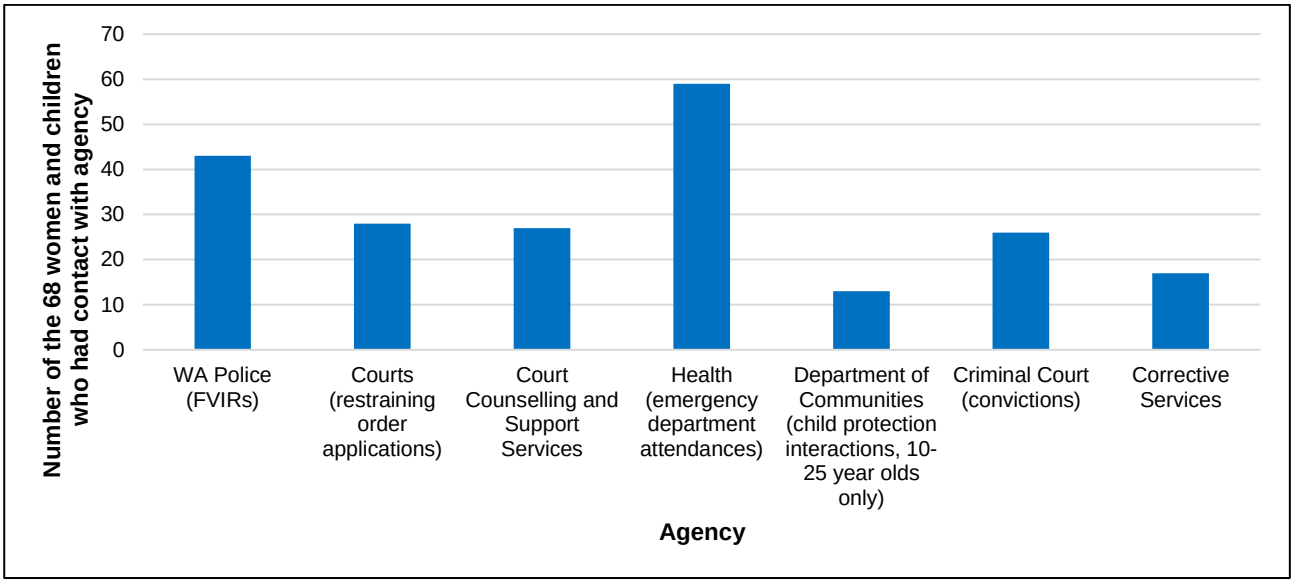
Figure 4: Contact between State government departments and authorities for the 68 women and children



Source: Ombudsman Western Australia

As shown in Figure 5, most of the 68 women and children had contact with the WA Police and emergency departments.

Figure 5: Number of the 68 women and children who had contact with State government departments and authorities, by agency



Source: Ombudsman Western Australia

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3 Contact between the Western Australia Police and the 68 women and children

3.1 Family violence incident reports (FVIRs)

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

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

> On 16 September 2002 the Incident Management System (IMS) replaced the Offence Information System (OIS) through the Delta Communications and Technology Program, with the two systems running side by side during the implementation period. By 2004, IMS was available across the agency with all OIS data archived in December 2004.[41]

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

3.1.1 Two-thirds of the 68 women and children who died by suicide had contact with WA Police relating to family and domestic violence

Despite most family and domestic violence going unreported to government services, the Office found that 43 of the 68 women and children had family and domestic violence related contact with WA Police between the introduction of FVIRs in 2003 and their deaths in 2017 (66 per cent).

This finding is consistent with the research literature identifying experiences of family and domestic violence as a significant psycho-social risk factor for suicide.[42]

3.1.2 Thirty-six of the 68 women and children had multiple family and domestic violence related contacts with WA Police

WA Police recorded a total of 520 FVIRs relating to the 43 women and children named in a FVIR by WA Police on one or more occasions prior to their death.

[41] Western Australia Police Force, electronic communication, 27 November 2021.
[42] Dillon et al, 'Mental and Physical Health and Intimate Partner Violence Against Women: A review of the literature', *International Journal of Family Medicine,* 2013, 313909, p. 5; Golding JM, 'Intimate partner violence as a risk factor for mental disorders: A meta-analysis', *Journal of Family Violence,* 1999, vol. 14, p. 99-132; Lipsky S et al, 'Is there a relationship between victim and partner alcohol use during an intimate partner violence event?', *Journal of Studies on Alcoholism*, 2005, 66(3), p. 407-412; Taft A, *Promoting women's mental health: The challenges of intimate/domestic violence against women: Issues Paper 8*, 2003, Australian Domestic Violence Clearinghouse; Devries KM et al, 'Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies', *PLoS Medicine*, 2013, 10(5), e1001439; Devries KM 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', *Social Science & Medicine*, 2011, 73(1) p. 79-86; Garcia-Moreno C et al, 'Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence', *The Lancet*, 2006, 368(9543), p. 1260-1269; MacIsaac MB et al, 'The association between exposure to interpersonal violence and suicide among women: a systematic review', *Australian and New Zealand Journal of Public Health*, 2017, 41(1) p. 61-69.

The number of FVIRs relating to each woman and child ranged from one to 54, with an average of 12 FVIRs per person and a median of four.

Thirty-six of the women and children who died by suicide (84 per cent) had more than one occasion of family and domestic violence related contact with WA Police. Of these 36 women and children with multiple recorded occasions of family and domestic violence related contact with WA Police, 16 had more than 10 contacts (44 per cent).

3.2 WA Police identification of women and children as victims of family and domestic violence

3.2.1 Forty-one of the 43 women and children known to have had family and domestic violence related contact with WA Police were identified as a victim of this violence

During the investigation period, police officers were required to identify the parties to a family and domestic violence incident in a FVIR (where known or suspected), including the:

- **Victim**: a person recorded as the victim of a family and domestic violence incident or offence attended by WA Police;
- **Person of Interest:** a person considered by WA Police to be 'a legitimate subject of inquiry' in relation to an alleged offence, 'but who does not satisfy the criteria in s 128 of the *Criminal Investigation Act 2006* so as to provide a power to arrest;'[43] and
- **Offender**: suspected of having committed a criminal offence during a family and domestic violence incident, as detected by WA Police.

The Office notes that the investigation period was prior to reforms in WA Police investigative procedures that ceased use of the term 'person of interest', which was replaced by use of terms that align with the terms used in the *Criminal Investigation Act 2006* such as 'arrested suspect', 'arrestable suspect' and 'suspect'.[44] Accordingly, in this context, WA Police's identification of 'persons of interest' in FVIRs cannot be interpreted as implying that an individual is suspected of being a perpetrator of family and domestic violence, as noted by the Corruption and Crime Commission in its report on Operation Aviemore:

> When police are investigating a crime and there is no obvious perpetrator, it is an appropriate strategy to consider whether there are persons of interest that can be either implicated or eliminated. There may be no reasonable suspicion that a POI [person of interest] might be an offender until further investigation is carried out.[45]

Rather, at the time these FVIRs were written, the term 'person of interest' potentially included 'both witnesses and suspects' to an offence.[46]

[43] Government of Western Australia, *Statutory Review of the Criminal Investigation Act 2006: Issues Paper,* January 2017, p. 148 citing Weldon I, *Criminal Law Western Australia* Looseleaf edition (LexisNexis, Butterworths) at [99,260.10].
[44] Government of Western Australia, *Statutory Review of the Criminal Investigation Act 2006: Final Report*, June 2018, p. 146–147.
[45] Corruption and Crime Commission of Western Australia, *Report on Operation Aviemore: Major Crime Squad Investigation into the Unlawful Killing of Mr Joshua Warneke*, 5 November 2015, p. 43-45.
[46] Aboriginal Legal Service of Western Australia, *Submission to the Statutory Review of the Criminal Investigation Act 2006 (WA)*, 29 March 2017, p. 15.

Forty-one of the 43 women and children known to have had family and domestic violence related contact with WA Police were identified as a victim of this violence in an FVIR. Of the 43 women and children who had family and domestic violence related contact with WA Police prior to their death, 32 (63 per cent) were identified as both a victim and as a person of interest or offender in FVIRs, as shown in Table 4.

The Office's analysis included analysis of FVIRs where a woman or child was identified as a victim of family and domestic violence and a person of interest in a single report.

Table 4: WA Police categorisation of the 43 women and children who experienced family and domestic violence prior to suicide in family and domestic violence incident reports

Identified in FVIRs across WA Police contact	Women and children (n=43)	FVIRs associated with these categorisations of women and children (n=520)
Victim	9 (21%)	14
Person of interest	2 (5%)	6
Victim and person of interest	20 (47%)	210
Victim and offender	1 (2%)	4
Victim, person of interest and offender	11 (26%)	286

Source: Ombudsman Western Australia

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

As discussed in Volume 2, the research literature observes that women are often misidentified as perpetrators of family and domestic violence due to system abuse by perpetrators and '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.'[47]

Table 4 shows that 12 women among the 43 women and children known to have had family and domestic violence related contact with WA Police were also recorded as a suspected offender in an FVIR.

[47] 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.

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

- 'a person has committed an act of family and domestic violence and is likely again to commit such an act;'[48] or
- 'a child has been exposed to an act of family and domestic violence … and the child is likely again to be exposed to such an act;'[49] or
- 'a person will have committed against him or her an act of family and domestic violence;'[50] or
- 'a child will be exposed to an act of family and domestic violence … and that making a police order is necessary to ensure the safety of a person.'[51]

Under section 30C of the *Restraining Orders Act 1997*, police may impose any restraint they 'consider appropriate to prevent a person committing family violence' that restrict them from engaging in what would otherwise be lawful behaviours, in order to prevent family and domestic violence,[52] as follows:

> (2) Without limiting the restraints that may be imposed, a police office may restrain a person from doing all or any of the following:
>
> (a) being on or near premises where a person lives or works;
>
> (b) approaching within a specified distance of another person;
>
> (c) causing or allowing another person to engage in conduct of a type referred to in paragraph (a) or (b). …
>
> (3) A restraint may be imposed on a person on such terms as the police officer considers appropriate.
>
> (4) A police order may restrain a person from entering or remaining in a place, or restrict a person's access to a place, even if the person has a legal or equitable right to be at the place.
>
> (5) A police officer making a police order is to ensure that the order made is as least restrictive of the personal rights and liberties of the person to be bound by the order as possible while still ensuring that the person for whose benefit the order is made is protected from acts of abuse. [53]

[48] *Restraining Orders Act 1997* (WA), s. 30A(1)(a)(i); Western Australia, *Parliamentary Debates*, Legislative Assembly, 2 June 2004, p. 3303c-3306a (JA McGinty, Attorney General.).
[49] *Restraining Orders Act 1997* (WA), s. 30A(1)(a)(ii).
[50] *Restraining Orders Act 1997* (WA), s. 30A(1)(b)(i).
[51] *Restraining Orders Act 1997* (WA), s. 30A(1)(b)(ii).
[52] *Restraining Orders Act 1997* (WA), s. 30C(1).
[53] *Restraining Orders Act 1997* (WA), s. 30C(2)-(5).

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

- **Protected:** that is, 'the person or persons for whose benefit the order is made';[54] and
- **Bound:** that is, 'the person on whose lawful activities and behaviour restraints are imposed by the order'.[55]

The Office's analysis of police orders found that WA Police issued a total of 159 police orders in respect of 30 women and three children of the 43 women and children named as a victim in a FVIR, as summarised in the following table:

Table 5: Police orders issued and recorded in a FVIR

Nature of Police Order	Number of women and children (n = 33)	Number of police orders issued (n=159)
Protected by a police order	27	94
Bound by a police order	20	65
Protected and bound by a police order	14	119

Source: Ombudsman Western Australia

Thirteen women and one child were both protected and bound by police orders. Of these 119 police orders:

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

Across Australia, the problem of misidentification of women as perpetrators of family and domestic violence is shown in the over-representation of women named as respondents in Restraining Order and equivalent legal proceedings (comprising between one fifth and one quarter of these applications), as compared to reliable data on experiences of family and domestic violence.[56]

Women who do not present to police and other support services in the submissive, passive and cooperative ways depicted in popular culture, including women who use violence in self-defence and those who turn to alcohol or substances in response to the abuse, can be misidentified as suspected perpetrators of abuse, particularly when there are 'mutual allegations of violence.'[57] Accordingly, the analysis in Table 4 showing that twelve women were recorded as both victims and suspected perpetrators of family and domestic violence, is not unexpected and is consistent with the findings of previous Australian research.[58] As noted by the Australia's National Research Organisation for Women's Safety Limited (**ANROWS**):

> Counting instances of physical violence without establishing context has been widely criticised, but the method persists. … There is now a substantial evidence

[54] *Restraining Orders Act 1997* (WA), s. 30E(2)(a).
[55] *Restraining Orders Act 1997* (WA), s. 30E(2)(b).
[56] Australia's National Research Organisation for Women's Safety, *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, Sydney.
[57] Australia's National Research Organisation for Women's Safety, *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, Sydney, p. 9.
[58] Australia's National Research Organisation for Women's Safety, *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, Sydney.

> base from contextual research that women arrested for DFV frequently express different motivations and use violence in different contexts. These differences are not accounted for in a "gender-neutral" application of DFV policies.
>
> … the evidence … indicates that (a) most women who use force against their male intimate partners are themselves battered … (b) there are multiple motivations for using such violence, including self-defense, escaping abuse, and reclaiming a sense of self … and (c) women who use force often suffer punishing consequences for their conduct meted out by their partners and various systems in society.[59]

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

Research on accurately identifying the 'person most in need of protection' acknowledges that '[w]ithout knowledge of the history of the relationship, use of violence against someone who is perpetrating DFV may be misread, and the law will be inappropriately applied.'[60]

ANROWS has recommended that 'clearer guidance and training' and 'changes to policing and investigation models' are needed to assist police in better identifying the person most in need of protection:

> … police need clearer guidance and training to assist them to distinguish between coercive controlling violence (physical and non-physical) and violence used in response to ongoing abuse. Explicit guidance on identifying patterns of coercive control would assist police in identifying the person most in need of protection in ambiguous circumstances, and in determining whether a protection order is necessary or desirable.
>
> The changes to policing and investigation models most widely supported by participants were specialist DFV police units or co-responder models. These models see specialists with expertise in coercive control accompany police at investigations, or otherwise support police assessments. Co-responders were widely seen as potential enablers of good police practice in identifying the aggrieved and respondent, and the appropriate action to be taken. Police participants in particular expressed support for specialist and co-responder models as strategies to improve policing responses. … There was widespread recognition that this would require significant resourcing. However, there may be other ways to achieve some of the benefits of a co-responder model. Police in this research suggested, for example, consultation with a specialist unit to support investigation and decision-making on whether an application is necessary or desirable.[61]

[59] 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. 19, citing Larance LY, Goodmark L, Miller SL, & Dasgupta SD, 'Understanding and addressing women's use of force in intimate relationships: A retrospective', *Violence Against Women*, 2019, 25(1), 56–80, p. 57, <https://doi. org/10.1177/1077801218815776>.
[60] Australia's National Research Organisation for Women's Safety, *Accurately identifying the "person most in need of protection" in domestic and family violence law: Key findings and future directions (Research to policy and practice, 23/2020)*, 2020, ANROWS, Sydney.
[61] 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. 19, citing Larance LY, Goodmark L, Miller SL, & Dasgupta SD, 'Understanding and addressing women's use of force in intimate relationships: A retrospective', *Violence Against Women*, 2019, 25(1), 56–80, p. 57, <https://doi. org/10.1177/1077801218815776>.

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

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

3.2.3 Research observes a strong and consistent association between family and domestic violence and the suicide of women and children, including exploration of the proximity of family and domestic violence to suicide

Researchers have undertaken studies about the time between a family and domestic violence incident to suicide in an effort to ascertain 'the significance of domestic violence for suicide attempts.'[62]

An Australian systemic review conducted in 2012 concluded that:

> With only one exception, all of the studies found a strong and consistent association between intimate partner abuse and suicidality.[63]

Some of the research indicates that physical abuse perpetrated by an intimate partner 'may be the single most important cause of female suicidality.'[64] Other scholars have noted that:

> … one of the important features of battering is that it takes place in a context of many other forms of coercion that isolate and intimidate women and that these features in particular, additional to the physical violence, entrap women and lead to suicide attempts. The temporal closeness between battering and attempted suicide confirms the strong causal link, rather than both being due to something else.[65]

Australian research has also examined the amount of time elapsed between a person's most recent recorded exposure to family and domestic violence and their death by suicide. In its 2015-2017 Annual Report, the NSW Domestic Violence Death Review Team identified that 45 per cent of women who died by suicide in the context of family and domestic violence, relationship breakdown, conflict and/or separation 'had contact with police in relation to domestic and family violence within 12 months of their suicide.'[66]

[62] Walby S, *The Cost of Domestic Violence*, 2004, Women and Equality Unit, London, p. 56.
[63] McLaughlin J, O'Carroll RE, O'Connor RC, 'Intimate partner abuse and suicidality: A systematic review,' *Clinical Psychology Review,* 2012, 32(8), p. 677-689.
[64] Walby S, *The Cost of Domestic Violence*, 2004, Women and Equality Unit, London, p. 56.
[65] Walby S, *The Cost of Domestic Violence*, 2004, Women and Equality Unit, London,, p. 56.
[66] NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017*, 2017, New South Wales Government, Sydney, p. 141.

More recently, Queensland's Domestic and Family Violence Death Review and Advisory Board identified that, in over one-third (39 per cent) of all cases where a person who died by suicide had a recorded history of family and domestic violence, the 'violence was known to be escalating [in frequency] in close proximity to the apparent suicide.'[67]

In contrast, researchers using information from the Coroner's Court of Victoria's Suicide Register identified that almost half of women who died by suicide had a 'history of exposure to IPV [inter-personal violence]' however their 'most recent experience of violence … was often more than 12 months prior to suicide.'[68]

3.2.4 Twenty-five of the 43 women and children known to WA Police had been named in a FVIR within 12 months of their death (58 per cent)

This investigation examines the time between the 43 women and children's most recent family and domestic violence related contact with WA Police prior to their suicide. The Office's analysis aims to contribute to a deeper understanding of the opportunities for enhanced recognition and responses to suicide risk for women and children with experiences of family and domestic violence.

For the 43 women and children known to WA Police, the Office analysed the time elapsed between the most recent reported FVIR and their death by suicide.

Table 6: Time between final FVIR and suicide, for the 43 women and children known to WA Police

Time from most proximal FVIR to suicide	Women and children (n=43)
Less than one month	6 (14%)
1 to 3 months	11 (26%)
4 to 6 months	4 (9%)
7 to 12 months	4 (9%)
1 to 2 years	6 (14%)
2 to 5 years	5 (12%)
5 to 10 years	4 (9%)
More than 10 years	3 (7%)

Source: Ombudsman Western Australia

Arising from this analysis, the Office identified that, for the 43 women and children known to have experienced family and domestic violence prior to their suicide and had contact with WA Police regarding this violence, 21 had an FVIR in the six months prior to their death (49 per cent).

As identified in Table 6, five women and one child died within one month of the last FVIR recorded by WA Police. All had their last contact with WA Police regarding family and domestic violence within a week of their death.

[67] Domestic and Family Violence Death Review and Advisory Board, *Domestic and Family Violence Death Review and Advisory Board 2019-2020 Annual Report*, 2021, Queensland Government, Brisbane, p. 43.
[68] MacIsaac, M. Bujega, L. Weiland, Selvakumar, K. and Jelinek, G. 'Prevalence and Characteristics of Interpersonal Violence in People Dying From Suicide in Victoria, Australia,' *Asia Pacific Journal of Public Health,* 2018, 30(1), p. 40.

3.2.5 Contact with WA Police by age and Aboriginality

The Office compared the frequency of family and domestic violence related contact with WA Police for Aboriginal and/or Torres Strait Islander women and children, and children and young women aged 25 or under against the total WA Police contact for the 68 women and children who died by suicide (Table 7 and Table 8)

Table 7: Frequency of contact with WA Police as recorded in FVIRs for the 68 women and children, by Aboriginal and/or Torres Strait Islander status and age

	ATSI status		Age	Total	
	ATSI (n=12)	Non-ATSI (n=56)	Children and young women aged 10 to 25 years (n=20)	Women aged 26 years and over (n=48)	Women and children (n=68)
Any contact with WA Police regarding family and domestic violence	12 (100%)	32 (59%)	9 (69%)	31 (65%)	43 (66%)
Multiple WA Police FVIRs	10 (83%)	24 (44%)	8 (62%)	26 (50%)	34 (52%)
Persistent contact with WA Police (more than 10 FVIRs)	7 (58%)	9 (17%)	3 (23%)	13 (25%)	16 (25%)

Source: Ombudsman Western Australia

Table 8: Proximity between death and last contact with WA Police for the 43 women and children named in one or more recorded FVIRs during the investigation period, by Aboriginal and/or Torres Strait Islander status and age

	ATSI status		Age		Total
	ATSI (n=12)	Non-ATSI (n=32)	Children and young women aged 10 to 25 years (n=9)	Adults aged 26 years and over (n=31)	Women and children (n=43)
FVIR within 1 month of their death)	4 (33%)	7 (22%)	5 (56%)	6 (19%)	11 (26%)
FVIR within 3 months of their death	6 (50%)	11 (34%)	8 (89%)	9 (29%)	17 (40%)
FVIR within 6 months of their death	9 (75%)	12 (38%)	8 (89%)	13 (42%)	21 (49%)
FVIR within 12 months of their death	9 (75%)	15 (47%)	8 (89%)	16 (52%)	24 (56%)

Source: Ombudsman Western Australia

3.2.6 All of the 12 Aboriginal and/or Torres Strait Islander women and children who died by suicide following experiences of family and domestic violence had contact with WA Police about their experiences of family and domestic violence

The Office also separately compared WA Police data about the experiences of family and domestic violence for the women and children who died by suicide that were:

- Aboriginal and/or Torres Strait Islander (12 women and children); and
- children and young women aged 25 years or younger at the time of their death (20 women and children).

The Office identified that all of the 12 Aboriginal and/or Torres Strait Islander women and children who died by suicide had contact with WA Police regarding their experiences of family and domestic violence, compared to 65 per cent (31) of the 56 non-Aboriginal women and children who died.

Additionally, the Office identified that the 20 children and young women aged 25 years or younger at the time of their death had contact with WA Police regarding their experiences of family and domestic violence at a similar rate to women aged 26 years and older, with:

- nine of the 20 children and young women aged 25 years and younger identified in one or more FVIRs (69 per cent); and
- 31 of the 48 women aged 26 years and older identified in one or more FVIRs (65 per cent).

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

4.1 The Office received data from several Western Australian courts and specialist tribunals

In undertaking the investigation, the Office requested information about the 68 women and children from several Western Australian Courts and specialist tribunals, including:

- identified data about the 59 women from the Magistrates Court of WA, the District Court of WA, and the Supreme Court of WA; and
- de-identified data about the 9 children from the Children's Court of WA and the Office of Criminal Injuries Compensation.

The Office undertook detailed analysis of the identified data provided, relating to the 59 women who died by suicide and their use of restraining orders.

4.2 The use of restraining orders by the 59 women

On 1 July 2017, arising from the *Restraining Orders and Related Legislation Amendment (Family Violence) Bill 2016*, significant amendments to the *Restraining Orders Act 1997* came into effect with the aim of making the civil restraining orders regime 'more responsive to the particular issues associated with family violence.' These reforms aimed:

> … to increase safety for victims of family violence, and strengthen integrated, accountable and effective interventions targeting perpetrators of family violence and abuse.[69]

As a result of the reforms, Family Violence Restraining Orders (**FVROs**) were established under Part 1B of the *Restraining Orders Act 1997*, and are supported by principles and definitions, 'all of which promote a contemporary understanding of the nature and seriousness of family violence.' Further, Violence Restraining Orders (**VROs**) 'are retained for use in cases of personal violence,' but not for people in a family relationship. Misconduct Restraining Orders (**MROs**) 'are also retained' and continue to be used 'for people not in a family relationship where intimidating or offensive, but not violent, behaviour has occurred.'[70]

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

The Office analysed where the 59 women were a protected person, and/or a person bound by a restraining order.

[69] Explanatory Memorandum, Restraining Orders and Related Legislation Amendment (Family Violence) Bill 2016 (WA).
[70] Explanatory Memorandum, Restraining Orders and Related Legislation Amendment (Family Violence) Bill 2016 (WA).

4.2.1 Twenty-eight of the 59 women were involved in proceedings for a restraining order prior to their death (47 per cent)

The Office identified that 28 of the 59 women were involved in restraining order proceedings prior to their death (47 per cent). These 28 women were identified in a cumulative total of 85 distinct restraining order applications (Table 9).

Table 9: Number of applications for a restraining order, by type of order, for the 28 women that were involved in restraining order proceedings

Type of restraining order	Number of women, noting that a person may apply for and be granted multiple forms of restraining order (n=28)	Number of restraining order applications (n=85)
Violence Restraining Order	26	81
Misconduct Restraining Order	1	2
Restraining Order	1	1
Family Violence Restraining Orders	1	1

Source: Ombudsman Western Australia

The Office also identified that 19 women had been involved in restraining order proceedings on multiple occasions as shown in Table 10.

Table 10: Number of restraining orders, for the 28 women that were involved in restraining order proceedings

Number of restraining orders	Women (n=28)
1	10
2	7
3	5
4	0
5 or more	6

Source: Ombudsman Western Australia

The Office's analysis shows that one fifth of the 28 women that were involved in restraining order proceedings (six women or 21 per cent) were involved in proceedings relating to five or more separate restraining order applications.

4.2.2 Twenty-four of the 28 of women and children named in a restraining order prior to their suicide, were named as a protected person (86 per cent)

The Office undertook further analysis to ascertain the status of each woman with respect to the restraining orders they were named in. Of the 28 women that were named in a restraining order, 24 were named as a protected person (86 per cent) (Table 11).

Table 11: Women identified as applicants, protected persons, and respondents in restraining order proceedings

Identified in a restraining order	Women (n=28)
Applicant	20
Protected person	24
Respondent	13

Source: Ombudsman Western Australia

The Office examined the time between the date on which the most recent restraining order naming them was made for each of the 28 women, and their death by suicide.

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

4.3 The use of restraining orders by the 7 Aboriginal and/or Torres Strait Islander women

4.3.1 All of the seven Aboriginal and/or Torres Strait Islander women were named in a restraining order prior to their death (100 per cent)

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

4.3.2 All of the seven Aboriginal and Torres Strait Islander women named in a restraining order were named as a protected person in one or more restraining orders

The Office undertook further analysis to ascertain the status of each woman with respect to the restraining orders they were named in. Each of the seven Aboriginal and/or Torres Strait Islander women were named as a protected person in restraining order proceedings prior to their death (100 per cent).

Table 12: Aboriginal and/or Torres Strait Islander women and children identified as applicants, protected persons, and respondents in a restraining order

Identified in a restraining order	Women (n=7)
Applicant	7
Protected person	7
Respondent	3

Source: Ombudsman Western Australia

Table 13: Number of restraining orders where the 7 Aboriginal and/or Torres Strait Islander women were identified as an applicant, protected person, or respondent

Number of restraining orders where the woman or child was identified as an applicant, protected person, or respondent	Applicant	Protected Person	Respondent
1	3	3	2
2	1	2	1
3	0	1	0
4	0	0	0
5 or more	3	1	0

Source: Ombudsman Western Australia

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

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

4.3.3 None of the seven Aboriginal and/or Torres Strait Islander women named in a restraining order prior to their death, was likely to have been protected by a restraining order at the time of their death

The Office examined the most recent date on which the seven Aboriginal and/or Torres Strait Islander women were named in a restraining order. All of the restraining orders for these women had been made more than two years prior to their death. Accordingly, none of the seven women were likely to have been protected by a restraining order at the time of their death.

5 Contact between court counselling and support services, criminal courts and corrective services and the 68 women and children

5.1 Population data and the research literature highlight criminal court proceedings and corrective services contact as a risk factor for suicide

The Australian Bureau of Statistics (**ABS**) examines 'associated causes' when referring to conditions other than the underlying cause of death and identifies that 'associated causes can include diseases that are part of the chain of events leading to death, risk factors and co-morbid conditions.'[71]

The ABS identifies that 'associated causes of death were identified for 90% of suicides' in Australia, and notes that 'problems related to legal circumstances' were relevant for 9.9 per cent of those who died by suicide in 2019.[72] According to a framework derived from the World Health Organisation's Statistical Classification of Diseases (10th Revision), 'problems related to legal circumstances' include:

- conviction in civil and criminal proceedings without imprisonment;
- imprisonment and other incarceration;
- problems related to release from prison;
- problems related to other legal circumstances, including:
- Domestic Violence Orders;
- child custody or support proceedings;
- litigation;
- Restraining Orders;
- potential or impending legal circumstances or court appearances; and
- charges have been laid, awaiting/anticipation of commencement court proceedings.[73]

The research literature also identifies that social stressors can be a significant and proximal risk factor to suicide, including 'facing legal difficulties'.[74] Examining the emotional dynamics of court settings, researchers identify that 'the courtroom is the location of many emotions, usually negative,'[75] noting that:

> In criminal cases, defendants may be fearful or hostile, while victims are distressed or angry. In civil matters, both plaintiffs and respondents may feel frustrated and annoyed at having to go to court. In debt collection cases, defendants may feel embarrassed about their inability to manage their finances. In domestic violence cases, one party may be frightened, or both parties may be

[71] Australian Bureau of Statistics, *Associated causes of death in mortality, 2020*, viewed 26 November 2021, <https://www.abs.gov.au/articles/associated-causes-death-mortality#associated-causes-for-suicides>.
[72] Australian Bureau of Statistics, *Associated causes of death in mortality*, *2020*, viewed 26 November 2021, <https://www.abs.gov.au/articles/associated-causes-death-mortality#associated-causes-for-suicides>.
[73] Australian Bureau of Statistics, *Psychosocial risk factors as they relate to coroner-referred deaths in Australia,* 2019, viewed 26 November 2021, <https://www.abs.gov.au/statistics/research/psychosocial-risk-factors-they-relate-coroner-referred-deaths-australia#annex-listing-psychosocial-codes-inclusions-and-exclusions->.
[74] Fehling KB and Selby EA 'Suicide in the DSM-5: Current Evidence for the Proposed Suicide Behavior Disorder and Other Possible Improvements,' *Frontiers in Psychiatry*, 2021, 11:4999980, doi: 10.3389/fpsyt.2020.499980.
[75] Anleu SR and Mack K, 'Magistrates' Everyday Work and Emotional Labour,' *Journal of Law and Society*, 2005, 32(4), 590-614, p. 591, <https://dx.doi.org/10.1111/j.1467-6478.2005.00339.x>.

> openly hostile. Court users can feel intimidated, experiencing both fear and uncertainty, which can affect emotional displays.[76]

Research also examines the court process for those affected by family and domestic violence. For Aboriginal and Torres Strait Islander women and children in particular:

> Court experiences are marked by high levels of public scrutiny and shame, lack of access to information, lack of opportunity to participate fully in processes and decision making, and risk of being subjected to blame, discrimination and reprisal.[77]

Policy frameworks in some Australian jurisdictions explicitly highlight court dates as a risk factor for suicide and include this in assessment protocols. The NSW Department of Health's *Suicide Risk Assessment and Management Protocols* highlights that court appearances are a 'major impending stressor,' for inclusion in suicide risk assessments.[78]

The significance of court dates is also recognised in the Victorian MARAM Framework which provides guidance 'for professionals working with child or adult victim survivors, and adults using family violence', and constitutes a system wide approach to risk assessment and risk management for 'organisations across the many parts of the social service system.'[79]

The MARAM Framework identifies that 'impending court hearings [are a] highly dynamic' risk factor in the context of family and domestic violence, and are relevant when assessing 'risk presented by a person using family violence towards an adult or child victim survivor.'[80]

The MARAM Framework also explicitly identifies that court proceedings are important to consider in the context of suicide risk:

> Suicide risk is likely higher at the time of, or directly after, situational stressors occur, and/or if a change within the person's life involves a loss of control or power.
>
> Situations include: removal from the home, when paperwork is served (following a family violence notification – either a 'caution' or a family violence intervention order), when a court report is handed down, leading up to court appearance, family court and parenting orders (that result in loss of/reduced access to children).
>
> People in contact with the legal system, including with police, courts and corrections, are at higher suicide risk. This risk has been found to increase with 'recency' and 'frequency' of contact.[81]

[76] Anleu SR and Mack K, 'Magistrates' Everyday Work and Emotional Labour,' *Journal of Law and Society*, 2005, 32(4), 590-614, p. 591, <https://dx.doi.org/10.1111/j.1467-6478.2005.00339.x>.
[77] Moore E, *Not Just Court: Indigenous Families, Violence And Apprehended Violence Orders In Rural New South Wales*, 2002, University of Sydney, p. 8.
[78] NSW Department of Health, *Suicide Risk Assessment and Management Protocols: Mental Health In-Patient Unit,* 2004, p. 3.
[79] Family Safety Victoria, *MARAM Practice Guides – Foundation Knowledge Guide*, 2021, Victorian Government, p. 3, viewed 23 November 2021, <https://www.vic.gov.au/maram-practice-guides-and-resources>.
[80] Family Safety Victoria, *MARAM Practice Guides – Foundation Knowledge Guide*, 2021, Victorian Government, p. 55, viewed 23 November 2021 <https://www.vic.gov.au/maram-practice-guides-and-resources>.
[81] Family Safety Victoria, *MARAM Practice Guides – Foundation Knowledge Guide*, 2021, Victorian Government, p. 126, viewed 23 November 2021 <https://www.vic.gov.au/maram-practice-guides-and-resources>.

Researchers also highlight that the period following arrest can be particularly dangerous for a person, noting that 'more attention should be paid to reducing suicide following criminal arrest.'[82] For those in custody, research has identified that the interval immediately after arrest is 'associated with a particularly high rate of suicide,' with a further study highlighting that 'recent arrest status is associated with higher prevalence of suicide attempts than parole, probation, or no involvement with the criminal justice system.'[83]

The *Western Australian Suicide Prevention Framework 2021-2025* highlights that 'many services and agencies which do not have suicide prevention as part of their core business may not recognise they are engaged with some of the most vulnerable members of the community. They have an important role in identifying and responding to those who may be vulnerable to suicidal behaviour due to risk factors such as financial hardship, relationship loss, historic and current trauma**,** legal issues, and social isolation.'[84]

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

5.2.1 The Department of Justice's Court and Tribunal Services division

The Department of Justice provides counselling and support services to victims of crime through its Court Counselling and Support Services directorate. In this context, 'victims of crime' includes those who 'suffer injury or loss as a direct result of an offence or [who] … are a member of the immediate family where an offence results in the death of an individual.'[85]

The Department of Justice offers a range of services offering advocacy and support to victims of crime in Western Australia, including:

- Child Witness Service;
- Family Violence Service;
- Victim Support Service; and
- regionally based Victim Support and Child Witness Service.

The Department of Justice's Court and Tribunal Services directorate further informed the Office during this investigation that:

> All clients are voluntary, and each Service has qualified staff who are available for victims of crime, child witnesses and/or family violence victims. The service delivery includes a range of support options such as clinical counselling, court updates, court preparation, court support, intensive support and liaison with/referral to other agencies.
>
> In addition, the directorate supports the principles of trauma informed practice and the staff are trained and experienced in delivering trauma informed support. The directorate aims to respond to and support clients based on their specific needs and circumstances, ensure all clients are aware of their rights and

[82] Piel J, 'Suicide Risk Following Criminal Arrest,' *Psychiatric Times*, 31 December 2020, viewed 26 November 2021 <https://www.psychiatrictimes.com/view/suicide-risk-following-criminal-arrest>.
[83] Piel J, 'Suicide Risk Following Criminal Arrest,' *Psychiatric Times*, 31 December 2020, viewed 26 November 2021 <https://www.psychiatrictimes.com/view/suicide-risk-following-criminal-arrest>.
[84] Mental Health Commission, *Western Australian Suicide Prevention Framework 2021-2025*, 2020, Government of Western Australia, Perth, p. 43.
[85] Government of Western Australia, *Court Counselling and Support Services*, viewed 28 May 2022, <https://www.wa.gov.au/service/community-services/counselling-services/court-counselling-and-support-services>.

opportunities, encourage clients to make their own decisions, and support clients who know what to do or where to go without the need for assistance. The directorate is focussed on assisting clients to build empowerment, confidence and independence. Any support or assistance provided by the directorate is based on the client's wishes to engage and receive this formal support.

5.2.2 Court counselling and support services client data obtained during the Investigation

The Office obtained client data for the women and children who died by suicide from the Department of Justice's Court Counselling and Support Services directorate, including the:

- name of the branch which delivered the service;
- timeframe of involvement; and
- type of service delivered in each session.

This data did not include case notes or additional details about the context of the Department of Justice's Court Counselling and Support Services directorate's involvement with the women and children who died by suicide.

The Office undertook analysis to identify how many of the women and children who died by suicide were supported by services provided by the Department of Justice's Court Counselling and Support Services directorate.

Based on data provided by the Department of Justice, the Office identified that 27 of the 68 women and children had contact with Court Counselling and Support Services prior to their death (40 per cent) on 411 occasions.

The Office also considered the range of services provided to the 27 women and children, and the frequency of contact with court counselling and tribunal services, as shown in Table 14.

Table 14: Contact between the Department of Justice's Court Counselling and Support Services directorate and 27 women and children known to have been a victim of crime

Type of court counselling and support service provided	Number of women and children (n=27)	Number of occasions (n=411)
Advocacy	1	2
Agency Liaison	9	78
Assessment	3	11
C.I.C. Assist	2	4
Client Support Post Court	1	3
Counsel ind Session 1	1	1
Court Support Co-ordination	1	4
Court Support-VSW	1	1
Debrief Individual	3	9
FOH Court Support	1	2
Info	1	1
Info Court	12	61
Info General	8	40
Info Police	6	16
Info Safety	4	25
Info Sentence	2	6
Info Services	8	17
Intensive Supp/Debrief	1	7
Offer of Service	20	41
PLO Volunteer Follow up	1	2
Referral	1	1
Referral From	3	15
Referral to	1	2
Referral to - Legal Service	1	1
Referral to - Other	1	1
Risk Assess/Safety Plan.	3	4
Risk assessment	2	5
Special Witness Assessmt	1	3
V.I.S. Assist	2	7
Vol - Phone Follow Up	1	2
Vol Support-court	1	2
VRO - Court Support/Debrief	1	1
VRO Court Preparation	2	3
VRO Ex-Parte - Adult	2	2
VRO Exparte Application	7	17
VRO Information	3	7
VRO Information - Outcomes	2	3
VRO Information - Process	2	2
Witness Preparation - Vol	1	2

Source: Ombudsman Western Australia

The number of contacts per person ranged from one to 81, with an average of 15.

Three women had only one contact with Court Counselling and Support Services in the form of an 'offer of service letter' and then did not seek or wish for further support relating to their experience as a victim of crime.

The majority of contacts recorded (292 contacts) involved direct contact with the client, while 119 contacts involved an offer of service letter (41 contacts) or liaison with another service provider (78 contacts).

The Office also considered the proximity of Court Counselling and Support Services contact to the client's death by suicide. The Office found that 6 individuals (22% of the 27 women and children who experienced family and domestic violence prior to their death and were known to be a victim of crime) had direct contact with Court Counselling and Support Services within one year of their death on 27 recorded occasions. This included:

- three people with contact between six and 12 months prior to their death;
- one person with contact between three and 6 months of their death; and
- two people who had contact within three months of their death (on 11 occasions).

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

5.3.1 The Office analysed offences by Australian and New Zealand Standard Offence Classification division type

The Australian and New Zealand Standard Offence Classification (**ANZSOC**) is a framework classifying criminal behaviour and is utilised in Australia and New Zealand for the production and analysis of crime and justice statistics.

In Australia, the ANZSOC is used in Australian Bureau of Statistics statistical collections, by WA Police, criminal courts and corrective services agencies to provide a 'standardised statistical framework for organising key behavioural characteristics of criminal offences, and to overcome differences in legal offence definitions across states and territories.'[86]

The ANZSOC is a classification with three levels including 'Divisions (the broadest level), Subdivisions (the intermediate level) and Groups (the finest level). At the divisional level, the main purpose is to provide a limited number of categories that provide a broad overall picture of offence types, that are suitable for the publication of summary tables in official statistics.'[87]

[86] Australian Bureau of Statistics, *Australian and New Zealand Standard Offence Classification (ANZSOC)*, 2011, viewed 18 November 2021 <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1234.0>.
[87] Australian Bureau of Statistics, *Australian and New Zealand Standard Offence Classification (ANZSOC)*, 2011, viewed 18 November 2021 <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1234.0>.

The 16 divisional titles outlined in the structure for the third edition of the ANZSOC include:

01 Homicide and related offences
02 Acts intended to cause injury
03 Sexual assault and related offences
04 Dangerous or negligent acts endangering persons
05 Abduction, harassment and other offences against the person
06 Robbery, extortion and related offences
07 Unlawful entry with intent/burglary, break and enter
08 Theft and related offences
09 Fraud, deception and related offences
10 Illicit drug offences
11 Prohibited and regulated weapons and explosives offences
12 Property damage and environmental pollution
13 Public order offences
14 Traffic and vehicle regulatory offences
15 Offences against government procedures, government security and government operations
16 Miscellaneous offences[88]

The Office analysed criminal convictions for the women and children who died by suicide using the relevant ANZSOC divisions, subdivisions and groups associated with each offence within the data obtained from the Magistrates Court, District Court and Supreme Court.

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

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

Based on data from the Magistrates Court, District Court and Supreme Court, the Office identified that 27 of the 59 women (46 per cent) were charged with a criminal offence during their adulthood. Of these 27 women, 26 were subsequently convicted of one or more criminal offences as an adult.

5.3.3 Sixty-six per cent of the convictions for the 26 women convicted of a criminal offence, were for traffic and vehicle regulatory offences, offences against government procedures, government security and government operations and public order offences

The Office analysed criminal offence convictions for the 26 women known to have experienced family and domestic violence prior to their suicide and were convicted of a criminal offence using the ANZSOC divisions, subdivisions and groups (Table 15).

[88] Australian Bureau of Statistics, *Australian and New Zealand Standard Offence Classification (ANZSOC)*, 2011, viewed 18 November 2021 <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1234.0>.

The 26 women were convicted on 356 occasions, with the majority of these convictions being recorded in relation to traffic and vehicle regulatory offences, offences against government procedures, government security and government operations and public order offences (236 convictions, 66 per cent of the 356 convictions).

Nine women were convicted of offences relating to acts intended to cause injury (16 convictions) and 11 women were convicted of illicit drug offences (37 convictions).

Table 15: Adult criminal convictions, by ANZSOC offence division for the 26 women convicted of a criminal offence

ANZSOC offence classification division	Number of women convicted (n=26)	Number of convictions (n=356)
01 Homicide and related offences	0	0
02 Acts intended to cause injury	9	16
03 Sexual assault and related offences	0	0
04 Dangerous or negligent acts endangering persons	3	3
05 Abduction, harassment and other offences against the person	2	2
06 Robbery, extortion and related offences	2	2
07 Unlawful entry with intent/burglary, break and enter	3	3
08 Theft and related offences	13	33
09 Fraud, deception and related offences	7	8
10 Illicit drug offences	11	37
11 Prohibited and regulated weapons and explosives offences	4	7
12 Property damage and environmental pollution	7	9
13 Public order offences	13	22
14 Traffic and vehicle regulatory offences	20	121
15 Offences against government procedures, government security and government operations	13	93
16 Miscellaneous offences	0	0

Source: Ombudsman Western Australia

The Office also considered the convictions of the 26 women by ANZSOC subdivision, as shown in Table 16. The ANZSOC subdivision analysis highlighted in further detail that the women were most frequently convicted of driver licence offences (16 women, 77 convictions), breaches of community based orders (10 women, 61 convictions), theft (excluding motor vehicles) (12 women, 25 convictions), disorderly conduct (11 women, 19 convictions), and regulatory driving offences (11 women, 22 convictions).

Table 16: Adult criminal convictions, by ANZSOC offence subdivision for the 26 women convicted of an offence

ANZSOC Group Code	Description of offence	Number of women convicted (n=26)	Number of convictions (n=357)
021	Assault	9	16
041	Dangerous or negligent operation of a vehicle	3	3
053	Harassment and threatening behaviour	2	2
061	Robbery	2	2
071	Unlawful entry with intent/burglary, break and enter	3	3
081	Motor vehicle theft and related offences	1	2
082	Theft (except motor vehicles)	12	25
083	Receive or handle proceeds of crime	5	6
091	Obtain benefit by deception	6	7
099	Other fraud and deception offences	1	1
103	Manufacture or cultivate illicit drugs	3	3
104	Possess and/or use illicit drugs	9	21
109	Other illicit drug offences	8	13
111	Prohibited weapons/explosives offences	3	6
112	Regulated weapons/explosives offences	1	1
121	Property damage	7	9
131	Disorderly conduct	11	19
132	Disorderly conduct, nec	2	2
133	Offensive conduct	1	1
141	Driver Licence offences	16	77
142	Vehicle registration and roadworthiness offences	9	22
143	Regulatory driving offences	11	22
152	Breach of community-based orders	10	61
153	Breach of violence and non-violence orders	7	19
154	Offences against government operations	3	3
156	Offences against justice procedures	5	10

Source: Ombudsman Western Australia

Further, the Office also considered the frequency of convictions for the 26 women by ANZSOC Group codes. This analysis identified more particularly that the 26 women were most frequently convicted of offences for driving while licence disqualified or suspended (11 women, 48 convictions), breaches of bail (10 women, 32 convictions), breaches of community-based orders (five women, 29 convictions), theft excluding motor vehicles (12 women, 25 convictions) and motor vehicle registration offences (nine women, 22 convictions).

Consistent with WA Police FVIR data and records, the Office's analysis of the convictions for the 26 women also identified that seven women were convicted of breaching a violence order on 19 occasions. Each of these convictions occurred after a guilty plea by the defendant.

Table 17: Adult criminal convictions, by ANZSOC offence group for the 26 women convicted of an offence

ANZSOC Group Code	Description of offence	Number of women convicted (n=26)	Number of convictions (n=357)
0211	Serious assault resulting in injury	2	2
0212	Serious assault not resulting in injury	8	11
0213	Common assault	2	3
0411	Driving under the influence of alcohol or other substance	1	1
0412	Dangerous or negligent operation (driving) of a vehicle	2	2
0532	Threatening behaviour	2	2
0611	Aggravated robbery	1	1
0612	Non-aggravated robbery	1	1
0711	Unlawful entry with intent/burglary, break and enter	3	3
0811	Theft of a motor vehicle	1	2
0829	Theft (except motor vehicles), nec	12	25
0831	Receive or handle proceeds of crime	5	6
0911	Obtain benefit by deception	6	7
0999	Other fraud and deception offences, nec	1	1
1032	Cultivate illicit drugs	3	3
1041	Possess illicit drugs	9	21
1099	Other illicit drug offences, nec	8	13
1112	Sell, possess and/or use prohibited weapons/explosives	3	6
1121	Unlawfully obtain or possess regulated weapons/explosives	1	1
1219	Property damage, nec	7	9
1311	Trespass	2	2
1312	Criminal intent	2	2
1319	Disorderly conduct, nec	9	15
1322	Liquor and tobacco offences	1	1
1329	Regulated public order offences, nec	1	1
1332	Offensive behaviour	1	1
1411	Drive while licence disqualified or suspended	11	48
1412	Drive without a licence	8	18
1419	Driver licence offences, nec	4	11
1421	Registration offences	9	22
1431	Exceed the prescribed content of alcohol or other substance limit	7	9
1432	Exceed the legal speed limit	2	6
1439	Regulatory driving offences, nec	5	7
1523	Breach of bail	10	32
1529	Breach of community-based order, nec	5	29
1531	Breach of violence order	7	19
1541	Resist or hinder government official (excluding police officer, justice official or government security officer)	1	1
1549	Offences against government operations, nec	2	2
1562	Resist or hinder police officer or justice official	4	9
1569	Offences against justice procedures, nec	1	1

Source: Ombudsman Western Australia

5.3.4 None of the 26 women convicted of a criminal offence were convicted of homicide or sexual assault

As shown in (Table 15), none of the 26 women known to have experienced family and domestic violence prior to their suicide with criminal convictions were convicted of homicide or sexual assault.

The Office's analysis shows that in general, women known to have experienced family and domestic violence prior to suicide are rarely convicted of acts intended to cause injury, dangerous or negligent acts endangering persons, and abduction, harassment and other offences against the person. These ANZSOC divisions, cumulatively, accounted for 21 of the 356 convictions recorded against the 26 women known to have experienced family and domestic violence prior to their suicide and convicted of a criminal offence (six per cent of convictions).

5.3.5 Western Australian courts provide court-based forensic mental health services, and specialist courts operate with the aim of providing specific assessments and interventions related to mental health, intellectual disability, and other needs

The Western Australian Mental Health Court Liaison Service is a service offered by the Department of Health's State Forensic Mental Health Service (**SFMHS**). SFMHS provides a court liaison service to all Courts in Western Australia, including in person to Central Law Courts, and via videoconference to other Metropolitan and Regional Courts:

> Court liaison mental health services aim to provide mental health advice, assessments, referral and diversion for people who have been charged with an offence. These services intervene early in the criminal justice process at the post arrest and pre-sentence stages. Court liaison services are responsible for seeking out individuals already within the court system who may require mental health services. This may entail reviewing court lists for individuals who are already known to mental health services and/or attending court and making the service known to consumers and families.
>
> Court liaison services:
>
> - Conduct mental health assessments and may intervene to link individuals to mental health service providers.
> - Provide or facilitate specialised advice to the court regarding the impact of a person's mental health or intellectual capacity on their offending behaviour and ability to take part in legal proceedings.
> - Provide advice to individuals before the court, their relatives/carers, service providers or legal representatives about issues related to mental health and relevant legislation.
> - Advise the court whether an assessment in hospital may be required.[89]

The Mental Health Court Liaison Service was established following a commitment in the 2012 State Budget to provide funds for a mental health court diversion and support program.[90]

[89] Department of Justice, personal communication, 10 December 2021.
[90] Stokes B, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities,* 2012, Perth, p. 111.

5.3.6 Western Australian specialist courts provide specific assessments and interventions for people with mental health and/or alcohol and other drug issues

Western Australian specialist courts provide specific assessments and interventions for people with mental health and/or alcohol and other drug issues with the purpose of diverting people 'away from prison' and to 'provide the care and support they require:'[91]

> **The Start Court** is a Magistrates Court based within the Perth Central Law Courts that specialise in working with offenders who have mental health issues. The program combines access to mental health supports and services, and support for AOD issues if required. To be eligible to participate, the individual can only be charged with an offence that does not have a mandatory custodial sentence, they must have a mental health condition, accept that they have committed the offence(s) that led to the court appearance, enter a guilty plea and be eligible for bail.
>
> The Start Court is operated by a dedicated team that includes a Magistrate, mental health clinicians, community support coordinators and dedicated Police Community Corrections personnel and a Legal Aid 'duty lawyer'. The Start Court's community support coordinators have access to a small amount of discretionary funding that can be used to meet housing, peer support, vocational training, and general support for community living.[92]
>
> **LINKS Court** offers mental health assessment and support to young people who appear before the Perth Children's Court. Any young person appearing before the Court who is suspected of having a mental health issue may be referred to LINKS. The outcomes of the assessment help to guide the future management of the young person's court proceedings and care. LINKS work closely with other services and agencies that operate in the Children's Court and is part of the Children's Court Drug Court team.[93]

The Mental Health Court Diversion and Support Program, comprised of the Start Court and LINKS Court, is the result of a partnership between the Mental Health Commission and the Department of Justice. Other agencies contribute to the program, including the Department of Health, WA Police, Legal Aid WA, Outcare Inc (a Non-Government service provider), and Mental Health Law Centre. The Start Court and LINKS Court commenced operation in 2013.[94]

[91] Department of Justice, personal communication, 10 December 2021.
[92] Department of Justice, personal communication, 10 December 2021.
[93] Department of Justice, personal communication, 10 December 2021.
[94] Magistrates Court of Western Australia, *Start Court*, 2021, viewed 14 December 2021 <https://www.magistratescourt.wa.gov.au/S/start_court.aspx>, and Department of Justice, *Annual Report 2018/19*, 2019, Government of Western Australia, Perth, p. 41.

The Intellectual Disability Diversion Program Court is also a specialist court operating in Western Australia, and is a diversion program offered to adults with a cognitive disability, intellectual disability, or Autism Spectrum Disorder who plead guilty.[95] The Intellectual Disability Diversion Program Court was established in 2003:[96]

> **Intellectual Disability Diversion Program Court** seeks to reduce the number of individuals in the adult criminal justice system who may have an intellectual disability, cognitive disability and/or autism spectrum disorder. The court aims to work with the individual while living in the community to reduce their future contact with the criminal justice system. The court can also identify undiagnosed disability or impairment as well as physical and/or mental health issues. Adult Community Corrections play an integral role in the Court process and facilitate neuropsychological assessments and referrals to the National Disability Insurance Agency with whom ACC support clients' applications for the National Disability Insurance Scheme (NDIS).[97]

The Department of Justice also informed the Office of the commencement of the General Court Intervention Program (**GCIP**), a pilot program that commenced operation in 2021, following the conclusion of the Investigation period:

> The **General Court Intervention Program (GCIP)** is a pilot program led by the Department of Justice, in partnership with Connect Wanju, based at Perth Magistrates Court. The program focusses on providing people on bail with needs-based support through case management and priority access to community services. Accused persons can participate in the GCIP from their first appearance in court, if referred and assessed as suitable. Participation in the GCIP is voluntary.
>
> The program is available to all accused persons, regardless of whether a plea has been entered or whether they intend to plead guilty or not.
>
> GCIP Case Managers conduct assessments of individuals to determine their suitability for the program. If deemed suitable, the Case Manager forwards a referral to Connect Wanju identifying the supports required as discussed with the participant. The Case Manager continues to engage with the participant on a regular basis when referred to Connect Wanju to provide additional support.
>
> The GCIP and Connect Wanju team will work closely with participants over 12 weeks to provide access to a range of services and programs relating to four areas of need:
>
> - Physical and/or mental health concerns.
> - Drug and alcohol dependency and misuse issues.
> - Social and economic needs that contribute to the frequency or severity of offending.
> - Homelessness.

[95] Magistrates Court of Western Australia, *Intellectual Disability Diversion Program Court*, 2021, viewed 14 December 2021 <https://www.magistratescourt.wa.gov.au/I/intellectual_disability_diversion_program_court.aspx>.
[96] Western Australia, *Parliamentary Debates*, Legislative Council, 2 November 2012, p. 7814b-7815a (A Xamon).
[97] Department of Justice, personal communication, 10 December 2021.

5.3.7 Five of the 27 women charged with a criminal offence prior to their suicide had a criminal charge finalised within 90 days of their death (19 per cent)

For the 27 women charged with a criminal offence prior to their suicide, the Office undertook further analysis to learn whether patterns and trends emerged in the proximity of their most recent court date to their death by suicide.

Of these 27 women, five had a criminal charge finalised in the 90 days prior to their death (19 per cent).

5.3.8 Five of the 27 women charged with a criminal offence prior to their suicide had a criminal charge outstanding at the time of their death (19 per cent)

The Office undertook further analysis for the 27 women charged with a criminal offence prior to their suicide, to identify any patterns and trends in their outstanding criminal charges.

Of the 27 women, five had a criminal charge outstanding at the time of their death (19 per cent).

5.4 Contact between corrective services and the 68 women and children

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

The Department of Justice's corrective services area (**corrective services**) is responsible for Western Australia's adult prison and youth detention populations, as well as those managed in the community by Adult Community Corrections and Youth Justice Services.

Of the 68 women and children, 15 women and 1 child had contact with corrective services.

Eight of the 16 women and children who had contact with corrective services were Aboriginal and/or Torres Strait Islander.

5.4.2 Most of the 16 women and children had contact with custodial and community-based corrective services

In determining the nature of contact between corrective services and the 16 women and children with corrective services contact prior to their death, the Office identified where women and children had contact with Youth Justice Services (when aged under 18 years), Adult Community Corrections and/or custodial facilities, as follows:

- three women and one child had contact with Youth Justice Services and/or a juvenile detention facility during their childhood (25 per cent);
- eleven women had contact with Adult Community Corrections (69 per cent); and
- nine women had contact with an adult custodial facility (56 per cent).

Six of the 11 women managed by Adult Community Corrections were identified in one or more WA Police family and domestic violence incident reports during their during the period of their management in the community.

5.4.3 Five women known to corrective services died while on an active period of adult community management or during a custodial stay

The Office identified that five women known to have experienced family and domestic violence and contact with corrective services prior to their suicide, died while on an active period of adult community management or during a custodial stay (31 per cent of the 16 women and children who had contact with corrective services). Three of the five women were Aboriginal and/or Torres Strait Islander.

5.4.4 The Department of Justice's current practices and reform agenda for the management of suicide and self-harm risk for adults in contact with community-based settings

The Department of Justice's Adult Community Corrections *Information sheet for case managers – Suicide Risk and Self-Harm* identifies that mental health and suicide are prominent issues within prison and the community, noting that:

> People involved in the Justice Services are at a higher risk of engaging in suicide and self-harm. Further, those who struggle with mental health are more likely to engage in self-harm behaviours or suicidal ideation/attempts, with the rate of mental health within the prison up to 5 times higher than the general population. Suicide and self-harm are complex issues that affect individuals, the community, families, staff and fellow inmates, and it is important to recognise the signs when dealing with clients.[98]

The Department of Justice advised the Office that Adult Community Corrections 'contributes to the management of those offenders and defendants who are subject to community supervision in a number of ways as a part of the individuals case management,'[99] noting:

> ACC utilise the Kessler 10 (K 10) Self Harm Assessment Tool and Stress Management Workbooks for those individuals presenting with mental health issues.
>
> The ACC Handbook provides guidance to ACC Case Managers in the management of individuals presenting with mental health and particularly self-harm issues. This guidance incorporates safety screening, assessing mental health and referral pathways.[100]

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

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

[98] Department of Justice, *Adult Community Corrections Practice Tools: Information sheet for case managers – Suicide Risk and Self-harm v 1*, received by electronic communication, 13 October 2021.
[99] Department of Justice, electronic communication, 10 December 2021.
[100] Department of Justice, electronic communication, 10 December 2021.

> This review is undertaken by an ACC Manager who is not connected with the case and with the purpose of ascertaining if the deceased's Case Management was conducted in accordance with ACC policy and practice, plus to identify if there were any missed opportunities.
>
> The outcome of these reviews are used to identify if there are any systemic Case Management issues and provides the opportunity to implement any necessary remedial action whether it be on a local level or for ACC state-wide.[101]

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

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

5.5 Information sharing

5.5.1 FVIRs contain information useful for corrective services in managing family and domestic violence offenders in the community but are not regularly provided to the Department of Justice outside of the East Kimberley Family Violence Response Team partnership

The Department of Justice has identified that 'police FVIRs are extremely useful for managing [family and domestic violence] offenders in the community. FVIRs capture rich contextual information which can help to build a pattern of the perpetrator's behaviour over time, which assist the Department in monitoring escalations in risk.'[102] During this investigation, the Deparmtent of Justice relevanly informed the Office that:

> Chapter 19 of the ACC Handbook also contains protocols on information sharing with WAPF, covering a number of different scenarios. However, there is currently no formal protocol for the regular provision of Family Violence Incident Reports (FVIRs) from WAPF to ACC. In practice, individual FVIRs may be provided to ACC on request, but this is at the discretion of the WAPF district office.
>
> Generally, where a CCO becomes aware of a family violence incident or holds suspicions of violence, they can issue a request to their Senior CCO. The Senior CCO will submit a list of FVIRs to their local WAPF Family Violence Unit. The response time and depth of information provided varies, and some WAPF districts have noted the administrative burden associated with these requests.
>
> One exception to this is in the Kimberley, where ACC does not need to make specific requests WAPF. The East Kimberley Family Violence Response Team is a partnership between WAPF, [Department of] Communities and a local non-government FDV service, which proactively coordinates multi-agency input to adequately assess dynamic FDV risks. Police send daily reports of all FVIRs

[101] Department of Justice, electronic communication, 13 October 2021.
[102] Department of Justice, personal communication, 29 October 2020.

> to ACC (and other relevant agencies) with a standard request for information regarding all the families involved.[103]

As identified, WA Police do not currently provide FVIRs to the Department of Justice on a regular basis outside of the East Kimberley Family Violence Response Team partnership. However, legislative powers for sharing information about the safety of persons subjected to or exposed to family violence have existed within sections 28A to 28C of the *Children and Community Services Act 2004* since 1 January 2016. These provisions:

> … enable the sharing of relevant information between other public authorities (prescribed in the Regulations) and certain agencies in the community services sector in relation to children's wellbeing and the safety of persons subjected or exposed to family violence. Family Court judges, registrars, magistrates and consultants are now prescribed authorities for the purposes of sharing information under section 28B of the Act, in addition to 16 other prescribed authorities, including WA Police [and the Department of Justice].[104]

The Department of Justice further advised the Office that information sharing arrangements for FVIRs will be developed as part of reforms to the Family and Domestic Violence Response Team model. The Department of Justice stated that:

> As part of the Project, the following deliverables will be realised to address the critical risks identified as part of the external review of the Family and Domestic Violence Response Team model:
>
> - Information exchange: An interagency agreement will be established to formalise information sharing arrangements to improve the timely exchange and use of purposeful risk-relevant information.[105]

[103] Department of Justice, personal communication, 29 October 2020. Source utilises the following acronyms: ACC (Adult Community Corrections), WAPF (Western Australia Police Force), CCO (Community Corrections Officer), and FDV (family and domestic violence).
[104] Department of Communities, *Statutory Review of the Children and Community Services Act 2004*, November 2017, Government of Western Australia, p. 62, <https://www.wa.gov.au/system/files/2021-10/Statutory-Review-of-the-Children-and-Community-Services-Act-2004.pdf>.
[105] Department of Justice, Personal Communication, 4 November 2021.

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6 Contact with the Department of Health among the 68 women and children who died by suicide

6.1 Overview

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

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

These 340 people had a total of 1,550 inpatient separations and 1,797 emergency department attendances between 1 January 2012 and the date of their death.[106]

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

[106] Not included in this analysis were:
- thirty-three emergency department attendances with a disposal code indicating that a person died;
- forty hospital admissions with a method of patient discharge code indicating that a person died during an inpatient stay; and
- six-hundred and forty-one emergency department attendances which had no recorded diagnosis or symptom code.

Table 18: Emergency department attendances and hospital admissions, by admission type, Aboriginal and/or Torres Strait Islander status and age group, for the 68 women and children

	Total (n=68)		ATSI (n=12)		Under 26 (n=20)		26 years and over (n=48)	
Attended an emergency department (ED)	59	87%	10	83%	11	55%	47	98%
Mental health condition related ED attendance	35	51%	5	42%	6	30%	31	65%
Self-harm related ED attendance	24	35%	3	25%	5	25%	18	38%
Family and domestic violence	2	3%	-	-	-	-	-	-
Suicidal ideation related ED attendance	20	29%	3	25%	3	15%	17	35%
Admitted to hospital	55	81%	11	92%	15	75%	42	88%
Mental health	33	49%	6	50%	7	35%	26	54%
Intentional self-harm	24	35%	3	25%	6	30%	18	38%
Family and domestic violence	7	10%	5	42%	3	15%	4	8%
Suicidal ideation	3	4%	1	8%	1	5%	2	4%

Source: Ombudsman Western Australia

6.2 Hospital admissions for the 68 women and children

6.2.1 Of the 68 women and children, 55 were admitted to hospital on 281 occasions between 1 January 2012 and the date of their death in 2017 (81 per cent)

Excluding admissions where a person died by suicide, the Office identified that 55 of the 68 women and children (81 per cent) had one or more hospital admissions between 1 January 2012 and the date of their death (Table 18). Further, the Office identified that 49 of the 55 women and children admitted to hospital were admitted on multiple occasions (89 per cent), with only seven admitted once (13 per cent).

Eleven of the twelve Aboriginal and/or Torres Strait Islander women and children were also admitted to hospital (92 per cent). Ten of these 11 Aboriginal and/or Torres Strait Islander women and children were admitted to hospital on more than one occasion (91 per cent), and only one was admitted on a single occasion (nine per cent).

6.2.2 Thirty-three of the 55 women and children who had been admitted to hospital, had been admitted on one or more occasions for mental health issues (60 per cent)

Mental illness is considered a major risk factor for suicide, with the World Health Organisation identifying that the 'link between suicide and mental disorders (in particular, depression and alcohol use disorders) is well established in high-income countries.'[107]

[107] World Health Organisation, *Suicide*, 17 June 2021, viewed 22 December 2021, <https://www.who.int/news-room/fact-sheets/detail/suicide>.

In this context, the Office also notes that Western Australia's Suicide Prevention Framework highlights the following 'myth':

> MYTH: "Everyone who engages in suicidal behaviour has a mental illness."
>
> Thoughts of suicide can happen to anyone, including those who have no history of mental health conditions. People living with mental health conditions, however, are at increased risk of suicide.[108]

This was also highlighted recently in a hearing to Australia's Royal Commission into Defence and Veteran Suicide:

> Dr Turner [Executive Director of Metro north Mental Health, Queensland], a psychiatrist, said she and her colleagues recognised the system was failing the large number of people who suicided because it was based on the assumption people with suicide were suffering a mental illness.
>
> "Through my whole career, the focus had been on risk assessment ... and yet we knew we were seeing people who were dying by suicide that did not fit into that group," Dr Turner said.
>
> "Our job was identifying people with mental illness ... but what we found among those people dying by suicide, only a very small number would be in that group."
>
> … Several international studies were currently analysing patient health records to establish what red flags to look out for, dating back as far as 15 years.[109]

Accordingly, the Office undertook further analysis of the diagnoses recorded for each hospital admission, as shown in Table 19.

Table 19: Hospital admissions for the 55 women and children, by type of admission, number of admissions and cumulative length of stay in days, from 1 January 2012 until their death in 2017

	Intentional self-harm	Mental health	Suicidal ideation	Family and domestic violence (when recorded as an external cause or additional diagnosis)
Number of women and children admitted to hospital (n=55)	24 (44%)	33 (60%)	3 (5%)	7 (13%)
Number of hospital admissions (n=343)	50 (15%)	122 (36%)	6 (2%)	8 (2%)
Cumulative length of stay in days (n=1,478)	247 (17%)	1,019 (69%)	94 (6%)	20 (1%)

Source: Ombudsman Western Australia

[108] Mental Health Commission, *Western Australian Suicide Prevention Framework 2021-2025*, 2020, Government of Western Australia, Perth, p. 24.
[109] Cornwall D, 'Psychological tests miss suicide risk,' *Canberra Times*, Canberra, 8 December 2021, viewed 22 December 2021 <https://www.canberratimes.com.au/story/7542465/psychological-tests-miss-suicide-risk/?cs=14264>.

6.2.3 Victims of family and domestic violence with and without a FVIR history, were admitted at a similar average frequency

Of the 68 women and children who died by suicide, 55 were admitted to hospital for any cause during the five years prior to their death, on a total of 344 occasions.

Of the 55 women and children admitted to hospital, 42 had also had family and domestic violence recorded with the WA Police in a FVIR (76 per cent). These 42 women and children with a history of WA Police contact for family and domestic violence were admitted to hospital on 221 occasions (an average of five admissions from 1 January 2012 until the date of their death in 2017, per person).

Of the 55 women and children admitted to hospital, 25 had no recorded history of contact with the WA Police in the form of a FVIR (45 per cent). These 25 women and children without any history of contact with the WA Police for family and domestic violence were admitted to hospital on 122 occasions (an average of five admissions from 1 January 2012 until the date of their death in 2017, per person).

6.2.4 Twenty-four of the 55 women and children who had been admitted to hospital, had been admitted on one or more occasions for intentional self-harm (44 per cent)

Arising from the analysis shown in Table 19, the Office also identified that of the 55 women and children admitted to hospital, 24 had been admitted on one or more occasions for intentional self-harm (44 per cent).

The Office's analysis also identified that only 3 of the 55 women and children admitted to hospital had a recorded diagnosis of suicidal ideation. Seven women and children had diagnoses indicative of family and domestic violence (that is, the ICD-10-AM external cause codes indicating an assault perpetrated by a spouse or family member and the additional diagnosis Z63 codes for relationship problems impacting health status).

6.3 Emergency department attendances for the 68 women and children

6.3.1 Of the 68 women and children known to have experienced family and domestic violence prior to their suicide, 59 attended an emergency department on 506 occasions from 1 January 2012 until the date of their death in 2017 (87 per cent)

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

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

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

6.3.2 Of the 59 women and children that attended an emergency department, 35 attended on one or more occasions for mental health related reasons (59 per cent)

In a manner similar to the analysis conducted for hospital admissions, the Office undertook further analysis of the diagnoses and symptoms recorded for each emergency department attendance, as shown in Table 20. This analysis identified that among the 59 women and children who attended an emergency department, 35 women and children attended an emergency department for mental health reasons (59 per cent) on 114 occasions. Twenty-three women and children had multiple recorded emergency department attendances for mental health reasons (40 per cent).

Table 20: Emergency department attendances for the 59 women and children, by type of admission and number of admissions, from 1 January 2012 until their death in 2017

	Intentional self-harm	Mental health	Suicidal ideation	Family and domestic violence (when recorded as an external cause or additional diagnosis)
Number of women and children that presented to an emergency department (n=59)	24 (41%)	35 (59%)	20 (34%)	2 (3%)
Number of emergency department attendances (n=506)	42 (8%)	114 (26%)	43 (8%)	2 (0.4%)

Source: Ombudsman Western Australia

6.3.3 Twenty-four of the 59 women and children known to have experienced family and domestic violence prior to their death attended an emergency department for intentional self-harm (41 per cent)

Arising from the analysis shown in Table 20, the Office also identified that 24 of the 59 women and children that attended an emergency department, attended on one or more occasions for intentional self-harm (41 per cent).

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

6.4.1 Thirty-four of the 59 women and children who attended an emergency department between 1 January 2012 and their death in 2017, presented at an emergency department within the 90 days prior to their death

The Office analysed the time between the last attendance at an emergency department and death for each of the 59 women and children who presented at an emergency department between 1 January 2012 and their death in 2017. Of these 59 women and children, 34 had attended an emergency department within the 90 days prior to their death (58 per cent), as shown in Table 21.

Sixty-five per cent of these women and children who attended an emergency department in the 90 days prior to their suicide had also previously had contact with the WA Police regarding their experiences of family and domestic violence.

Table 21: Time between last emergency department attendance and death, for the 59 women and children

Time between last emergency department attendance and suicide	Number of women and children (n = 59)	Percentage
7 days or less	8	14%
one week to 30 days	10	17%
31 to 90 days	14	24%
91 and 365 days	20	34%
366-730 days	2	3%
Greater than 2 years	5	9%

Source: Ombudsman Western Australia

6.4.2 Twenty of the 55 women and children admitted to hospital between 1 January 2012 and their death in 2017, were discharged from a hospital admission within the 90 days prior to their death

The Office also analysed the time between the last attendance at a hospital and death for each of the 55 women and children admitted to hospital between 1 January 2012 and their death in 2017.

Of these 55 women and children, 20 had been discharged from an admitted hospital stay within the 90 days prior to their death (58 per cent), as shown in Table 22.

Table 22: Time between last in-patient hospital stay discharge date and death, for the 55 women and children admitted to hospital between 1 January 2012 and their death in 2017

Time between last separation from an admitted hospital stay	Number of women and children (n = 55)	Percentage
7 days or less	6	12%
one week to 30 days	3	5%
31 to 90 days	11	21%
91 to 365 days	10	17%
366 to 730 days	14	26%
Greater than 2 years	11	19%

Source: Ombudsman Western Australia

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7 The 20 children and young victims of family and domestic violence who died by suicide

7.1 Background

7.1.1 *Preventing suicide by children and young people 2020* identified that 76 per cent of Western Australian children who died by suicide between 1 July 2009 and 30 June 2018 had allegedly experienced family and domestic violence

In 2020, the Ombudsman tabled his major own motion investigation report on *Preventing suicide by children and young people 2020*, which analysed the deaths of 115 children and young people under the age of 18 who died by suicide in Western Australia between 1 July 2009 and 30 June 2018.

This investigation included an extensive literature and practice review, significant consultation with government and non-government agencies and experts and comprehensive collection and analysis of the records and data from the Office and government and non-government agencies. The Office also analysed the characteristics of the 115 children and young people, including the following factors associated with suicide summarised in Figure 6.

Figure 6: Factors associated with suicide considered by the Office in *Preventing suicide by children and young people 2020*

Category	Factors associated with suicide
Mental health issues	• Mental illness • Self-harming behaviour
Suicidal ideation and behaviour	• Suicidal ideation • Previous suicide attempts • Communicated suicidal intent
Substance use	• Alcohol or other drug use
Child abuse or neglect	• Family and domestic violence • Sexual abuse • Physical abuse • Neglect
Adverse family experiences	• Parent with a mental illness • Parent with problematic alcohol or other drug use • Parent who had been imprisoned • Family member, friend or person known to the young person died by suicide

Source: Ombudsman Western Australia

The Office identified four groups of children and young people based on patterns in the factors associated with suicide and contact with State government departments and authorities, and identified relevant suicide prevention activities for each group, as summarised in Figure 7.

Figure 7: Groups identified of children and young people who died by suicide identified by the Office

Group 1	Group 2	Group 3	Group 4
Characteristics			
70 children and young people: • all allegedly experienced one or more forms of child abuse or neglect; and • most also experienced mental health issues and suicidal ideation and behaviour.	17 young people who had: • one or more diagnosed mental illnesses; or • a parent with a diagnosed mental illness; and/or • demonstrated significant planning for their suicide. None allegedly experienced child abuse or neglect	18 children and young people who: • experienced few factors associated with suicide; • all were recorded as being high achievers or highly engaged in school education and/or sport; and • had no history of child protection concerns.	10 young people who: • experienced few factors associated with suicide; and • had no recorded mental health problem or adverse family experiences; and • were recorded as having demonstrated impulsive or risk taking behaviour.
Contact with State government departments and authorities			
Most of the children and young people in Group 1 were known to the: • (then) Department for Child Protection and Family Support; and • Department of Health. These children and young people also had extensive contact with other State government department and authorities including registered training organisations, the justice system and the Department of Housing.	Most of the young people in Group 2 had contact with the (then) Child and Adolescent Mental Health Service and government schools.	The children and young people in Group 3 had minimal contact with State government departments and authorities. Some were known to the Department of Health and/or had contact with a registered training organisation. Most attended private schools.	Most of the young people in Group 4 had contact with the Department of Health and government schools. Most were also known to the (then) Department for Child Protection and Family Support for financial or crisis support.
Relevant suicide prevention activities			
Interventions that recognise and address the developmental impacts of child abuse, neglect and other forms of childhood adversity, including: • effective prevention, identification, response and therapeutic interventions for cumulative harm from abuse and neglect; • improved collaboration and cooperation between government agencies, including information sharing; and • early intervention and/or ongoing care and support.	Interventions that promote and enhance mental health, including: • symptom identification; • early, standard and longer term treatment of mental health problems; and • ongoing care and support.	Universal, selective and indicated interventions. Further research may be required.	Universal interventions. Selective and indicated interventions, targeting at risk Aboriginal and/or rural communities and individuals.

Source: Ombudsman Western Australia

Arising from this analysis, the Office identified that the majority of the 115 children and young people (70 children and young people, 61 per cent) experienced significant and enduring life difficulties, including alleged child abuse or neglect and family dysfunction. Significantly, among these 70 children and young people (referred to in the report as 'Group 1') 53 had allegedly experienced family and domestic violence prior to their death (76 per cent).

The report also noted that the 70 children and young people in Group 1 who died by suicide, were frequently in contact with State government departments and authorities prior to their death, often as a result of a number of significant adversities:

> The majority of these children and young people also experienced multiple other factors associated with suicide (64 children and young people, 91 per cent) including suicidal ideation (48 children and young people, 69 per cent), mental health issues (43 children and young people, 61 per cent), substance use (45 children and young people, 64 per cent) and adverse family experiences (53 children and young people, 76 per cent).
>
> Group 1 are frequently in contact with State government departments and authorities. Sixty-nine children and young people in Group 1 were the subject of child protection notifications to the Department of Communities (99 per cent). Most of the children and young people attended a public school at some time in their life (67 children and young people, 96 per cent), and 45 per cent (32 children and young people) had been referred to public child and adolescent mental health services during their lives.[110]

The Office's analysis of the contact between child protection services and the children and young people in Group 1 who died by suicide identified several key patterns and trends:

- concerns about the wellbeing of each child and young person were raised, on average, 14 times with the Department of Communities (ranging from 0 to 70);
- concerns about the wellbeing of the children and young people in Group 1 were not always viewed as a 'child protection concern', with allegations of neglect and emotional abuse arising from experiences of family and domestic violence frequently recorded as a 'family support' issue;
- only 12 per cent of interactions with the Department of Communities progressed to a Child Safety Investigation (formerly known as a Safety and Wellbeing Assessment), with the Department taking 'no further action' in relation to the majority of contacts relating to these children and young people (56 per cent);
- concerns that the parents/caregivers of a suicidal child or young person were unable or willing to provide adequate care for the child or young person were not consistently assessed in accordance with relevant Casework Practice Manual guidance;
- the highest volume of contact between the children and young people in Group 1 and the Department of Communities occurred between the ages of 12 and 14; and

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

- children and young people who were (or had been) in the care of the Chief Executive Officer of the Department of Communities exhibited particularly complex needs and with an increased risk of suicide.[111]

The Office noted that the impact of the Department of Communities' recently introduced Centralised Intake Model was unable to be assessed using the data obtained during the investigation, and that this new model aimed to achieve greater consistency in the Department's identification of cumulative harm.

In this context, the Ombudsman recommended that the Department of Communities continue to monitor its performance with regard to children and young people in frequent contact with the Department, who may be at risk of self-harm or suicide:

> **[*Preventing suicide by children and young people 2020]* Recommendation 6:** That the Department of Communities provides the Ombudsman with a report within 12 months of the tabling of this investigation, detailing the proposed strategies to address the following issues raised in this report relating to:
>
> - identifying and appropriately responding to children and young people and families who are the subject of multiple interactions raising concerns about their wellbeing;
> - the Department's response to interactions raising concerns that a child or young person with a child protection history is at risk of harm as a result of self-harm or suicidal behaviours, including suicide attempts of a parent, carer or guardian; and
> - identifying, and responding appropriately to, children and young people who are in care of the CEO of the Department (or who have left care of the CEO) who are exhibiting escalating self-harm and/or risk-taking behaviours;
> - including the measures by which the progress of these strategies will be monitored and evaluated.[112]

Information provided by the Department of Communities and other agencies for that report identified that there was no program for collaborative case management of children and young people with complex needs who were at risk of suicide or self-harming behaviours, and who were not in the care of the Chief Executive Office of the Department of Communities.

[111] Ombudsman Western Australia, *Preventing suicide by children and young people 2020 Volume 1: Ombudsman's Foreword and Executive Summary,* 2020, p. 75-77*;* Ombudsman Western Australia, *Preventing suicide by children and young people 2020 - Volume 3: Investigation into ways that State government departments and authorities can prevent or reduce suicide by children and young people,* 2020, p. 235.
[112] Ombudsman Western Australia, *Preventing suicide by children and young people 2020 Volume 1: Ombudsman's Foreword and Executive Summary,* 2020, p. 78.

The Office highlighted barriers to information sharing and research literature identifying that children and young people who have multiple risk factors and a long history of involvement with multiple agencies (like the 70 children and young people in Group 1):

- were often viewed as being 'hard to help', 'resilient' or making choices to put themselves at risk, rather than as exhibiting unsafe coping mechanisms or behaviour;[113] and
- were often not provided with effective service responses due to challenges faced by agencies in recognising neglect in older children; and
- frequently displayed challenging behaviours including those relating to child sexual exploitation, criminal exploitation, gang-related activity or violence, and running away from home that was rarely understood from a cumulative harm or trauma informed perspective.[114]

The Ombudsman recommended that the Department of Communities and other relevant agencies work together and enhance their suicide prevention efforts by providing a targeted intervention for at risk children and young people known to be experiencing multiple risk factors associated with suicide:

> **[*Preventing suicide by children and young people 2020]* Recommendation 7:** That the Mental Health Commission, Department of Health, Department of Communities and Department of Education work collaboratively to develop and implement an evidence-based inter-agency model for responding to children and young people with complex needs, including those experiencing multiple risk factors associated with suicide.[115]

7.1.2 A report on the steps taken to give effect to the recommendations arising from *Preventing suicide by children and young people 2020*

The Department of Communities' report to the Ombudsman regarding the steps taken to give effect to Recommendations 6 and 7 of *Preventing suicide by children and young people 2020* stated that:

> In 2019, the Department of Communities (Communities) undertook a thematic analysis of 22 finalised child death reviews finalised since 1 July to:
>
> - collate information about vulnerable cohorts within the community including common risk factors;
> - identify common practice issues related to Communities administration of the *Children and Community Services Act 2004* and related policies and procedures;
> - identify systemic barriers to child safety; and
> - draw connections between the findings of child death reviews and other oversight agency investigations.

[113] Brandon M et al, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, 2008, United Kingdom Department for Children, Schools and Families, London, p. 12.
[114] Brandon M et al, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, 2008, United Kingdom Department for Children, Schools and Families, London, p. 12.
[115] Ombudsman Western Australia, *Preventing suicide by children and young people 2020 Volume 1: Ombudsman's Foreword and Executive Summary,* 2020, p. 82.

> Young people age 10 to 18 years were identified through the thematic analysis as an emerging at risk cohort.
>
> Following from the thematic analysis, Communities has undertaken a further cohort review of at-risk youth. The following themes emerged from the review:
>
> 1. Improving practice guidance about the Department's role and responsibilities in circumstances where a child or young person is referred to the Department in relation to concerns about their wellbeing. This includes recognising wellbeing concerns as indicators of abuse and neglect, assessing harm arising from cumulative abuse and understanding when observed strengths, resilience or other protective factors may translate into safety in relation to the identified abuse/danger.
>
> 2. Improving interagency communication and collaboration to better respond to complex intersecting issues in families where there is a young person at risk of suicide or other type of harm including as a result of substance abuse; and
>
> 3. Addressing practice and systemic issues through dedicated strategic policy and frameworks such as the At-Risk Youth Strategy.
>
> Common risk factors across both reviews included exposure to family violence and parental substance use. Other risk factors for this cohort included parental mental illness, parents who experienced abuse as children, homelessness or housing instability and Aboriginality. The identification of these risk factors will assist Communities to target implementation strategies in the development of the internal implementation plan for improving responses for at-risk youth.
>
> Communities is undertaking a scoping of work required to establish an internal implementation plan for improvements to practice and operations in relation to at-risk youth. Findings from the Ombudsman Own Motion Investigation will also be used to inform the strategies for the implementation of the four recommendations delivered to Communities. Further detail of the work to implement the necessary improvements will be provided to your office in October 2021.[116]

The Ombudsman concluded that 'steps have been taken and are proposed to be taken to given effect to' both Recommendation 6 and Recommendation 7 and stated that:

> Further, the Office will carefully consider the report from the Department of Communities as set out in the recommendation upon receipt and publish an update on the steps taken to give effect to Recommendation 6 in the Ombudsman's 2021-22 Annual Report.[117]

[116] Ombudsman Western Australia, *A report on the steps taken to give effect to the recommendations arising from Preventing suicide by children and young people 2020*, 2021, p. 41-51.
[117] Ombudsman Western Australia, *A report on the steps taken to give effect to the recommendations arising from Preventing suicide by children and young people 2020*, 2021, p. 45 and 51.

7.1.3 Developments since *A report on the steps taken to give effect to the recommendations arising from Preventing suicide by children and young people 2020*

On 22 October 2021, the Director General of the Department of Communities provided the Office with a 'Progress update' on Recommendation 6 of *Preventing suicide by children and young people 2020*, which stated that:

> Communities has recently established the Reviews and Recommendations Oversight Group (the Oversight Group), to align and streamline activity across the agency. The Oversight Group is scoped to endorse themed work packages and oversight the implementation of internal and external recommendations delivered to Communities.
>
> Oversight Group members, who represent relevant divisions across Communities and hold decision-making authority, are responsible for developing an environment of continuous service improvement through the identification of:
>
> - opportunities to inform and drive reforms through regular review of risk themes and practice trends; and
> - interdependencies and opportunities to work across business areas to deliver holistic, effective results.
>
> The Oversight Group is overseeing the implementation of [Recommendation] … 6 from the Ombudsman's Own Motion Investigation, *Preventing suicide by children and young people 2020* …
>
> In September 2021, the Oversight Group endorsed the project scope which will address Recommendation 6. The Cumulative Harm Project will improve policy frameworks, practice guidance, service delivery to support sustainable, holistic responses for children and young people who:
>
> - experience cumulative harm through multiple repeat presentations, which considered in isolation, do not reach the intake threshold.
> - experience acute distress as a result of cumulative harm and are at risk of suicide and/or suicide behaviours (including suicide attempt, suicidal ideation, self-harm and reckless risk-taking).
>
> The Cumulative Harm Project proposes to achieve these objectives by:
> - Reviewing and assessing policies, practice guidance, processes and tools that are used to address identifying, responding and intervening in:
>   - children, young people and families with history with Communities who are the subject of multiple interactions and are at risk of, or currently experiencing, cumulative harm; and
>   - children and young people with history with Communities who are at risk of harm as a result of suicide behaviours, including those of a parent, carer or guardian.
>   - Develop improvement opportunities for service delivery, including communications, training, and development for frontline staff.
>
> The Cumulative Harm Project will include data collection and research to assess and develop findings, which will be tested with key stakeholders. From this, recommendations relating to practice guidance, staff engagement opportunities and a corresponding implementation plan will be developed. It is anticipated that this Project will be finalised by June 2022.

Communities has updated the *Casework Practice Manual* (CPM) which provides guidance for Child Protection Workers, as authorised officers of the CEO, in carrying out the functions and powers of *Children and Community Services Act 2004* (the Act). On 30 August 2021, the CPM entry '*Alcohol and other drug use - at risk young people'* was introduced. This entry includes guidance on responding to young people, both in the CEO's care and otherwise, who are assessed as at immediate high risk due to their alcohol or other drug use, inclusive of medical and/or mental health crisis.

As you might be aware the Children and Community Services Amendment Bill 2021 passed in WA Parliament on 14 October 2021. Amendments were made regarding young people once they leave the care of the CEO's care. These changes included:

- a leaving care plan must be prepared once a child reaches 15 years of age;
- leaving care plans should include the social services proposed to be provided for the child post-care;
- children leaving care must be provided with social services the CEO considers appropriate having regard to the child's needs, regardless of whether those needs are identified in the child's last care plan;
- children leaving care are to receive written information on their entitlements post-care;
- Public authorities named in regulations must prioritise CEO requests for assistance to a child in care, a child under an SGO or a care leaver who qualifies for assistance until they reach 25, provided it would be consistent with and not unduly prejudice the performance of the public authority's functions to do so.

As you might be aware Communities, in partnership with Anglicare WA, have piloted Home Stretch WA. The State Government in its 2021-22 State Budget committed $37.2 million to expand the Home Stretch pilot into a permanent state-wide program to enhances access to supports and services for young people aged 18 to 21 years who are leaving, or have left, out-of-home care.

7.1.4 Suicide continues to be a leading cause of death for Western Australian children and young adults

National statstistics published since *Preventing suicide by children and young people 2020* have highlighted the continuing tragedy of suicide among children and young adults, with the Australian Bureau of Statistics reporting in 2020 that suicide 'remained the leading cause of death of children [aged between 5 and 17 years of age] in Australia' and that 'over one-third of deaths in 15-24 year olds are due to suicide'.[118]

[118] Australian Bureau of Statistics, C*auses of Death, Australia 2020,* 2021, viewed 10 August 2022, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>.

The State government's *Beyond 2020: WA Youth Action Plan 2020-22* identified that young people aged 10 to 25 years make up 19.9 per cent of Western Australia's population and reported that:

> Young people told us that they are worried about getting support not only for their own mental health but also how to help their friends who are struggling with increased social isolation, poor employment prospects and finding a safe place to live. …
>
> Those living in regional areas feel forgotten and without as many opportunities as those living in the city. Young people said they feel voiceless, patronised by older people and excluded from decisions that affect them.[119]

Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030 seeks to 'reduce family and domestic violence in Western Australia' to achieve its vision of a 'Western Australia where all people live free from family and domestic violence'. *Path to Safety* has nine guiding principles, including that:

- 'Children and young people exposed to family and domestic violence are victims'; and
- 'The safety and wellbeing of victims is the first priority'.[120]

7.1.5 Recent State government strategies and reports recognise that children who die by suicide frequently experience family and domestic violence and are referred to child protection services

Path to Safety identifies the 'high prevalence of family and domestic violence in child protection cases' including a 'recent Department of Communities analysis of 600 children entering care .. [which found] that family and domestic violence was a significant issue contributing to or causing harm' in 88 per cent of cases.[121]

Significantly, *Path to Safety* also noted that 'at risk' children and young people displaying 'antisocial or negative behaviours' during their contact with State education, health, police and child protection services, may have been experienced family and domestic violence but are not recognised as victims due to challenges in:

> … identify[ing] 'at risk' young people who have been exposed to family and domestic violence and to recognise the link between trauma, learnt behaviours and their current life trajectory. Some young people's antisocial or negative behaviours, attitudes and actions may serve as early warning signs.[122]

[119] Government of Western Australia, *Beyond 2020: WA Youth Action Plan 2020-22*, 2021, Department of Communities, p. 6-7.
[120] Department of Communities, *Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030*, 2021, Government of Western Australia, p. 6.
[121] Department of Communities, *Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030*, 23 April 2021, Government of Western Australia, p. 37.
[122] Department of Communities, *Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030*, 23 April 2021, Government of Western Australia, p. 37.

Path to Safety also highlights 'the need to improve protective responses to children and young people … [and] the capacity of the family and domestic violence system to support children and young people, as well as the capacity of the child protection system to appropriately respond to family and domestic violence.'[123]

The State government's draft *Aboriginal Family Safety Strategy 2022 – 2032 Western Australia's Strategy to Reduce Family Violence Against Aboriginal Women and Children* identified that 'family violence [is] … a factor in the lives of young people who suicide [and] a contributing factor to placing families and children at high risk of contact with child protection and juvenile justice systems.'[124]

Similarly, the *Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia* observed that between '2009 and 2018, 60 per cent of children who died by suicide had been subject to a child protection report.'[125]

7.1.6 The research literature identifies a gap in evidence on the impact of childhood contact with child protection services on subsequent mortality and suicide of young adults

The research literature estimates that up to 20 per cent of Australian children experience child abuse and/or neglect.[126] Research also suggests that one in four children and young adults aged between 10 to 20 years have experienced at least one occasion of family and domestic violence perpetrated against their mother or carer.[127]

The research literature identifies that, despite the well-documented and profound adverse physiological, social and economic effects of child abuse and neglect on children's physical health, mental health, and development, 'the effect on mortality has receive limited attention, especially in adolescence and young adulthood.'[128]

[123] Department of Communities, *Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020–2030*, 23 April 2021, Government of Western Australia, p. 37.
[124] Tjallara Consulting Pty Ltd, *Aboriginal Family Safety Strategy 2022 – 2032 Western Australia's Strategy to Reduce Family Violence Against Aboriginal Women and Children: Consultation Draft*, March 2022, Government of Western Australia, p. 11.
[125] Government of Western Australia, *Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia*, 2022, Mental Health Commission, p. 13.
[126] Segal L, Nguyen H, Mansor MM, et al, 'Lifetime risk of child protection system involvement in South Australia for Aboriginal and non-Aboriginal children, 1986-2017 using linked administrative data', *Journal of Child Abuse and Neglect*, 2019 vol. 97, 104145, doi: 10.1016/j.chiabu.2019.104145; Australian Bureau of Statistics. *Personal Safety, Australia*, *2016*, 2017, ABS; Segal L, Armfield JM, Gnanamanickam ES et al, 'Child Maltreatment and Mortality in Young Adults,' *Pediatrics*, 2021, 147(1), e2020023416, viewed 10 August 2022, <https://doi.org/10.1542/peds.2020-023416>.
[127] Indermaur D, *Young Australians and domestic violence: Trends & issues in crime and criminal justice no. 195*, 2001, Australian Institute of Criminology, Canberra, viewed 10 August 2022, <https://www.aic.gov.au/publications/tandi/tandi195>.
[128] Segal L, Armfield JM, Gnanamanickam ES et al, 'Child Maltreatment and Mortality in Young Adults,' *Pediatrics*, 2021, 147(1), e2020023416, viewed 10 August 2022, <https://doi.org/10.1542/peds.2020-023416>.

A recent South Australian retrospective cohort study of all persons born in that State between 1986 and 2003 was the first to use linked administrative data to estimate the impact of childhood abuse and neglect on death rates for people aged between 16 and 33 years, finding that:

> The cohort included 331 254 persons, 20% with CPS contact. Persons with a child protection matter notification and nonsubstantiated or substantiated investigation had more than twice the death rate compared with persons with no CPS contact … The largest differential cause-specific mortality (any contact versus no CPS contact) was death from poisonings, alcohol, and/or other substances …and from suicide.[129]

The authors highlighted the importance of incorporating childhood abuse and neglect into suicide prevention frameworks and the urgent need for policy and service responses to better support at-risk children and families 'across clinical services, child protection and the wider human services sector' as follows:

> This study highlights the importance of incorporating CM [childhood maltreatment] into suicide prevention policy frameworks. It adds weight to the evidence base that CM is toxic to developing brains and to the creation of an intact sense of self, with consequences for suicide risk. A consistently heightened stress response impacts on allostatic load and metabolic health. These pathways have implications for mental health and physical health across the life course.
>
> The excess risk of suicide and substance-related deaths are considerable, and death as an outcome is incontrovertible and potentially avoidable. A commensurate response, involving greater support for at-risk children and families, is urgently required across clinical services, child protection, and the wider human services sector. Suicide intervention strategies must begin early in life. For pediatricians, primary care physicians, psychiatrists, and other clinicians working with children and adolescents, the need to be alert to the maltreating family context when seeing emotional and behavioral problems is reinforced. …
>
> The imperative to keep children safe must extend beyond childhood. Most children exposed to CM who come to the attention of child protection agencies are not placed in OOHC [out of home care], but the outcomes of children who are placed in care, as well as those who are not, suggests not enough is being done to ameliorate harms or prevent further maltreatment. Children with suspicion of CM are at serious increased risk of death as youth and/or young adults. And yet the balance of child protection funding is often focused on OOHC.

[129] Segal L, Armfield JM, Gnanamanickam ES et al, 'Child Maltreatment and Mortality in Young Adults,' *Pediatrics*, 2021, 147(1), e2020023416, viewed 10 August 2022, <https://doi.org/10.1542/peds.2020-023416>.

> Changes to the service response, including the more effective engagement with and upskilling of clinicians in a coordinated, cross-sectoral response to childhood trauma, is desirable. For pediatricians, who are increasingly seeing children with behavioral and development problems, this also means being alert to the possibility of toxic stress driving observed challenging behaviors, and recognizing the potential serious consequences if relational trauma is not addressed and the unique preventive opportunity. As a society, we simply must do better to protect children not just against current harms but also to the extreme consequences of CM across the life course.[130]

From the research literature, the Office identified a gap in available data relating to the contact between child protection services and young adults aged 18 to 25 who die by suicide in Western Australia, including in the context of experiences of family and domestic violence. For this reason and recognising that family and domestic violence is a crime against women, the Ombudsman decided to undertake additional analysis of the contact between child protection services and the 20 children and young women aged 25 and under who experienced family and domestic violence and died by suicide within the cohort of 68 women and children considered as part of this investigation. These children and young women are referred to as the **20 children and young women.**

7.2 Characteristics of the 20 children and young women

The Office used information obtained from WA Police, the Department of Justice, the Department of Health, the Department of Communities and the State Coroner to identify the demographic characteristics of the 20 children and young women.

Table 23 summarises the demographic characteristics of the 20 children and young women.

[130] Segal L, Armfield JM, Gnanamanickam ES et al, 'Child Maltreatment and Mortality in Young Adults,' *Pediatrics*, 2021, 147(1), e2020023416, viewed 10 August 2022, <https://doi.org/10.1542/peds.2020-023416>.

Table 23: Characteristics of the 20 children and young women

Demographic characteristics	Children (10-17) n=9	Young women (18-25) n=11	Children and young women (10-25) n=20
Age			
10 to 14 years	2	0	2
15 to 19 years	7	1	8
20 to 24 years	0	5	5
25 years	0	5	5
Gender			
Female	3	11	14
Male	6	0	6
Aboriginality			
Aboriginal and/or Torres Strait Islander	3	2	5
Non-ATSI	6	9	15
Remoteness of Residence			
Inner Regional	1	1	2
Major Cities	6	9	15
Outer Regional	0	0	0
Remote	1	0	1
Very Remote	1	1	2
SEIFA-IRSD decile rank (within WA)			
1	3	1	5
2	2	1	1
3	0	0	2
4	1	0	1
5	0	1	1
6	1	1	2
7	0	0	0
8	0	1	1
9	2	1	4
10	0	1	1
No Fixed Permanent Address	0	2	2

Source: Ombudsman Western Australia

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8 Contact between the Department of Communities and the 13 children and young women known to the Department

8.1 Background

8.1.1 The Department of Communities' role in supporting the safety and wellbeing of children and families experiencing family and domestic violence

The Department of Communities has a 'legislative mandate' under the *Children and Community Services Act 2004* to:

> … promote the wellbeing of children, individuals and communities, and to provide for the protection and care of children in circumstances where their parents have not provided, or are unlikely or unable to provide, that protection and care.[131]

The Department of Communities' *Emotional Abuse – Family and Domestic Violence Policy* also identifies that the Department 'is responsible for identifying and responding to cases where a child has suffered significant harm or is likely to suffer significant harm because of exposure to family and domestic violence.'[132]

In 2016, a consultation paper released for a statutory review of the *Children and Community Services Act 2004* highlighted that family and domestic violence is 'an ongoing challenge for … child protection agencies', particularly in circumstances where:

> … the strengths and protective capacity of the adult victim (usually the child's mother) are … not enough for mitigating the risk posed by perpetrators of family and domestic violence. Managing the risk to children that is posed by perpetrators of violence requires coordinated safety planning involving extended family, members of the community and other professionals including the civil and criminal justice systems.
>
> In some cases, however, even with extensive safety planning, the perpetrator's use of violence is unable to be stopped, changed or contained. In these circumstances, a child may be critically injured or removed from a protective parent (whether or not they are separated from or residing with the person using violence), due to an inability of the service system, including the police, courts, the Department and community sector services, to create adequate protections for the child and adult victim and reduce or manage the risk posed by the person using violence. …
>
> This is an issue that speaks to the overall capacity of the Western Australian service system to stop, change or contain the violent and abusive tactics used by perpetrators of family and domestic violence, and is not an issue unique to child protection. What is unique to child protection is the dilemma facing child protection workers when deciding whether or not to remove a child from an

[131] Department of Communities, *Emotional Abuse – Family and Domestic Violence Policy*, June 2021, p. 7, viewed 10 August 2022, <https://www.wa.gov.au/system/files/2021-11/Emotional-Abuse-Family-and-Domestic-Violence-Policy.pdf>.
[132] Department of Communities, *Emotional Abuse – Family and Domestic Violence Policy*, June 2021, p. 6, viewed 10 August 2022, <https://www.wa.gov.au/system/files/2021-11/Emotional-Abuse-Family-and-Domestic-Violence-Policy.pdf>.

> otherwise protective parent, thereby risking further trauma to the child and re-victimizing the parent victim.[133]

The Department of Communities' C*asework Practice Manual* highlights that family and domestic violence 'is a factor in the majority of child protection cases.'[134] Further, family and domestic violence can be 'the primary reason for referral' or 'a factor contributing to or causing the presenting problem, such as homelessness or neglect.'[135] Similarly, a 2017 internal review of 433 children in care of the Department of Communities' Chief Executive Officer found that 'at least one episode of family violence had been reported to the Department' in 78 per cent of those cases and 'in 50 per cent there had been five or more episodes reported'.[136]

8.1.2 Referrals to the Department of Communities

As identified in *Preventing suicide by children and young people 2020*, there are three key elements to the Department of Communities' assessment and investigation processes:

- interactions;
- initial inquiries; and
- child safety investigations (formerly known as 'SWA's or 'safety and wellbeing assessments').

8.1.2.1 Interactions

Any member of the community in Western Australia may make a referral or notification of concern for a child's safety and wellbeing to the Department of Communities, including staff of State government departments and authorities and:

> … occupational groups which are mandatory reporters of child sexual abuse, family and community members, health and medical professionals, education providers, police, and service providers in the community services sector.[137]

This initial contact with the Department of Communities, and the Department's assessment and decision making in response to the information received, is recorded in the Department's ASSIST client management system as an **interaction**.[138]

In 2017, the Department of Communities' *Casework Practice Manual* relevantly stated that during an interaction, officers 'assess the information they have received and ascertain, what, if any, further information and assessment is needed' through 'clarifying information

[133] Department for Child Protection and Family Support, *Review of the Children and Community Services Act 2004: Consultation Paper*, 2017, Government of Western Australia, p. 23-24, <https://www.wa.gov.au/system/files/2021-10/Review-CCSA-Consultation-Paper.pdf>.
[134] Department of Communities, *Casework Practice Manual: 2.3.1 Assessing emotional abuse – family and domestic violence*, viewed 5 August 2022 < https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=153>.
[135] Department of Communities, *Casework Practice Manual: 2.3.1 Assessing emotional abuse – family and domestic violence*, viewed 5 August 2022 < https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=153>.
[136] Department of Communities, *Statutory Review of the Children and Community Services Act 2004*, November 2017, Government of Western Australia, p. 60, <https://www.wa.gov.au/system/files/2021-10/Statutory-Review-of-the-Children-and-Community-Services-Act-2004.pdf>.
[137] Department of Communities, *Policy on assessment and investigation processes for child safety concerns*, December 2021, p. 2, viewed 10 August 2022, <https://www.wa.gov.au/system/files/2021-12/Policy-Assessment-Investigation-Processes-Child-Safety-Concerns.pdf>.
[138] Department of Communities, *Policy on assessment and investigation processes for child safety concerns*, December 2021, p. 2, viewed 10 August 2022, <https://www.wa.gov.au/system/files/2021-12/Policy-Assessment-Investigation-Processes-Child-Safety-Concerns.pdf>.

with the referrer', 'checking the Department's records', and, when appropriate, 'contacting the person/s with parental responsibility'.[139] Additionally:

> … when FDV is identified, child protection workers must determine whether the Department has a role in assessing and responding to emotional abuse–FDV.
>
> Decisions about whether or not the Department has a role, should be informed by the following factors. As a general principle, a child's exposure to a single severe episode of violence or exposure to repeated episodes of violence over time, would both warrant intake for further investigation. Exposure can include witnessing or hearing acts of FDV or seeing physical injuries caused by FDV.
>
> Factors to consider when determining whether it is likely that a child has suffered significant harm or is likely to suffer significant harm in the future include:
>
> - the perpetrator's pattern of behaviour including the violent and abusive tactics used
> - the history, severity and frequency of the violence
> - the child's exposure and indications of emotional harm
> - the age and vulnerability of the child, and
> - factors impacting on the family which may increase vulnerability such as mental ill-health, substance misuse, chronic health issues, homelessness and social isolation.
>
> Where FDV has been identified and is not intaked for further assessment, a rationale for the decision must be recorded in the duty interaction. At every subsequent contact the need to undertake an assessment must be reviewed. Note that protectiveness of the adult victim is not sufficient reason for the Department to have no role when it is likely that there has been, or is likely to be, significant harm to a child.[140]

High-risk infants aged 0-2 years and children under 5 years are additionally assessed during an interaction to determine whether a priority investigative response within 24 hours (Priority 1) or within 2-5 working days (Priority 2) is required.[141]

8.1.2.2 Intake

'Intake' is the Department's process of opening a period of case management, and may occur at the end of an interaction in order for the Department of Communities to undertake initial inquiries, a child safety assessment, or provide financial assistance.

[139] Department of Communities, *Casework Practice Manual: 4.1 Assessment and investigation processes*, 6 February 2017, archived at <https://webarchive.nla.gov.au/awa/20170223075228/https://manuals.dcp.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=18>.
[140] Department of Communities, *Casework Practice Manual: 4.1 Assessment and investigation processes*, 6 February 2017, archived at <https://webarchive.nla.gov.au/awa/20170223075228/https://manuals.dcp.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=18>.
[141] Department of Communities, *Casework Practice Manual: 4.1 Assessment and investigation processes*, 6 February 2017, archived at <https://webarchive.nla.gov.au/awa/20170223075228/https://manuals.dcp.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=18>.

8.1.2.3 Initial inquiries

Where the Department of Communities assesses that a concern for a child's wellbeing has been raised during an interaction, and that the case should proceed to intake to obtain further information, initial inquiries are conducted 'to clarify the information received' and 'assess whether the Department has an ongoing role' in safeguarding or promoting the child's wellbeing.[142]

During an initial inquiry, information may be obtained from a broader range of sources, including 'other family members; the child's school; health and medical professionals; other government agencies; or with non-government services who may be working with the family and have relevant information.'[143]

Following these inquiries, the Department of Communities may a conduct a child safety investigation, offer to provide family support services or decline to take any further action and close the period of contact.

8.1.2.4 Child safety investigations

At the conclusion of an interaction or initial inquiries, the Department of Communities may undertake a child safety investigation (formerly known as a safety and wellbeing assessment or 'SWA') into alleged child abuse or neglect under section 32(1)(d) of the *Children and Communities Services Act 2004.* The purpose of a child safety investigation is:

> … to determine:
>
> - whether the child has experienced actual significant harm or is likely to experience significant harm as a result of the abuse and/or neglect;
> - the parent or parents' capacity to protect their child from harm; and
> - whether the child is in need of protection.[144]

In the context of a child safety investigation, 'significant harm' means:

> … any detrimental effect of a significant nature on the child's wellbeing, whether caused by –
>
> (a) a single act, omission or circumstance; or
>
> (b) a series or combination of acts, omissions or circumstances.[145]

Upon completion, a child safety investigation will record whether harm (or the likelihood of significant harm) has been 'substantiated' or 'not substantiated'.

[142] Department of Communities, *Casework Practice Manual: 4.1 Assessment and investigation processes*, 6 February 2017, archived at <https://webarchive.nla.gov.au/awa/20170223075228/https://manuals.dcp.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=186>.
[143] Department of Communities, *Policy on assessment and investigation processes for child safety concerns*, December 2021, p. 3, viewed 10 August 2022, <https://www.wa.gov.au/system/files/2021-12/Policy-Assessment-Investigation-Processes-Child-Safety-Concerns.pdf>.
[144] Department of Communities, *Policy on assessment and investigation processes for child safety concerns*, December 2021, viewed 10 August 2022, <https://www.wa.gov.au/system/files/2021-12/Policy-Assessment-Investigation-Processes-Child-Safety-Concerns.pdf>.
[145] *Children and Community Services Act 2004* (WA), s. 28(1).

8.1.2.5 Children in the care of the Department of Communities' Chief Executive Officer

If a child safety investigation determines that a child is 'in need of protection' within the meaning of section 28 of the *Children and Community Services Act 2004*, the Department of Communities can:

- make an application seeking a warrant (provisional protection and care) from the Children's Court under section 35 of the *Children and Community Services Act 2004;* or
- bring a child into provisional protection and care without a warrant when 'there is an immediate and substantial risk to the child's wellbeing' under section 37 of the *Children and Community Services Act 2004*.

When a child is brought into the care of the Department of Communities Chief Executive Officer (**CEO**) under section 35 or section 37 of the *Children and Community Services Act 2004*, the ASSIST case management system records the commencement of a 'period in the care of the CEO'.

8.2 The 13 children and young women known to the Department of Communities

Given the significant role of the Department of Communities in protecting children from harm arising from family and domestic violence, the Office conducted fieldwork as part of this investigation. Through this fieldwork, the office identified that the Department of Communities received information about the wellbeing of 13 of the 20 children and young women (65 per cent). These children and young women are referred to as the **13 children and young women known to the Department of Communities**.

The Office notes the limitations of our analysis of the Department of Communities contact with the 13 children and young women, particularly:

- contacts prior to the introduction of electronic filing and the ASSIST client management system in 2007-08; and
- recent reforms to introduce a centralised intake model and interaction risk assessment tool which occurred after the 2017.

The Office also notes the ongoing efforts by the Department of Communities to enhance family and domestic violence screening at all points of contact with children, young people and their families; and improve data collection and capture in its ASSIST client management system.

Of relevance to the Office's analysis, which was undertaken on data recorded prior to 31 December 2017, is the Department of Communities' *Casework Practice Manual* chapter on 'Conducting a Child Safety Investigation', which currently requires child protection workers to:

> … assume that family and domestic violence is a factor in all cases and screen out for this. As much as possible you should try to hold initial conversations with parents separately. This allows for FDV screening to occur, but also minimises the likelihood that the parents will influence each other's recall of events.[146]

The *Casework Practice Manual* also contains guidance on responding to interactions involving family and domestic violence, as follows:

> Decisions about whether the Department has a role in cases where a child has been exposed to family and domestic violence (FDV), **must** be informed by the following:
>
> - likelihood that a child has suffered significant harm or is at risk of significant harm
> - likelihood that an adult victim has suffered significant harm or is at risk of significant harm
> - the age and vulnerability of the child
> - the perpetrator's pattern of behaviour including history, severity and frequency of violent and abusive tactics, and the presence of evidence based risk indicators (or red flags), and
> - factors impacting on the family which may increase risk or vulnerability such as mental ill-health, substance misuse, homelessness and adult victim vulnerability.
>
> You **must** be aware that the protectiveness of the adult victim is not sufficient reason for us not to have a role when there is indication of significant harm to a child, or likely significant harm to a child.
>
> When a family presents on multiple occasions within a short period of time, the case **must** be intaked. If the case is not progressed to initial inquiry or child safety investigation (CSI), a rationale for this decision **must** be recorded and approved by your team leader. At every subsequent contact the need to undertake further assessment **must** be reviewed.[147] [original emphasis]

[146] Department of Communities, *Casework Practice Manual: 2.2.4 Conducting a child safety investigation*, 2 August 2022, viewed 10 August 2022, < https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=186>.
[147] Department of Communities, *2.3.1 Assessing emotional abuse - family and domestic violence*, 2 August 2022, viewed 10 August 2022, <https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=153>.

The Department of Communities has also revised its practice guidance regarding data capture and recording for family and domestic violence in ASSIST, which states that:

> Consistent recording of family and domestic violence in Assist is essential for the clear transmission of information as well as for data extraction and monitoring. …
>
> You **must** assume that family and domestic violence is a factor in the case, and seek information at the earliest opportunity to confirm or refute this assumption. This can include searching our records (including Assist, Objective and triage data bases), clarifying information with the referrer, or asking the child's mother (or other female caregiver) the family and domestic violence screening questions.
>
> Record the outcome of this inquiry in the 'initial assessment' field and include a brief description of the screening process (e.g. summary of relevant history or outcome of screening questions); and the decision regarding further assessment. Outcome options include:
>
> - no family and domestic violence identified;
> - family and domestic violence identified but no significant harm apparent; or
> - concern for a child, emotional abuse - family and domestic violence.
>
> Where a duty interaction relates to family and domestic violence, there are two primary issue selections that could be recorded from the 'Primary Issue' drop-down list, either:
>
> - domestic violence; or
> - child protection.
>
> When 'child protection' is selected it is essential that the abuse type recorded for the child is 'emotional abuse – family and domestic violence'. For the child's parents, the issue and/or detail should be recorded as 'family and domestic violence'.[148]

The Department of Communities has also clarified when caseworkers should record new referrals relating to an investigation that is already underway, as follows:

> Receiving new concerns to an open investigation
>
> If you are already undertaking an investigation in relation to a child and you receive new concerns for that child, in consultation with a team leader, you should decide if a new interaction is recorded or if the new concern is addressed as part of the current open investigation.

[148] Department of Communities, *2.3.1 Assessing emotional abuse - family and domestic violence*, 2 August 2022, viewed 10 August 2022, <https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=153>.

If…	Then…
The new referral contains information regarding the same abuse type as the current open investigation	The referral can be recorded as additional information and addressed as part of the current investigation
The new referral contains information significantly different from the current open investigation or in relation to a different relative	The referral should be recorded as a new interaction and an intake

> The decision about recording a new referral as additional information or as a new investigation is made in consultation with the relevant team leader, yours, and/or the team leader responsible for the current investigation.[149]

The Office notes that for most of the interactions considered in the following analysis, the requirements set out above were not yet in place, with the *Casework Practice Manual* instead stating (as recently as March 2015) that:

> Family and domestic violence is often the underlying but hidden cause for client contact with the Department for Child Protection and Family Support (the Department), particularly in requests associated with crisis accommodation, financial assistance and information and referral. Family and domestic violence also has a high co-occurrence with all forms of child abuse and maltreatment, in particular neglect and emotional abuse.
>
> Where family and domestic violence is present but not identified in child protection work assessment of past harm and likely future danger to the child and adult victim is unlikely to be accurate and the effectiveness of safety planning may therefore be compromised. …
>
> Child protection workers should make a professional judgement about when to screen for family and domestic violence – this judgement is informed by the presenting issue as well as the presence of indicators of family and domestic violence.[150]

[149] Department of Communities, *Casework Practice Manual: 2.2.4 Conducting a child safety investigation*, 2 August 2022, viewed 10 August 2022, < https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=186>.
[150] Department for Child Protection and Family Support, *Casework Practice Manual: 5.1 Family and Domestic Violence Screening and Assessment*, 14 November 2014, 1 March 2015 archive available at: <https://webarchive.nla.gov.au/awa/20150228214918/http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/01FamilyandDomesticViolenceScreeningandAssessment.aspx>.

8.3 Contact between the Department of Communities and the 13 children and young women

8.3.1 The Department of Communities received information about the wellbeing of 13 children and young women who died by suicide in 201 interactions

Through the fieldwork undertaken during this investigation, the Office identified that the Department of Communities received information that raised concerns about the wellbeing of 13 children and young women who died by suicide through 201 interactions, as shown in Figure 8.

These figures exclude an additional 48 interactions record in relation to the 13 children and young women, where data relating to the 'primary issue' and 'outcomes' fields was:

- not entered; or
- recorded as 'Migrated Data' arising from the Department of Communities shift to a new case management system in March 2010.

8.3.2 All of the 13 children and young women were the subject of multiple referrals to the Department of Communities

The Department of Communities received a total of 201 interactions or referrals about the 13 children and young women who died by suicide. On average, the 13 children and young women came to the attention of the Department of Communities on 15 occasions, with the number of contacts ranging from two to 58 occasions.

All of the 13 children and young women were the subject of multiple referrals to the Department of Communities. However, a number of children and young women were the subject of significantly more contact with the Department. In particular, the Office found that, of the 13 children and young women:

- seven were the subject of over ten interactions; and
- two were the subject of over 40 interactions.

Figure 8: Department of Communities contact with the 13 children and young women known to the Department of Communities

	Interactions (all)	Interaction (under 18 years)	Interactions (18-25 years)	Initial Inquiries	Child Safety Investigations	Substantiations of harm	In care of the CEO during lifetime
Child 1	4	4	0	0	0	0	No
Child 2	29	29	0	5	6	4	Yes
Child 3	58	58	0	11	12	6	Yes
Child 4	3	3	0	1	0	0	No
Child 5	2	2	0	0	0	0	No
Child 6	3	3	0	1	1	0	No
Child 7	11	11	0	1	0	0	No
Young woman 1	42	32	10	0	0	0	No
Young woman 2	7	0	7	0	0	0	No
Young woman 3	4	4	0	0	0	0	No
Young woman 4	17	3	14	0	1	0	No
Young woman 5	4	2	2	0	0	0	No
Young woman 6	17	15	2	1	0	0	No
Total	**201**	**166**	**35**	**20**	**19**	**10**	**2**

Source: Ombudsman Western Australia

8.3.3 Four of the 13 children and young women known to the Department of Communities were the subject of a Child Safety Investigation as children

The Department of Communities' *Casework Practice Manual* identifies that a Child Safety Investigation (formerly known as a Safety and Wellbeing Assessment) 'is undertaken by authorised officers from the Department of Communities' and 'is conducted under the provisions of Section 31 and 32 of the *Children and Community Services Act 2004.*'[151]

[151] Department of Communities, 'Casework Practice Manual: 2.2.4 Conducting a Child Safety Investigation,' Government of Western Australia, Perth, 2021, viewed 26 February 2021 <https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=186>.

The Office identified that four of the children and young women who had contact with the Department of Communities were the subject of a Child Safety Investigation. These children and young women were the subject of 19 Child Safety Investigations in total, with two being the subject of multiple investigations.

Two children were 1 year old at the time a Child Safety Investigation was conducted into their wellbeing, with another child being the subject of an investigation at the age of 12 years.

8.3.4 Two of the children were in the care of the Chief Executive Officer at the time they died by suicide

If the Department of Communities believes a child to be in need of protection based on the criteria listed under section 28(2) of the *Children and Community Services Act 2004*, it may make an application to the Children's Court for a protection order.

Of the 13 children and young women known to the Department of Communities, two were the subject of a protection order that resulted in them being in the care of the Chief Executive Officer of the Department of Communities at some time in their lives. Both of these children were Aboriginal and/or Torres Strait Islander and were in the care of the Chief Executive Officer at the time they died by suicide.

8.4 Patterns and trends in contact between the Department of Communities and the 13 children and young women

8.4.1 Family and domestic violence was the second most frequently recorded primary issue in the 201 interactions for the 13 children and young women known to the Department of Communities

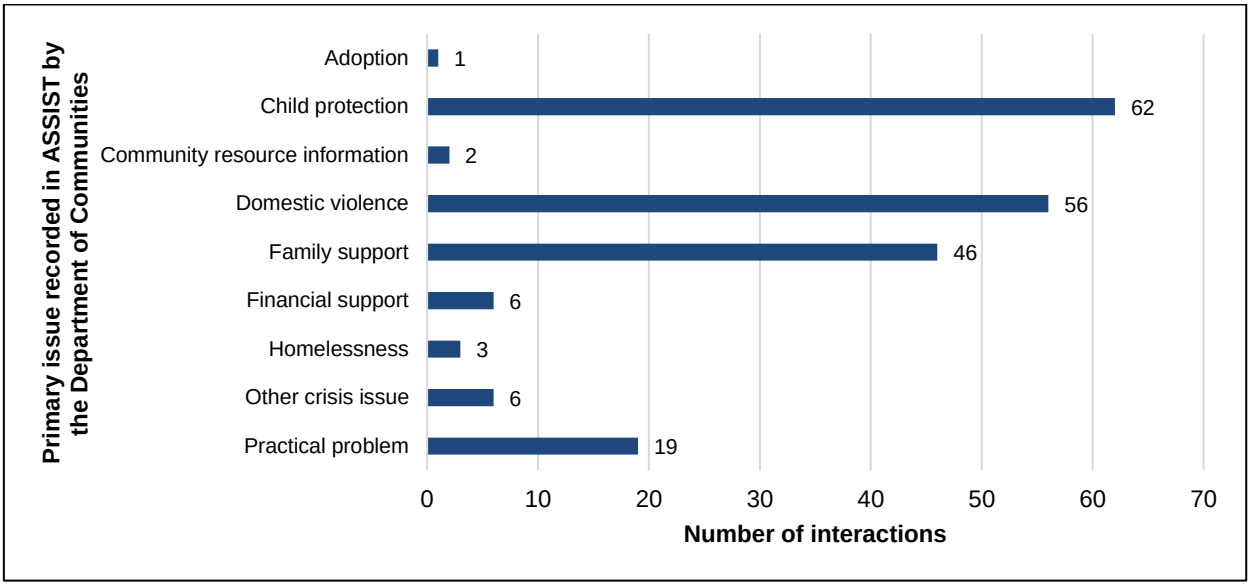
Department of Communities' staff are required to enter a 'primary issue' for each interaction recorded in the ASSIST system, selected from the following categories:[152]

- adoption;
- child protection;
- community resource information;
- domestic violence;
- family support;
- financial support;
- fostering issue;
- homelessness;
- interstate liaison;
- interstate transfer;
- other crisis issue; and
- practical problem.

The primary issue recorded for each of the 201 interactions between the Department of Communities and the 13 children and young women are shown in Figure 9:

[152] Department of Communities, *Casework Practice Manual: 2.2.2 Processing referrals and interactions*, 17 February 2022, archived on 7 March 2022 at <https://webarchive.nla.gov.au/awa/20220306182053/https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=290>.

Figure 9: Primary issue recorded by the Department of Communities in 201 interactions relating to the 13 children and young people



Source: Ombudsman Western Australia

The Office identified that, of the 201 interactions received about the 13 children and young women known to the Department of Communities, 'domestic violence' was the second most frequently recorded primary issue (56 interactions, or 28 per cent of interactions).

8.4.2 Family and domestic violence was the most frequently recorded 'other' issue among the 201 interactions for the 13 children and young women known to the Department of Communities

Up to five other issues can also be recorded concurrently with the primary issue in ASSIST for each interaction. Accordingly, the Office analysed the other issues recorded in ASSIST for the 201 interactions for the 13 children and young people, as shown in Table 24.

Table 24: Other issues recorded in the 201 interactions for the 13 children and young people known to the Department of Communities

Issue	Occasions
Adoption	1
Alcohol	1
Child concern report	7
Custody access	7
Emotional harm	6
Family domestic violence	59
Family problem	30
Financial problem	8
Homelessness	4
Housing issue	1
Medical problem	9
Neglect	4
Parent/adolescent conflict	9
Parenting	13
Physical harm/abuse	8
Post trauma support	1
Psychological problem	4
Request for information	3
Sexual harm	16
Substance abuse	9
Suicide risk	1

Source: Ombudsman Western Australia

8.4.3 The Department of Communities recorded family and domestic violence as an issue in 66 of the 201 interactions relating to the 13 children and young women

The Office found that the Department of Communities identified family and domestic violence in a total of 66 of the 201 interactions relating to the 13 children and young women as follows:

- domestic violence was recorded as the primary issue in 56 interactions; and
- family and domestic violence was recorded within the other issues fields of an additional 10 interactions (under the primary issues of child protection, other crisis issue and practical problem).[153]

8.4.4 The Office identified family and domestic violence in 110 of the 201 interactions relating to the 13 children and young people

The Office reviewed the information provided to the Department of Communities in each interaction to identify whether the free-text information recorded in ASSIST described any

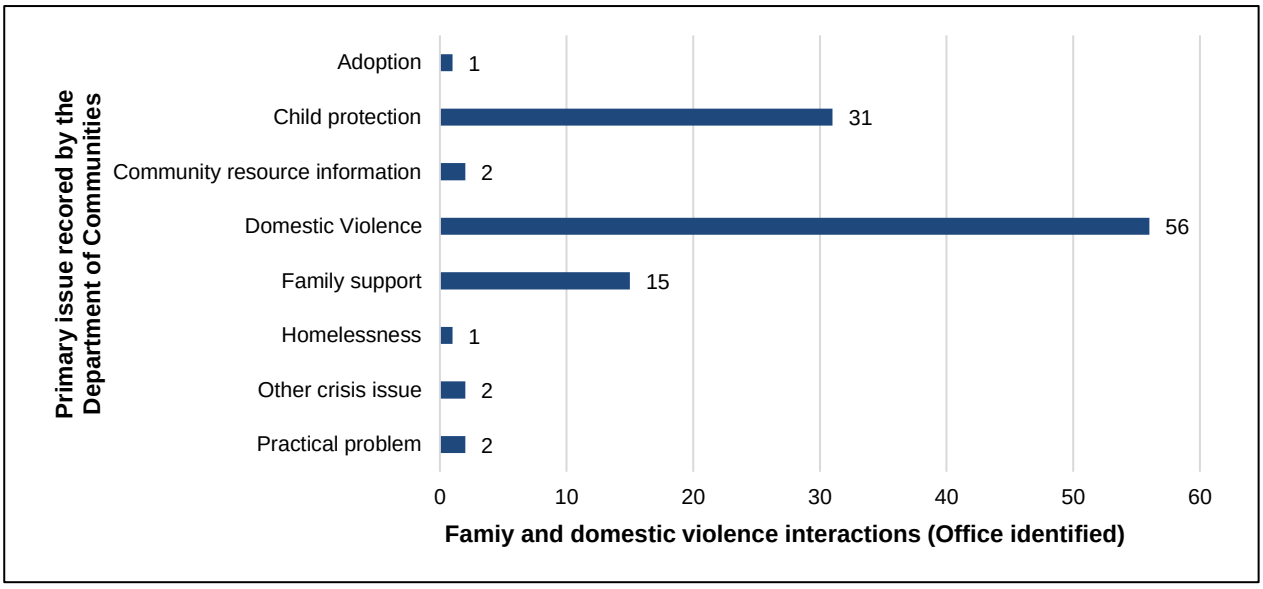
[153] The Office notes that 48 interactions with domestic violence as the primary issue had 'family and domestic violence' recorded in the 'Issue (other) 1' field and that 1 interaction had family and domestic violence recorded in the other issues (1) and (2) fields.

acts of family and domestic violence. For example, the Office identified family and domestic violence as an issue when an interaction recorded that:

- a caregiver 'disciplined' a child with 'a beating … [to] sort her out' or by hitting the child's head with a metal pole, (the issues recorded in ASSIST were 'child protection – runaway child' and 'physical harm/abuse – excessive discipline');
- a refuge called Crisis Care for assistance to transport a young woman to hospital for treatment of a broken arm, (the issue recorded in ASSIST was 'family support – medical problem');
- a family member reported concerns that a mother's boyfriend of one month was isolating her and her child and preventing them from having any contact with family members (the issue recorded in ASSIST was 'custody access – parent'); and
- a 'runaway' child reported to the Police that they were 'too frightened to return home at all' due to a step-father's verbal put-downs and punishments of locking them in their room and hitting them repeatedly with a belt until they were 'no longer able to stand' and 'fell on the floor' (the issue recorded in ASSIST was 'family problem – immediate family').

The Office identified that 'family support' was the third most frequently used primary issue recorded in interactions containing details of alleged family and domestic violence. Details of the primary issue recorded by the Department of Communities in the 110 interactions for the 13 children and young people where the Office identified family and domestic violence are shown in Figure 10.

Figure 10: Primary issue recorded in the 110 family and domestic violence interactions identified by the Office, for the 13 children and young women known to the Department of Communities



Source: Ombudsman Western Australia

The Office also considered the other issues recorded in ASSIST for the 110 family and domestic violence interactions identified by the Office, relating to the 13 children and young people known to the Department of Communities, as shown in Table 25.

Table 25: Other issues recorded for the 110 family and domestic violence interactions identified by the Office, for the 13 children and young people known to the Department of Communities

Issue	Occasions
Alcohol	1
Emotional abuse	1
Family Problem	1
Homelessness	1
Medical problem	1
Parent/adolescent conflict	3
Parenting	2
Physical harm/ abuse	5
Substance abuse	6
Suicide risk	1

Source: Ombudsman Western Australia

8.4.5 The Department of Communities recorded the outcome of 'not departmental business' or 'assessed as no further role' in 35 per cent of interactions where the Office identified family and domestic violence

The Office reviewed the recorded outcome for each of the 201 interactions received about the 13 children and young people known to the Department of Communities to compare:

- the outcomes of the 66 interactions where the Department of Communities recorded family and domestic violence as a 'primary issue' or 'issue' in ASSIST; and
- the outcomes of the 110 interactions where the Office identified that information had been received concerning the 13 children and young people and alleged family and domestic violence (Table 26).

Table 26: Outcomes recorded for interactions involving the 13 children and young people known to the Department of Communities, by family and domestic violence status

Outcome	Number of interactions where the Department of Communities identified FDV	Number of interactions where the Office identified FDV	Total interactions for the 13 children and young women
Adoption management	0	1	1
Assessed as no further role	15	16	16
Concern for child	12	33	61
Family support	20	34	80
Financial assistance	1	1	8
Not departmental business	17	22	29
Parent Support referral	1	3	6
Total	**66**	**110**	**201**

Source: Ombudsman Western Australia

Arising from this analysis, the Office identified that the Department of Communities recorded the outcome as:

- **concern for child** in 18 per cent of interactions where it recorded family and domestic violence as an issue in ASSIST, compared to 30 per cent of interactions where the Office identified family and domestic violence and 30 per cent of the 201 interactions involving the 13 children and young people;
- **family support** in 30 per cent of interactions where it recorded family and domestic violence as an issue in ASSIST, compared to 31 per cent of interactions where the Office identified family and domestic violence and 40 per cent of the 201 interactions involving the 13 children and young people; and
- **not Departmental business** or **assessed as no further role** in 48 per cent of interactions where it recorded family and domestic violence as an issue in ASSIST, compared to 35 per cent of interactions where the Office identified family and domestic violence and 22 per cent of the 201 interactions involving the 13 children and young people.

8.4.6 Of the 110 interactions relating to the 13 children and young women where the Office identified family and domestic violence, the Department of Communities progressed to intake for additional actions on 26 occasions (27 per cent)

As shown in Figure 11, the Department of Communities progressed interactions regarding the 13 children and young women to intake on 50 occasions (25 per cent). For comparison, the Department of Communities progressed to intake interactions where:

- the Office identified family and domestic violence on 26 occasions (24 per cent of 101 interactions); and
- 'family and domestic violence' was recorded as an issue in ASSIST on eight occasions (12 per cent of 66 interactions).

Figure 11: The Department of Communities' next actions for interactions regarding the 13 children and young women, by family and domestic violence status

Next Action	Number of interactions where the Department of Communities identified FDV	Number of interactions where the Office identified FDV	Total interactions for the 13 children and young women
Not recorded	1	10	43
Intake	8	26	50
No further action	56	82	147
Referral to support service	1	1	1
Unable to proceed	1	1	3
Total	**66**	**110**	**201**

Source: Ombudsman Western Australia

Also shown in Figure 11 is the Office's consideration of the next action recorded for each of interactions involving the 13 children and young women known to the Department of Communities where:

- the Office identified family and domestic violence (110 interactions); and
- the Department of Communities recorded family and domestic violence as an issue in ASSIST.

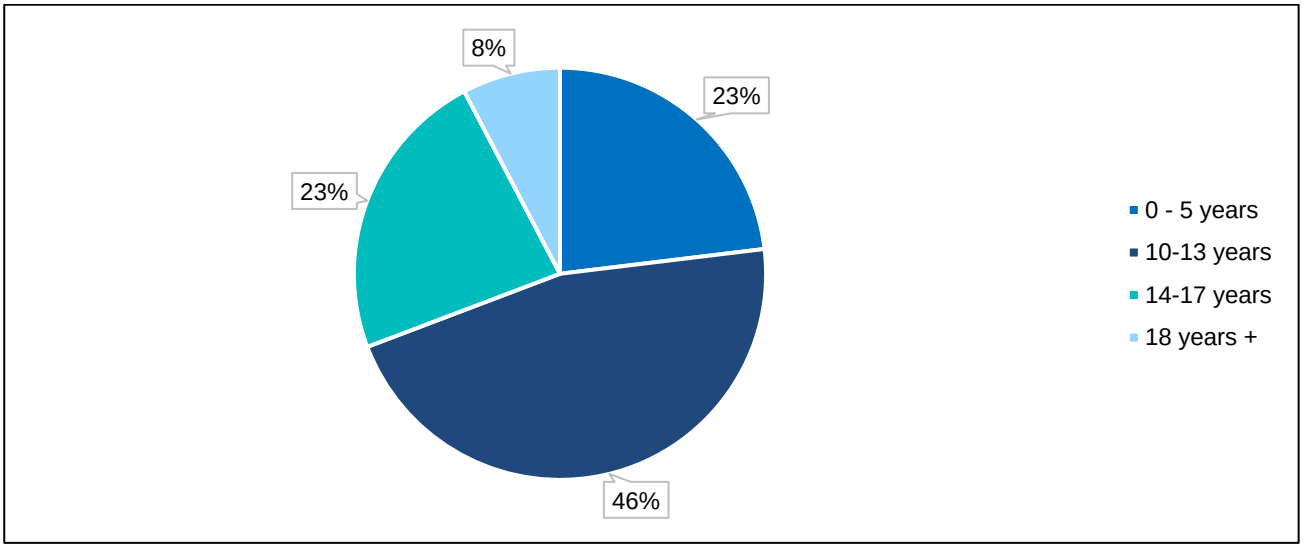
Arising from this analysis, the Office identified that that the Department of Communities recorded the 'next action' of family and domestic violence related interactions as:

- **intake** in 12 per cent of interactions where it recorded family and domestic violence as an issue in ASSIST, compared to 27 per cent of interactions where the Office identified family and domestic violence and 25 per cent of the 201 interactions involving the 13 children and young people; and
- **no further action** in 85 per cent of interactions where it recorded family and domestic violence as an issue in ASSIST, compared to 75 per cent of interactions where the Office identified family and domestic violence and 73 per cent of the 201 interactions involving the 13 children and young people.

8.4.7 Nine of the 13 children and young people known to the Department of Communities were first in contact with the Department as a child between the ages of 0 and 13 years

The Office analysed Department of Communities contact concerning the 13 children and young women known to the Department of Communities and identified that they had contact with the Department of Communities across the course of their lives.

Figure 12: Age at first contact with the Department of Communities, for the 13 children and young people who died by suicide



Source: Ombudsman Western Australia

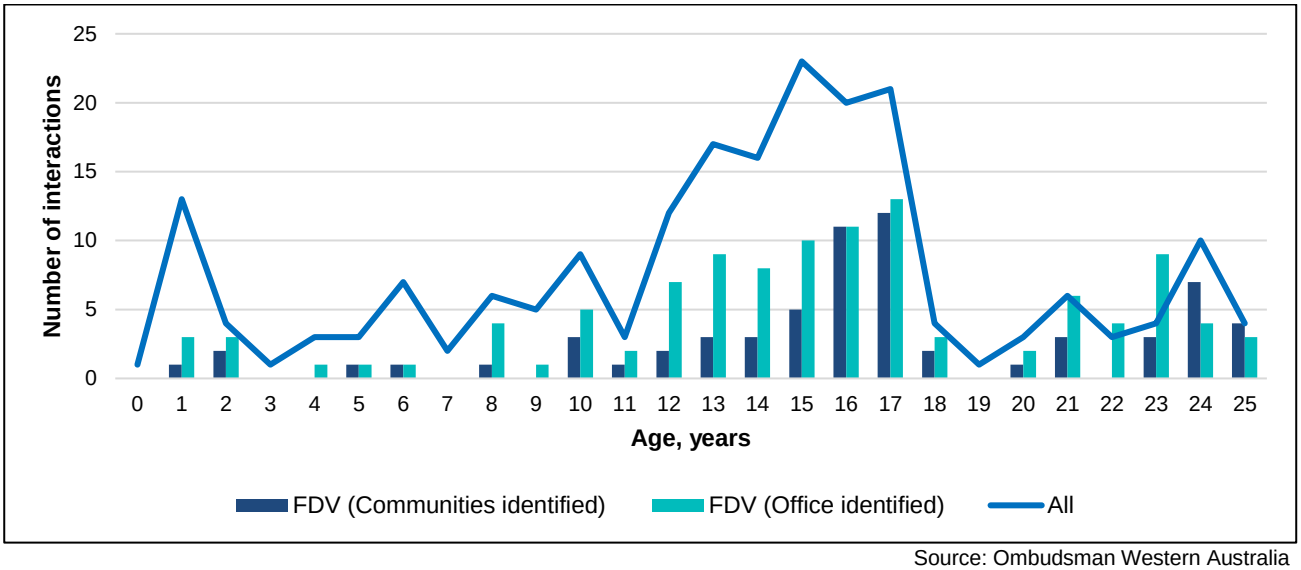
As shown in Figure 12, the Office identified that, of the 13 children and young women known to the Department of Communities:

- nine first become known to the Department between the ages of 0 and 13 years (69 per cent), including:
    - three children who died by suicide whose first contact was between the ages of 0 and 5 years (23 per cent); and
    - four children and two young women whose first contact was between the ages of 10 and 14 years (31 per cent);
- three became known to the Department, between the ages of 14 and 15 years (23 per cent); and
- one young woman who first became known to the Department at the age of 21 years, regarding an enquiry to formalise her guardianship of a child in her care.

8.4.8 Referrals to the Department of Communities regarding the 13 children and young women occurred most frequently at age one and between the ages of 14 and 17 years

As shown in Figure 13, the Office identified peaks in Department of Communities' interactions with the 13 children and young women at age 1 and between the ages of 14 and 17 years.

Figure 13: Interactions for the 13 children and young women, by age and family and domestic violence status



Source: Ombudsman Western Australia

Of the 201 interactions with the 13 children and young women:

- 18 occurred in the first 1,000 days of childhood (pre-birth until the child's third birthday);
- 7 occurred between the ages of 3 to 5 years;
- 20 occurred between the ages of 6 to 9 years;
- 41 occurred between the ages of 10 to 13 years;
- 80 occurred between the ages of 14 to 17 years; and
- 35 occurred between the ages of 18 to 25 years.

Arising from this analysis, the Office identified that referrals to the Department of Communities for the 13 children and young women occurred most frequently:

- initially at age one (13 interactions, six per cent of the 201 interactions); and
- subsequently between the age of 14 and 17 years (80 interactions, 40 per cent).

8.4.9 Family and domestic violence related interactions for the 13 children and young women occurred most frequently between the ages of 10 and 13 years and again between the ages of 14 and 17 years

The Office further analysed the interactions in which the Department of Communities recorded family and domestic violence as an issue in ASSIST together with the interactions where the Office had identified family and domestic violence for the 13 children and young women according to their age at the time of the interaction.

As shown in Figure 13, the Office identified that referrals to the Department of Communities containing alleged family and domestic violence occurred throughout the lives of the 13 children and young people, peaking between the ages of 10 to 13, and again between the ages of 14 to 17 years.

Of the 110 family and domestic violence related interactions with the 13 children and young women identified by the Office:

- 6 occurred in the first 1,000 days of childhood (pre birth until the child's third birthday);
- 2 occurred between the ages of 3 to 5 years;
- 6 occurred between the ages of 6 to 9 years;
- 23 occurred between the ages of 10 to 13 years;
- 42 occurred between the ages of 14 to 17 years; and
- 31 occurred between the ages of 18 to 25 years.

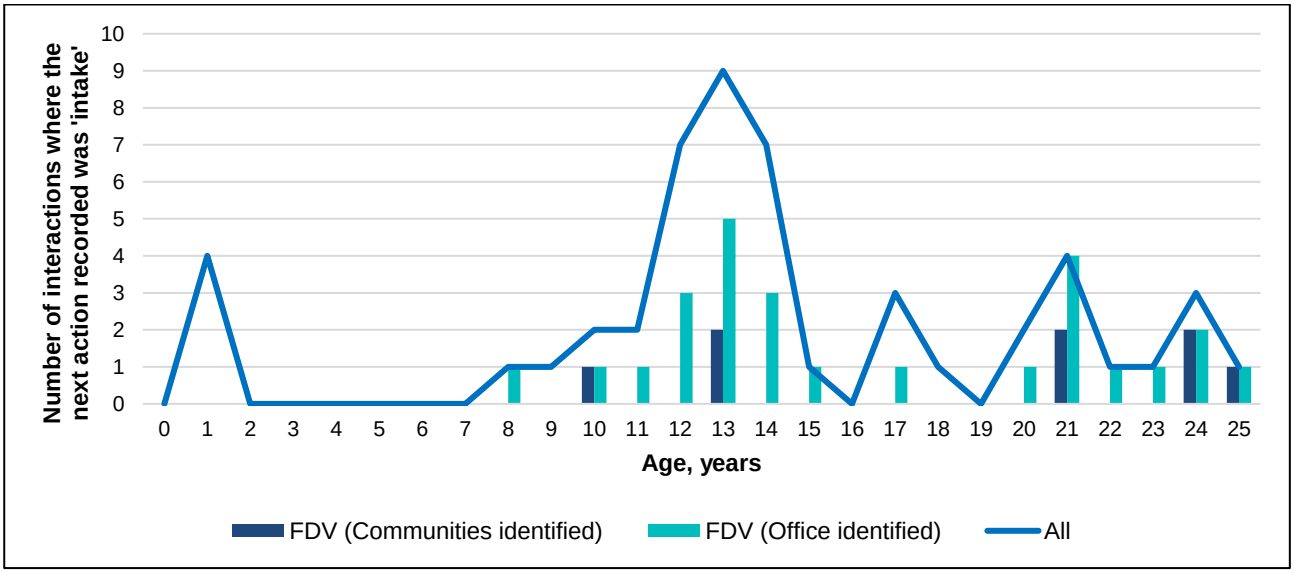
Arising from this analysis, the Office identified that referrals to the Department of Communities for the 13 children and young women regarding family and domestic violence occurred most frequently between the ages of:

- 10 and 13 years (23 interactions, 21 per cent of the 110 interactions); and
- 14 and 17 years (42 interactions, 38 per cent).

8.4.10 Intake of concerns for the 13 children and young people by the Department of Communities occurred most frequently at ages 1 and 13. Intake of interactions occurred most frequently at age 1 and between the ages of 10 to 13 years.

As shown in Figure 14, the Office identified peaks in Department of Communities' intake of interactions regarding the 13 children and young women at age 1 and between the ages of 10 and 13 years.

Figure 14: Intake for the 13 children and young women, by age and family and domestic violence status



Source: Ombudsman Western Australia

Of the 50 interactions with 'intake' recorded as their next action related to the 13 children and young women:

- four occurred in the first 1,000 days of childhood (pre birth until the child's third birthday);
- zero occurred between the ages of 3 to 5 years;
- two occurred between the ages of 6 to 9 years;
- 20 occurred between the ages of 10 to 13 years;
- 11 occurred between the ages of 14 to 17 years; and
- 13 occurred between the ages of 18 to 25 years.

Arising from this analysis, the Office identified that referrals to the Department of Communities for the 13 children and young women occurred most frequently:

- initially at age one (four interactions, eight per cent of the 50 intakes); and
- subsequently between the age of 10 and 13 years (20 interactions, 40 per cent).

Figure 14 also shows that intake of family and domestic violence related interactions for the 13 children and young women peaked at age 1 and at age 13.

Of the 26 family and domestic violence interactions (as identified by the Office) that progressed to intake for the 13 children and young women:

- zero occurred in the first 1,000 days of childhood (pre birth until the child's third birthday);
- zero occurred between the ages of 3 to 5 years;
- one occurred between the ages of 6 to 9 years;
- 10 occurred between the ages of 10 to 13 years;
- five occurred between the ages of 14 to 17 years; and
- 10 occurred between the ages of 18 to 25 years.

Arising from this analysis, the Office identified that intake by the Department of Communities of family and domestic violence related referrals for the 13 children and young women

occurred most frequently between the ages of 10 and 13 years (10 interactions, 38 per cent of the 26 family and domestic violence related interactions identified by the Office that progressed to intake).

8.5 Opportunities to improve data collection about children's experiences of family and domestic violence

8.5.1 Children have a right to freely express their views in all matters affecting them

Article 12 of the *Convention on the Rights of the Child,* identifies that children have a right to express their views in all matters affecting their lives:

> Article 12
>
> 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.[154]

8.5.2 Knowledge about children's experiences of family and domestic violence is limited

Researchers identify that inconsistent documentation of family and domestic violence across state jurisdictions and statutory agencies 'makes it difficult to collect meaningful data about patterns and levels of [family and domestic violence] and to gauge effective interventions.'[155] These limitations in data collection affect the efficacy of 'responses to cases involving DFV as they do not know the full extent and nature of the problem.'[156]

The research literature notes the difficulty of obtaining 'complete and robust data on children's exposure to family violence' arises from barriers such as:

> … the sensitivity of the subject, with administrative sources only able to identify reported cases and most large-scale population surveys focusing on adult experiences and/or their perceived knowledge of child experiences.
>
> While administrative 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 attention.
>
> To enhance current administrative data on family violence, the identification and collection of data on family violence in other routinely collected administrative data sources is important. Improvements to existing collections, for example child protection, specialist homelessness services, and perinatal, are underway.
>
> To supplement administrative data, the First national study of child abuse and neglect in Australia, being conducted from 2019–2023, may provide additional insight into family violence by retrospectively reporting on childhood experiences

[154] *Convention on the Rights of the Child*, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990), Art 12.
[155] Australian National Research Organisation for Women's Safety, *The impacts of domestic and family violence on children*, 2018, ANROWS, Sydney, 2018, p. 3.
[156] Cahill A, Stewart J and Higgins D, *Service system responses to children and young people in the statutory child protection system who have experienced or witnessed family violence,* 2020, Institute of Child Protection Studies, Australian Catholic University, Canberra, p. 20.

> of family violence for respondents aged 16 and over. In addition to collecting data on childhood experiences retrospectively, data collected directly from children is also important.[157]

8.5.3 Expanding the evidence of children and adolescents' experiences of family and domestic violence is crucial

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

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

> The National Plan … recognises the need for a strong evidence base to inform the development of appropriate, targeted strategies to reduce these forms of violence and for evaluation of action taken. The current evidence base is not sufficiently robust to support the information requirements of governments to achieve the aims of their coordinated response, now and into the future …
>
> An evidence base can provide a range of information that reflects the lived experience of individuals involved in and affected by incidents of family, domestic and sexual violence. This information can relate to the socio-demographic characteristics of offenders and victims (such as their age, education levels, income, health status, family composition and housing tenure), through to details of incidents, how they occur and responses to those incidents. Those affected by family, domestic and sexual violence may engage with a range of agencies, individuals and services, however this information can be fragmented. These pieces of information, when harnessed for analytical purposes can provide valuable insights that can be used to identify those at risk of family violence and deploy effective prevention, intervention and support strategies.[158]

The National Plan identifies 'build[ing] the evidence base to inform responses to domestic, family and sexual violence by strengthening the focus on what works to reduce violence, improving data and supporting the Fourth Action Plan priorities'[159] as a key action in improving support and service system responses to family and domestic violence.

Australia's National Research Organisation for Women's Safety have also highlighted that further research on the experiences of children and young people affected by family and domestic violence is needed '[t]o develop tailored services that are age-appropriate, … [and] investigate the nature, experience and impacts of childhood exposure to [family and domestic violence].[160]

[157] Australian Institute of Health and Welfare, *Australia's Children*, 2020, Australian Government, Canberra, p. 342.
[158] Australian Bureau of Statistics, *Defining the data challenge for family, domestic and sexual violence: Summary 2013*, 2013, viewed 15 June 2020, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4529.0.00.001main+features32013>.
[159] Council of Australian Governments, *Fourth Action Plan – National Plan to Reduce Violence against Women and their Children 2010-2022*, 2019, Commonwealth of Australia, Canberra, p. 6, 36.
[160] Australia's National Research Organisation for Women's Safety, *Australia's National Research Agenda to Reduce Violence against Women and their Children: ANRA 2020-2022*, 2020, ANROWS, Sydney, p. 8.

8.5.4 Systemic issues in data collection systems and recording practices in Australian jurisdictions have prevented children from being seen as victims of family and domestic violence in their own right

Academics, governments, advocates, parents and the former National Children's Commissioner have highlighted the urgent need to capture data directly from children about their experiences of family and domestic violence.[161] The New South Wales Government identified the importance of considering children as 'victims in their own right' and changing 'relevant data sets across the areas of child protection, health, housing, and police and justice systems' to record when children are 'a victim [of violence] or the recipient of services or service referrals', noting that:

> Better and wider flagging of domestic and family violence at program level across the service system (for example, as a vulnerability where children and families are accessing or affected by services) would build our understanding of how children are affected by domestic and family violence.[162]

In Victoria, a key theme that emerged from the *Royal Commission into Family Violence*, completed in 2016, was that children and young people experiencing family and domestic violence should be recognised as victim survivors in their own right. The Victorian Government's *Victorian Family Violence Data Collection Framework* identifies significant missed opportunities arising from gaps in data collection about children's experiences of family domestic violence, as including difficulties in:

> … know[ing] the extent, nature and outcomes of family violence on this population. It will also be difficult to consider important demographic details about these victims, including whether they belong to other priority communities, and to track the trajectory of these individuals through service data over time …[163]

8.5.5 The Australian research literature highlights a need to improve service system practice and recording so that information gathered directly from children experiencing family and domestic violence is used to enhance responses to family and domestic violence

The AIHW states that 'data collected directly from children is also important,'[164] noting that 'additional, regular, national data on the child's perspective of safety is essential for more complete understanding, and evidence suggests that children want to discuss their personal challenges and experiences.'[165]

[161] See for example, the submissions extracted in National Children's Commissioner, *Children's Rights Report 2015*, 2015, Australian Human Rights Commission, Sydney, p. 119.
[162] New South Wales Government, Submission No 51 to Australian Human Rights Commission, *National Children's Commissioner's examination into children affected by family and domestic violence*, 28 July 2015, p. 11.
[163] Victorian Government, *Victorian Family Violence Data Collection Framework*, 2020, p. 41.
[164] Australian Institute of Health and Welfare, *Australia's Children*, Australian Government, Canberra, 2020, p. 342.
[165] Australian Institute of Health and Welfare, *Australia's Children*, Australian Government, Canberra, 2020, p. 304.

The Victorian *Family Violence Data Collection Framework* also highlights the importance of collecting information directly from children 'whenever possible and appropriate' in order to respect their:

> … right to have a say and be heard [and acknowledge] their role as a victim who has experienced family violence, even in circumstances where the violence was indirect. Gathering information directly from the victim will also provide insight on how children and young people uniquely experience family violence.[166]

8.5.6 Best practice information gathering from children about their experiences of family and domestic violence requires careful consideration of the child's needs, including the need to keep the child safe, and a tailored methodological approach

Researchers note that collecting information from children and adolescents that 'accurately and authentically reflects their experience can be difficult.'[167] The Australian Institute of Family Studies' Communities and Families Clearinghouse identifies four challenges services may experience when collecting data directly from children, as follows:

- *context*—children will respond differently depending upon the environment in which they are interviewed; a "natural" environment (such as a playground) is preferable to a formal interview room;
- *method of data gathering*—the method that is used needs to be considered in relation to the age of the child and their skills and capabilities;
- *ethical issues*—care should be taken to factor in vulnerability and potential harm for children from their involvement in data collection processes, recalling incidents of conflict for example may cause distress to a child; and
- *privacy and confidentiality*—assuring children that any data collected will be kept confidential is especially important because of the power imbalance between children and adults, however in some cases there may be instances when the information a child discloses needs to be reported (e.g., reports of child abuse).[168]

The AIFS notes that the most important factor in gathering information from children is 'building and maintaining relationships of trust with families' and also 'outlines four key methods that child and family services can use to assist the process of data collection', which are:

- become familiar with culturally competent evaluation;
- be aware of issues relating to consent, privacy and confidentiality when collecting data from children;
- become familiar with techniques for collecting data from children; and
- involve … children in the evaluation process.[169]

[166] Victorian Government, *Victorian Family Violence Data Collection Framework*, 2020, p. 42.
[167] Victorian Government, *Victorian Family Violence Data Collection Framework*, 2020, p. 42.
[168] McDonald M and Rosier K, *Collecting data from parents and children for the purpose of evaluation: Issues for child and family services in disadvantaged communities*, 2011, Australian Institute of Family Studies, Communities and Family Clearinghouse Australia, p. 3.
[169] McDonald M and Rosier K, *Collecting data from parents and children for the purpose of evaluation: Issues for child and family services in disadvantaged communities*, 2011, Australian Institute of Family Studies, Communities and Family Clearinghouse Australia, p. 4.

The *National Statement on Ethical Conduct in Human Research* also raises particular ethical considerations when undertaking research involving children and young people, including:

- their capacity to understand what the research entails, and therefore whether their consent to participate is sufficient for their participation;
- their possible coercion by parents, peers, researchers or others to participate in research; and
- conflicting values and interests of parents and children.[170]

Additionally, the *National Statement on Ethical Conduct in Human Research* provides guidelines for the design, ethical review and conduct of research undertaken with children and young people informed by the values of 'research merit and integrity', 'justice', 'beneficence', 'respect', 'standing parental consent' and the 'best interests of the child.'[171]

The Victorian *Family Violence Data Collection Framework* approach combines elements of both the AIFS and *National Statement on Ethical Conduct in Human Research* guidelines and notes that the following issues should be kept in mind when collecting data from children about their experiences of family and domestic violence:

- **Issues of privacy and confidentiality** are especially significant when collecting information from or about children and young people. The recent introduction of [data collection schemes] impact privacy and confidentiality, and organisations should be clear about their obligations and authorisations under those schemes. Staff should also prepare for the possibility that a child or young person may disclose information which is subject to mandatory reporting or may be shared to assess or manage family violence risk or promote safety and wellbeing and ensure that the child or young person understands the limitations of privacy and confidentiality.
- **Ethical issues**: Care should be taken to factor in vulnerability and potential harm from collecting data directly from a child. Where a child or young person has been a victim of family violence, being asked to specifically recall incidents may cause distress to the child or young person. Data collection should therefore consider sympathetic methodologies, appropriate contexts, protocols and procedures which enable data collectors to prepare for and manage the potential for risk and re-traumatisation.
- **The age of the child**: Collecting data directly from young children (6 years or under) which accurately reflects their experiences can be difficult, as they may not respond to traditional data collection methods (for example, surveys, interviews with strangers). Agencies and service providers should be aware of issues surrounding the age at which a child can consent to directly provide information which is captured in data.
- **The method used to gather data** should be considered depending on the age, developmental stage, skills and capabilities of a child. Written data collection for instance may not be appropriate if a child or young person is not comfortable with reading and writing. Similarly if a form is lengthy a child or young person may not have the attention span to complete the document. Non-traditional methods of data collection may make it easier to collect information and may make the process more effective for young children.

[170] National Health and Medical Research Council, Australian Research Council, and Universities Australia, *National Statement on Ethical Conduct in Human Research*, 2018, National Health and Medical Research Council, Canberra, p. 65.
[171] National Health and Medical Research Council, Australian Research Council, and Universities Australia, *National Statement on Ethical Conduct in Human Research*, 2018, National Health and Medical Research Council, Canberra, p. 65-67.

- **Children and young people are more affected by leading questions** and effort should be made to ensure that an interview is not intentionally or unintentionally leading a child or young person to certain answers. It should be made clear when working with children and young people that there are no correct or incorrect responses when speaking about their experiences.
- **Children and young people given the option to have a parent present or not present**: Wherever possible, children and young people should be given the option as to whether they would prefer to have a non-offending parent or guardian present when participating in interviews. A child's answers to questions may vary depending on whether a parent or guardian is present. Data collectors should also be mindful in the context of family violence to consider the possibility that a parent or guardian is the perpetrator of abuse. In this circumstance it would not be appropriate to gather information from a child or young person with that parent or guardian present.[172]

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

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

8.5.7 The Department of Communities has identified that it is developing a family and domestic violence-informed approach that is being developed across its strategic and operational areas

During the investigation, the Office consulted with the Department of Communities about patterns and trends in how the Department identified and responded to family and domestic violence among the children and young women who died by suicide, and was advised that the Department is 'currently undertaking a review of the practice guidance relating to family and domestic violence practice.'[173]

Recently, the Department of Communities has partnered with the Safe & Together Institute to examine the current systemic family and domestic violence responses in Western Australia. In utilising the Safe & Together Institute's Continuum of Domestic Violence Practice, the Department of Communities has highlighted that the 'Department of Communities' competency in responding to family and domestic violence sits across Domestic Violence Destructive, Domestic Violence Neglectful and Domestic Violence Pre-Competent.'[174]

[172] Victorian Government, *Victorian Family Violence Data Collection Framework*, 2020, p. 42-43.
[173] Department of Communities, electronic communication, 29 October 2021.
[174] Department of Communities, 'Family and Domestic Violence-Informed Approach' (PowerPoint presentation), Government of Western Australia, delivered 9 September 2021, Perth, slide 5.

Accordingly, the Department of Communities has highlighted that:

> Communities is developing a Western Australian FDV-Informed Approach that is family violence, trauma and culturally-informed. The development of this approach sits across Strategy and Partnerships, Aboriginal Outcomes and Community Services.
>
> We have partnered with the Safe and Together Institute to start this work:
>
> 1. An organisational assessment of Communities family and domestic violence policies, systems and practices. This is a process that requires staff to audit / review policies, data systems, governance arrangements etc. to examine current family violence capability. It includes a case reading analysis (same methodology as used in the PATRICIA research project) to support detailed analysis of current responses to family and domestic violence (an initial draft has been received by Communities).
>
> 2. Participatory protocol development. Informed by the organisational assessment, Safe and Together Institute will work with Aboriginal staff and Aboriginal stakeholders to develop approaches for working with Aboriginal families.
>
> 3. Implementation of the participatory protocol, and other necessary changes identified through the organisational assessment, to embed good family violence practice in our people, policy and systems.[175]

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

- Aboriginal Cultural Framework and Cultural Capability.
- Aboriginal family safety strategy.
- Communities family and domestic violence service model.
- Recommissioning the family and domestic violence sector.
- Developing an integrated family and domestic violence response.
- Senior Officer's Group - Reinvigorated across government commitment.[176]

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

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

[175] Department of Communities, 'Family and Domestic Violence-Informed Approach' (PowerPoint presentation), Government of Western Australia, delivered 9 September 2021, Perth, slide 6.
[176] Department of Communities, 'Family and Domestic Violence-Informed Approach' (PowerPoint presentation), Government of Western Australia, delivered 9 September 2021, Perth, slide 7.

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

8.6.1 Background

The Ombudsman's 2014 *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people* (**the 2014 Investigation**) highlighted the experiences of young people who experienced multiple risk factors associated with suicide. This included those recorded as having allegedly experienced one or more forms of child maltreatment, with most also being recorded as having experienced mental health problems and suicidal ideation and behaviour. The 2014 Investigation highlighted research concerning young people at risk, identifying that these young people's involvement with government and non-government agencies was often characterised by perceptions that they were 'difficult:'

> The theme of older adolescent children who were very difficult to help emerged powerfully. Almost all of these 'hard to help' older young people (over the age of 13) had a long history of high level involvement from children's social care and other specialist agencies, including periods of state care.[177]

The 2014 Investigation also highlighted research from the United Kingdom (**UK**) concerning a profile of young people at risk of serious injury or death, which identified that in dealing with adolescents, government and non-government agencies 'appeared to have run out of helping strategies and were sometimes reluctant to assess these young people as mentally ill and/or with suicidal intent:'[178]

> Time was wasted arguing about which agency was responsible for which service and whether thresholds were met, thereby delaying the provision of services that the young people needed. There was a lack of coordination of services for these young people 'in transition' and failures to respond in a sustained way to their extreme distress which occurred in parallel to their very risky behaviour.[179]

In *Preventing suicide by children and young people 2020*, the Office explored these issues further and again identified the importance of State government departments and authorities:

- sharing information to facilitate the effective identification of young people at risk of suicide; and
- making a collaborative effort to prevent and reduce suicide by young people who experience multiple risk factors associated with suicide and have contact with multiple State government departments.

[177] Brandon M, Belderson P, Warren C et al, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, 2008, United Kingdom Department for Children, Schools and Families, London, p. 12.
[178] Brandon M, Belderson P, Warren C et al, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, 2008, United Kingdom Department for Children, Schools and Families, London, p. 7.
[179] Brandon M, Belderson P, Warren C et al, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, 2008, United Kingdom Department for Children, Schools and Families, London, p. 12.

The Office noted research literature identifying that challenging behaviours exhibited by children and young people experiencing cumulative harm are often not understood in the context of trauma and considered interventions introduced in other jurisdictions to better meet the needs of these children, including:

- targeted multi-agency interventions to help meet the needs of older children and young people with complex needs, including those 'who don't quite cross the threshold to be involved in care and protection services, but still have complex needs;'[180]
- interventions for children and adolescents with parents experiencing mental health, drug or alcohol issues;[181] and
- long-term early intervention initiatives introduced to reduce rates of developmentally vulnerable children and young people in areas of socio-economic disadvantage.[182]

The Office also highlighted research literature observing that young people who have multiple risk factors and a long history of involvement with multiple agencies are often 'hard to help', and agencies face challenges in providing services to these young people.[183] In particular, the Office noted the challenges services face in recognising the non-physical or visual effects of long-term neglect in older children, and that many of the children and young people who died by suicide in Western Australia had been categorised by services as 'resilient', 'risk-taking' and/or 'hard to help':

> Older children may also be skilled at hiding the impact of neglect by seeking support from places other than the family or by spending more time away from home, which in itself may put the child at more risk. They may appear 'resilient' and to be making choices about their lives, when in fact they are adopting behaviours and coping mechanisms that are unsafe. For example, they may look for support from inappropriate and dangerous adults or use alcohol and drugs as a form of escape. …
>
> What older children require from their parents is also different to what younger children need. Older children face risks outside of the home in ways that younger children do not. Parents may not always be equipped to help their older children deal with increased risks outside the home. Alternatively, because their parents are neglecting them at home, older children may spend more time away from the home, which increases their risk of exposure to child sexual exploitation, criminal exploitation, gang-related activity or violence. These, then, are the problems that professionals first see when they encounter a neglected child and these may well be the issues they respond to.[184]

[180] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 8-10; Oranga Tamariki Ministry for Children, 'Children's Teams', *Working with children*, viewed 26 October 2019, <https://www.orangatamariki.govt.nz/working-with-children/childrens-teams/information-for-families/>.
[181] NSW Government Agency for Clinical Innovation, *Keep Them Safe and Whole Family Teams – An Integrated Partnership Approach to Health Care*, 5 March 2015, viewed 26 October 2019, <https://www.aci.health.nsw.gov.au/ie/projects/keep-them-safe-and-whole-family-teams>.
[182] Royal Australian and New Zealand College of Psychiatrists*, Submission to the Legal and Social Issues Committee's Inquiry into youth justice centres in Victoria,* 21 September 2018, viewed 26 October 2019, <https://www.ranzcp.org/files/resources/submissions/ranzcp-qld-submission-on-youth-justice-strategy-se.aspx>, p. 2-3.
[183] Brandon M, Belderson P, Warren C et al, *Analysing Child Deaths and Serious Injury through Abuse and Neglect: What can we learn? A Biennial Analysis of Serious Case Reviews 2003-05*, 2008, United Kingdom Department for Children, Schools and Families, London, p. 12.
[184] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 8-10.

Having identified that the interactions about the 13 children and young women known to the Department of Communities (both in total and regarding family and domestic violence) peaked between the ages of 14 to 17 years, but the majority of these interactions did not progress to intake for further action, the Office undertook:

- a comprehensive review of the research literature concerning the drivers of adolescent engagement with service systems, and learnings about the way adolescents are perceived and engaged; and
- an in-depth review and qualitative analysis of the free text details recorded in interactions regarding the 13 children and young women, with particular attention to patterns and trends that emerged when they were older children and adolescents.

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

Recent research in the UK has examined issues that arise in interactions with adolescents, including work by the UK's National Society for the Prevention of Cruelty to Children (**NSPCC**) which has published learnings from 15 case reviews that were published between 2018 and 2019 featuring children and adolescents aged 13 to 18 years. Teenagers in these case reviews 'faced a complex lived experience and wide range of risk factors [and] became the subject of reviews following: suicide or attempted suicide, physical injuries or death at the hands of another person, child sexual abuse and sexual abuse, neglect, and criminal exploitation.'[185] Arising from these reviews, the NSPCC identified a number of key learnings about the manner in which adolescents were perceived and engaged.

The NSPCC identified that 'practitioners sometimes struggle to work with teenagers who are experiencing complex issues [and that] interventions can focus on tackling challenging behaviour, rather than exploring the underlying causes and risk factors:'[186]

> Sometimes professionals labelled a young person's behaviour as "challenging" or "risk-taking", which led to them seeing the behaviour as the problem, rather than identifying what might be causing it, what risks the young person might be exposed to, and what support was needed …
>
> If practitioners perceived that a young person was displaying risk-taking behaviour, for example being involved in criminal activity, this was sometimes seen as a deliberate choice by the child. This perception overshadowed the child's vulnerabilities and the mitigation of any risks they were exposed to. In some instances it led to professionals treating young people as perpetrators of crime and/or anti-social activity, rather than children in need of support.
>
> Practitioners sometimes focused on tackling young people's substance misuse, rather than seeing substance misuse as a possible indicator of abuse and/or exploitation.[187]

[185] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.
[186] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.
[187] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 3.

Further research in the UK by Crest Advisory, including a report investigating the drivers of serious violence and trends in violence and patterns of vulnerability among children and young people, identified that 'the way in which adolescents appear or present to adults in authority does not always fit with notions of vulnerability [and that] this may affect how they are treated.'[188] Barriers that practitioners can face in working with adolescents include:

> Cultural issues: we were told that people become social workers because they want to protect 'vulnerable children' (as they imagine them), and now they find themselves working with teenagers who don't fit their image of childhood or vulnerability.
>
> Practical skills: Social workers are trained to recognise family abuse but not necessarily equipped to deal with peer abuse, exploitation or serious violence. They may also feel that they have fewer legal and procedural elvers over the external environments in which significant harm is present – whether that be a local park or school – as they do in family settings.[189]

In consulting with researchers who provide services to adolescents at risk of serious violence, Crest Advisory further identified that 'the young people who are most at risk of involvement in serious violence - teenage boys - are the least likely to be viewed as vulnerable:'[190]

> The reality for lots of these children is that the recording of the journey of vulnerability is too broken … these are children who will have had frequent interactions with social care potentially from birth, school exclusion, multiple primary schools… these records stop and start so often, and are passed between so many people, that a genuine understanding of vulnerability is lost. They are and remain challenging, dysregulated of one mind, of another naughty, bad, not worthy of a place: rejected and moved on.'[191]

[188] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 49.
[189] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 41.
[190] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 49.
[191] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 49.

Text from interactions for the 13 children and young women known to the Department of Communities

Case study 1

The following text is from an interaction regarding a child in care of the CEO:

[Female child, age 13] is engaging in high risk behaviours and is self- selecting her placements which place her an extremely high risk. [Female child, age 13] has self selected her placement … which the Department assessed as being Unsuitable however were supporting given [Female child, age 13's] high risk behaviours.

Case study 2

The following text is from an interaction concerning a sibling of a child in care of the CEO:

[Male child, age 12] is currently choosing to place himself at risk by living on the streets and drug taking. Mother has engaged with [support services] and is attempting, without success at present, to engage [male child, age 12]. [Support services] have been unable to impact on [male child's] inappropriate behaviour however, they …, are trying. It is very likely that [male child, age 12] will be arrested, when located by Police, and it is hoped that his substance abuse and counselling needs can be addressed at this time.

Researchers also identify that those working with adolescents must respond to behaviour and need simultaneously, with a practice paper by the former Queensland Department of Child Safety, Youth and Women identifying that:

> A strong invitation exists for workers to focus their intervention with 'high-risk' adolescents on their challenging, destructive or self-harming behaviour. 'How do we manage this young person's behaviour?' becomes the central question. While workers are aware that high-risk behaviour is an indicator of complex need, acting on this knowledge can take a back seat to efforts to 'contain' and/or prevent the escalation of the behaviour. However, a focus on identifying and addressing needs cannot wait until behaviour is stabilised – work to understand and respond to need must occur simultaneously with acute responses to high-risk behaviour (Joughin & Morley 2007). Indeed, they must be integrated as the same work – even when a paramount need for physical safety is being responded to (for example, acting to prevent a young person harming themselves or others), the way in which this occurs should be informed by assessment of the core emotional needs underpinning the behaviour.[192]

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

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

[192] Queensland Department of Child Safety, Youth and Women, *Practice Paper: A framework for practice with 'high risk' young people (12 – 17 years)*, 2008, Queensland Government, p. 4-5.

> Infants are most likely to receive child protection services Across Australia in 2015–16, infants (children aged under 1) were most likely (37.6 per 1,000 children) to be receiving child protection services and those aged 15–17 were least likely (20.7 per 1,000). The median age of children receiving services was 8 years. These findings reflect that younger children are regarded as the most vulnerable, and most jurisdictions have specific policies and procedures to protect them (AIHW 2017a).[193]

This is further emphasised in research which has 'consistently found that the youngest children are the most vulnerable to abuse- and neglect-related deaths,' and in the work of the Office's Child Death Review function. In identifying patterns and trends in the Child Death Review function from 30 June 2009 to 30 June 2021, the Office's 2020-21 Annual Report highlights that children under one year and children aged one year 'are over-represented compared to the child population as a whole for both investigable and non-investigable deaths.'[194]

However, the Office's 2020-2021 Annual Report likewise identifies that children aged 13 to 17 years are also 'over-represented compared to the child population as a whole for both investigable and non-investigable deaths.'[195] Thirty-three per cent (335) of the 1,002 child death notifications received by the Ombudsman from 30 June 2009 to 30 June 2021 related to those aged 13 to 17 years, and 35 per cent of these deaths were investigable.[196] 'Of these children, suicide was the most common circumstance of death, accounting for 45% of deaths. Furthermore, and of serious concern, Aboriginal children were very significantly over-represented in the number of young people who died by suicide.'[197]

Researchers highlight the need to counter assumptions about the resilience and independence of teenagers, noting that 'it is easy to fail to recognise or minimise the vulnerability of older children.'[198] In working with adolescents or young people, the former Queensland Department of Child Safety, Youth and Women highlighted that workers 'must subscribe' to some core understandings concerning practice with 'high-risk' young people:

> **Young people are vulnerable**
>
> … It is often assumed that because young people are physically bigger, in contact with people outside their family and 'moving towards independence', they are less vulnerable than younger children. However worker assumptions about the self-care skills, physical robustness, emotional development, resilience and need for independence of adolescents can be misguided and sometimes harmful (Daniel Wassell & Gilligan 2002).
>
> While a young person may be able to disclose abuse or run from an abusive situation before they are badly injured, this does not prevent them from experiencing emotional harm. Nor does it protect them from the threats that can be created by their attempts to protect themselves (for example, the 14 year old girl who ends up on the streets to escape from sexual abuse at home) …

[193] Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: 2018*, 2018, Australian Government, Canberra, p. 62-64.
[194] Australian Institute of Family Studies, 'Child deaths from abuse and neglect,' *Child Family Community Australia*, October 2017, viewed 5 December 2021 <https://aifs.gov.au/cfca/publications/child-deaths-abuse-and-neglect>; Ombudsman Western Australia, *Ombudsman Western Australia Annual Report 2020-21*, 2021, p. 63.
[195] Ombudsman Western Australia, *Ombudsman Western Australia Annual Report 2020-21*, 2021, p. 63.
[196] Ombudsman Western Australia, *Ombudsman Western Australia Annual Report 2020-21*, 2021, p. 80.
[197] Ombudsman Western Australia, *Ombudsman Western Australia Annual Report 2020-21*, 2021, p. 63 and 91.
[198] Queensland Department of Child Safety, Youth and Women, *Practice Paper: A framework for practice with 'high risk' young people (12 – 17 years)*, 2008, Queensland Government, p. 1-2.

> Where a young person behaves in ways that are a risk to others (their families, their carers, their peers) the predominant view of them may be the threat they pose to others, rather than their own vulnerability. But young people are children too. A vulnerable young person needs protection, care, to feel loved and a sense of belonging, like any other child. In fact the developmental tasks of adolescence, when combined with the impacts of harm suffered earlier in childhood and current adverse circumstances, make adolescence a very vulnerable time for many young people.[199]

When considering the impacts of family and domestic violence on adolescents, the Victorian Department of Human Services identifies that:

> Adolescents who have experienced family violence are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance abuse. They frequently have difficulty trusting adults and often use controlling or manipulative behaviour. Depression and suicidal ideation and/or behaviours are common. Adolescents are also at greater risk of homelessness and of engaging in delinquent and/or violent behaviour.[200]

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

The NSPCC identified that at times, 'practitioners perceived a young person to be independent and mature. This led them to be quick to act in accordance with the young person's expressed wishes, even when it was not necessarily in the young person's best interests.'[201] This, combined with a focus upon the challenging or risk-taking behaviour of adolescents, 'sometimes causes practitioners to lose sight of the fact that teenagers are children in need of protection.[202]

Similarly, expert consultation undertaken by Crest Advisory identified that, rather than meeting the threshold for support (in the cases of criminally-exploited children), there was 'a tendency to view these young people's behaviour, especially in the case of boys, as a sign of criminality, almost a lifestyle choice, rather than evidence of a vulnerable child in need of protection.'[203]

[199] Queensland Department of Child Safety, Youth and Women, *Practice Paper: A framework for practice with 'high risk' young people (12 – 17 years)*, 2008, Queensland Government, p. 1-2.
[200] Department of Human Services, *Assessing children and young people experiencing family violence: A practice guide for family violence practitioners*, 2012, Victorian Government, Melbourne, p. 14.
[201] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 2.
[202] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.
[203] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 49.

This was further highlighted in multi-agency work in the UK arising from joint targeted area inspections (**JTAIs**) which has examined how agencies help and protect children. In the JTAI response report entitled 'Growing up neglected: a multi-agency response to older children' (**the JTAI response report**), it was noted that:

> In a small number of cases, children's lack of willingness to engage with professionals was seen as a reason to end social work involvement. In these cases, rationales were given such as children being 'resilient' or that they had 'chosen a lifestyle'. This was a significant concern because those children were left without the support and protection they needed.[204]

This tendency to view the actions of adolescents as arising from the conscious decisions of mature individuals does not align with the reality that 'anyone aged under 18 is legally a child and should be protected as such.'[205] It also does not consider the long-term impacts of abuse, neglect, and trauma,[206] and the way in which these influence the way that some adolescents may engage with services.

In Australia, the Victorian Commission for Children and Young People's 2016 *Neither seen nor heard: Inquiry into issues of family violence in child deaths* also identified that 'young people were allowed to make decisions beyond their capacity,'[207] noting that 'a number of young people were inappropriately left to fend for themselves,' 'despite being poorly equipped to do so.'[208]

[204] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 24.
[205] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 5.
[206] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 3.
[207] Commission for Children and Young People (Victoria), *Neither seen nor heard: Inquiry into issues of family violence in child deaths*, 2016, Victorian Government, p. 40.
[208] Commission for Children and Young People (Victoria), *Neither seen nor heard: Inquiry into issues of family violence in child deaths*, 2016, Victorian Government, p. 34.

Text from interactions for the 13 children and young women known to the Department of Communities

Case study 1

'[Police] attended the home of [female child, age 16] after receiving concerns from some residents of the [complex] about a group of girls aged between 13-16yrs having sex with men from the same units aged 40-50yrs … [in exchange for] with alcohol and drugs ....

When the police attended all the girls were off their faces after sniffing paint. Police spoke to the men who denied the allegations. Police unable to take any action but felt it warranted that they report their concerns to this office due to the girls ages.'

No further action was taken in response to this referral.

Approximately one month later another referral was received from Police and recorded in the following terms:

'Police recently undertook a raid at [female child, age 16's independent living arrangement]. … Drugs, alcohol and stolen property were found at the home. Police are furthering their enquiries regarding numerous vehicle and property thefts associated with those at the home.

Police are aware that DCP have no role due to the children's ages and self selecting their living arrangements, however requested concerns be recorded.'

Case study 2

A referral to the Department of Communities stated that '[female child] is 13 yrs of age and 8 months pregnant.' Referrer stated that they were 'wanting to see what supports you could offer 'female child, age 13].'

Eleven days later the Department of Communities closed a period of 'family support'. The 'approved outcome report' states that the father of the child is a 14 year old male child, and that both children had 'supportive' families who are:

'… working together to look after the little baby and both families had agreed that [female child, age 13 and male child, age 14] need to go back to school when the baby is born.'

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

Researchers have identified that in dealing with adolescents, practitioners 'are not always aware of the long-term impact that abuse and neglect experienced in earlier childhood can have on teenagers' mental health and behaviour.'[209]

The JTAI response report identifies that early childhood or chronic trauma 'will most likely affect a child's mental and emotional well-being and behaviour into adolescence and beyond.'[210] Noting that many of the older children reviewed experienced multiple forms of abuse, parental substance abuse, sexual/and or criminal exploitation and serious youth violence, the JTAI response report also identified that 'the impact on those children experiencing trauma was clear to see:'

> They did not have the stability and security of a loving home to provide a safe base from which to explore the outside world and to help them develop the skills to manage transition into adolescence. The impact of trauma for some children included poor decision making, poor judgement and less ability to recognise risk, problems with mental ill health and lack of emotional well-being. Some were constantly alert and anticipating danger so that their behaviour appeared aggressive. For many of these children, the world was a lonely and frightening place. Without a good understanding of the impact of neglect, including the impact of trauma, it is difficult to see how professionals can appropriately support and protect older children.[211]

Research also identifies that adolescent's experiences of trauma can influence their engagement with services, eroding trust in adults, the wider environment, and services offered. This is further compounded when support from services 'often focuses on managing immediate risks rather than building trust:'[212]

> This helps explain why these young people are described as 'hard to reach' or disengaged. They may struggle to manage their emotions. However, anger and non-engagement can often lead to disqualification from support services. To engage may require open minded support from people with the skills, empathy and time to build meaningful relationships with them.[213]

[209] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 3.
[210] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 6.
[211] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 22.
[212] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 50.
[213] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 50.

In working with adolescents, researchers highlight the importance of understanding behaviour in the context of trauma, noting a propensity for interventions to 'focus on tackling challenging behaviour, rather than exploring the underlying causes and risk factors.'[214]

> Practitioners sometimes focussed on the 'young person as the problem' and treated mental health issues at face value, rather than recognising that mental health issues can be an indicator of abuse and neglect… Other factors that can have an impact on young people's wellbeing include parental mental health problems and cycles of children being rejected by and reconciled with their family. Practitioners did not always recognise or know how to respond appropriately to these factors.[215]

This was further examined by the JTAI response report, which found that professionals did not always look at 'the whole child, their history and home circumstances in order to understand presenting behaviours,' sometimes focusing instead on 'the behaviour of the child and lost sight of them as a vulnerable child in need:'

> Decision making then becomes reactive to the child's behaviour or particular events in their life rather than being proactive in tacking the underlying cause.[216]

The Victorian Commission for Children and Young People made similar observations in the report *Lost, not forgotten: Inquiry into children who died by suicide and who were known to Child Protection*, noting:

> … as children grow older and their trauma starts to manifest in challenging behaviour, disengagement from school, risk taking, violence or mental ill health, professionals lose empathy. The children become seen as the problem and referred to as 'difficult', 'needy', 'angry' and 'bad.'[217]

The JTAI response report highlights differences that were observed in service provision to older children and adolescents when professionals had received training on trauma, noting that the impact on frontline work 'was clear to see:'

> In some areas, social workers had received training on the impact of trauma on children and its relationship to neglect. Some youth offending teams have also invested in trauma training in recognition of the relationship between childhood trauma and risk of offending. The impact of this training was clear to see in the work with older children, because their need for therapeutic support to address the impact of neglect including trauma was prioritised. This understanding also supported staff to recognise that it would take time and a skilled approach to build meaningful relationships with children who had been let down or abused by adults for most of their lives. This included giving older children some control over how interventions were planned and delivered.[218]

[214] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.
[215] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 2-3.
[216] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 12.
[217] Victorian Commissioner for Children and Young People, *Lost, not forgotten: Inquiry into children who died by suicide and were known to Child Protection*, 2019, CCYP, Melbourne, p. 4.
[218] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 6, 22.

Frameworks for trauma informed approaches are also being considered for Australian child protection jurisdictions. The need for creating trauma informed services in the child protection context was highlighted in the Victorian Commission for Children and Young People's *Neither seen nor heard: Inquiry into issues of family violence in child deaths,* which called attention to research identifying:

> Service practices which lead to re-traumatisation rather than recovery are not exceptional, but pervasive and deeply entrenched. In fact research which supports this disturbing claim is growing. Recognition of the reality that '[t]rauma has often occurred in the service context itself' is a major impetus for introduction of 'trauma informed' practice …
>
> Trauma-informed services 'are informed about, and sensitive to, trauma-related issues'. They do not directly treat trauma or the range of symptoms with which its different manifestations are associated. The possibility of trauma in the lives of all clients/patients/consumers is a central organizing principle of trauma-informed care, practice and service-provision. This is irrespective of the service provided, and of whether experience of trauma is known to exist in individual instances.[219]

In noting that 'a trauma informed approach has long been considered good practice in addressing the high prevalence of trauma by people in the service system,' and that 'an unsafe response can escalate and compound trauma, resulting in additional harm,' triggering distress and preventing engagement with support services, the Victorian Department of Health and Human Services has undertaken an extensive consultation process surrounding the development of a Framework for Trauma Informed Practice to 'promote the physical, emotional and cultural safety of people in contact with services for children, young people and families.'[220]

[219] Kezelman C and Stavropoulos P, *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery, Adults Surviving Child Abuse,* 2012, cited in Commission for Children and Young People (Victoria), *Neither seen nor heard: Inquiry into issues of family violence in child deaths*, 2016, Victorian Government, p. 62.
[220] Department of Health and Human Services, *Framework for Trauma informed Practice*, 2019, Victorian Government, viewed 19 March 2021 <https://engage.vic.gov.au/framework-trauma-informed-practice>.

Text from interactions for the 13 children and young women known to the Department of Communities

Case study 1

The following text is from an interaction regarding a child in care of the CEO, who was brought into care for reasons relating to neglect, family and domestic violence and parental drug and alcohol misuse. The child was reunified with his mother before returning to foster care due to physical harm perpetrated by his mother:

'[Carer called] … was requesting assistance [with male child, age 8] given his behavioural difficulties today. [Carer] advised that [male child, age 8] had contact with his mother this weekend and since that time he has been disruptive. Today he has been 'especially difficult' [since] this morning [and] he has been 'trashing the place … defiant, aggressive and has been smashing things. … [Carer] is requesting respite for a few hours … [and is] clear that at this time [they do] not feel police intervention is warranted. …'

Approximately two hours after the initial call, the interaction was updated to state that the male child, aged 8, 'has been placed with his mother.'

Approximately four hours from the initial call, within 2 hours of the male child, aged 8 being placed in his mother's care, the interaction was updated again to state that the child's mother called and said that she 'cannot cope with him anymore and … someone needs to pick him up.'

This was recorded in ASSIST as a 'family support' issue and no further action was taken after a file note concerning the above out-of hours contact was provided to the case manager.

Case study 2

In an interaction detailing a referral from WA Police regarding a 13 year old girl, the details recorded state that:

'[Police] advised [female child, age 13] was picked up with a 24 year old male … [female child, age 13] said he was her boyfriend, he said she was his sister and others in the group he was found with said he was an uncle or a cousin. [Female child, age 13] had been drinking however she was not intoxicated but was loud and "mouthy" … [and appeared] well, she was clean, well kept, no visible signs of injuries and her presentation was generally "pretty good".

It was alleged that [female child, age 13] had assaulted the 24 year old male, [and that] this had caused an altercation between the group [which] Police [attended].'

Three days later, the interaction was updated with details indicating that the 13 year old girl's account of her relationship with the older adult male was correct, despite Police's initial dismissal of her account:

'Case Worker contacted carer who stated that] … [female child, age 13] is in a relationship with [a male] who is about 27 years old and they are living together with [the male's] family. Carer said [the 27 year old male] is a full grown man … expressed her disgust [and] … also stated [female child, age 13] is sleeping around with numerous men.

Case Worker searched on ASSIST for [male, aged 27] [and] … discovered [he] … is … believed responsible for …sexual abuse … and should not be placed or have contact with any children.'

8.6.5 The Office identified barriers to effective outreach and engagement with children between the ages of 14 to 17 years from the Department of Communities' interaction notes

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

In the context of the research literature, and in understanding that infants and younger children are often regarded as most vulnerable to harm, the Office undertook qualitative analysis to identify insights into the nature of issues concerning the adolescents, and the attitudes and decision-making processes of professionals that emerged when engaging with adolescents and these issues.

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

- **perceptions of challenging behaviour**: the research literature identifies that engagement with adolescents sometimes focuses on tackling behaviours, rather than exploring underlying causes and risk factors;[221]
- **affording maturity to adolescents:** researchers identify a tendency for practitioners to adopt an approach that affords maturity to adolescents, rather than centring their status as children. At times this manifested in adolescent's behaviour being perceived as 'a lifestyle choice,'[222] or young people being 'allowed to make decisions beyond their capacity.'[223] In other instances, 'children's lack of willingness to engage with professionals was seen as a reason to end social work involvement';[224] and
- **the long-term impacts of trauma, violence, abuse and neglect:** the research literature identifies that early childhood or chronic trauma 'will most likely affect a child's mental and emotional well-being and behaviour into adolescence and beyond.'[225] Researchers identify that in working with adolescents, there is a propensity for interventions to 'focus on tackling challenging behaviour, rather than exploring the underlying causes and risk factors.'[226]

[221] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.
[222] Crest Advisory, *Violence and vulnerability*, 2020, London, p. 49.
[223] Commission for Children and Young People (Victoria), *Neither seen nor heard: Inquiry into issues of family violence in child deaths*, 2016, Victorian Government, p. 40.
[224] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 24.
[225] Her Majesty's Government, *Growing up neglected: a multi-agency response to older children*, 2018, Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Service and Her Majesty's Inspectorate of Probation, p. 6.
[226] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 1.

Underpinning these issues, researchers have identified that a tendency to view the actions of adolescents as arising from the conscious decisions of mature individuals does not align with the reality that 'anyone aged under 18 is legally a child and should be protected as such.'[227] In Western Australia, the provisions of the *Children and Community Services Act 2004* relate to children, defined by section 3 of the Act as 'a person who is under 18 years of age.'

8.6.6 There is ongoing work on the Department's *At Risk Youth Strategy*

The former Department for Child Protection and Family Support's *At Risk Youth Strategy 2015-2018:*

> … sits within the context of the [Department of Communities] lead role in creating safety for young people at risk. The Department shares this responsibility with other government agencies, community services sector organisations and the broader community.[228]

The *At Risk Youth Strategy 2015-2018* identifies that 'young people who are identified as being "at risk" due to a variety of behavioural, situational and educational factors are at the focus' of the strategy, and that:

> The Department has a role with these at risk young people including those who are in the care of the Chief Executive Officer (CEO). The Department will provide protection and care to a young person in cases where existing support is insufficient to create safety and promote the wellbeing of that young person within their family.
>
> The Strategy has been developed to guide the Department's ongoing role in planning and delivering services that support and encourage young people to reach their potential and promote safety in the community.[229]

The Office sought further information from the Department of Communities about the development of a new at-risk youth strategy for 2019 and beyond and was advised that 'there is ongoing work occurring between Communities and Minister McGurk's Office to review and finalise this strategy.'[230]

[227] National Society for the Prevention of Cruelty to Children, *Teenagers: learning from case reviews briefing: Summary of key issues and learning for improved practice around working with teenagers*, 2021, NSPCC Learning, London, p. 5.
[228] Department for Child Protection and Family Support, *At Risk Youth Strategy 2015-2018*, 2015, Government of Western Australia, Perth, p. 5.
[229] Department for Child Protection and Family Support, *At Risk Youth Strategy 2015-2018*, 2015, Government of Western Australia, Perth, p. 4.
[230] Department of Communities, electronic communication, 29 October 2021.

The Office notes that significant work has also been undertaken with at-risk young people in Western Australia under the Department of Communities' *Earlier Intervention and Family Support Strategy*, since 2016, which seeks to 'effectively meet the needs of vulnerable families and young people' by working together 'with other government and community sector agencies … [to provide] Earlier, intensive intervention with high risk families before problems become entrenched'.[231] Ultimately, the goal of the *Earlier Intervention and Family Support Strategy* is to 'achieve better outcomes for families with complex and multiple needs and to prevent children from needing out-of-home care wherever possible.'[232]

Services have additionally been provided to at-risk youth in Western Australia as part of the Department of Justice's 'Target 120' program since 2018-19, which aims to reduce juvenile reoffending by 'bringing across-government resources together to support young people at risk of becoming prolific offenders, and their families, on a voluntary basis.'[233]

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

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

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

[231] Department of Communities, *Casework Practice Manual: Overview – At risk youth*, 4 April 2022, <https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=273>; Department of Communities, *Casework Practice Manual: Overview – Family support and earlier intervention*, 28 June 2018 <https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=274>.
[232] Department for Child Protection and Family Support, *Building Safe and Stromg Families: Earlier Intervention and Family Support Strategy*, September 2016, Government of Western Australia, p. 5.
[233] Department of Communities, *Target 120 Evaluation Progress Report*, March 2020, p. 3.

Major Investigations and Reports

Title	Date
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	October 2022
A report on giving effect to the recommendations arising from the Investigation into the handling of complaints by the Legal Services and Complaints Committee	September 2022
A report on the steps taken to give effect to the recommendations arising from Preventing suicide by children and young people 2020	September 2021
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	July 2021
Preventing suicide by children and young people 2020	September 2020
A report on giving effect to the recommendations arising from Investigation into ways to prevent or reduce deaths of children by drowning	November 2018
Investigation into ways to prevent or reduce deaths of children by drowning	November 2017
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	November 2016
Investigation into issues associated with violence restraining orders and their relationship with family and domestic violence fatalities	November 2015
Investigation into ways that State Government departments and authorities can prevent or reduce suicide by young people	April 2014
Investigation into ways that State Government departments can prevent or reduce sleep-related infant deaths	November 2012
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	November 2011
The Management of Personal Information - good practice and opportunities for improvement	March 2011
2009-10 Survey of Complaint Handling Practices in the Western Australian State and Local Government Sectors	June 2010

Ombudsman Western Australia
Level 2, 469 Wellington Street Perth WA 6000
PO Box Z5386 St Georges Terrace Perth WA 6831
Tel 08 9220 7555 • Freecall (free from landlines) 1800 117 000 • Fax 08 9220 7500
Email mail@ombudsman.wa.gov.au • Website www.ombudsman.wa.gov.au