

5 Family and domestic violence fatalities notified to the Ombudsman

5.1 Nature of relationship between people who were killed and suspected perpetrators

During the investigation period, WAPOL notified the Ombudsman of 30 people who were killed where the relationship between the person who was killed and the suspected perpetrator²⁴² was a family and domestic relationship, as defined by section 4(1) of the *Restraining Orders Act*.

In reviewing 'domestic homicides', the Australian Institute of Criminology (**AIC**) categorises these homicides according to the principal relationship shared between the person who was killed and the suspected perpetrator, as follows:

- *intimate partner homicide*—where the victim and offender share a current or former intimate relationship, including homosexual and extramarital relationships;
- *filicide*—where a custodial or non-custodial parent (including step-parent) kills a child (including *infanticide*, which is defined as the killing of a child under 1 year of age);²⁴³
- *parricide*—where a child kills a custodial or non-custodial parent or step-parent;
- *siblicide*—where one sibling kills another; and
- *other family homicide*—where the victim and offender are related by family, but are not otherwise classified above (such as a cousin, aunt, grandparent etc.).²⁴⁴

The Office has used these relationship categories to examine the relationships between the people who were involved in the 30 fatalities. The majority of the 30 people who were killed and the suspected perpetrators were in (or had previously been in) intimate partner relationships (20 fatalities or 67 per cent). As shown in Figure 7, this was particularly the case for females who were killed; for 83 per cent of females who were killed (15 of 18 females) their intimate partner or former intimate partner was the suspected perpetrator, compared with 42 per cent of males who were killed (5 of 12 males).

²⁴² Throughout this report, when referring to all 30 suspected perpetrators, the word suspected has been retained. Where appropriate, when referring to (otherwise de-identified) individuals, or smaller groups of individuals, who have been convicted, the word suspected has been removed.

²⁴³ This includes cases where a custodial or non-custodial parent (including step-parent) kills their son or daughter who is aged over 18 years.

²⁴⁴ Chan, A and Payne, J, *Homicide in Australia: 2008-09 to 2009-10 National Homicide Monitoring Program annual report*, Australian Institute of Criminology, Canberra, 2013, p. 5.

Figure 7: Relationship between people who were killed and the suspected perpetrators in the 30 fatalities

AIC category	Total
Intimate Partner Homicide	20
Filicide	4
Other Family Homicide	3
Siblicide and Parricide	3
Total	30

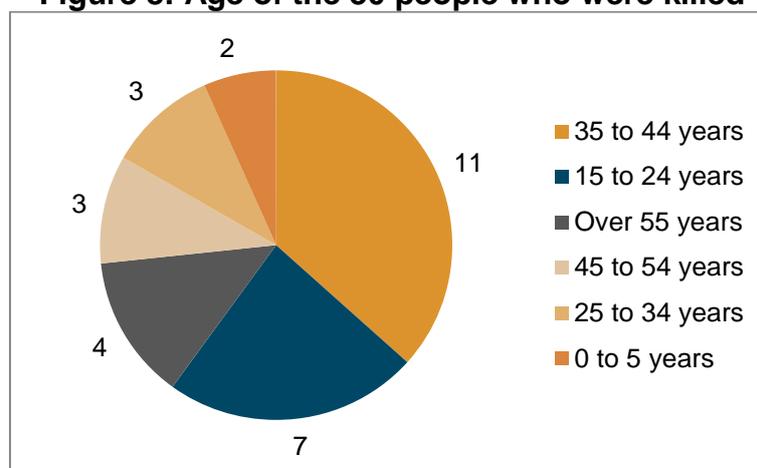
Source: Ombudsman Western Australia

5.2 Demographic characteristics of people who were killed and suspected perpetrators

5.2.1 Age

The average age of the 30 people who were killed was 36 years. As shown in Figure 8, over a third of the 30 people who were killed were aged between 35 and 44 (11 or 37 per cent). Three of the 30 people who were killed were children under the age of 18 years.

Figure 8: Age of the 30 people who were killed



Source: Ombudsman Western Australia

5.2.2 Sex

Among the 30 people who were killed, 18 (60 per cent) were female and 12 (40 per cent) were male (Figure 9). Of the 20 fatalities where the person who was killed was in an intimate partner relationship with the suspected perpetrator, three quarters of the people who were killed were female (15 or 75 per cent).

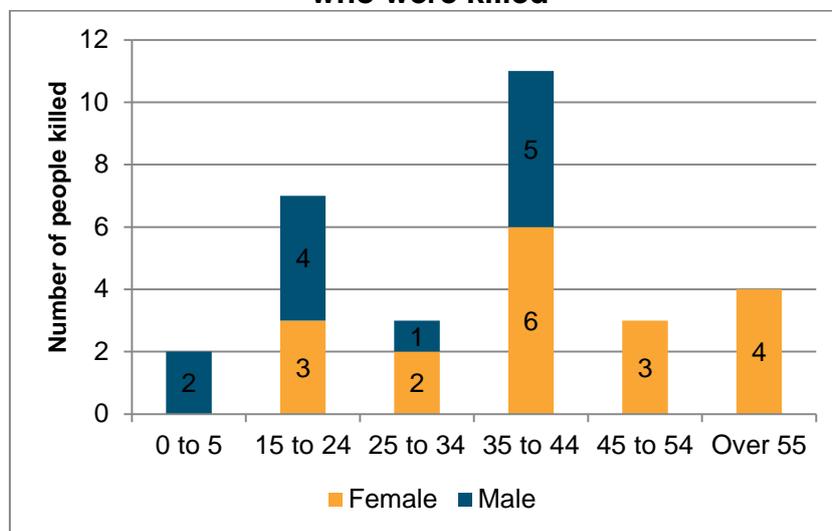
The proportion of females who were killed in family and domestic violence fatalities appears not to reflect the much higher proportion of female victims of family and domestic violence noted in the research literature.

This difference reflects the inclusion in the 30 fatalities of eight men who were killed in the following circumstances:

- Three men who were killed who are recorded in WAPOL records to have been perpetrators of family and domestic violence, and who were killed by the female victims of this violence (discussed further at section 5.3.2);
- Three men who were killed by their male relatives with no prior recorded history of family and domestic violence; and
- Two male children under the age of five who were killed by their male relatives.

As shown in Figure 9 below, people who were killed at a younger age (under 24 years) were more likely to be male (six of nine people who were killed or 67 per cent), while people who were killed over the age of 24 were more likely to be female (15 of 21 people who were killed or 71 per cent).

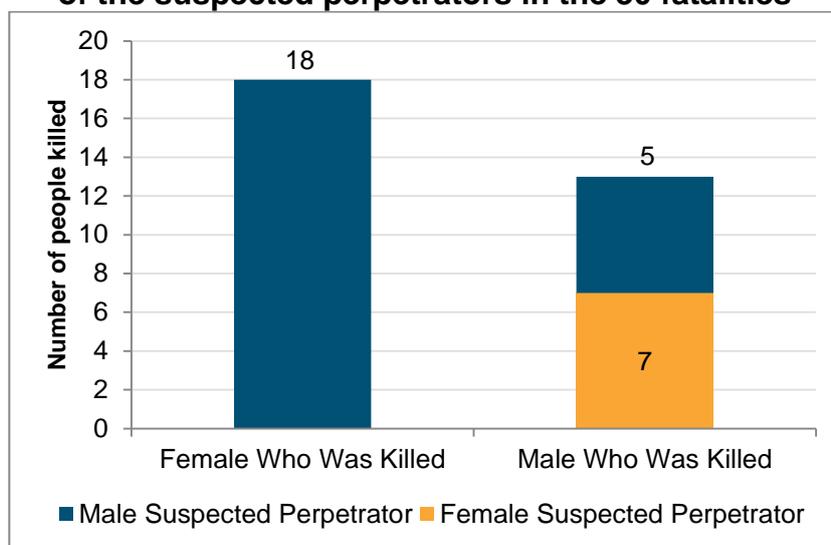
Figure 9: Age and sex of the 30 people who were killed



Source: Ombudsman Western Australia

The majority of the suspected perpetrators in the 30 fatalities were male (23 suspected perpetrators or 77 per cent). Five male perpetrators killed other males (Figure 10).

Figure 10: Sex of the people who were killed and sex of the suspected perpetrators in the 30 fatalities



Source: Ombudsman Western Australia

5.2.3 Region of residence

The Office analysed the postcodes of the usual residence of the people who were killed, using regions defined by the Australian Bureau of Statistics, and determined that:²⁴⁵

- fifteen people who were killed (50 per cent) were residing in a major city;
- two people who were killed (7 per cent) were residing in an inner regional area.
- three people who were killed (10 per cent) were residing in an outer regional area;
- six people who were killed (20 per cent) were residing in a remote region; and
- four people who were killed (13 per cent) were residing in a very remote region.

Taking into account the numbers of all people residing in each of these regions,²⁴⁶ people living in remote and very remote regions were overrepresented in the 30 fatalities (Figure 11). The mortality rates of people who were killed in family and domestic violence fatalities notified to the Ombudsman were as follows:

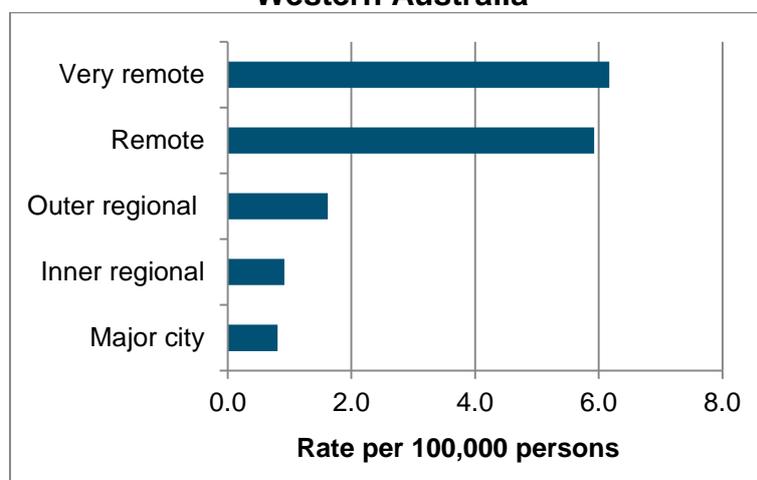
- 0.8 per 100 000 persons living in a major city;
- 0.9 per 100 000 persons living in an inner regional area;
- 1.6 per 100 000 persons living in an outer regional area;
- 5.9 per 100 000 persons living in a remote area; and
- 6.2 per 100 000 persons living in a very remote area.

The figures above indicate that rates of family and domestic violence fatalities increase as distance and remoteness from a major city increase.

²⁴⁵ Australian Bureau of Statistics, *Postcode 2012 to Remoteness Area 2011, Australian Statistical Geography Standard (ASGS): Correspondences*, Table 3, ABS, Canberra, July 2011.

²⁴⁶ Australian Bureau of Statistics, *Estimated Resident Population, Remoteness Areas [ASGS 2011]*, cat. no. 3218.0, ABS, Canberra, July 2012.

Figure 11: Rate of family and domestic violence fatalities, by area of residence in Western Australia



Source: Ombudsman Western Australia

5.2.4 Country of birth

Data obtained from DOTAG's Registry of Births, Deaths and Marriages indicates that, of the 30 people who were killed, 25 (83 per cent) were born in Australia and five (17 per cent) were born outside Australia in:

- New Zealand;
- Vietnam;
- Algeria;
- England; and
- Singapore.

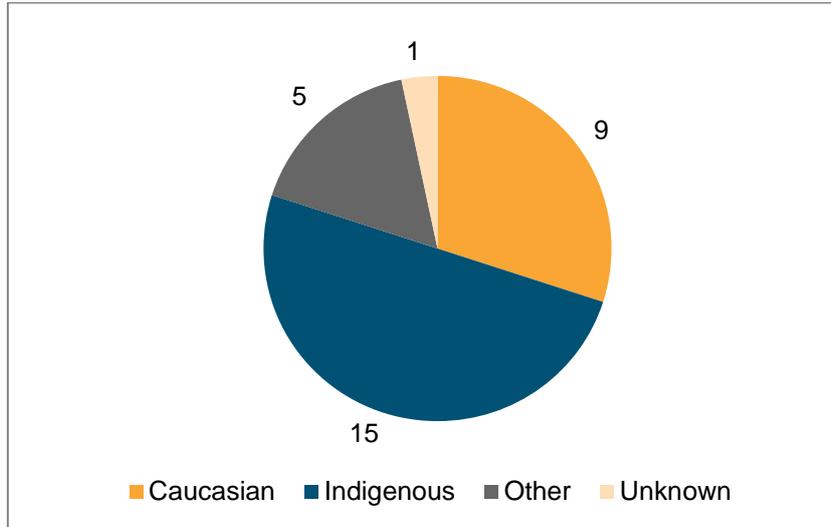
For comparison, the 2011 census identified that 33 per cent of people living in Western Australia were born overseas.²⁴⁷

5.2.5 Aboriginal status

The Office obtained information from the Department of Health regarding the ethnicity of all of the people who were killed and the suspected perpetrators in the 30 fatalities. The Department of Health records ethnicity as 'Caucasian,' 'Indigenous,' 'Other' and 'Unknown.' As shown in Figure 12, 15 (50 per cent) of the 30 people who were killed were identified by the Department of Health as being Indigenous.

²⁴⁷ Australian Bureau of Statistics, 'One-third of WA born overseas,' ABS, Canberra, 18 December 2013, viewed 9 February 2015, <<http://www.abs.gov.au/ausstats/abs@.nsf/lookup/3412.0Media%20Release12011-12%20and%202012-13>>.

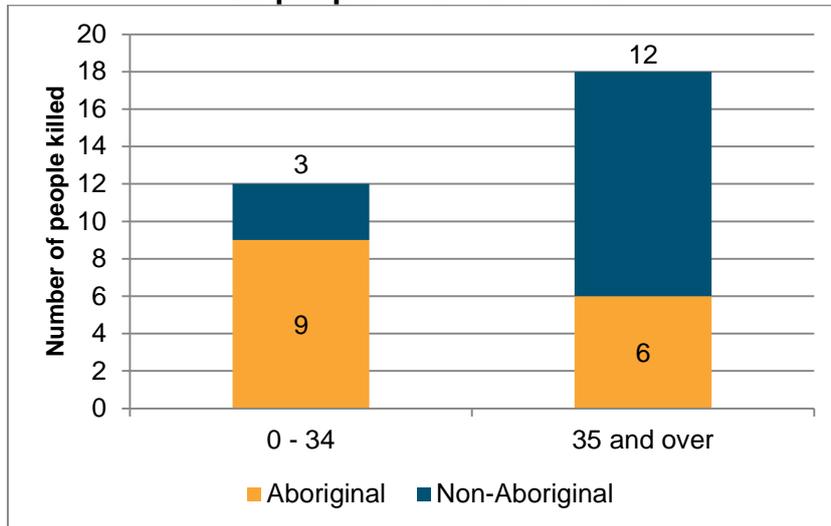
Figure 12: Aboriginal status of the 30 people who were killed



Source: Department of Health and Ombudsman Western Australia

There were distinct differences in the demographic characteristics of Aboriginal people who were killed when compared with non-Aboriginal people who were killed. Aboriginal people who were killed were generally younger than non-Aboriginal people who were killed, as shown in Figure 13, with Aboriginal people three times more likely than non-Aboriginal people to be aged 0 to 34 years, and non-Aboriginal people twice as likely as Aboriginal people to be aged 35 years and over.

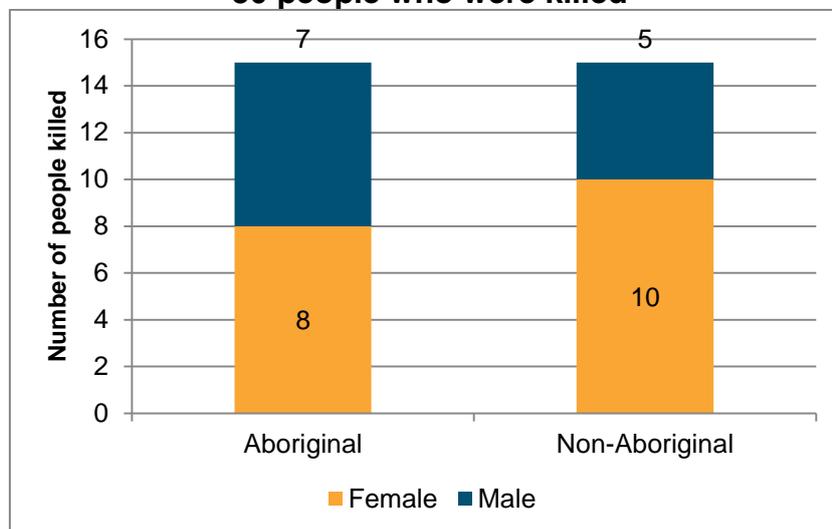
Figure 13: Age and Aboriginal status of the 30 people who were killed



Source: Ombudsman Western Australia

As shown in Figure 14 below, Aboriginal people who were killed were overrepresented, relative to their share of the Western Australian population, for both sexes.

Figure 14: Sex and Aboriginal status of the 30 people who were killed



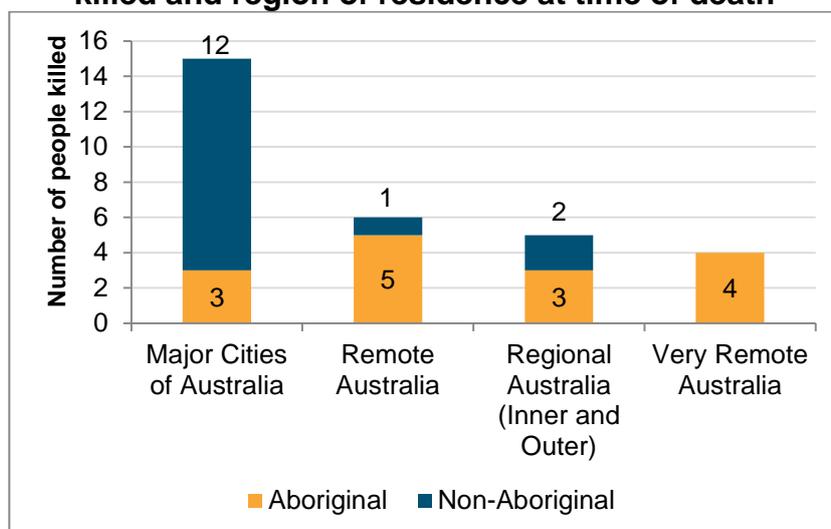
Source: Ombudsman Western Australia

As shown in Figure 15 below, Aboriginal people who were killed were more likely to reside in regional and remote areas. In addition, all of the people who were killed who resided in very remote Western Australia were Aboriginal, and 83 per cent of people who were killed who resided in remote Western Australia were Aboriginal. When considering these figures, it should be noted that:

The geographic distribution of the Indigenous population differs from that of the non-Indigenous population. In 2011, nearly all non-Indigenous people (98%) lived in non-remote areas, with 2% living in remote areas (compared with 79% and 21% of Indigenous people, respectively)... [however] just over half (55%) of the Indigenous population in Western Australia lived in *Outer regional, Remote or Very remote* areas.²⁴⁸

²⁴⁸ Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*, AIHW, Canberra, 2015, pp. 13 -15.

Figure 15: Aboriginal status of the 30 people who were killed and region of residence at time of death



Source: Ombudsman Western Australia

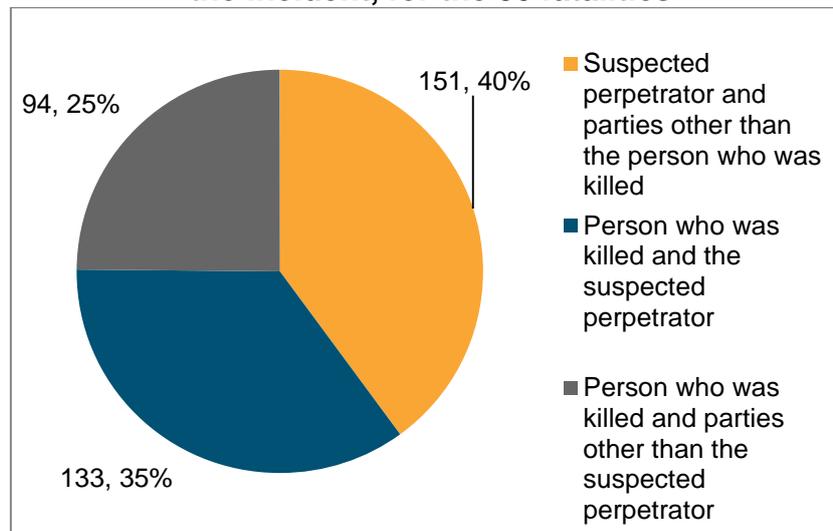
5.3 Prior history of family and domestic violence

As shown in Figure 16 below, WAPOL recorded a total of 378 domestic violence incidents involving²⁴⁹ the person who was killed and/or the suspected perpetrator for the 30 fatalities.²⁵⁰ Figure 16 indicates that the suspected perpetrator in the 30 fatalities was involved in 75 per cent of these 378 reported domestic violence incidents.

²⁴⁹ The Office uses the term 'involving' in this context as, in some instances, the person who was killed was recorded by WAPOL as the victim of violence in some incidents and the perpetrator of the violence in other incidents.

²⁵⁰ This includes incidents between the person who was killed and the suspected perpetrator, incidents between the person who was killed and a third party, and incidents between the suspected perpetrator and a third party.

Figure 16: Number of domestic violence incidents recorded by WAPOL, by relationship between the parties to the incident, for the 30 fatalities

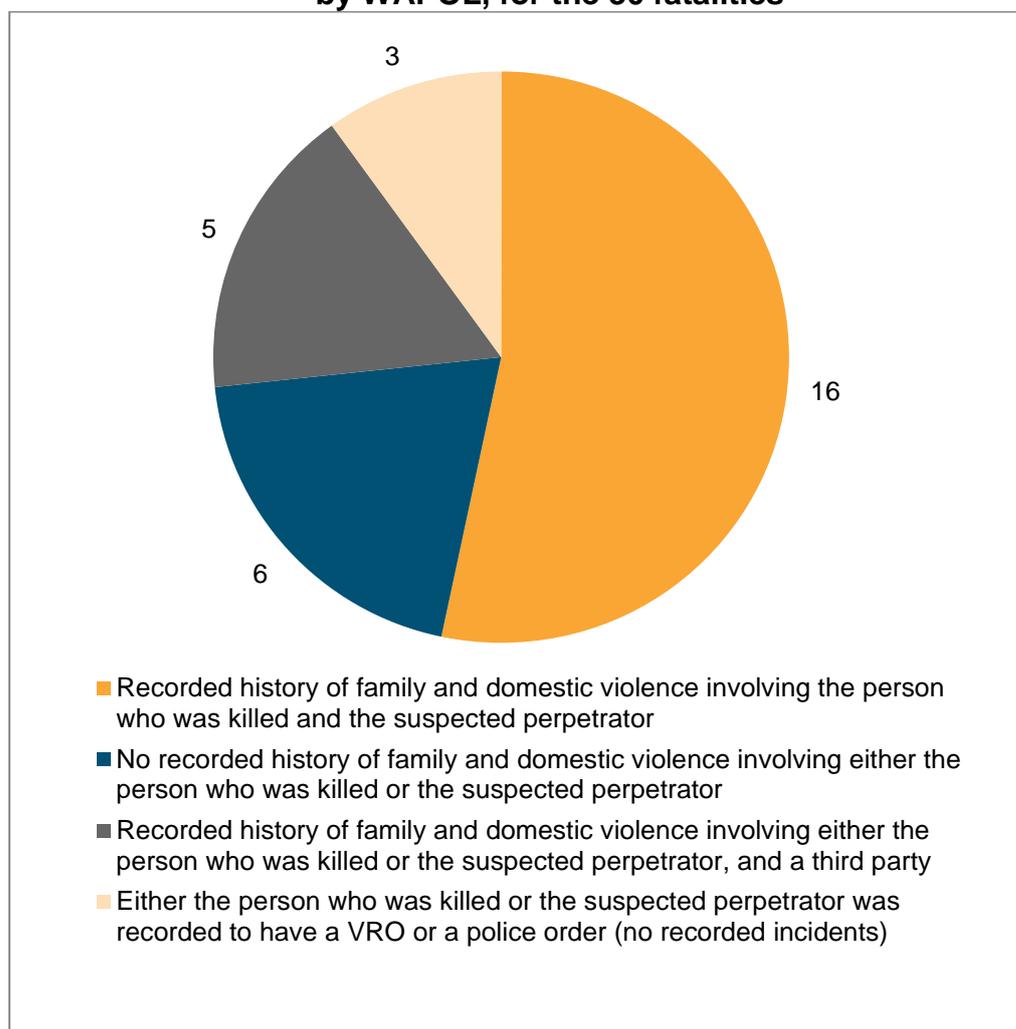


Source: Ombudsman Western Australia

The Office's further analysis of the 30 fatalities identified that:

- for 16 fatalities (53 per cent), there was a recorded prior history of family and domestic violence involving the person who was killed and the suspected perpetrator;
- for eight fatalities (27 per cent), there was a recorded prior history of family and domestic violence involving either the person who was killed and a third party, or the suspected perpetrator and a third party (with no recorded incidents involving the person who was killed and the suspected perpetrator);
- for six fatalities (20 per cent), there was no recorded prior history of family and domestic violence involving either the person who was killed or the suspected perpetrator (Figure 17).

Figure 17: Domestic violence incidents recorded by WAPOL, for the 30 fatalities



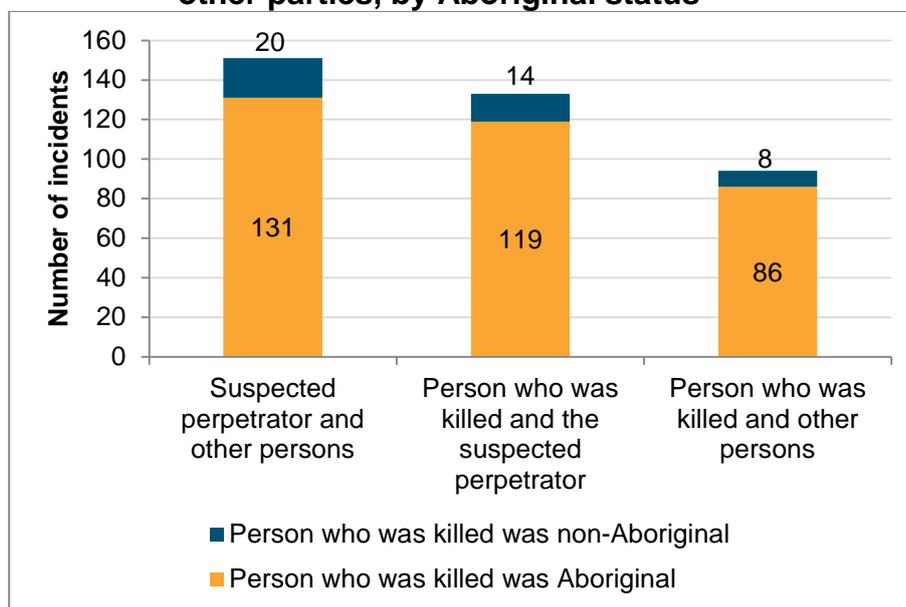
Source: Ombudsman Western Australia

5.3.1 Aboriginal status and prior history of family and domestic violence

Aboriginal people who were killed were more than twice as likely as non-Aboriginal people to be known to WAPOL due to domestic violence incidents involving themselves and the suspected perpetrator. As identified in Figure 17 above, in 16 of the 30 fatalities (53 per cent), WAPOL recorded a history of family and domestic violence between the person who was killed and the suspected perpetrator. In 11 of the 16 fatalities (69 per cent), the person who was killed was Aboriginal. In nine of these 11 fatalities (82 per cent), the person who was killed was the intimate partner of the suspected perpetrator.

In addition, for the 30 fatalities, WAPOL recorded a total of 378 domestic violence incidents involving the person who was killed, the suspected perpetrator and/or other parties. Where the person who was killed was Aboriginal, there were 336 domestic violence incidents recorded by WAPOL involving the person who was killed or the suspected perpetrator. This represents 89 per cent of the total 378 incidents, as shown in Figure 18 below.

Figure 18: Number of domestic violence incidents recorded by WAPOL involving the suspected perpetrator, the person who was killed and/or other parties, by Aboriginal status



Source: Ombudsman Western Australia

5.3.2 Perpetrators who had been a victim of family and domestic violence perpetrated by the person they killed

A review of the research literature suggests that ‘if incidents of extreme violence, such as homicide are considered, then men predominate as perpetrators (83%)’.²⁵¹ This was also true in the 30 fatalities, where, in cases involving intimate partners, 75 per cent of the suspected perpetrators²⁵² were male (15 of 20 fatalities).

The research literature further suggests that the majority of female-perpetrated homicides are committed against an intimate partner.²⁵³ Again, this was reflected in the 30 fatalities. Of the seven fatalities where the suspected perpetrator was female, five were in intimate partner relationships with the person who was killed.

Further analysis by the Office identified three fatalities in which the perpetrator was recorded as a victim of ongoing family and domestic violence, and more specifically, this violence was perpetrated by the person who was killed. All three of the perpetrators in these cases were female.

²⁵¹ Mouzos, J and Smith, L, *Partner violence among a sample of police detainees*, Trends and Issues in Crime and Criminal Justice, No. 337, Australian Institute of Criminology, Canberra, May 2007, p. 1; Brookman, F, *Understanding Homicide*, Sage Publications, 2005, Los Angeles, p. 162; This concept also discussed in Carcach, C and James, M, *Homicide between Intimate Partners in Australia*, Trends and Issues in Crime and Criminal Justice, No. 90, Australian Institute of Criminology, Canberra, July 1998, p. 5.

²⁵² Throughout this report, when referring to all 30 suspected perpetrators, the word suspected has been retained. Where appropriate, when referring to individuals, or smaller groups of individuals, who have been convicted, the word suspected has been removed.

²⁵³ Brookman, F, *Understanding Homicide*, Sage Publications, 2005, Los Angeles, p. 162.

The research literature suggests that female perpetrated family and domestic homicides frequently stem from ongoing issues of abuse²⁵⁴ and are often a direct consequence of these events, suggesting that 'most of these desperate acts take place while a violent or threatening incident is occurring'.²⁵⁵

The Australian Institute of Criminology further notes:

... women who are violent are more likely to be driven by frustration and anger rather than by a specific objective, and their violence is more likely to be committed in self defence, or in retaliation to provocation.²⁵⁶

The Australian Institute of Criminology has also found that 'sharp instruments are more commonly used in intimate homicide incidents where females kill males.'²⁵⁷ This was also found in research in the United Kingdom, where women were most likely to use a knife or sharp object.²⁵⁸

The Office analysed information relating to the three fatalities where the perpetrator was recorded as a victim of ongoing family and domestic violence, and this violence had been perpetrated by the person who was killed. There were several key features common across all three of these fatalities, many of which aligned with the findings of the research literature:

- the perpetrator was female and the person who was killed was male;
- the perpetrator and the person who was killed were Aboriginal and lived in outer regional or remote Australia;
- there was a recorded history of family and domestic violence attended by WAPOL and the perpetrator in the fatality was recorded as the victim in incidents in this recorded history;
- the perpetrator and the person who was killed were still in a current intimate relationship;
- the instances when a person was killed involved stabbing; and
- both parties were recorded as having consumed alcohol or used substances at the time of death. Records also indicated consistent alcohol and substance use by both the perpetrator and the person who was killed.

Of the three female perpetrators, two were found guilty of manslaughter, that is, guilty of unlawfully killing under such circumstances as not to constitute murder.²⁵⁹ The remaining female perpetrator was found guilty of unlawful assault occasioning death. All three have been sentenced to a term of imprisonment.

²⁵⁴ Carcach, C and James, M, *Homicide between Intimate Partners in Australia*, Trends and Issues in Crime and Criminal Justice, No. 90, Australian Institute of Criminology, Canberra, July 1998, p. 6.

²⁵⁵ Johnson, Michael P, *A Typology of Domestic Violence*, University Press of New England, Kindle Edition, loc. 1246.

²⁵⁶ Morgan, A and Chadwick, H, *Key issues in domestic violence*, Research in Practice, Summary Paper No. 7, Australian Institute of Criminology, Canberra, December 2009, p. 3.

²⁵⁷ Carcach, C and James, M, *Homicide between Intimate Partners in Australia*, Trends and Issues in Crime and Criminal Justice, No. 90, Australian Institute of Criminology, Canberra, July 1998, p. 3.

²⁵⁸ Brookman, F, *Understanding Homicide*, Sage Publications, 2005, Los Angeles, p. 164.

²⁵⁹ Section 280 of the *Criminal Code Act Compilation Act 1913* provides that '[i]f a person unlawfully kills another person under such circumstances as not to constitute murder, the person is guilty of manslaughter'.

The ongoing family and domestic violence experienced by the female perpetrators was taken into account in the court's sentencing remarks on all three occasions.

5.4 Use of violence restraining orders

In 17 of the 30 fatalities (57 per cent), VROs involving at least one of the people involved in the fatality were granted at some point in time.

A total of 48 VROs were granted between either the people involved in the fatality or one of the people involved in the fatality and a third party.

As shown in Figure 19, in six of the 30 fatalities, a VRO was granted at some point in time between the parties to the fatality, as follows:

- four VROs were granted to protect the person who was killed from the suspected perpetrator; and
- two VROs were granted to protect the suspected perpetrator from the person who was killed.

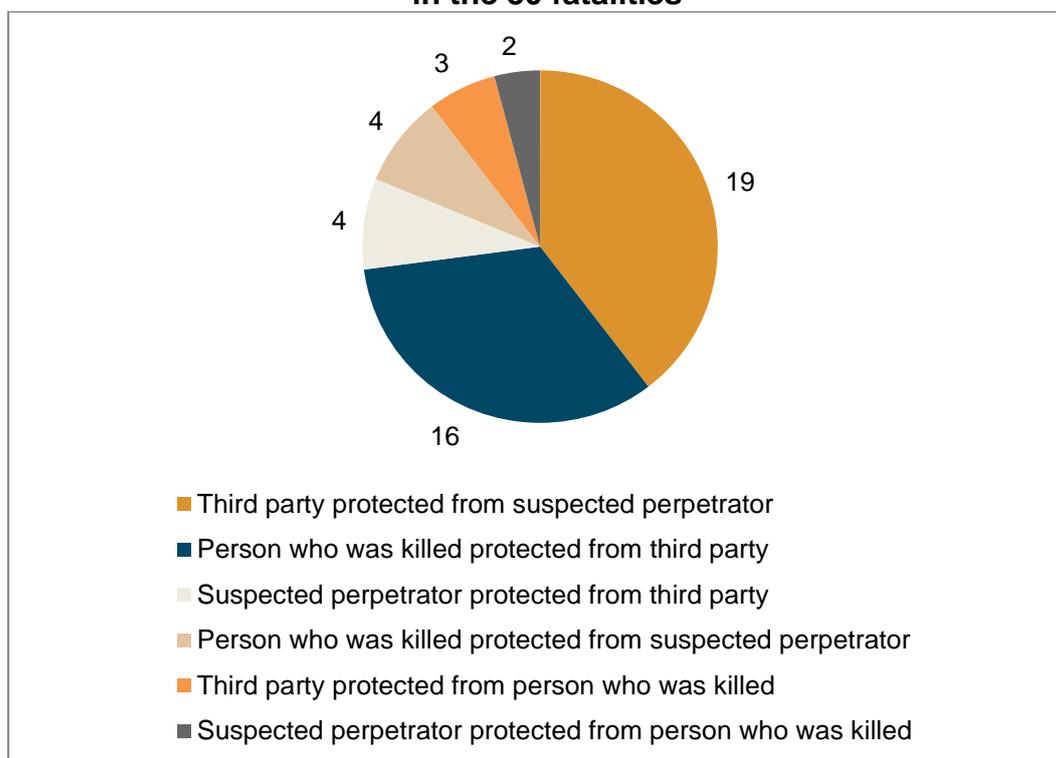
Of these six VROs:

- all six involved people in intimate partner relationships;
- three were in force at the time of the fatal incident;
- two were revoked by the person who was killed, one of these in the months before the fatal incident; and
- one had expired two months prior to the fatal incident.

In a further fatality, the person who was killed had applied for a VRO against the perpetrator of the fatal incident with the assistance of WAPOL but this was not granted by the court. A VRO was not in place at any point in time between the parties to this fatality.

As also shown in Figure 19, 42 VROs were granted between the parties involved in the fatality and a third party, with the largest number of these (19 VROs or 45 per cent) protecting a third party from the suspected perpetrator in the fatal incident. This was because the suspected perpetrator of the fatal incident had previously perpetrated family and domestic violence against another person.

Figure 19: The use of violence restraining orders in the 30 fatalities



Source: Ombudsman Western Australia

Use of violence restraining orders by Aboriginal people in the 30 fatalities

In the 30 fatalities, VROs were more likely to be used by Aboriginal than non-Aboriginal people, as follows:

- of the 17 fatalities where a VRO was granted at some point in time, 13 (76 per cent) involved an Aboriginal person who was killed;
- of the six VROs granted at some point in time between the parties to the fatality, four (67 per cent) related to a fatality in which an Aboriginal person was killed; and
- of the 42 VROs granted between one person involved in the fatality and a third party, 31 (74 per cent) related to a fatality in which an Aboriginal person was killed.

The Office's findings regarding the use of VROs by Aboriginal people in the 30 fatalities differs from its findings concerning state-wide applications for VROs by Aboriginal people. In summary, the Office found that, during the investigation period, 11 per cent of all persons seeking to be protected, who were in a family and domestic relationship with the respondent, identified themselves as Aboriginal or Aboriginal and Torres Strait Islander. This finding is discussed in further detail in Chapter 10.

For the 13 fatalities involving an Aboriginal person who was killed and where a VRO was in place at some point in time, WAPOL recorded a total of 273 domestic violence incidents involving the person who was killed, the suspected perpetrator and/or other parties.

5.5 Prior custodial history

Fourteen of the 30 suspected perpetrators (47 per cent) had been held in custody for criminal offences at some point prior to the time when a person was killed. The types of offences leading to these custodial periods included:

- Manslaughter;
- Aggravated assault;
- Sexual assault; and
- Unlawful wounding.

In 18 of the 30 fatalities (60 per cent), the suspected perpetrator had contact with the justice system at some point prior to the time when a person was killed and had been on bail, on parole or an 'order',²⁶⁰ whilst in the community, as follows:

- Bail and Protective Bail;
- Parole;
- Community Based Order;
- Intensive Supervision Order (and Intensive Youth Supervision Order);
- Supervised Release Order; and
- Conditional Release Order.

5.6 Family and domestic violence and the use of alcohol and other drugs

5.6.1 Alcohol and other drug use in the 30 fatalities

For the 30 fatalities, the Office examined whether alcohol use had been identified as a factor in relation to family and domestic violence incidents between the parties to the incidents, including at the time the person was killed.

In 19 of the 30 fatalities (63 per cent) the records of state government departments and authorities and the courts indicated that alcohol and/or other drugs had been used by the perpetrator immediately prior to the fatal incident. The details were recorded as follows:

- Ten perpetrators were recorded to have used alcohol (and no other drugs) immediately prior to the fatal incident:
 - Three perpetrators were recorded to have been 'drinking heavily' immediately prior to the fatal incident;
 - One perpetrator was recorded to have been drinking alcohol immediately prior to the fatal incident and in a state of 'extreme intoxication';
 - One perpetrator was recorded to have been 'drinking excessively' immediately prior to the fatal incident;
 - One perpetrator was recorded to have been drinking on the day of the fatal

²⁶⁰ This does not include VROs and police orders, which are examined separately in subsequent chapters of this report.

- incident, and was recorded to have a blood alcohol level in excess of 0.1 several hours after the fatal incident;
- One perpetrator was recorded to have been 'drinking excessively' and to have been 'heavily intoxicated' at the time of the fatal incident;
 - One perpetrator was recorded to have been 'intoxicated and had been drinking throughout much of the preceding day';
 - One perpetrator was recorded to have been drinking alcohol immediately prior to the fatal incident and was recorded to be in a 'state of intoxication'; and
 - One perpetrator was recorded to have been 'drinking alcohol on the night of the offence and [had] a history of problem alcohol use'.
- Two perpetrators were recorded to have used both alcohol and cannabis immediately prior to the fatal incident:
 - One perpetrator was recorded to have been 'drinking and smoking cannabis' and 'subject to the intoxicating effect of alcohol and drugs' immediately prior to the fatal incident; and
 - One perpetrator was recorded to have used alcohol and cannabis, and to be 'intoxicated' immediately prior to the fatal incident.
 - Seven perpetrators were recorded to have used drugs other than alcohol immediately prior to the fatal incident:
 - One perpetrator was recorded to have used heroin immediately prior to the fatal incident;
 - One perpetrator was recorded to have been 'heavily affected by cannabis' at the time of the fatal incident;
 - One perpetrator was recorded to have been 'smoking cannabis' immediately prior to the fatal incident;
 - One perpetrator was recorded to have been 'under the influence of benzodiazepines, then sought cannabis and methadone' immediately prior to the fatal incident;
 - One perpetrator was recorded to have killed 'in the context of delusions which were the product of a drug induced psychosis, and in the context of ... intoxication by voluntary consumption of methylamphetamine';
 - One perpetrator was recorded to have 'consumed methamphetamine ... [and] consumed cannabis ... [and was] under the influence of both substances at the time of the offence'; and
 - One perpetrator was recorded to have been 'under the influence of methamphetamine ... when [the perpetrator] committed the offence'.

The Office further examined the 19 fatalities where records indicated that alcohol and/or other drugs had been used by the perpetrator immediately prior to the fatal incident and identified that:

- In 10 of the 12 fatalities (83 per cent) where records indicated that alcohol had been used by the perpetrator, the person who was killed was Aboriginal. Eight of these 10 fatalities (80 per cent) occurred in remote or very remote Western Australia; and
- In five of the seven fatalities (71 per cent) where records indicated that drugs other than alcohol were used by the perpetrator, the person who was killed was non-Aboriginal. All seven of these fatalities occurred in major cities of Western Australia.

5.6.2 Alcohol use in prior family and domestic violence incidents

The Office also examined WAPOL records relating to family and domestic violence incidents involving the person who was killed and the suspected perpetrator, to determine if alcohol use was recorded.²⁶¹ As discussed at section 5.3, a prior history of family and domestic violence was recorded for 16 of the 30 fatalities. WAPOL produced 75 DVIRs relating to these 16 fatalities. Police officers recorded that the incident was 'alcohol related'²⁶² in 45 of these 75 DVIRs (60 per cent).

The Office separately examined the use of alcohol in family and domestic violence incidents involving Aboriginal people who were killed. Of the 75 DVIRs submitted by WAPOL, 65 related to an Aboriginal person who was killed. Police officers recorded that these incidents were 'alcohol related' in 42 of these 65 DVIRs (65 per cent).

5.6.3 The relationship between alcohol use and family and domestic violence

The research literature 'suggests there is a co-occurrence between alcohol consumption and/or substance misuse and episodes of [family and] domestic violence'.²⁶³ In 2012, the Personal Safety Survey identified that:

53% of women (917,200 out of the 1,716,300 women who had been physically assaulted by a male²⁶⁴) reported that alcohol or drugs had been involved²⁶⁵ in their most recent incident of physical assault by a male.²⁶⁶

²⁶¹ Other drug use is not routinely recorded on DVIRs.

²⁶² DVIRs contain a field for police officers to record if the incident is 'Alcohol Related'. This is determined and recorded by police officers investigating the incident.

²⁶³ Day, A, Chung, D, O'Leary, P, Justo, D, Moore, S, Carson, E, and Gerace, A, 'Integrated responses to domestic violence: Legally mandated intervention programs for male perpetrators', *Trends & issues in crime and criminal justice no. 404*, Australian Institute of Criminology, Canberra, December 2010, p. 4.

²⁶⁴ The relationship between the parties is not identified in the data.

²⁶⁵ The Australian Bureau of Statistics explanatory notes for this variable state: 'In the most recent incident of sexual assault, threatened sexual assault, physical assault and/or threatened or attempted physical assault. Alcohol or another substance was involved if the person or the perpetrator were under the influence of alcohol or another substance at the time of the incident or if the person believed alcohol or another substance contributed to the incident, for example, when the perpetrator was recovering from a hangover or the person believed that their drink had been spiked. Another substance - includes any mood altering substances, whether legal or not, e.g. marijuana, cocaine, rohypnol or methamphetamines', Australian Bureau of Statistics, *Personal Safety, Australia, 2012*, cat. no. 4906.0, ABS, Canberra, December 2013.

Further Australian research conducted in New South Wales has also identified that:

41 per cent of all incidents of domestic assault reported to the police between 2001 and 2010 were alcohol related ... [b]etween 2000 and 2006, 44 per cent of intimate-partner homicides were alcohol related ... [and] [t]he overwhelming majority (87 per cent) of Indigenous intimate-partner homicides were alcohol related.²⁶⁷

Alcohol is also associated with increased severity of incidents, with research suggesting that:

...because of its impact on aggression the consumption of alcohol, either by the offender or victim, may increase the seriousness of a domestic violence incident, the severity of injuries and risk of death, with almost half of all intimate partner homicides found to be alcohol-related.²⁶⁸

The research literature also suggests that 'the evidence to date provides inadequate empirical support for the conclusion that alcohol and drug use are *causally* related to domestic violence' (as opposed to correlationally related).²⁶⁹ While 'the use of substances can lower inhibitions in turn leading to escalation of the frequency and severity of assault, however in most cases men who use violence while under the influence are also violent when not affected by drugs and/or alcohol.'²⁷⁰

Some research also identifies that 'the relationship between alcohol and domestic abuse is indirect and is a function of attitudes supporting the use of violence.'²⁷¹ For example, such research has reported that rates of family and domestic violence 'by men who supported the idea of hitting a partner but who rarely consumed alcohol had higher rates of actual violence than men who were heavy drinkers but did not approve of violence toward a partner.'²⁷²

In relation to Aboriginal people, the research literature regularly identifies alcohol as 'a significant risk factor associated with intimate partner and family violence in Aboriginal

²⁶⁶ Australian Bureau of Statistics, *Personal Safety, Australia, 2012*, cat. no. 4906.0, ABS, Canberra, December 2013.

²⁶⁷ Mitchell, L, *Domestic violence in Australia – an overview of the issues*, Parliament of Australia, 2011, Canberra, accessed 16 October 2014,

<http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BN/2011-2012/DVAustralia#_Toc309798377>, p. 7, citing: Gretch, K, and Burgess, M, *Trends and patterns in domestic violence assaults: 2001 to 2010*, Issue paper, no. 61, NSW Bureau of Crime Statistics and Research, Sydney, 2011,

<[http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/bb61.pdf/\\$file/bb61.pdf](http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/bb61.pdf/$file/bb61.pdf)>, p. 4.

²⁶⁸ Morgan, A and Chadwick, H, *Key issues in domestic violence*, Australian Institute of Criminology, Canberra, December 2009, p. 7.

²⁶⁹ Buzawa, E, Buzawa, C and Stark, E, *Responding to Domestic Violence*, Sage Publications, 4th Edition, 2012, Los Angeles, p. 99.

²⁷⁰ Women's Council for Domestic and Family Violence Services (WA), 'What is Domestic and Family Violence?', Women's Council, West Perth, viewed 16 October 2014, <<http://www.womenscouncil.com.au/what-is-domestic-family-violence.html>>.

²⁷¹ Buzawa, E, Buzawa, C and Stark, E, *Responding to Domestic Violence*, Sage Publications, 4th Edition, 2012, Los Angeles, p. 99.

²⁷² Buzawa, E, Buzawa, C and Stark, E, *Responding to Domestic Violence*, Sage Publications, 4th Edition, 2012, Los Angeles, p. 99.

communities'.²⁷³ As with family and domestic violence in non-Aboriginal communities, the research literature suggests that 'while alcohol consumption [is] a common contributing factor ... it should be viewed as an important situational factor that exacerbates the seriousness of conflict, rather than a cause of violence'.²⁷⁴

5.6.4 Strategies to recognise and address the co-occurrence of alcohol use and family and domestic violence

Consistent with the research literature discussed above, the National Plan observes that:

Alcohol is usually seen as a trigger, or a feature, of violence against women and their children rather than a cause. Research shows that addressing alcohol in isolation will not automatically reduce violence against women and their children. This is because alcohol does not, of itself, create the underlying attitudes that lead to controlling or violent behaviour.²⁷⁵

The National Plan particularly notes that:

The influence of alcohol on family violence is also of serious concern. More than 90 per cent of Aboriginal and Torres Strait Islander intimate partner homicides recorded in 2005-06 involved either the victim or offender, or both, being under the influence of alcohol. This compares to 39 per cent for non-Aboriginal and non-Torres Strait Islander intimate partner homicides.²⁷⁶

Accordingly, the National Plan recognises that it is a priority under the Indigenous Family Safety Program and supporting Agenda to 'develop innovative approaches to address alcohol abuse'²⁷⁷ in Aboriginal communities.

The research literature also suggests that in 'understanding risk factors for family violence, it is important to understand how factors that affect alcohol consumption also contribute to the increased risk of violence and severity of violence',²⁷⁸ further suggesting that the

²⁷³ Mitchell, L, *Domestic violence in Australia – an overview of the issues*, Parliament of Australia, 2011, Canberra, accessed 16 October 2014, pp. 6-7.

²⁷⁴ Buzawa, E, Buzawa, C and Stark, E, *Responding to Domestic Violence*, Sage Publications, 4th Edition, 2012, Los Angeles, p. 99; Morgan, A. and McAtamney, A. 'Key issues in alcohol-related violence,' *Australian Institute of Criminology*, Canberra, 2009, viewed 27 March 2015, p. 3.

²⁷⁵ Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, Australian Government, Canberra, February 2011, viewed 4 February 2014, <<http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children>>, p. 29.

²⁷⁶ Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, Australian Government, Canberra, February 2011, viewed 4 February 2014, <<http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children>>, p. 30.

²⁷⁷ Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, Australian Government, Canberra, February 2011, viewed 4 February 2014, <<http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children>>, p. 7.

²⁷⁸ Foundation for Alcohol Research and Education, *National framework for action to prevent alcohol-related family violence*, Foundation for Alcohol Research and Education, Australian Capital Territory, p. 16, viewed 18 June 2015, <<http://www.fare.org.au/PreventAlcFV/>>.

increased availability of alcohol contributes to increases in family violence.²⁷⁹ Relevantly, the National Plan lists the following ‘[i]mmediate national initiatives’.²⁸⁰

Continue the **National Binge Drinking Strategy**.

Support local Indigenous communities to take action against alcohol supply where it is leading to high levels of violence through the new Indigenous Family Safety Program...

Support community-led solutions for addressing alcohol and substance abuse.²⁸¹

Also at a national level, strategies to address alcohol-related harm more generally are currently absorbed into the *National Drug Strategy 2010-2015 (the National Drug Strategy)*, which states:

The aim of the National Drug Strategy 2010–2015 is to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.²⁸²

A *National Alcohol Strategy 2016-2021* is currently being developed by the Intergovernmental Committee on Drugs (**IGCD**). In November 2014, the IGCD held a ‘National Stakeholder Meeting on Alcohol Related Violence and Harms’ which:

...provided an opportunity for stakeholders to work collaboratively with experts and governments across Australia in identifying opportunities to reduce the impact of alcohol related violence and harm. The IGCD has committed to using the outcomes of the meeting to inform its advice to Ministers on the specific issue of alcohol related violence and harms, and to also inform the development of the next iteration of a National Alcohol Strategy for 2016-2021.²⁸³

²⁷⁹ For example, Foundation for Alcohol Research and Education, *National framework for action to prevent alcohol-related family violence*, Foundation for Alcohol Research and Education, Australian Capital Territory, p. 16, viewed 18 June 2015, <<http://www.fare.org.au/PreventAlcFV/>>; See also, Royal Commission into Family Violence, *Witness Statement of Associate Professor Peter Graeme Miller*, Royal Commission into Family Violence, 15 July 2015.

²⁸⁰ Strategy 3.2, Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, Australian Government, Canberra, February 2011, viewed 4 February 2014, <<http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children>>.

²⁸¹ Council of Australian Governments, *National Plan to Reduce Violence against Women and their Children 2010 – 2022*, Australian Government, Canberra, February 2011, viewed 4 February 2014, <<http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children>>, p. 15 and 21.

²⁸² Ministerial Council on Drug Strategy, *National Drug Strategy 2010–2015*, Commonwealth of Australia, Canberra, 2011, p. 5.

²⁸³ Australian Government Department of Health, *Alcohol Issues*, Australian Government Department of Health, Canberra, viewed 18 June 2015, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/MC14-014845-alcohol-issues>>.

Priorities identified at this meeting include:

- 'research to improve understanding of the relationship between alcohol and domestic violence'; and²⁸⁴
- '[d]evelopment and implementation of family support and treatment strategies' including 'combined substance abuse and domestic violence treatment'.²⁸⁵

The Office also notes that, in June 2015, the Foundation for Alcohol Research and Education (**FARE**) launched a *National framework for action to prevent alcohol-related family violence*.²⁸⁶ The FARE framework 'propos[es] policies and programs that all Australian governments can implement which will have a tangible impact on reducing and preventing family violence.'²⁸⁷ In launching the framework, Rosie Batty, Australian of the Year and Founder of the Luke Batty Foundation, and Michael Thorn, Chief Executive of FARE stated:

Up until now, the role of alcohol has not been adequately recognised in national or state and territory plans and strategies to address the issue. This is despite the fact that alcohol is significantly implicated in family violence.²⁸⁸

In August 2015, the Finance and Public Administration References Committee, in its report *Domestic violence in Australia*, made the following recommendation:

The committee recommends that the Commonwealth Government consider the framework developed by the Foundation for Alcohol Research and Education (FARE) as part of the cross-jurisdictional work it is leading through COAG to ensure the development of an integrated and focused effort to reduce the role of alcohol as a contributing factor in cases of domestic violence.²⁸⁹

In Western Australia, the State Strategy does not mention or address alcohol and its relationship with family and domestic violence. However, the goal of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015 (the Framework)* is to

²⁸⁴ Australian Government Department of Health, *Intergovernmental Committee on Drugs (IGCD) National Stakeholder Meeting on Alcohol Related Violence and Harms 19 November 2014 Summary of Meeting*, Australian Government Department of Health, Canberra, viewed 18 June 2015, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/MC14-014845-alcohol-issues>>, p. 3.

²⁸⁵ Australian Government Department of Health, *Intergovernmental Committee on Drugs (IGCD) National Stakeholder Meeting on Alcohol Related Violence and Harms 19 November 2014 Summary of Meeting*, Australian Government Department of Health, Canberra, viewed 18 June 2015, <<http://www.health.gov.au/internet/main/publishing.nsf/Content/MC14-014845-alcohol-issues>>, p. 3.

²⁸⁶ Foundation for Alcohol Research and Education, *Governments Urged To Act On Alcohol-Related Family Violence*, Foundation for Alcohol Research and Education, Australian Capital Territory, 17 June 2015, p. 1.

²⁸⁷ Foundation for Alcohol Research and Education, *Governments Urged To Act On Alcohol-Related Family Violence*, Foundation for Alcohol Research and Education, Australian Capital Territory, 17 June 2015, p. 1.

²⁸⁸ Foundation for Alcohol Research and Education, *National framework for action to prevent alcohol-related family violence*, Foundation for Alcohol Research and Education, Australian Capital Territory, viewed 18 June 2015, <<http://www.fare.org.au/PreventAlcFV/>>.

²⁸⁹ Finance and Public Administration References Committee, *Domestic violence in Australia*, Commonwealth of Australia, August 2015, p. 129.

‘prevent and reduce the adverse impacts of alcohol and other drugs in the Western Australian community’.²⁹⁰

As one of these adverse impacts, the Framework highlights ‘violence and family and relationship breakdown’ as a result of ‘problematic drug and alcohol use.’²⁹¹ The Framework has been endorsed by the state government departments represented on the Drug and Alcohol Strategic Senior Officers’ Group (including the Mental Health Commission and DCPFS).²⁹²

As the Government agency with lead responsibility for preventing and reducing the adverse impacts of alcohol and other drugs, the Mental Health Commission (formerly the Drug and Alcohol Office):

- ‘conducts a range of prevention and early intervention programs and services to... prevent and delay the onset of alcohol and other drug use...support environments that discourage risky use ... [and] support and enhance the community’s capacity to address alcohol and other drug problems’;²⁹³
- ‘provides information, advice and counselling and referral about alcohol and other drug use to the public through the telephone Alcohol and Drug Support Line, the Parent and Family Drug Support Line and the Working Away Alcohol and Drug Support Line;
- provides clinical and treatment services under the trading name Next Step Drug and Alcohol Services, including inpatient withdrawal, outpatient and pharmacotherapy services;
- provides funding and support for a comprehensive range of sobering-up, withdrawal, outpatient counselling and residential rehabilitation services, including specialist youth, women’s and family services, provided primarily by non-government agencies’;²⁹⁴
- ‘provides culturally secure workforce and organisational development programs for human service agencies and staff to respond effectively to Aboriginal people affected by alcohol and other drug use’;²⁹⁵ and
- ‘works closely with other government agencies, the non-government sector and community to ensure the ongoing implementation of appropriate programs and services’.²⁹⁶

During the course of the investigation, the Mental Health Commission informed the Office that:

The draft Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) outlines the overall intentions regarding service development of mental health, alcohol and other drug services over the next ten years.

²⁹⁰ Government of Western Australia *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*, p 5.

²⁹¹ Government of Western Australia Drug and Alcohol Office, *Annual Report 2013-2014*, Drug and Alcohol Office, Perth, 2014, p. 94.

²⁹² Mental Health Commission, personal communication, 21 October 2015.

²⁹³ Government of Western Australia Drug and Alcohol Office, *Annual Report 2013-2014*, Drug and Alcohol Office, Perth, 2014, p. 21.

²⁹⁴ Mental Health Commission, personal communication, 21 October 2015.

²⁹⁵ Government of Western Australia Drug and Alcohol Office, *Annual Report 2013-2014*, Drug and Alcohol Office, Perth, 2014, p. 22.

²⁹⁶ Government of Western Australia Drug and Alcohol Office, *Annual Report 2013-2014*, Drug and Alcohol Office, Perth, 2014, p. 20.

An action of the Plan is to develop a comprehensive mental health, alcohol and other drug prevention plan. It is understood that there are a number of risk factors, including family and domestic violence which can contribute to the development of mental illness, alcohol and other drug problems that require consideration in the development of the Plan.

Additionally, the draft Plan highlights the need for mental health, alcohol and other drug services to deliver trauma informed care, which involves the provision of appropriate services for those who have experienced family and domestic violence.²⁹⁷

During the investigation, stakeholders have suggested that programs and services for victims and perpetrators of violence in Western Australia, including family and domestic violence, do not address its co-occurrence with alcohol and other drug abuse. Specifically, this means that programs and services addressing family and domestic violence:

- may deny victims or perpetrators access to their services, particularly if they are under the influence of alcohol and other drugs; and
- frequently do not address victims' or perpetrators' alcohol and other drug abuse issues.

Conversely, stakeholders have suggested programs and services which focus on alcohol and other drug use generally do not:

- address perpetrators' violent behaviour; or
- respond to the needs of victims resulting from their experience of family and domestic violence.

The concerns of stakeholders are consistent with the research literature, which identifies that:

Integrated and coordinated service models within the AOD [Alcohol and Other Drugs] and FDV [Family and Domestic Violence] sectors in Australia are rare. Historically, the sectors have worked independently of each other despite the long recognised association between alcohol misuse and FDV ... [even though] [i]ntegrated models of care are found for other co-occurring conditions.²⁹⁸

The research literature identifies the benefits of integrated service provision addressing the co-occurrence of family and domestic violence with alcohol and other drug use, to both victims and perpetrators of family and domestic violence.²⁹⁹

The Framework identifies '[i]ntegrated and coordinated services through effective partnerships and collaboration between the alcohol and other drug sector and key stakeholders'³⁰⁰ as a key outcome. During the investigation, the Office identified one

²⁹⁷ Mental Health Commission, personal communication, 21 October 2015.

²⁹⁸ Foundation for Alcohol Research and Education, *The Hidden Harm: Alcohol's impact on children and families*, Foundation for Alcohol Research and Education, ACT, 2015, p. 49.

²⁹⁹ Braaf, R. 'Elephant in the Room: responding to alcohol misuse and domestic violence,' *Australian Domestic and Family Violence Clearinghouse*, Sydney, 2012, p. 14-15.

³⁰⁰ Government of Western Australia Drug and Alcohol Office, *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*, p. 11.

program in the metropolitan area, providing two places, to assist perpetrators of family and domestic violence with their abuse of alcohol and other drugs.

Given the level of recorded alcohol use associated with the 30 fatalities, it is proposed that DCPFS and the Mental Health Commission collaborate to include initiatives in Action Plans under the State Strategy which recognise and address the co-occurrence of alcohol use and family and domestic violence. The findings of this examination could potentially inform the development of these initiatives.

Recommendation 3

DCPFS, in collaboration with the Mental Health Commission and other key stakeholders, includes initiatives in Action Plans developed under the *Western Australian Family and Domestic Violence Prevention Strategy to 2022: Creating Safer Communities*, which recognise and address the co-occurrence of alcohol use and family and domestic violence.