Coroners Court of Victoria

VICTORIAN SYSTEMIC REVIEW OF FAMILY VIOLENCE DEATHS

First Report

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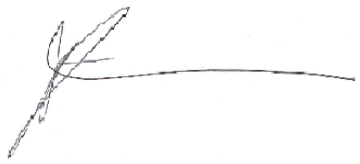
MESSAGE FROM THE STATE CORONER

I am pleased to present this first report of the Victorian Systemic Review of Family Violence Deaths (VSRFVD). Positioned within the Coroners Court of Victoria and supported by the Coroners Prevention Unit, the VSRFVD is dedicated to examining deaths that occur in a context of family violence among both intimate partners and other family members. The VSRFVD strives to improve understanding as to why these events occur and how they might be prevented.

Since its establishment, VSRFVD has made considerable inroads in terms of both the assistance provided to the coroner and the way in which these deaths are examined. This work has been advanced by the substantial contribution of the VSRFVD Reference Group, whose knowledge and expertise regarding the operation of the service system has been invaluable. As with any new initiative of this kind, improvements have been made to the operations of the VSRFVD as it has developed. It is anticipated that it will continue to evolve, so as to ensure the most efficient and meaningful approach to examining these deaths occurs.

Deaths resulting from family violence are a tragic loss for both surviving family members and the community as a whole. They represent the extreme end of a continuum of violence involving the abuse of one family member toward another. These events often come as a great shock, given the family unit is expected to be a place of safety and protection. On behalf of the Coroners Court of Victoria and the VSRFVD team, I would like to extend my sincere condolences to all those who have experienced the loss of a loved one in circumstances involving family violence. It is our intention that through the work of VSRFVD, we will actively contribute toward solutions that reduce family violence in all its forms across our community.



Judge Jennifer Coate

State Coroner of Victoria

November 2012

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EXECUTIVE SUMMARY

This Victorian Systemic Review of Family Violence Deaths (VSRFVD) commenced operation in the Coroners Court of Victoria in 2009. Led by the State Coroner, it focuses attention on the context in which family violence-related homicides and homicide-suicide incidents occur. Through coroners' findings, comments and recommendations, the VSRFVD contributes to strengthening the response to family violence in this state.

This report presents the key findings of the VSRFVD during 2009-2012. It draws upon the analysis of deaths involving infants, children and adults, across a range of relationship categories. Findings from the two main activities of the VSRFVD are presented in detail: data collection and analysis, and in-depth case review.

Frequency of intimate and familial homicide

Homicide statistics reveal that deaths among intimate partners and other family members form a substantial proportion of the total number of incidents recorded each year. In particular, intimate partner homicides typically comprise the largest category of these deaths. Section 1 of this report presents a descriptive statistical overview of the frequency of intimate and familial homicide in Australia and other high-income countries.

Homicide in Victoria 2000-2010

A central component of the VSRFVD involves data collection and analysis of homicide, including homicide among family members. Section 2 of this report presents an overview of these deaths in Victoria for the period 2000-2010. A substantial proportion of homicides identified by the CCOV during this period were determined to be relevant to the VSRFVD. Specifically, just over half (53%) involved an intimate partner or other family member, or otherwise occurred in a context of family violence.[1] Among deaths of relevance to the VSRFVD, intimate partner homicides comprised the largest group (47%), followed by incidents involving parents and children (26%).[2] Although males comprised a larger proportion of the total number of homicides that were identified, females were more often killed by an intimate partner or other family member.

Case reviews: risk factors, vulnerability indicators and family violence themes

Domestic and family violence death reviews conducted in other jurisdictions typically consider relevant deaths as a connected group, rather than isolated incidents. This approach enables the identification of common patterns or themes among fatal events. Accordingly, Section 3 of this report presents the findings of a thematic

[1] Note the definition of homicide adopted by the VSRFVD described in Section 2.

[2] This involved incidents of parents killing children and children killing parents.

analysis of 28 case reviews completed by the VSRFVD team for metropolitan and regional coroners.

Many of the known risk and contributory factors associated with escalating and severe violence described in the research literature were identified as relevant to the incidents that were examined. These included: a history of family violence; relationship separation; threats of harm; alcohol misuse; and the presence of a mental illness. In addition, factors associated with the increased vulnerability of victims, such as having a disability or culturally and linguistically diverse background, were noted among the cases that were reviewed.

Additional themes that emerged included: barriers for victims disclosing family violence; a need for increased community understanding and recognition of this problem; and the regularity of victim contact with the health and justice system.

Focus areas for prevention

A broad spectrum of family violence deaths feature in this report. The evidence gathered confirms the need to be cognisant of recognised risk factors and the importance of building a responsive service system that is able to identify and respond appropriately. The system gaps, coronial recommendations and associated responses presented in this analysis are a valuable starting point from which further research and prevention efforts can be made. Accordingly, Section 4 draws attention to three focus areas for strengthening the service system, increasing victim safety and improving the response to family violence in this state.

INTRODUCTION

Family violence as a preventable public health problem

Family violence is a widespread public health problem, with significant personal, social and economic costs (World Health Organization [WHO] 2005). This form of violence has been recognised as requiring dedicated research and prevention investment in order to reduce its prevalence and impact. Over the past fifteen years, domestic and family violence death reviews have been established as one mechanism to pursue these objectives. Death reviews around the world vary considerably in terms of their structure and function, but share a common goal of reducing injury and preventing deaths from family violence.

In recent years, mechanisms to review family violence deaths in closer detail have been introduced in Australia, beginning in Victoria and established at the Coroners Court of Victoria (CCOV). Under the legislative framework of the *Coroners Act 2008* (Vic), coroners make a significant contribution toward public health and safety and reducing preventable deaths. Significantly, the Act empowers coroners to make recommendations to any Minister, public statutory authority or entity, relating to issues of public health and safety and the administration of justice. In turn, a written response to these recommendations is required, specifying what action has or will be taken. Responses are published on the court website, along with the finding connected to the death. This creates a publicly visible and transparent account of the circumstances in which a death occurred, the comments and recommendations made to reduce the risk of similar deaths, and any possible facilitators and/or barriers for implementation of such strategies. This process is applied to deaths arising from family violence, with the coroner's investigation assisted by the VSRFVD.

The Victorian Systemic Review of Family Violence Deaths

The Victorian Systemic Review of Family Violence Deaths (VSRFVD) commenced operation in 2009 and was the first of its kind to be established in Australia. Positioned within the Coroners Prevention Unit (CPU) of the Coroners Court of Victoria (CCOV), the VSRFVD is led by the Victorian State Coroner. Accordingly, the VSRFVD's mandate is governed by the role and responsibilities of the coroner, as defined in the *Coroners Act 2008* (Vic). Working under the auspices of the coroners' jurisdiction to investigate reportable and reviewable deaths, and by virtue of the coroners' legislated focus on prevention, the VSRFVD is enabled to examine the deaths of children and adults who died in a context of family violence.

The VSRFVD has five main aims, which are to:

- examine the context in which family violence deaths occur;
- identify risk and contributory factors associated with family violence;
- identify trends or patterns in family violence-related deaths;
- consider current systemic responses to family violence; and

- provide an evidence base for coroners to support the formulation of prevention focussed recommendations aimed at reducing family violence.

The VSRFVD is assisted by a Reference Group that provides expert advice and consultative support in connection to family violence and the operations of the service system. The Reference Group is comprised of representatives from a range of government and non-government organisations that are active in the response to family violence in this state.

Terminology used in this report

For the purpose of the VSRFVD, 'family violence' is defined in accordance with the *Family Violence Protection Act 2008* (Vic). The Act recognises that family violence behaviour extends beyond physical assault, and may involve emotional, psychological, economic, or sexual abuse. Conceptualising family violence in this way promotes consideration of the wide range of actions and behaviours that constitute family violence. The VSRFVD also acknowledges and adopts the definition of family violence provided by the Victorian Indigenous Family Violence Taskforce (2003), which recognises harm done to kinship networks and communities by family violence.

The definition of a family member used for the purpose of the VSRFVD is also drawn from the *Family Violence Protection Act 2008* (Vic). The definition guides the classification of the deceased-offender relationship for the purposes of case identification and inclusion. In addition to intimate and biological connections, Indigenous notions of kinship and caregivers who are considered to be 'family like' fall within the ambit of the VSRFVD. Finally, the VSRFVD includes deaths of third parties (e.g. bystanders) who are killed in circumstances attributable to family violence perpetrated by another party.

In accordance with these definitions, deaths are considered relevant to the VSRFVD where either of the following are met:

- the homicide offender and the deceased had an intimate or familial relationship; and/or

- the death occurred in the context of family violence and/or an identifiable history of family violence.

These criteria distinguish the VSRFVD from other similar initiatives in two ways. First, as distinct from some death reviews, the VSRFVD examines all homicides that occur as a result of the actions of any family member. This includes deaths of children, young people and adults. Second, where the death cannot be directly attributed to a family member, it will still fall within the purview of the VSRFVD if it occurred in the context of family violence. For example, where a bystander is killed when intervening in a dispute between intimate partners.

Report overview

This report is presented in five sections, as follows.

Section 1 comprises an overview of the frequency of intimate and familial homicide in international jurisdictions, demonstrating that these deaths are a significant public health problem both in Australia and overseas.

Section 2 provides a data summary of family violence homicide in Victoria from 2000-2010, profiling deceased demographic information; the type of relationship between the deceased and offender; and known contacts with the service system.

Section 3 presents the results of a thematic analysis of 28 homicide incidents reviewed for coroners as part of the VSRFVD. The presence of known risk and contributory factors and emerging themes among these incidents is described.

Section 4 identifies three focus areas for further prevention efforts based on the work of the VSRFVD to date.

Section 5 concludes with a summary of additional activities undertaken by the VSRFVD, including research collaborations; community engagement opportunities and participation in the Australian Domestic and Family Violence Death Review Network.

SECTION 1. FREQUENCY OF FAMILY VIOLENCE HOMICIDE

International overview

The international literature on family violence and homicide can provide an important reference point for understanding the phenomenon in a Victorian context. The following section presents an overview of family violence homicide statistics among five high-income countries including Australia. This demonstrates that fatal family violence is a global problem and that intimate partner homicide consistently forms a large proportion of these deaths.

When using the nature and frequency of family violence homicides internationally as a reference point for Australian homicides, it is necessary to consider the overall homicide rates per 100,000 population. Internationally, the proportion of family violence-related homicides varies according to the total number of homicides reported by a country. Whereas countries with high overall homicides rates are often characterised by high proportions of non-family violence-related crimes (such as drug trafficking or organised crime), countries with lower overall homicide rates experience a much higher proportion of family violence-related homicides (United Nations Office on Drugs and Crime [UNODC] 2011).

Research in Western countries with similar overall rates of homicide to Australia has shown that family violence homicides comprise a substantial proportion of the total homicides reported. Tables 1 to 3 show the frequency and nature of family violence homicides in five jurisdictions (including Australia), as most recently reported in the following publications:[3]

- Federal Bureau of Statistics 2011, *Uniform crime reports – Expanded homicide data,* United States Department of Justice, Washington DC;
- Statistics Canada 2011, *Family violence in Canada: A statistical profile* Ministry of Industry, Ottawa;
- Home Office 2011, *Homicides, firearm offence and intimate violence 2009/10,* Home Office Statistical Bulletin, Home Office Statistics, London;
- Martin, J. & Pritchard R. 2010, *Learning from Tragedy: Homicide within Families in New Zealand 2002-2006,* New Zealand Ministry of Social Development, Wellington; and
- Australian Institute of Criminology 2008, *National Homicide Monitoring Program (NHMP) Crime Facts Info – Intimate Partner Homicides*, Australian Institute of Criminology, Canberra.

[3] A universally accepted definition for family and/or domestic violence and a family and/or domestic relationship does not exist. This can lead to differences in the data collection process among countries. Furthermore, national homicide reporting bodies employ a range of mechanisms to collect data which may also impact on the figures that are reported.

Table 1: Proportion of family violence homicides in Australia, Canada, New Zealand, United Kingdom, and the United States of America

Country	Homicide rate /100,000 population (UNODC 2011)	Summary of family violence homicides
Australia	1.23	For the period 2007-2008, 260 homicide incidents, involving 273 victims were reported in Australia. Among the incidents in which the relationship between the offender and deceased were known (n=243), 134 (55.1%) were classified as 'domestic homicides'.
Canada	1.67	For the period 2000-2009, among homicides in which the relationship between the offender and the deceased person was known, 1758 of 4532 (38.9%) were intimate or familial.
New Zealand	1.25	For the period 2002-2006, 141 of the 291 homicide deaths investigated by police (48.5%) were perpetrated by a family member of the victim. This comprised, on average 28 homicides per year.
United Kingdom	1.19	For the period 1 July 2009 and 30 June 2010, 203 of the 619 homicides (32.8%) in the United Kingdom were family violence homicides.
United States of America	5.22	For homicides occurring in 2010 in which the relationship between the offender and the deceased person was known, 2425 of 7272 (33.3%) were 'intimate or familial'. [4]

Intimate partner homicides

Intimate partner homicide is consistently shown to form a substantial proportion of the homicides that occur in developed countries. Table 2 shows the proportions of family violence homicides where the relationship between the deceased and the offender was classified as intimate for five countries, including Australia. The homicide rate per 100,000 population for these countries is comparable to Australia.

Table 2. Proportion of intimate partner homicides in Australia, Canada, New Zealand, United Kingdom and the United States of America.

Country	Intimate partner homicide
Australia	Of the 134 'domestic violence homicides' identified by the National Monitoring Homicide Program for the period 2007-2008, 80 deaths were sub-classified as being intimate partner homicides (59.7%).
Canada	Of the 1758 family violence homicides occurring in the period 2000-2009, 929 (52.8%) were intimate.
New Zealand	Of the 141 deaths classified as family violence homicides for the period 2002-2006, 77 (54.6%) were 'couple-related'.
United Kingdom	Of the 203 family violence homicides between 1 July 2009 and 30 June 2010, 116 (57.1%) were classified as occurring between intimate or ex-intimate partners.
United States of America	Of the 2425 homicides occurring in 2010 in which the relationship between the offender and the deceased was familial, 1336 were intimate-partners (55.1%).[5]

Intimate partner homicide is typically a gendered crime; the offender is usually male and the deceased is most often a female. Table 3 shows data relating to the sex of intimate partner homicide offenders and the deceased.

[4] This is an under-estimate of family violence homicides as defined by the VSRFVD because it excludes homosexual relationships. In addition, this number represents deaths in which the relationship is intimate or familial and does not include deaths of bystanders.

[5] This excludes homosexual relationships.

Table 3: Intimate partner homicides by sex of the deceased in Australia, Canada, New Zealand, United Kingdom and the United States of America.

Country	Sex of deceased person for intimate-partner homicides
Australia	Of the 80 intimate partner homicide victims for the period 2007-2008, 62 were female (77.5%) and 18 were male (22.5%).
Canada	Of the 929 intimate partner homicide victims for the period 2000-2009, 714 were female (76.9%) and 215 were male (23.1%).
New Zealand	Of the 77 'couple related' homicides for the period 2002-2006, 61 were female (77.2%) and 16 were male (22.8%).
United Kingdom	Of the 116 intimate partner homicides for the period 1 July 2009 and 30 June 2010 involving individuals over 16 years, 95 were female (81.9%) and 21 were male (18.1%).
United States of America	Of the 1336 intimate partner homicides occurring in 2010, 1095 were female (82.0%) and 241 were male (18.0%).[6]

Intimate partner homicide – shifts over time

In recent years, some countries have reported evidence of a slight decline in the rate of intimate partner homicide for both male and female victims (Campbell, Glass, Sharps, Laughon & Bloom 2007; Dawson, Pottie–Bunge & Balde 2009). In Australia, the rate of intimate partner homicide shifted from approximately 0.5 per 100,000 population in the late 1980s to 0.4 from mid-2000 (AIC 2008). There are a number of possible reasons for this slight decline, including legislative reforms, enhancements to the service system and transforming social attitudes that have impacted on family violence. While findings of this kind are encouraging, multi-faceted and sustained efforts are required in order see a significant long-term reduction in these death.

[6] This excludes homosexual relationships.

SECTION 2. HOMICIDE IN VICTORIA: 2000-2010

Introduction

Data collection is essential for improving knowledge about the nature and frequency of family violence-related deaths. To this end, the VSRFVD Homicide Register has been created. The purpose of the register is to identify:

- the annual frequency of family violence deaths in Victoria;
- demographic groups most affected by family violence;
- risk and contributory factors among family violence deaths;
- the types of services both victims and perpetrators were in contact with prior to the fatal event; and
- trends and patterns among family violence deaths.

Information on all deaths reported to the CCOV is recorded in the Coroners Prevention Unit's Surveillance Database, which commences from 1 January 2000 and is updated on a daily basis. Preliminary classification of a death as family violence-related is in accordance with the VSRFVD inclusion/exclusion criteria. Based on information provided to the coroner by Victoria Police, deaths that appear to involve a family member, and/or occur in a context of family violence, are flagged in the Surveillance Database and included in the Homicide Register. This preliminary classification is reviewed and revised as more information becomes available during the course of the investigation.

In addition to prospective surveillance, the VSRFVD has conducted a retrospective examination of homicides for the period 2000-2010. This has involved the identification and review of suspected and determined homicide incidents, including both open and closed criminal and coronial investigations. This section draws on this data to provide an overview of family violence homicide in Victoria for the 11 year period 2000-2010.

Method

Definitions

Defining and measuring family violence homicide is a complex task. Within the research literature, a range of terms are employed to describe family violence and family relationships.[7] This has implications for the way in which data is collected and reported.

For the purpose of the data collection and analysis in this report, the following definitions apply.

Homicide

To constitute a homicide for the purpose of this data analysis, the death must have occurred as a result of external causes where such external causes were attributed, directly or indirectly, to a person through the application of assaultive force or by criminal negligence.[8]

Accordingly, this definition of 'homicide' captures deaths occurring in circumstances sufficient to establish an indictable offence (such as murder and manslaughter) under the criminal law. In addition, it also captures situations in which a person was excused from criminal liability as a result of the exceptional circumstances pertaining to the fatal event. For example, a death was still considered a 'homicide' where the individual was not criminally responsible for their actions or inactions because of their mental impairment, or because they acted in self-defence.

Relevant Parties

The following terminology is used to describe relevant parties involved in a fatal incident:

- deceased – the person who died;
- offender – the person who inflicted the injury that led to the death;
- victim – the person against whom family violence was perpetrated; and
- perpetrator – the person who perpetrated family violence.

This terminology is important because people relevant to a death can have different roles, depending on the nature of their involvement in the fatal event and their experience of family violence in the relevant relationship.

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[7] For example, terminology used to refer to family violence, or different aspects of this behaviour, includes domestic violence, intimate partner violence, elder abuse or child abuse. Definitions of family relationship also vary considerably, but may involve intimate partners, spouses, separated couples, dating relationship, parents and children, or extended family members.

[8] This is in accordance with the International Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), which uses the term 'assault' to describe deaths resulting from the actions or inactions of another person.

Family Violence

The definition of family violence used in this report was in accordance with the *Family Violence Protection Act 2008* (Vic). The Act recognises that this behaviour extends beyond physical and sexual violence, to include emotional, psychological, social or economic abuse. Conceptualising family violence in this way promotes consideration of the wide range of actions and behaviours that constitute the spectrum of violent behaviour. The VSRFVD also incorporates the definition of family violence provided by the Victorian Indigenous Family Violence Taskforce, which recognises harm done to kinship networks and communities by family violence.

Relevant to the VSRFVD

The classification of deaths for examination in this report was subject to three considerations: the case type and intent; the deceased-offender relationship; and the family violence context (i.e. whether or not the death occurred in a context of family violence). Following classification of a death as a homicide, the death was considered to be relevant to the VSRFVD where an intimate or familial relationship existed between the deceased and offender, or where the death otherwise occurred in a family violence context.

In addition to family violence deaths in which sexual assault formed part of a pattern of abusive behaviours, a number of homicides were identified involving individuals who had prior sexual contact (or where sexual advances were made), however there was limited information about the nature, duration or degree of intimacy in the relationship between the parties. For the purpose of this analysis, these deaths were classified as relevant to the VSRFVD in order to ensure relevant deaths were not excluded from this analysis.

Family Member

The definition of a family member was also drawn from the *Family Violence Protection Act 2008* (Vic). The VSRFVD utilises this definition in order to classify the deceased-offender relationship and for the purpose of case identification and inclusion. In addition to intimate and biological connections, Indigenous notions of kinship and caregivers considered to be ‘family like’ fall within the ambit of the VSRFVD.

Family Violence Context

The term family violence context for the purpose of this report refers to situations in which family violence behaviours featured within the circumstances of the fatal event. For example, a person who was killed while intervening in a family violence incident can be said to have died in a family violence context.

Death versus Incident

In this report, the terms ‘homicide’ and ‘death’ and ‘deceased’ are used to describe an individual who died, while a homicide ‘incident’ involves an event in which one or more persons are killed by the same offender(s), typically at the same place and time.

Data source

Two primary sources of information were used for this analysis: electronic material from the coroners' investigation and publicly available sentencing remarks from completed criminal proceedings (where applicable).

The electronic material held by the Coroners Court of Victoria (CCOV) included: the Victoria Police Report of Death for the Coroner; post-mortem reports (autopsy and forensic toxicology); and the coroner's finding where the investigation was completed.

The sentencing remarks for each identified homicide were obtained via a targeted search of the Australasian Legal Information Institute (AustLII) website.

Inclusion criteria

Deaths due to homicide were included where:

- the death occurred between 1 January 2000 and 31 December 2010;
- the Victorian Coroner had jurisdiction to investigate the death under the *Coroners Act 1985* or the *Coroners Act 2008* (from 1 November 2009);
- either the criminal proceedings or the coroner's investigation was completed at the time of analysis (April 2012);
- either the criminal proceedings or the coroner's investigation confirmed the death to be a homicide (meeting the definition above); and
- the criminal proceedings and/or coronial investigation causally attributed the death to the actions/inactions of an individual (the offender).

Case identification

All suspected homicides reported to the CCOV from 1 January 2000 were extracted from the CPU Surveillance Database. For all deaths where the variable 'intent' was classified as 'assault'[9] or 'undetermined intent,' the Victoria Police Report of Death for the Coroner and coroner's finding (where available) were reviewed.

Variables

For all potential homicides identified, information on the variables defined in Table 4 was sought. Additional variables were sourced for those deaths deemed relevant to the VSRFVD (Table 5). Deaths not considered relevant to the VSRFVD were not subject to further analysis.

[9] Assault is the term used to describe deaths resulting from the actions or inactions of another person in accordance with the International Classification of Diseases and Related Health Problems, 10th Revision (ICD-10).

Table 4: Variables collected for each homicide death

Factor	Variable
Deceased profile	Age
	Sex
	Residential suburb
	Residential Local Government Area
	Residential Government Service Area
	Nature of relationship between deceased and offender
Offender profile	Offender/s identified
	Offender/s name
	Offender/s age
	Offender/s sex
	Subsequent suicide by offender (if relevant)
Incident profile	Number of resulting deaths from incident
	Incident suburb
	Incident Local Government Area
	Incident Government Service Area
	Relevance to VSRFVD
Investigations	Criminal proceedings
	Outcome of criminal proceedings
	Coroner's investigation

Table 5: Family violence-specific variables

Family violence-specific	Nature of relationship between deceased and offender/s
	Status of relationship between deceased and offender/s at time of death
	Family violence history
	Role of deceased in family violence
	Role of offender in family violence
	Alcohol and drug use proximate to death
	Mental ill health (diagnosed or suspected)
	Contact with the heath system in six months preceding death (includes GP; hospital; community health; mental health services; private mental health services; drug and alcohol services)
	Contact with the justice system in six months preceding death (includes police, corrections and the courts)
	Contact with any other system/service in six months preceding death (includes community/social welfare services; specialist family violence services)
	Known disabilities
	Country of birth
	Aboriginal or Torres Strait Islander
	Culturally and linguistically diverse background

Nature of relationship between deceased and offender

Where a homicide was considered relevant to the VSRFVD, the nature of the relationship between the deceased and offender was categorised as either: intimate partners; parent-child; other familial; non-familial; or other sexual relationship.

Where more than one offender was implicated in a homicide, the closest relationship between the deceased victim and one of the offenders was classified as the principal relationship. For example, where two offenders were the de facto and a friend of the deceased, the de facto would be classified as the principal relationship, and the deceased-offender relationship would be classified as 'intimate'.

Data collection

Information on the variables defined in Tables 4 and 5 were extracted following a review of the material generated for the coroner's investigation in addition to the sentencing remarks. Information was entered into the Statistical Package for the Social Sciences Version 15 (SPSS 15) for analysis. Where information was not available, the variable was classified as either 'still enquiring' or 'unknown' depending on the status of the coronial investigation.

Data analysis

Using SPSS 15, a range of descriptive statistics were compiled.

Caveats and limitations

Homicide is not a straightforward concept, and any statistics about its nature and frequency must be reported and interpreted with care. This descriptive overview of Victorian homicides from 2000-2010 provides a snapshot as at April 2012. These figures are subject to change, pending investigations being finalised in the criminal justice and coronial jurisdictions. The present review excluded all investigations where the criminal proceeding or coronial investigation had not been finalised. Under-reporting of the number of homicides in Victoria, particularly more recent events, is therefore acknowledged.

It should also be noted that data presented in this report is likely to differ from other reporting sources (such as the National Homicide Monitoring Program managed by the Australian Institute of Criminology). There are several reasons for this, including: distinctions in definitional terms used for the purpose of case identification; methodological variation in regard to case inclusion/exclusion criteria; and differences in the materials used for classification.

The data analysis relied on information contained in judicial sentencing remarks and the coroner's finding, where available. It is acknowledged that this information was not originally collected for research purposes, nor was it necessarily obtained in a systemic or consistent manner over the reporting period.

Results

Homicides of relevance to the VSRFVD

Between 1 January 2000 and 31 December 2010, a total of 545 homicides (from 519 separate incidents) were identified in Victoria where the criminal or coronial investigation had been finalised by April 2012, and the investigation identified an individual or individuals causally responsible for the death. Males comprised 363 (67%) of the deceased and females comprised 182 (33%).

Of these 545 homicides, the relationship between the deceased and the offender was established in all but four deaths. Based on this information, 288 homicide deaths (53%) were deemed relevant to the VSRFVD. These 288 deaths resulted from 271 separate incidents.

An intimate relationship was the most common relationship category (n=136, 47%), followed by parent-child (n=75, 26%), other familial (n=34, 12%), non-familial (n=22, 8%) and other sexual relationship (n=21, 7%).

Figure 1 shows the number of deaths identified as relevant to the VSRFVD during the reporting period.

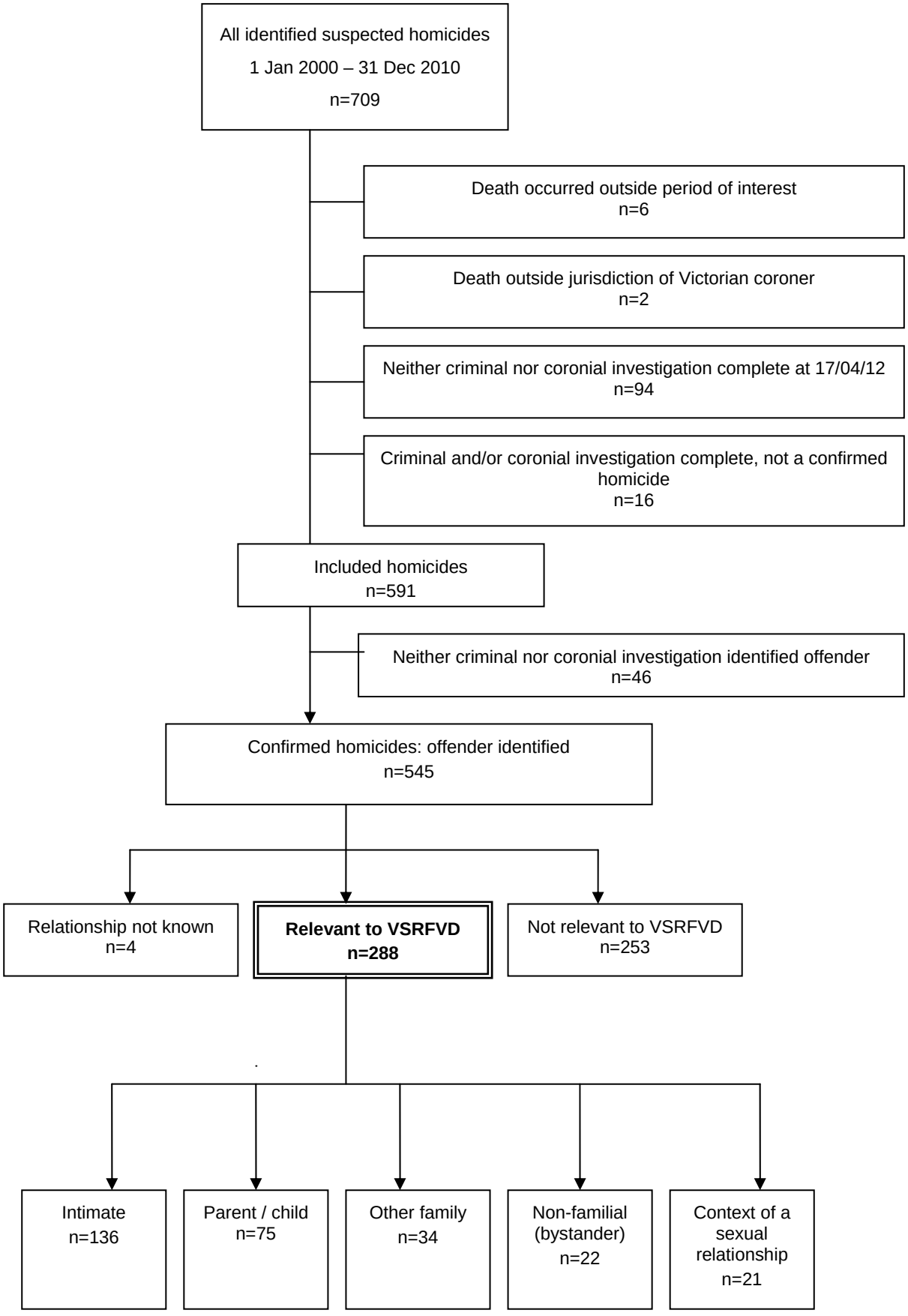

Figure 1: Homicides of relevance to the VSRFVD, 2000-2010

Frequency of deaths over time

Figure 2 shows the annual frequency of homicides and the proportion of deaths considered relevant to the VSRFVD. Fewer homicides are reported in recent years as more investigations were excluded due to their status as being both open criminal and open coronial investigations.

The proportion of homicides deemed relevant to the VSRFVD per year ranged from 39% in 2006 to 69% in 2000, with an average of 53% from 2000-2010. While the variation is worthy of further investigation, it is important to note that on average, approximately half of the deaths during the reporting period involved family members or otherwise occurred in circumstances relevant to the VSRFVD.

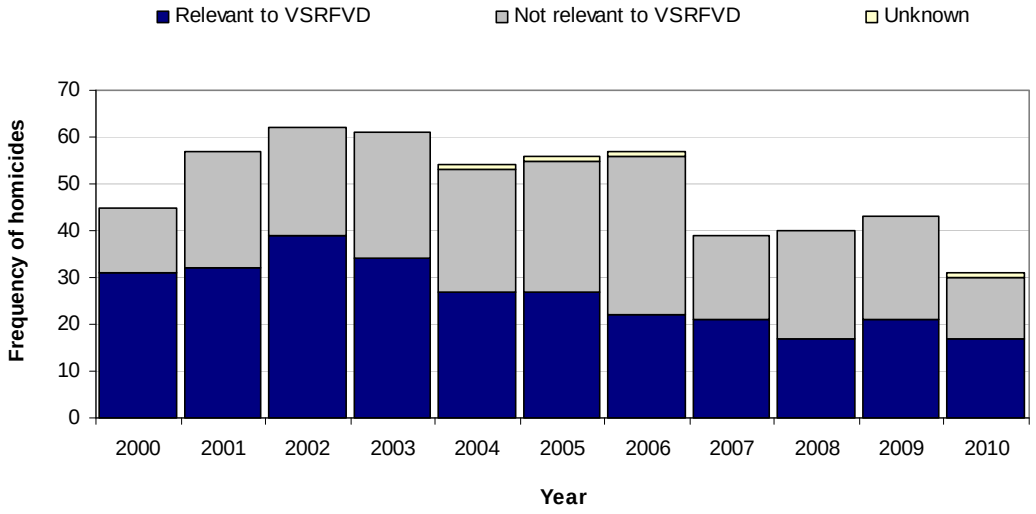

Figure 2: Homicides in Victoria by year and relevance to VSRFVD, 2000-2010 (n=545)

Deceased profile

Sex of deceased

The sex of the deceased person and the proportion of those deaths that were relevant (and not relevant) to the VSRFVD is presented in Table 6. Of the total number of homicides recorded (n=545), more males (n=363) than females (n=182) died.

Among deaths of relevance to the VSRFVD (n=288), slightly more females (n=150) than males (n=138) were recorded. However, when considering VSRFVD-relevant deaths as a proportion of homicide incidents overall, females were more likely to die in circumstances of relevance to the VSRFVD. Of the 182 total female homicides, 82% were deemed relevant to the VSRFVD, compared to 38% of male homicides.

Table 6: Sex of homicide victim by relevance to VSRFVD

Sex of Deceased	Relevance to VSRFVD							
	Relevant		Not Relevant		Unknown		Total	
	n	%	n	%	n	%	n	%
Female	150	52.1	30	11.9	2	50.0	**182**	**33.4**
Male	138	47.9	223	88.1	2	50.0	**363**	**66.6**
Total	**288**	**100.0**	**253**	**100.0**	**4**	**100.0**	**545**	**100.0**

Age group of deceased

Figure 3 shows the age group of the deceased person by relevance to the VSRFVD. This shows that the deaths of children (under 10 years) and older adults (aged 40 years or more) were most likely to occur in circumstances of relevance to the VSRFVD. During the late teen and young adult years, a greater proportion of homicides took place in circumstances not involving family members.

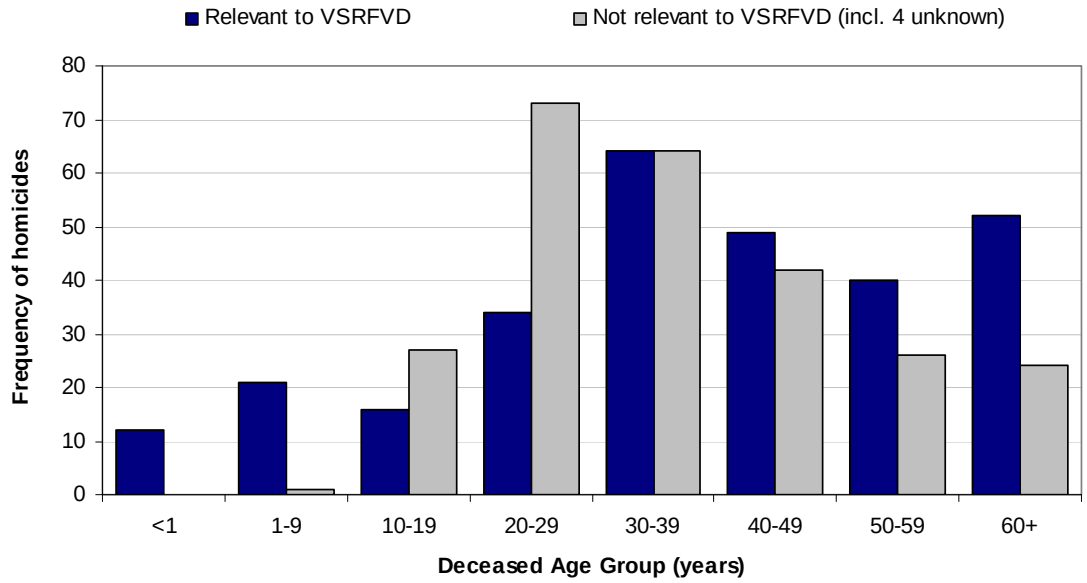

Figure 3: Age breakdown of homicides by relevance to VSRFVD

Usual residence of deceased

As might be expected based on the population, more deaths occurred in metropolitan than regional areas. In 74% of VSRFVD-related homicides, the deceased resided in a metropolitan area of Victoria. A similar proportion was observed among homicides that were not relevant to the VSRFVD (72%) (Table 7).

Table 7: Deceased's location of usual residence

	Relevance to VSRFVD							
	Relevant		Not Relevant		Unknown		Total	
	n	%	n	%	n	%	n	%
Metropolitan	214	74.3	182	71.9	3	75.0	**399**	**73.3**
Regional	71	24.8	62	24.5	1	25.0	**134**	**24.6**
Interstate/Overseas	1	0.3	4	1.6	-	-	**5**	**0.9**
No Fixed Address	1	0.3	3	1.2	-	-	**4**	**0.7**
Unknown / SI	1	0.3	2	0.8	-	-	**3**	**0.5**
Total	**288**	**100.0**	**253**	**100.0**	**4**	**100.0**	**545**	**100.0**

Table 8 shows the number and sex of offenders implicated in the homicide incidents. Homicides relevant to the VSRFVD were predominantly perpetrated by a single offender (95%). Single male offenders were responsible for 79% of these homicides, and single female offenders were responsible for the remaining 21%.

Table 8: Sex of offender(s) by relevance of homicide to VSRFVD

No. of offenders	Sex of Offender	Relevance to VSRFVD						Total	
		Relevant		Not Relevant		Unknown			
		n	%	n	%	n	%	n	%
Single offender	Female	54	21.0	8	4.0	-	-	**62**	**13.4**
	Male	203	78.9	193	95.5	4	100.0	**396**	**85.5**
	Unknown	-	-	1	0.5	-	-	**1**	**0.2**
	Subtotal	*257*	*100.0*	*202*	*100.0*	*4*	*100.0*	***463***	***100.0***
Multiple offenders	Male only	2	14.3	37	88.0	-	-	**39**	**69.6**
	Female only	1	7.1	1	2.4	-	-	**2**	**3.6**
	Both	11	78.6	3	7.1	-	-	**14**	**25**
	Unknown	-	-	1	2.4	-	-	**1**	**1.8**
	Subtotal	*14*	*100.0*	*42*	*100.0*	*-*	*-*	***56***	***100.0***
Total		**271**		**244**		**4**		**519**	

Incident profile

The following section describes characteristics of homicide incidents relevant to the VSRFVD. This information was only recorded where specific reference to the variable of interest was mentioned. Further investigation is required to provide a more complete picture in these areas.

Culturally and linguistically diverse backgrounds

Of the 271 VSRFVD-relevant homicide incidents, a culturally and linguistically diverse (CALD) background was reported in 10% (n=28).

Aboriginal / Torres Strait Islander Origin

Of the 271 VSRFVD-relevant homicide incidents, either the deceased and/or the offender was reported to be an Aboriginal or Torres Strait Islander (ATSI) in 3% (n=9) of incidents.

Disability

Of the 271 VSRFVD-relevant homicide incidents, the deceased and/or the offender was identified as having a disability in 11% (n=32). This was recorded where there was reference to a cognitive and/or physical disability, or it was noted that the person was receiving a Disability Support Pension. Of these 32 incidents, 15 incidents involved people with a cognitive disability (including intellectual disability and acquired brain injury).

History of family violence

Information concerning a possible history of family violence among the parties involved in the homicide was available in 201 of the VSRFVD-relevant incidents. Of these, a history of family violence was identified in 71% (n=142) of incidents.

Of the 142 homicide incidents where a history of family violence was identified, the role of the offender was determined in all but one incident. Among these incidents, 69% (n=97) of the offenders had been perpetrators of family violence.

Among 147 homicides where a history of family violence was reported and the role of the deceased was known, 59% (n=87) had been the victims of family violence, 26% (n=39) were perpetrators of family violence, 12% (n=17) were bystanders, and four (3%) had assumed both roles (i.e. victim and perpetrator of family violence).

Homicide-suicide incidents

Of the 271 VSRFVD-relevant homicide incidents, 11% (n=31) involved the suicide of the offender within a 24 hour period of the homicide occurring. Most homicide-suicides involved intimate partner relationships (n=17); followed by parent-child relationships (n=10), sexual relationships (n=2) and other family relationships (n=2).

Among intimate partner homicide-suicide incidents, 16 females and 1 male were killed. Offenders comprised 16 males and 1 female.

Prior service contact

Involvement with a service provider or organisation by either the offender or deceased within a six month period prior to the fatal incident was recorded in order to identify the main service contact points. Services were grouped into three main categories, namely the:

- Health care system – including contact with general practitioners; hospitals; mental health services; and community health services.
- Justice system – including contact with police, courts or corrections.
- Other services – including contact with community and welfare services, family violence specialist services, disability or children's services.

Of the 271 VSRFVD-relevant homicide incidents, the following system contacts occurred within six months prior to the fatal event:

- Health care system – 79 incidents (29%);
- Justice system – 51 incidents (19%); and
- Other services – 44 incidents (16%).

Contact was recorded for a diverse range of reasons, and was not exclusively connected to family violence. These figures only report contacts listed in the available resource materials, and are unlikely to represent all service contacts made by parties during this period.

Other factors

The following risk and vulnerability factors were also identified:

- Evidence of mental ill health (diagnosed or suspected) – 153 incidents (56%);
- Evidence of alcohol and drug use proximate to death (excluding use as a mechanism of death) – 160 incidents (59%);
- Presence of alcohol/drug use AND mental ill health – 93 incidents (34%); and
- Evidence of mental ill health AND contact with health system – 61 incidents (23%).

Relationship profile

Homicides of relevance to the VSRFVD were examined according to the sex of the deceased and their relationship with the offender. As shown in Table 9, the most common form of family violence homicide involved intimate partner relationships (47%), followed by parent-child relationships (26%).

When considering family violence homicides according to the sex of the deceased, females most commonly died in intimate partner homicide incidents (68% of VSRFVD-relevant homicides). By contrast, a more even distribution of male homicides occurred across all relationship categories, with the parent-child dyad involving the highest proportion of male homicide deaths (35% of VSRFVD-relevant homicides). This indicates that across deaths of relevance to the VSRFVD, females were more likely to be killed in intimate partner relationships.

Table 9: VSRFVD-relevant homicides by sex of deceased and nature of relationship with offender

Nature of Relationship	Sex of Deceased				Total	
	Female		Male			
	n	%	n	%	n	%
Intimate partner	103	68.7	33	23.9	**136**	**47.2**
Parent-child	26	17.3	49	35.5	**75**	**26.0**
Other familial	12	8.0	22	15.9	**34**	**11.8**
Non-familial (bystander)	0	0.0	22	15.9	**22**	**7.6**
Sexual Relationship	9	6.0	12	8.7	**21**	**7.3**
Total	**150**	**100.0**	**138**	**100.0**	**288**	**100.0**

Among the 150 female homicides, offenders comprised 91% (n=137) males, 7% (n=10 females), and 2% (n=3) that were attributed to both a male and female. Of the 138 male homicides, offenders comprised 59% (n=81) males, 35% (n=49) females and 6% (n=8) deaths that were attributed to both a male and female.

Intimate partners

An intimate relationship between the deceased and the offender existed in 47% of all homicides and 49% of all incidents relevant to the VSRFVD (n=136 deaths, 133 incidents). Intimate partner homicide was therefore the most common form of family violence homicide reported.

Table 10 shows a breakdown by age and sex of the deceased within intimate-partner relationships. Approximately three quarters of intimate partner homicides resulted in the death of a female (76%), with almost 60% aged between 30 and 49 years at the time of their death. Of the 133 intimate partner homicide incidents, 73% (n=97) of offenders were male, 23% (n=31) were female and 4% (n=5) involved both male and female.

Table 10: Age and sex of deceased in intimate relationship with offender

Age Group (years)	Sex of Deceased				Total	
	Male		Female			
	n	%	n	%	n	%
<1	-	-	-	-	**-**	**-**
1-9	-	-	-	-	**-**	**-**
10-19	-	-	5	4.9	**5**	**3.7**
20-29	4	12.1	13	12.6	**17**	**12.5**
30-39	5	15.1	33	32.0	**38**	**27.9**
40-49	8	24.2	27	26.2	**35**	**25.7**
50-59	8	24.2	17	16.5	**25**	**18.4**
60+	8	24.2	8	7.8	**16**	**11.8**
Total	**33**	**100.0**	**103**	**100.0**	**136**	**100.0**

The status of the relationship between the deceased and offender was established in 94% of the deaths. Among 63% (n=81) of these deaths, the deceased and offender were in a current intimate partner relationship at the time of the fatal event. For the remaining 37% of deaths, the relationship was not current at the time of the fatal event (this included individuals who had separated or divorced).

Of the 136 intimate partner homicides, a known history of family violence was identified in 81 (60%) homicides. In 52% (n=42) of these deaths, the deceased was in a current intimate relationship with the offender.

Of the 81 intimate partner homicides where a history of family violence was identified, the deceased had been a victim of family violence in 75% of the deaths (n=61, 55 of whom were females). The deceased was the perpetrator of violence in 22% of the homicides (n=18, 15 of whom were males), and in two instances, the deceased was both a victim and perpetrator of violence.

Parent-child

Parent-child relationships were the second largest category of family violence homicides identified. This category included both parents who killed their children, as well as children who killed their parents (including adult children).

A parent-child relationship existed between the deceased and the offender in 26% of all homicides relevant to the VSRFVD (n=75 deaths, 65 incidents). This comprised 37 incidents where parents killed their child (or children), and 28 incidents where a child killed their parent(s).

The majority of homicide victims in this category were children under 18 years of age who were killed by a parent. Among 29 separate incidents, parental offenders included 16 males; 12 females, and one incident involved both parents. Approximately 85% of these children were under 10 years of age.

A history of family violence was identified in 45% (n=29) of the homicide incidents involving parent-child relationships. Table 11 shows a breakdown of the role of the deceased in the parent-child relationship, according to whether a family violence history was identified.

Table 11: Status of deceased in parent-child homicide by history of family violence

Deceased	History of family violence						Total	
	Yes		No		Unknown			
	n	%	n	%	n	%	n	%
Child < 18 years	12	38.7	10	45.5	15	68.1	**37**	**49.3**
Child > 18 years	3	9.7	5	22.7	1	4.5	**9**	**12.0**
Parent of child < 18 years	2	6.4	-	-	-	-	**2**	**2.7**
Parent of child > 18 years	14	45.1	7	31.8	6	27.3	**27**	**36.0**
Total	**31**	**100.0**	**22**	**100.0**	**22**	**100.0**	**75**	**100.0**

Where a parent was killed by a child under 18 years of age (n=2), the deceased had been the perpetrator of family violence in both instances. Where a parent was killed by a child over 18 years of age, five deceased parents were family violence victims, seven were perpetrators, and two had been both victims and perpetrators of violence.

Other family

Homicides relevant to the VSRFVD involving 'other family' members' (n=34, 31 incidents) primarily involved in-law relationships (n=15, 44%) and siblings (n=6, 18%). Of the 31 homicide incidents involving other family members, a history of family violence was identified in 58% (n=18). The offender had been the perpetrator of family violence in 67% (n=12) of these 18 incidents.

Non-familial (bystanders)

Non-familial homicides (n=22 deaths, 21 incidents) involved friends, neighbours, acquaintances and strangers who died in a context of family violence. All deceased persons in this category were male. There were two main groups within this cohort.

The majority (n=14) of these deaths involved an individual who was the 'third-party' to an intimate, or previously intimate relationship (e.g. the new partner of a woman who was killed by her former partner). The deceased was the current partner of the offender's ex-partner in ten of these deaths, and the ex-partner of the offender's current partner in four deaths. In all 14 deaths, the deceased was a male who was killed by another male(s). In 10 of these 'third-party' relationships, a history of family violence was identified.

The remaining eight non-familial homicides involved friends, neighbours, strangers or acquaintances, who died in a context of family violence.

Non-familial sexual relationships

Sexual abuse is explicitly recognised as a form of family violence when it occurs in familial relationships. Where this featured in the circumstances of historical family violence, the deaths were included in the relevant category outlined above.

In addition, a number of deaths were identified that occurred in circumstances involving a sexual relationship or sexual encounter, or following an unwanted sexual advance from a known associate. It was difficult to determine whether these deaths were relevant to the VSRFVD, primarily due to a lack of clarity about the degree of intimacy involved, and the nature and duration of the relationship. While this group did not clearly align to the main category of an intimate partner relationships (or other relevant relationships), it was deemed important to acknowledge and to separately capture them in the analysis. Further research is necessary to clarify the intersection between these and other family violence-related homicides.

Twenty one deaths (from 21 incidents) involving sexual relationships, or occurring as a result of unwanted sexual advances, were identified. Among these, the nature of the relationship between the deceased and the offender included:

- Paid sex (n=10) – eight ongoing, and two one-off paid sexual encounters.
- Unpaid sex (n=8) – five one-off, three ongoing sexual encounters.
- Acquaintance (n=3) – involving unwanted sexual advances made by a known acquaintance.

Twelve of the 21 deaths (57%) were males and nine deceased persons were female. Female homicide victims were predominantly in the younger age groups (eight were under 40 years), whereas all but one male victim was over 40 years of age.

Offenders were primarily male (n=18), with two incidents involving a male and female offender, and 1 incident involved a female offender.

Summary: Family violence homicide in Victoria

Homicides relevant to the VSRFVD

The results of this exploratory analysis indicate that approximately half (53%) of all homicide deaths occurring between 2000-2010 and included in this analysis were identified as relevant to the VSRFVD. Among these deaths, 85% involved intimate partners and other family members. The remainder involved deaths of bystanders and persons killed in a context of a sexual encounter or relationship. The substantial proportion of Victorian homicides involving people who have an intimate or family relationship has similarly been reported at a national level (Virueda & Payne 2010).

Sex

Consistent with other research in this area, males accounted for the majority of all homicides, at 67% of all deaths recorded. However, among the deaths of relevance to the VSRFVD, females accounted for a greater proportion of deaths. Specifically, 82% of all female homicides occurred in circumstances of relevance to the VSRFVD. This compares to 38% of all male homicides that were relevant to the VSRFVD. Thus, while males comprised a larger proportion of homicides overall, females were more often killed by an intimate partner or other family member.

Homicides of relevance to the VSRFVD were predominantly carried out by a single offender (95%). Male offenders were responsible for 79% of homicide incidents. The remaining 21% comprised single female offenders.

Relationship Status

Among homicides of relevance to the VSRFVD, those involving intimate partners were the most common (47%). Around three quarters of the victims of intimate partner homicide were female. For the majority of these deaths, the deceased and offender were in a current relationship. However a substantial proportion involved parties who had separated or divorced, or had recently announced their intention to separate.

History of family violence

A history of family violence was a common theme among deaths of relevance to the VSRFVD. Where historical information was available, just over 70% of incidents involved an identified history of family violence. This included the full spectrum of abusive behaviours, including physical, sexual, verbal and emotional abuse. Given that family violence is known to be an underreported phenomenon, it is likely that this figure underestimates historical family violence in these incidents.

Cultural background

A deceased or offender with an Aboriginal or Torres Strait Islander background or culturally or linguistically diverse (CALD) background was reported in 3% and 10% of incidents respectively. A cautious approach was adopted here, with only those incidents recorded in which the background of the parties involved had been explicitly stated. Further research is required to ensure a more accurate representation is available across both of these variable categories.

Service contact

Service contact for the deceased and offender within a six month period prior to the fatal event revealed contacts with health, justice and community organisations. The main contact point was with the health care system. This included a wide range of health care professionals, such as general practitioners, community health services, hospitals and mental health services. Only those contacts explicitly stated in the finding or sentencing remarks were recorded, which may therefore under-represent service involvement. These findings do not reflect the level or quality of services provided, but provide a snapshot as to the type and frequency of system contact that occurred.

Summary

These findings support previous research that indicates a substantial proportion of homicides are committed by family members, and in particular, intimate partners. Many of the deaths followed historical exposure to violence and abuse, while others occurred in the absence of previously identifiable violent incidents.

This analysis provides a platform for further research in a number of areas. For the purpose of the VSRFVD, greater interrogation of the contact points within the service system and the issues and circumstances which led to this is important. In addition, mapping service contact over a 12 month period prior to a fatal event may provide a useful comparison against the 6 month time frame presented here.

The personal, social and economic costs arising from these deaths are substantial. When these are considered in accordance with the widespread implications that result from non-fatal forms of family violence, further research to inform prevention efforts is arguably all the more pressing.

SECTION 3. CASE REVIEW SYNTHESIS

Family violence is a multi-faceted social problem that is influenced by a range of determinants occurring at the individual, relationship, community, and socio-cultural level (World Health Organization 2010). Accordingly, research and prevention activities have evolved in various domains, including human rights, gender based, and socio-legal disciplines. Recently, a public health approach to investigating the causes and consequences of violence has also been explored. The principles of public health involve defining the problem through the collection of available information; identifying the causes and correlates of violence; identifying and implementing effective intervention strategies; and concluding with program monitoring and evaluation (Sleet, Hopkins & Olson 2003). Importantly, the public health approach does not replace research and prevention efforts in other domains, but works to consolidate and extend those activities that have been shown to be most successful for addressing violence (World Health Organization 2002).

The elements of the public health model are central to the operation of domestic and family violence death reviews around the world. The primary task of these reviews is to inform ongoing system improvement across health, justice and the community sector. This is achieved through data collection and analysis of the circumstances preceding incidents, whilst examining the cultural, structural or situational elements of relevance (Durborow, Lizdas, O'Flaherty & Marjavi 2010). The process rests on the premise that an in-depth review of a small number of cases can reveal opportunities to strengthen system responses, which in turn has the potential to assist a larger number of people. This approach is at the foundation of Victoria's family violence death review process.

VSRFVD case review process

For the purpose of the VSRFVD and at the direction of the coroner, case reviews are conducted to inform the coronial investigation about the context in which these deaths occur. These involve an examination of a range of materials made available to the CCOV, including: forensic pathology and toxicology reports; the brief of evidence prepared by Victoria Police; medical records; witness statements provided by friends and family members; records of contact with the service system; and any other information requested by the coroner.

If required by the investigating coroner, a 'courts in confidence' report is prepared. This generally includes a chronology and analysis of the events of significance; identification of known risk and contributory factors; a review of relevant contacts with agencies and organisations; and consideration of the specific features of the fatal event against what is known within the Australian and international research literature. Importantly, the main focus of the review is to identify possible points of intervention, while considering broader systemic factors that may be addressed via coroners' recommendations.

This section presents the findings of a thematic analysis of 28 case reviews prepared for Victorian coroners (listed in Appendix A). These 28 fatal incidents involved the deaths of 42 infants, children, adults and elderly persons that occurred between 2007

and 2011. Deaths attributable to homicide, homicide-suicide and suicide were reviewed. In addition, incidents in which family violence was identified as a contributory factor, but did not lead to the immediate cause of the death, were examined. The relationship types included intimate partners, parents and children, siblings and caregivers.

Risk factor identification

Over the past decade, an important area of family violence research has involved identifying factors associated with an increased risk of violence (Dutton & Kropp 2000). This has allowed for information to be collected about the nature, form and degree of danger to victims, as well as the conditions under which perpetrators are most likely to offend (Kropp 2004). It has also enabled the development of a range of risk assessment measures, designed to detect those at risk of severe or escalating violence.

It is important to note however, that risk factor identification is not an infallible predictor of future violence. Even those factors that appear to be particularly salient for increasing levels of risk (such as threats to kill) do not always result in a homicide (Brookman & Maguire 2005). Furthermore, a considerable number of homicides occur in the absence of clearly defined risk. Nevertheless, risk factor identification is central for addressing violence, as it informs risk management strategies for those at greatest risk.[10]

Many of the risk factors associated with intimate partner and familial homicide reported in the research literature have been identified in the case reviews completed to date. This suggests a degree of consistency between Victorian family violence-related deaths and those occurring in other Australian and international jurisdictions. Drawing on the case reviews completed as part of this report, the following section summarises some of the main risk factors identified among these deaths. This is presented in the context of what is known about these factors within the Australian and international research literature.[11]

History of family violence

A history of domestic and family violence is often reported among intimate partner homicides (Aldridge & Brown 2003; Block 2003; Block 2004; Campbell et al. 2007; Coker, Smith, McKeown & King 2000; Dobash, Dobash, Cavanagh & Media-Ariza 2007; Nicolaidis, Curry, Ulrich, Sharps, McFarlane, Campbell, Gary, Laughon, Glass & Campbell 2003; Wallace 1986). In a range of studies reviewed by Aldridge and Browne (2003), the proportion of male offenders who had been violent toward their

[10] In Victoria, the Family Violence Risk Assessment and Risk Management Framework (referred to as the Common Risk Assessment Framework) assists professionals and practitioners identify risk factors associated with family violence and respond appropriately. The CRAF is utilised by a range of service providers including the police, courts, specialist family violence services and other mainstream services.

[11] Vignettes presented in this section do not include all of the details and issues examined by the coroner for the purpose of the investigation. They are presented as examples of the significance of particular risk factors to the death in question. The names of the parties have been changed to protect the identity of those involved.

female partner prior to their death ranged from 25–76%. A history of family violence is also a relevant risk factor for homicide-suicide incidents among intimate partners and other family members (Morton, Runyan, Moracco & Butts 1998). In a study of 67 femicide-suicide[12] incidents carried out in the United States of America, the most important risk factor for the death was prior domestic violence. Here, 72% of cases featured a history of physical abuse by the perpetrator in the year prior to the fatal event taking place (Koziol-McLain, Webster, McFarlane, Block, Ulrich, Glass & Campbell 2006).

In an Australian context, Wallace (1986) examined homicide in New South Wales over a fourteen-year period from 1968 to 1981. Nearly half (48%) of the spousal homicides identified during this period involved a history of physical abuse, primarily perpetrated by men against their female partners (Wallace 1986). Similarly, Easteal's (1993) analysis of homicide among intimate partners reported that a recurrent theme involved the antecedents of physical and emotional violence. Further, National Homicide Monitoring Program data from the 2005-06 reporting period revealed that among 74 intimate partner homicides recorded, 53% had a prior history of domestic violence (Davies & Mouzos 2007).

For the majority of Victorian deaths for which a case review was completed as part of the VSRFVD, a history of family violence was identified. This was relevant across all incident types, including homicide, homicide-suicide and suicide deaths. In six homicide incidents, there was a previous history of family violence involving physical assaults and controlling behaviours. Among three of the five intimate partner homicide-suicides reviewed, the perpetrator's violent and threatening behaviour was described as escalating in the weeks preceding the fatal event. In a further homicide-suicide (involving a parent-child relationship), family violence was reported in the offender's previous intimate partner relationship. In two deaths involving a baby and child (<2 years), physical harm toward the child had taken place in the weeks preceding the fatal event.

Relationship separation

Relationship separation has repeatedly been associated with heightened risk of both fatal and non-fatal forms of intimate partner violence, with the increased risk predominantly affecting women (Block 2000; Block 2003; Carcach & Grabosky 1998; Cooper & Eaves 1996; Comstock, Mallonee, Kruger, Rayno, Vance, & Jordan 2005; Dobash & Dobash 2009; Eliason 2009; Johnson & Hotton, 2003; Leth 2009; Morton et al. 1998; Wilson & Daly 1993). In Wallace's (1986) research using an Australian sample, separation featured strongly as a factor in intimate partner homicide. While women rarely killed husbands from whom they were separated, a substantial number of men killed their estranged wives. Specifically, more than one in three (35%) of the men killed wives from whom they were separated. Further, while 75 women were killed after separation, an additional 23 women were killed while in the process of leaving their spouse (for example, while instituting divorce proceedings). Altogether,

[12] Femicide involves the deliberate act of killing a woman.

in nearly half of homicides involving wives, the female victim had either left her husband, or was in the process of leaving, when she was killed. In the majority of these cases, the consequence of separation was considered to have been paramount to the homicide taking place (Wallace 1986).

In seven case reviews completed as part of the VSRFVD involving homicide, homicide-suicide and suicide, recent or pending separation was identified as an issue of relevance proximate to the fatal event. Three of the incidents involved male perpetrated homicide-suicide against a female victim; one incident involved a female victim of homicide; two incidents involved intentional self-harm, and one incident involved a double homicide. Separation as a risk factor for fatal family violence was most clearly demonstrated in the homicide-suicide of a middle-aged couple that occurred in 2008. This event took place approximately two months after the female victim first signalled her intention to end the relationship.

Case summary: Intimate partner homicide-suicide

Ken, 54, and Elaine, 52, had been involved in a 10 year relationship. This had reportedly commenced well, however over the years evidence of family violence emerged. Witnesses stated that Ken often made belittling and derogatory comments towards Elaine, and he had been observed to push and hit her on two separate occasions. Ken also had a history of family violence in his previous relationships which, on one occasion, led to contact with the criminal justice system after he severely assaulted the new male partner of his former girlfriend.

Approximately two months before the fatal event, Elaine told Ken that she wished to end their relationship. She had commenced part-time employment and in the course of her work, had formed a close friendship with a male colleague. Elaine did not directly tell Ken of this friendship, however he became suspicious and initiated a series of stalking behaviours, including following her to work and reading her text messages. Ken subsequently formed the view that she was involved with someone else.

Ken had few financial reserves when Elaine informed him she wished to end their relationship. She therefore permitted him to reside in the spare bedroom of her home until other arrangements could be made. During this time Ken's mood and behaviour became more erratic and he refused to accept the end of the relationship. He fluctuated between pleading and threatening in his attempts to reconcile. These threats included suicide, and on one occasion, he directed Elaine to a noose that he had made and kept in the garage. Elaine's close friend was aware of this incident and encouraged her to contact the police, however, she did not do so.

On the evening of the fatal event, Elaine had attended a family function with her new male friend. She received multiple text messages from Ken, and remarked to others that he appeared to have been drinking. At home, neighbours observed Ken sitting in his car and staring blankly, non-responsive to their greetings.

The following day, Elaine could not be contacted by her family. Her daughter attended her home to check on her, where she located Elaine deceased in her bed, having died as a result of multiple stab wounds. Ken was also deceased at the residence. A note written by Ken was located, making reference to his inability to 'let go' of Elaine.

Threats of harm

A connection between threats to kill and subsequent violence, including homicidal violence, has previously been reported (Warren, Mullen, Thomas, Ogloff & Burgess 2008). There is also evidence that those who threaten others with death are themselves at increased risk of dying due to intentional self-harm (Warren et al. 2008). Within intimate partner relationships, threats with weapons and threats to kill have been associated with an increased risk of femicide (Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, Glass, McFarlane, Sachs, Sharps, Ulrich, Wilt, Manganello, Xu, Schollenberger, Frye & Laughon 2003). Further, threats of suicide made by perpetrators of homicide-suicide events have been identified as a risk factor for these fatal events (Koziol-McLain et al. 2006).

Specific threats of lethal violence were most clearly identified among three of the intimate partner homicide-suicide incidents that were reviewed. These threats were made in the weeks preceding the fatal event, and expressed either directly to the victim, or to friends and family. While there was evidence of the offender's behaviour escalating concurrent with the threats to harm, police had not been contacted to report signs of increasing risk.

Alcohol use

Alcohol consumption has been described as an important risk factor for both family violence and child abuse (Morgan & McAtamney 2009). Within intimate partner relationships, the consumption of alcohol, either by the victim, offender, or both, has been identified as a contributing factor to violent incidents, with research demonstrating that women whose partners consume alcohol at excessive levels are more likely to experience abuse (Marcus & Braaf 2007; Coker et al. 2000). Similarly, alcohol is often implicated in violence resulting in fatal outcomes among intimate partners and other family members (Banks Crandall, Sklar & Bauer 2008; Roberts 2009; Sharps, Campbell, Campbell, Gary & Webster 2001). In Australia for the period 2000-06, 44% of intimate partner homicides involved alcohol as a factor in the fatal event. Among Indigenous people, 87% of intimate partner homicides involved alcohol (Dearden & Payne 2009). Despite the often noted presence of alcohol and other drugs among homicide incidents, these factors cannot be causally attributed to family violence. Importantly, the role of other individual, social and environmental determinants must also be considered (Dearden & Payne 2009; Morgan & McAtamney 2009).

Evidence of heavy alcohol consumption was identified among several of the case reviews that were completed. The extent of this varied considerably, ranging from what appeared to have been intoxication on the night of the fatal event (in the absence of evidence of long-term problem drinking), through to extensive histories of

drug and alcohol misuse. In six completed case reviews involving two intimate partner homicide-suicide deaths, three intimate partner homicides, and a homicide-suicide involving a parent and child, alcohol intoxication was identified as a factor in previous family violence incidents, and was similarly present at the time of the fatal event.

None of the perpetrators of violence who had problems with alcohol use were receiving specialist drug and alcohol intervention when the death occurred. Two deceased persons, both victims of family violence, had intermittently engaged with services to address their drug and alcohol use. However, in both instances the connection between the victim's use of alcohol and other drugs, and their exposure to abusive relationships, was not fully explored. To this end, it was apparent that these problems were viewed as separate and distinct issues, and thus the increased vulnerability and cumulative harm caused by the intertwined nature of family violence and substance abuse was underestimated.

Case summary: Intimate partner homicide

Garry was 45 years of age when he died. He had been in a relationship with Cassie, aged 21, for two years. Garry had previously been married and had a history of family violence in his former relationships. Two apprehended violence orders had been made against Garry while he lived in New South Wales, and he had been charged with breaching the conditions contained in one of these orders.

Garry and Cassie lived and worked together. The couple regularly attended their local hotel, and Garry was described as a regular and heavy drinker. Prior to Garry's death, police had attended two family violence incidents at the couple's home in which alcohol use was noted as relevant to the incident. On the first of these occasions, both Garry and Cassie had been drinking. When police arrived, the couple were yelling at each other and damaging property. Neither party would assist police with their inquiries. During a follow up phone call made by police a few days later, Cassie stated she would seek advice from a local doctor to assist her with addressing her use of alcohol.

On the second occasion, approximately one month later, Cassie contacted emergency services and could be heard crying and pleading with Garry to 'let her go.' Police attended and found both parties to be alcohol affected and Cassie having sustained a bite to her nose. She informed police Garry had grabbed her by the throat and hit her head against the wall. Cassie was taken to hospital and Garry, who resisted police, was arrested, interviewed and charged. Police applied for a complaint and warrant for an intervention order on behalf of Cassie. A final order was made when the matter returned to court. This order did not prohibit contact and after a brief period, during which Cassie stayed with her mother, she returned to live with Garry.

On the evening of Garry's death, and approximately two months after the intervention order had been made, the couple had been drinking at their local hotel. When they returned home a verbal argument commenced, and quickly

escalated when Garry began to destroy property and threaten Cassie. Fearing Garry, Cassie quickly gathered her things and ran out of the house, taking her handbag and mobile telephone. In her bag, Cassie had a knife that she had begun to carry some months earlier, after she and Garry were reportedly assaulted by security staff who refused Garry entry to a hotel due to his level of intoxication.

Whilst fleeing the home, Cassie called emergency services and stated she was frightened of Garry and that she had an intervention order against him. She relayed that she had a knife, but that it was her intention to keep running away from Garry. She stated she was scared and requested police assistance. However, before police arrived at the scene, Garry caught up with Cassie and pushed her to the ground. Cassie attempted to free herself and in the struggled that ensued, Garry sustained a fatal stab injury. Cassie survived the attack.

Post-mortem toxicological results reported Garry had a blood alcohol concentration of 0.16g/100mL.

Mental illness

Mental illness has been reported as a risk factor for homicide and homicide-suicide events among intimate partners and other family members, with studies identifying perpetrator depression and/or psychosis-related disorders (such as schizophrenia) as most relevant (Bourget, Grace & Whitehurst 2007; Eliason 2009; Liem & Roberts 2009; Rosenbaum 1990). In addition, a victim's exposure to family violence has been associated with a range of deleterious mental health outcomes (Campbell 2002). As with the relationship between alcohol and family violence, caution is necessary so as not to misinterpret mental illness as being causally associated with family violence.

In nine incidents (three intimate partner homicide-suicides; two suicides by a perpetrator of family violence; one intimate partner homicide; two filicide-suicide[13] incidents; and one parricide[14] incident) the offender had a diagnosed mental illness. A suspected mental illness was identified in a further three incidents (involving an intimate partner homicide-suicide; the suicide of a victim of family violence and an incident involving elder abuse), however a formal diagnosis had not been made. Depression was the most commonly identified mental health problem, which was reported among six offenders. Among five of the offenders, depression had been diagnosed weeks or months before the fatal event. Three offenders had previously been diagnosed with schizophrenia: two had a long standing history of the illness and the third received his diagnosis within 12 months of the fatal event.

[13] Filicide involves the deliberate act of a parent killing his or her son or daughter.

[14] Parricide involves the deliberate act of a child killing his or her parent.

Case summary: Intimate partner homicide-suicide

Connie, aged 57, and Vince, aged 61, had been involved in a relationship for a period of 2 years. When they first met, Vince owned and operated a successful retail business. However, both Connie and Vince gambled heavily throughout their relationship, which had a toll on their finances and ultimately the business. Vince had been a regular drinker, and as the couple's financial situation became more strained, his consumption of alcohol increased. He had also received treatment for depression for many years, which was managed by his general practitioner with the use of anti-depressant medication.

Vince and Connie separated on several occasions, following heated and abusive arguments that were often witnessed by associates of the couple. During one of these arguments, Vince intentionally broke Connie's door and threatened her in the presence of others. Vince went to live with family members who observed a considerable downturn in his mood. He was described as being depressed and had expressed thoughts of suicide. He was encouraged by those around him to make an appointment with his general practitioner for a review of his medication, but this did not occur. With increasing concern, Vince's daughter telephoned her father's doctor. She was advised to make contact with the local Mental Health CATT team for assistance, but did not do so, thinking that family members would be able to manage the situation.

In the weeks that followed, Vince illegally obtained a gun. He made contact with Connie and she agreed to meet him in a public location. Vince called his daughter and said goodbye, and despite her best efforts to prevent the events that followed, Vince shot Connie before turning the gun on himself.

Sexual violence

Sexual violence, including sexual assault and abuse, involves a wide range of physically, psychologically and emotionally abusive behaviours and actions. It occurs within intimate and other familial relationships, and features in the spectrum of behaviours that comprise family violence. Among the many negative outcomes associated with sexual violence are physical health problems; immediate and long-term psychological distress and difficulties; and complications in social spheres (Boyd 2011). In addition, sexual violence has been implicated in homicides involving intimate partners and other family members. Two factors have been identified as particularly relevant: the severity and repetition of violence associated with sexual abuse; and the use of sexual abuse as a controlling mechanism (Braff 2011). Forced sex has therefore been described as a marker for increased frequency and severity of violent episodes and an increased risk of homicide (Campbell & Soeken 1999; Campbell et al. 2003). While it is a risk factor that applies to victims of abuse, research indicates that perpetration of sexual assault can also lead to the homicide of the abuser (Smith, Basile & Karch 2011).

Sexual abuse and sexual assault were identified as relevant factors in three of the case reviews examined in this report. All of the perpetrators of sexual violence died. In two incidents, the perpetrator was killed by the person they had been abusing. In the third incident, the person took their own life in the context of a homicide-suicide incident. In one incident, a report to police had been made in connection to allegations of sexual assault. In this instance, police took action to further the safety of the victim and liaison occurred with the Victoria Police Sexual Offence and Child Abuse Investigation Team (SOCIT). The victim was also connected with the local Centre Against Sexual Assault (CASA) and a family violence service. However, in the other two incidents, the victim did not discuss their victimisation with friends or family members, nor report what was happening to police or any other service provider.

Sexual assault and abuse are crimes that often go unreported, due in part to multiple and complex barriers to disclosure faced by victims (Wall 2012). The coronial investigation associated with one of these matters similarly identified barriers operating at the level of the individual, community and service system, that not only prevented a disclosure of the sexual abuse from being made, but also inhibited identification and protective intervention. The associated recommendations addressed the need for these barriers to be better understood and considered by the service system, and lent support to the development of a relevant community awareness campaign.

Vulnerable communities

Some groups in the community encounter additional challenges and complexity in respect to their experience of family violence. Factors such as English language proficiency, higher prevalence rates for violence, social exclusion and difficulties accessing mainstream services impact on levels of risk, whilst further compounding the effects of violence. With this in mind, the VSRFVD recognises three primary areas of increased vulnerability, namely: Aboriginal and Torres Strait Islander identity, belonging to a culturally and linguistically diverse (CALD) community and disability.

Aboriginal and Torres Strait Islander communities

It has been reported that Aboriginal and Torres Strait Islander people are exposed to heightened levels of family violence compared to the general population (Keel 2004; Mouzos & Makkai 2004; Victorian Indigenous Family Violence Task Force 2003). There is some evidence to indicate that this also extends to fatal family violence. Data from the National Homicide Monitoring Program for the period 2007-08 revealed that just over one in ten homicide victims identified as Aboriginal or Torres Strait Islander (n=38, 14%), and that the majority of these victims (n=26, 68%) died in a domestic homicide incident, most commonly involving an intimate partner (n=16). Among the total number of homicides recorded, 22 victims were female and 16 were male (Virueda & Payne 2010).

To date, an equivalent proportion of family violence-related deaths among Aboriginal and Torres Strait Islander persons has not been identified by the VSRFVD. This may be due to a range of issues, including historic gaps in information collection, or the

smaller number of Aboriginal and Torres Strait Islander people that reside in Victoria (compared to other Australia states and territories).

It is worthy of noting that among the incidents involving Aboriginal and Torres Strait Islander persons identified in the VSRFVD data summary outlined above, the associated sentencing remarks made reference to multiple and enduring hardships experienced by both victims and offenders. The cumulative impact of disrupted childhoods, deprivation and pronounced social disadvantage were factors taken into account in these matters. Factors of this kind are of relevance to improving understanding of family violence-related deaths among Aboriginal and Torres Strait Islander persons, and will be considered in future case reviews.

Culturally and Linguistically Diverse (CALD) communities

Family violence exists within, and is influenced by, religious, ethnic and cultural contexts. While it is important to avoid generalisations and stereotypes, cultural values and beliefs can have implications for the way in which violence is experienced (Bartels 2010; Fawcett, Starr & Patel 2008; Bonar & Roberts 2006). Further, CALD victims may also encounter greater difficulty eliciting assistance and support from mainstream service providers (Garcia, Soria & Hurwitz 2007). There are many reasons for this, including: discrimination and marginalisation; a lack of awareness about legal rights and protections; fear of jeopardising immigration status; concern about bringing dishonour to the family; fear of authority figures such as police and courts; as well as communication or language barriers (Bonar & Roberts 2006; Erez 2000).

A broad range of cultural groups was represented among the fatal incidents examined in this report. Among ten of the case reviews that were completed, either the victim or perpetrator of violence (or both) was born outside of Australia. A CALD background was a particularly salient feature in four of these incidents. Here, cultural and language barriers; traditional views of marriage; social isolation and a reluctance to speak out about abuse due to the negative perceptions of others were identified as relevant factors that shaped the victims experience of violence. This is illustrated in the following case example.

> *Case summary: Intimate partner homicide*
>
> *Desma and Tomo had been married for 37 years. Theirs had been an arranged marriage, brought about by Desma's parents when she was 20 years old. Desma moved to Australia from Greece with her family when she was a young child. She maintained a close connection with her parents throughout her life, and as a result, her first language and cultural values were upheld. Tomo was born in Bosnia and came to Australia when he was a young man. He also maintained many traditional cultural values in regard to expectations of his wife and family.*
>
> *From early in their marriage, there had been occasions when Tomo was violent and abusive toward Desma and their children. This often occur after Tomo had been drinking, although violence also occurred when he was sober. Desma told very few people about her situation. She tried to separate from Tomo and at one*

stage obtained an intervention order preventing contact. However, Tomo eventually persuaded Desma to return, stating he would cease drinking and change his behaviour. Despite cautions from her children, Desma returned to the family home.

Desma had been living with Tomo and one of her adult children for approximately six months prior to the fatal event. During this period, police were called to the property on two occasions due to a verbal argument between Tomo and his son. Tomo was reported to be affected by alcohol on both occasions. As part of the family violence response provided by police, Desma was referred to a local family violence service provider.

Both police and the family violence worker who had contact with Desma took steps to make her aware of options around obtaining another intervention order and entering refuge accommodation if needed. It was reported that Desma was reluctant to consider these avenues, and she gave the impression of not wanting to address the situation further. Although her cultural background was recognised, the involvement of an interpreting service or CALD family violence service was not pursued. Desma did not wish to obtain another order or move from her home again, and no further supports or safety plans were arranged.

On the day Tomo was fatally injured, he had been drinking and became more abusive toward Desma. The couple's adult daughter was visiting at the time, and as the situation progressively deteriorated, Tomo struck Desma and she fell. When their daughter attempted to intervene, Tomo raised his arm against her. As he did, Desma injured him with a knife she had obtained to protect herself and her daughter. Tomo died in hospital the following day.

Disability

The overlap between family violence and disability has been recognised as an area requiring further investigation and attention (Bartels 2010; Plummer & Findley 2012). Preliminary research suggests that women with disabilities face a higher incidence of family violence, and that they are more vulnerable to its implications and effects (Salthouse & Frohmader 2004). Beyond a general lack of understanding of disability issues within the wider community, victims can experience greater difficulty in accessing mainstream services in order to minimise their exposure to abuse. There are a number of reasons for this, including: communication and language barriers; a lack of appropriate transport and accommodation options for victims immediately fleeing violence; reliance on family members to provide care who may also be the perpetrators of violence; and in some instances, an absence of recognition as to their victimisation status (Attard & Price-Kelly 2010; Healey, Howe, Humphreys, Jennings, & Julian 2008; Salthouse & Frohmader 2004). Further, the limited number of disability specific family violence services adds to the difficulties encountered by this group.

A cognitive and/or physical disability was identified as a relevant factor in three of the case reviews that were completed. These included a homicide-suicide incident involving a father and his two adult disabled sons; the homicide of a cognitively impaired victim who was killed by her intimate partner; and the fatal assault of a child by her father. In this latter incident, the extent of the father's cognitive impairment was not clearly described. However, it was noted that he had attended special-school during his childhood, had limited literacy and numeracy skills, and had struggled with many aspects of day to day functioning.

Family violence themes

One of the main objectives of the VSRFVD is to identify common elements among family violence-related deaths. These themes can be used to inform prevention efforts aimed at reducing both fatal and non-fatal family violence. To this end, the following key themes have been extracted from the range of deaths examined and described in this report.

Barriers to disclosing violence

Despite family violence being a relatively common problem, it often goes unreported. A range of barriers can inhibit victims' disclosure, including: feelings of fear, shame and embarrassment; thinking that they will not be believed; concern about further victimisation; anxiety about possible medical or legal processes; as well as familial, cultural or religious pressures (Barrett Meyering 2012; Lievore 2003; Wall 2012b). In some cases, individuals do not recognise themselves as victims of violence, or may not have yet considered seeking assistance in respect to their violent partner (Patton 2003).

Among the range of deaths examined in this analysis, there was evidence of eight victims of family violence having denied or minimised their exposure to abuse when questioned by family, friends and service providers. In these situations, it appeared that victims held a range of concerns that prevented a full disclosure being made. For some victims, factors connected to their cultural background appeared to make it difficult to speak openly about abuse occurring at home. For others, concern over the possibility of exacerbating the situation or uncertainty as to how services would respond appeared to be most salient. Regrettably, in all of these situations, the difficulty victims' faced in discussing their exposure to violence had the effect of curtailing intervention efforts, including not holding the perpetrator accountable for their behaviour.

As demonstrated in the data summary presented in this report, a considerable number of incidents involved the deceased or offender having had contact with a range of service providers within a six month period prior to the fatal event. This indicates that system contact with those most at risk does occur, although barriers may remain in connection to the identification and disclosure of violence in these settings.

Key providers have made considerable progress utilising standardised risk assessment tools to identify and assess violence. This includes measures in place among organisations most likely to have contact with victims at high risk times. There

appears to be a need for this work to be extended to other contact points within the service system, particularly across a range of health care settings.

Case summary: Intimate partner homicide

Janette and Daryl had been living together for approximately four years. Janette had been married once before, and had adult children from that marriage.

On the day of the fatal incident, Janette and Daryl returned home after spending the day shopping and later drinking at a local hotel. An argument commenced, centring on Daryl's reluctance to attend work that evening and Janette's concerns about the financial implication of this. This continued for some time and involved comments made by Daryl in relation to Janette's son.

As the situation escalated, Daryl backed Janette into a corner of the kitchen. Adopting a threatening posture and using his size to intimidate, he commenced poking Janette in the body. Janette picked up a nearby kitchen knife and Daryl challenged her to use it. In the context of this aggressive and threatening behaviour, Janette stabbed Daryl. She immediately informed her son of what had occurred and he provided first-aid to Daryl. Emergency medical assistance was sought, however Daryl died as a result of his injuries. Janette subsequently attended the police station and reported what happened.

Janette pleaded guilty to defensive homicide. At sentencing, her historical exposure to family violence during her childhood and in her adult intimate relationships was considered. Janette's father was described as an alcoholic who had been violent toward her and her mother. Similarly, it was noted that one of Janette's brothers was a problem drinker who had physically abused her. Janette's first husband was also an alcoholic and this marriage ended when she was in her twenties. In addition, reference was also made to Janette having been subjected to sexual abuse during her childhood.

Janette described Daryl as drinking heavily everyday. Her evidence was that Daryl had not been physically violent to her, although she reported that he would poke and prod her with his finger, and he would force himself on her sexually when intoxicated. In order to prevent this, Janette had at times locked herself in her bedroom. The evidence indicated that Janette had been exposed to physical family violence, although she had not necessarily interpreted it in this way. Janette had never reported her exposure to family violence or sexual abuse, nor had this been discussed with family or friends. As a result, there was no documented history of contact with family violence or sexual assault services, which may have served to interrupt the cycle of violence and abuse to which she was exposed.

Community understanding and recognition of family violence

Family and domestic violence death reviews conducted in international jurisdictions have reported that friends, family and neighbours of a victim were often aware of the victims exposure to violence and abuse[15] (Ontario Domestic Violence Death Review Committee 2008; Washington State Domestic Violence Fatality Review 2000). The social network around a victim of violence can operate as an important mechanism for improving their safety and protection, particularly when external services are not involved (Patton 2003). For example, friends and family members can validate a victim's experience; assist a victim to identify that the behaviour is problematic; offer emotional support and/or practical assistance; as well as encourage victims to engage with professional services to intervene in the violence. In urgent situations they may also be involved in contacting emergency services. However, in order for these steps to be followed, there must be recognition of the spectrum of behaviours that constitute family violence, the seriousness of these actions, and the availability and visibility of services that may be able to provide assistance and support.

In six of the fatal incidents examined, third parties (such as friends, family members or neighbours) held important information about the victim's exposure to family violence and/or sexual assault. This had come about through direct observation; disclosures made by the victim; overhearing threats made by the perpetrator; or witnessing the victim with significant injuries shortly before their death. Two of the six incidents involved homicide-suicide incidents in which the perpetrator made clear threats to others regarding his intentions to harm the victim. Among two homicide incidents, a friend of the victim had observed them to be seriously injured and in the presence of the perpetrator just hours before they died.

A number of individuals known to the victim appeared to have wanted to offer further assistance and support, but did not due to a range of reasons. These included fear of the perpetrator; lack of recognition of the signs of escalating violence; lack of awareness as to the range of legal and community services that could provide assistance; a reluctance to get involved in family disputes; and hesitation about contacting police or other services. Witness statements also revealed that individuals were not always clear about the range of behaviours that comprised family violence, particularly in connection to non-physical forms of abuse.

There appears to be a continuing need to increase community awareness about the nature and dynamics of family violence, with the intention that those who come into contact with both victims and perpetrators are better able to recognise and respond to this behaviour. Conceivably, public education in this area should build upon messages that emphasise that family violence is not condoned and is no longer considered a private family issue. Consideration could also be given to promoting the safe actions community members can take in order to assist a victim exposed to violence. This might include education around safely initiating conversations with victims; increasing the visibility of family violence and related community support

[15] While aware of violence occurring, members of the victim's social network may not necessarily have recognised this behaviour as family violence.

services; and most importantly, highlighting the role of police in respect to both proactive and crisis responses.

Contact with health services

Intimate partner violence has been described as a leading contributor to death, disability and illness among Victorian women aged 15 to 44 years (Vos, Astbury, Piers, Magnus, Heenan, Stanley, Walker, & Webster 2006). Specifically, this form of violence has been associated with a range of physical and psychological health consequences, including injury, chronic pain, gastrointestinal and gynaecological conditions, depression and post-traumatic stress disorder (Campbell 2002; Hegarty & O'Doherty 2011). Victims are therefore likely to present in a range of health care settings, including general practice, community health centres, hospital emergency departments and private clinical practices. While an immediate disclosure regarding exposure to violence may not always be made, if correctly identified, interventions to improve health outcomes and increase safety can be introduced (Campbell 2002). To this end, it is generally agreed that the key elements for providing effective assistance to victims within health care settings involve: violence identification, risk assessment, validation, patient education, information about resources and options, safety planning, documentation and follow-up (Falsetti 2007).

Among the case reviews involving intimate partner violence, contact with a health care practitioner was often identified. Although ending with a fatality, pro-active approaches to providing assistance for some victims were identified. For example, in one situation, the victim of family violence attended a hospital emergency department to seek treatment for her injuries following a physical assault by her male partner. On this occasion her facial injuries were correctly attributed to partner violence, and the attending medical officer discussed the serious nature of her situation. Further, the strong possibility of her ongoing exposure to violence was raised and a basic safety plan implemented. Plans for her to spend the night away from her partner were also discussed, and referral information was given. This was a positive example of response provided to a victim in a hospital setting.

The case reviews also revealed various examples in which the family violence support given to victims in health care settings could have been improved. Issues that were identified included: a lack of recognition of victim exposure to violence; a limited understanding of the nature and dynamics of violence; limited awareness of the risk and contributory factors associated with this problem; a lack of follow-up once family violence had been disclosed; and a lack of ongoing support and/or referral to specialist services.

Consideration of these incidents indicates that opportunities to strengthen the response to family violence in health care settings exist. Areas that might be considered include: increased education for health care providers about the nature and dynamics of family violence; education about risk indicators and markers of intimate partner abuse (including awareness of high risk times for escalating violence such as separation and the ante/post-natal period); greater promotion of referral information regarding family violence services and community organisations; and

greater promotion of key publications currently available to assist primary health care providers in this area.[16]

Contact with the justice system

The justice system is a cornerstone in the response to family violence, with police, legal services, corrections and the courts playing a pivotal role for increasing victim safety and ensuring perpetrator accountability. In addition, the justice system contributes to the prevention of violence through a range of strategies to halt emerging violent behaviours and address the attitudes that support them. For this reason, the justice system has been a site of considerable reform over the past decade.

As might be expected, the case reviews revealed that many parties involved in fatal family violence incidents had previous contact with the justice system. Among the cases examined, eleven incidents across a range of case types (homicide, homicide-suicide and suicide) had contact within six months of the fatal event. For ten of these incidents, involvement was with police and/or the courts. For the remaining death, contact was with Community Corrections. For eight incidents, the perpetrator of family violence had a current family violence intervention order against them at the time of the fatal event (in one additional case, the intervention order had expired). In four of these incidents, the victim of family violence (the protected person) died.

Among the eight incidents in which an intervention order had been made, there were two deaths in which the respondent took their own life. In addition, another incident involved the parents of the affected family member being killed. There was evidence of perpetrators breaching the conditions of the order in close proximity to orders having been made, as well as further violence occurring that was not reported to police. While family violence intervention orders are an integral part to improving victim safety, for a proportion of cases, it is evident that an intervention order does not result in an end to violence. As demonstrated here, this can be to the extent that a fatal outcome occurs.

Police play a crucial role in providing both immediate intervention and long-term protection to victims of family violence. The case reviews revealed several positive examples in this area. There were a number of situations in which police recognised the nature and dynamics of family violence; provided an immediate response; pursued both civil and criminal options for dealing with the perpetrators; ensured follow up contact and support was provided to victims; and made referrals to both specialist family violence and sexual assault services.

The police response to family violence was an area that received attention during inquest in two matters. These investigations highlighted the importance of members adhering to procedural expectations set by the organisation; the importance of maintaining effective communication channels with other key organisations; and the

[16] For example, Management of the whole family when intimate partner violence is present: Guidelines for primary care physicians (2006); Abuse and Violence: Working with our patients in general practice (2008).

need for police to ensure evidence is gathered and considered from a range of sources during the initial stages of any investigation. These areas were reflected in the coroners' recommendations for the associated investigations.

Not all victims of family violence seek intervention through the courts. However, when contact does occur, the approach to victim safety and perpetrator accountability needs to be consistent and reliable. As indicated above, many parties had contact with the courts in the months preceding a fatal incident. Information presented at inquest revealed demand pressures experienced by the Magistrates' Court, and the implications this has for service delivery, were issues relevant to victim's safety. Further, it was noted that while additional support services designed to assist victims and perpetrators of family violence are available in some court locations, these are not universally available. Regional variations of this kind have the potential to create imbalances across the legal system in its response to family violence and inconsistencies for victims seeking justice and protection.

As evidenced through the data analysis and case review process, prior contact with the various agencies of the justice system occurred for a substantial proportion of individuals involved in fatal family violence incidents. What has been emphasised in the literature is the need for continued efforts to ensure that a coordinated and integrated response takes place across police, the courts and corrections.

SECTION 4. FOCUS AREAS FOR PREVENTION

The VSRFVD collects and analyses information about family violence-related deaths and the circumstances in which they occur. This knowledge can be used to inform enhancements to the existing service system and the development of intervention strategies. The findings from the descriptive statistical data and in-depth case reviews presented in this report draw attention to three main focus areas for prevention, namely:

- improved responsiveness to vulnerable groups, including CALD communities and those experiencing additional challenges that can inhibit engagement with mainstream services, such as drug and alcohol difficulties, disability or mental illness;
- increased efforts to strengthen the identification and response to family violence within the health care sector; and
- enhancing community understanding of the nature and dynamics of family violence, and how assistance and support can safely be provided to victims.

Improved responsiveness to vulnerable groups

Many of the deaths examined in detail revealed the presence of factors that created challenges for engagement with mainstream or specialist services. These included known vulnerability indicators among both victims and perpetrators, such as belonging to a CALD community; the presence of a disability or a mental health condition; and problems with the use of alcohol and other drugs. In some instances, these factors appeared to inhibit service contact altogether, while in others, they prevented a complete picture of the underlying family violence dynamics from being obtained by the service providers. As a result, the potential for severe or fatal violence was often not identified by agencies and organisations involved with either the victim or perpetrator. A further compounding factor in these situations was the relative social isolation and/or lack of community integration among the parties involved. This meant there were fewer opportunities for informal monitoring or assistance to occur, which had the effect of exacerbating risk.

The additional needs and complex presentations among many victims and perpetrators of family violence are widely understood as challenges for the service system. The multiplicity of issues represented here across a range of incident types means that no single prevention strategy is likely to prove effective in this area. However, it reflects the need for both mainstream and specialist services to give adequate weight to the contributions of vulnerability factors (i.e. CALD background, disability, mental health issue or substance dependence) when assessing risk, undertaking safety planning or formulating intervention strategies.

Strengthening health services

Family violence has been associated with a wide range of physical and mental health difficulties. Given that many victims (and perpetrators) of violence have contact with health care professionals in various settings, the potential contribution for this sector to identify and respond to family violence has increasingly been recognised.

The central elements for providing victims of family violence and sexual assault with quality health care responses include: offering a safe and supportive environment to facilitate disclosure; ensuing ongoing access to medical care; assessing risk and safety for victims and their children; recognising and naming violence and sexually abusive behaviours; engaging in non-judgemental and respectful communication through the various stages of contemplation and action; and appropriately directing victims to relevant resources and support (including specialist sexual assault and family violence services) (Falsetti 2007; Hegarty & O'Doherty 2011; Wall 2012b). In order to achieve this, health care professionals need to be equipped with sufficient knowledge about the nature and dynamics of family violence and sexual assault; its estimated prevalence among patient populations; relevant risk and contributory factors; and the potential for positive intervention to be provided in these settings. Further, familiarity with best practice guidelines for assisting victims, coupled with a sound understanding of the range of specialist and mainstream services that can provide further support, is essential.

Increasing community awareness and action

Members of a victim's social network can play a significant role in addressing violence and abuse. Oftentimes, friends, family members and work colleagues are the first to know or suspect that violence is occurring. Their actions, both big and small, can make a meaningful difference toward helping victims increase their safety and address a problematic relationship. In order for this to occur, it is necessary for the community to have a sound understanding about the range of behaviours that comprise family violence (and sexual assault) and the options available to assist those at risk.

Over the past decade, various violence prevention initiatives in Victoria have included a community education component. These have featured strategies to develop a shared understanding of family violence; promote community resources and services; and encourage attitudinal and behavioural change. The findings of this report indicate that further opportunities to increase community awareness and supportive action exist. Specifically, facilitating improved community understanding about the nature and dynamics of family violence; its implications and effects upon children; and promoting greater visibility of services designed to assist victims (and address perpetrator behaviour) are potential focus areas. In addition, it is important that messages emphasising that family violence is a crime and not condoned in the community continue to be expressed.

SECTION 5. VSRFVD ADDITIONAL ACTIVITIES

VSRFVD Reference Group

Comprising representatives from government, non-government and the community sector, the VSRFVD Reference Group provides advice and consultative support to the VSRFVD. One of the main contributions of the VSRFVD Reference Group involves identification of system-wide issues pertaining to family violence, as well as advising on policy and program developments occurring at a local, state and national level. The wealth of collective knowledge and experience held within the VSRFVD Reference Group is a significant resource to the VSRFVD.

A description of the structure and membership of the VSRFVD Reference Group is available in the document titled *Victoria's Coronial Model for Investigating Family Violence-Related Death* available on the CCOV website. Since its establishment, eight meetings of the VSRFVD Reference Group have been convened. In addition to these formal group meetings, numerous individual and small group stakeholder consultations have occurred to inform the coroner's investigation of family violence deaths.

Community engagement

The VSRFVD contributes toward enhancing professional knowledge and community awareness about the serious nature of family violence by participating in conferences and other public forums. A selection of key presentations given to date is outlined in Table 12.

Table 12: Community engagement activities of the VSRFVD

Date	Event	Presentation Title
March 2009	Women's Safety Forum	The Victorian Systemic Review of Family Violence Deaths
August 2009	6th Australasian Council of Women and Policing Conference	Partnerships: Victoria Police & State Coroners Office
October 2009	Women's Health Goulburn North East Annual General Meeting	The role of the Coroners Court in Child Safety and Wellbeing
October 2009	Australian Institute of Judicial Administration Family and Domestic Violence Conference	The Victorian Systemic Review of Family Violence Deaths
July 2010	Developing Integrated Practice between the Legal System & Support Services	The Victorian Systemic Review of Family Violence Deaths
July 2010	DHS Partnership Agreement Forum	The Victorian Systemic Review of Family Violence Deaths
May 2011	Australian Domestic Family Violence Clearinghouse Forum	Domestic and Family Violence Death Reviews and the Victorian Experience
November 2011	Asia-Pacific Coroners Society Conference	Domestic and Family Violence Death Reviews: The Australian Context
November 2011	Annual General Meeting of the Mallee Sexual Assault Unit and Mallee Domestic Violence Services	The Victorian Systemic Review of Family Violence Deaths
May 2012	Northern Territory Domestic and Family Forum	Domestic and Family Violence Death Reviews in Australia
June 2012	Law and Society Conference	Domestic/Family Violence Death Reviews: An International Comparative Analysis of Current Models

Research contributions and collaborations

In accordance with research and ethics approval from the Department of Justice, the VSRFVD has contributed to the following research projects:

- a study of filicide in the context of parental separation, undertaken with Monash University (2010);
- a profile of service contacts among intimate partner homicide incidents, undertaken as part of a criminology honours thesis via RMIT (2012); and
- a comparative appraisal of international domestic and family violence death review models with Dr Myrna Dawson from the University of Guelph, Ontario (2012).

The VSRFVD looks forward to further collaborative projects in order to broaden the evidence base concerning fatal family violence.

The Australian Domestic and Family Violence Death Review (ADFVDR) Network

The ADFVDR Network was established in 2011, following the introduction of domestic and family violence death reviews in other states around Australia. At the time of writing, representatives of the ADFVDR Network include the:

- Domestic Violence Death Review Team (New South Wales);
- Domestic and Family Violence Death Review Unit (Queensland);
- Domestic and Family Violence Death Review (South Australia); and
- Victorian Systemic Review of Family Violence Deaths (Victoria).

The overarching goals of the ADFVDR Network are to:

- improve knowledge regarding the context and circumstances in which domestic and family violence deaths occur, in order to identify practice and system changes that may assist in reducing these types of deaths;
- identify at a national level the context of, and risks associated with, domestic and family violence-related deaths;
- identify, collect, analyse and report national data on domestic and family violence-related deaths; and
- align domestic and family violence death review findings to programs at a national level.

During the 2011-2012 period, the ADFVDR Network has progressed a number of collective projects and activities. These have included: development of the ADFVDR Network Terms of Reference; a joint presentation to the 2011 Asia-Pacific Coroners Society Conference; and development of a consensus statement defining the scope and context of a family violence-related homicide.

CONCLUSION

Deaths attributable to family violence are deeply saddening events, not only for those immediately connected to the individuals involved, but also the wider community. The findings of this report indicate that in Victoria, as with other Australian states and territories, deaths among intimate partners and other family members form a substantial proportion of the total number of homicides recorded each year.

Over the past decade, domestic and family violence death reviews have emerged as a promising means of improving understanding about the nature and frequency of family violence-related deaths. Data collection and analysis of the circumstances surrounding these incidents provides a rich source of information that can be used to support prevention efforts and strengthen the service system. This remains the primary objective of the VSRFVD, underpinned by a commitment to lessen the significant impact of fatal family violence in our community.

REFERENCES

Aldridge, M.L. & Brown, K.D. 2003, 'Perpetrators of spousal homicide: A review', *Trauma, Violence and Abuse*, vol. 4, no. 3, pp. 265 – 276.

Attard, M. & Price-Kelly, S. 2010, *Accommodating violence: The experience of domestic violence of people with disability living in licensed boarding houses*, People with Disability Australia, Sydney, NSW.

Australian Institute of Criminology (AIC) 2008, *Intimate partner homicide*, Crime Fact Info, No.182, Australian Institute of Criminology, Canberra, ACT.

Banks, L., Crandall, C., Sklar, D., & Bauer, M. 2008, 'A comparison of intimate partner homicide to intimate partner homicide suicide', *Violence Against Women*, vol.14, no. 9, pp. 1065 – 1078.

Barrett Meyering, I. 2012, *Staying/leaving: Barriers to ending violent relationships,* Fast Facts 7, Australian Domestic and Family Violence Clearinghouse, University of New South Wales, Sydney, NSW.

Bartels, L. 2010, *Emerging issues in domestic/family violence research*, Research in Practice Report, No.10, Australian Institute of Criminology, Canberra, ACT.

Block, C. 2000, *The Chicago women's health risk study of serious injury or death in intimate violence: A collaborative project*, Illinois Criminal Justice Information Authority, Chicago, Illinois.

Block, C. 2003, 'How can practitioners help an abused woman lower her risk of death?', *National Institute of Justice Journal*, no. 250, pp. 5 - 7.

Block, C. 2004, *Risk factors for death or life threatening injury for abused women in Chicago,* Illinois Criminal Justice Information Authority, Chicago, Illinois.

Bonar, M. & Roberts, D. 2006, *A review of the literature relating to family and domestic violence in culturally and linguistically diverse communities in Australia,* Department of Community Development, Family and Domestic Violence Unit, Western Australian Government, WA.

Bourget, D., Grace, J. & Whitehurst, L. 2007, 'A review of maternal and paternal filicide,' *Journal of the American Academy of Psychiatry and the Law*, vol. 35, pp. 74 – 82.

Boyd, C. 2011, *The impacts of sexual assault on women,* ACSSA Resource Sheet, Australia Centre for the Study of Sexual Assault, Melbourne, Vic.

Braaf, R. 2011, *Preventing domestic violence death – is sexual assault a risk factor*? Research and Practice Brief, No.1, Australian Domestic and Family Violence Clearinghouse University of New South Wales, Sydney, NSW.

Brookman, F. & Maguire, M. 2005, 'Reducing homicide: A review of the possibilities,' *Crime, Law & Social Change*, vol. 42, pp. 325 – 403.

Campbell, J.C. 2002, 'Health consequences of intimate partner violence,' *Lancet*, vol. 359, pp. 1331 – 1336.

Campbell, J.C., Glass, N., Sharps, P.W., Laughon, K. & Bloom, T. 2007, 'Intimate partner homicide: Review and implications of research and policy', *Trauma Violence and Abuse*, vol. 8, no. 3., pp. 246 – 269.

Campbell, J.C. & Soeken, K.L. 1999, 'Forced sex and intimate partner violence: Effects of women's risk and women's health', *Violence Against Women*, vol. 5, no. 9, pp. 1017 – 1035.

Campbell, J. C., Webster, D., Koziol-McLain, J., Block C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X,. Schollenberger, J., Frye, V. & Laughon, K. 2003, 'Risk factors for femicide in abusive relationships: Results from a multisite case control study', *American Journal of Public Health*, vol. 93, no. 7, pp. 1089-1097.

Carcach, C. & Grabosky, P.N. 1998, *Murder-suicide in Australia*, Trends and Issues in Crime and Criminal Justice, no. 82, Australian Institute of Criminology, Canberra, ACT.

Coker, A.L., Smith, P.H., McKeown, R.E. & King, M.J. 2000, 'Frequency and correlates of intimate partner violence by type: physical, sexual and psychological battering', *American Journal of Public Health*, vol. 90, no. 4, pp. 553 – 559.

Comstock, R.D., Mallonee, S., Kruger, E., Rayno, K., Vance, A. & Jordan, F. 2005, 'Epidemiology of homicide-suicide events Oklahoma 1994 – 2001', *American Journal of Forensic Medical Pathology,* vol. 26, no. 3, pp. 229-235.

Cooper, M. & Eaves, D. 1996, 'Suicide following homicide in the family,' *Violence and Victims*, vol. 11, no. 2, pp. 99 – 112.

Davies, M. & Mouzos, J. 2007, *Homicide in Australia: 2006-07 National Homicide Monitoring Program Annual Report*, Research and Public Policy Series, No. 77, Australian Institute of Criminology, Canberra, ACT.

Dawson, M., Pottie-Bunge, V., & Balde, T. 2009, 'National trends in intimate partner homicides: Explaining the decline, Canada, 1976-2001', *Violence Against Women* vol. 15, no. 3, pp. 276 – 306.

Dearden, J. & Payne, J. 2009, *Alcohol and homicide in Australia*, Trends and Issues in Crime and Criminal Justice, No. 372, Australian Institute of Criminology, Canberra.

Dobash, R.E. & Dobash, R.P. 2009, 'The murder in Britain study: Broadening the analysis of men who murder an intimate woman partner', in *Domestic-related homicide: Keynote papers from the 2009 International conference on homicide*, Australian Institute of Criminology, Canberra, ACT.

Dobash, R.E., Dobash, R.P., Cavanagh, K. & Media-Ariza, J. 2007, 'Lethal and non-lethal violence against an intimate female partner: Comparing male murderers to nonlethal abusers', *Violence Against Women*, vol. 13, no. 4, pp. 329 – 353.

Durborow, N., Lizdas, K.C, O'Flaherty, A. & Marjavi, A. 2010, *Compendium of state statutes and policies on domestic violence and health care*, Family Violence Prevention Fund, San Francisco, California.

Dutton, D.G. & Kropp, P.R. 2000, 'A review of domestic violence risk instruments,' *Trauma, Violence & Abuse*, vol.1, no.2, pp. 171 – 181.

Easteal, P. 1993, *Killing the beloved: Homicide between adult sexual intimates*, Australian Institute of Criminology, Canberra, ACT.

Eliason, S. 2009, 'Murder suicide: A review of the recent literature', *Journal of American Academy of Psychiatry and the Law*, vol.37, no.3, pp. 371 – 376.

Erez, E. 2000, 'Immigration, culture conflict and domestic violence/woman battering,' *Crime Prevention and Community Safety: An International Journal,* vol. 2, pp. 27 – 36.

Falsetti, S. 2007, 'Screening and responding to family and intimate partner violence in the primary care setting,' *Primary Care: Clinics in Office Practice,* vol. 34, no. 3, pp. 641 – 657.

Family Violence Co-ordination Unit 2008, *Family Violence Risk Assessment and Risk Management*, Department of Planning and Community Development, Melbourne, VIC.

Fawcett, J., Starr, K. & Patel, A. 2008, *Now that we know: Findings from the Washington State Domestic Violence Fatality Review*, Washington State Coalition Against Domestic Violence, Washington.

Federal Bureau of Statistics, 2011, *Uniform Crime Reports – Expanded Homicide Data*, United States Department of Justice, Washington DC.

Garcia, L., Soria, C., & Hurwitz, E.L. 2007, 'Homicides and intimate partner violence : A literature review,' *Trauma, Violence and Abuse,* vol. 8., no. 4., pp. 370 – 383.

Healey, L., Howe, K., Humphreys, C., Jennings, C. & Julian, F. 2008, *Building the evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*, Victorian Women with Disabilities Network Advocacy Information Service, Melbourne, VIC.

Hegarty, K. & O'Doherty, L. 2011, 'Intimate partner violence: Identification and response in general practice,' *Australian Family Physician*, vol. 40, no. 11, pp. 852 – 856.

Hindmarsh, E. & Roberts, G. 2008, *Abuse and violence: Working with our patients in general practice (3rd edition),* Royal Australian College of General Practitioners (RACGP), South Melbourne, VIC.

Home Office 2011, *Homicides, firearm offence and intimate violence 2009/10,* Home Office Statistical Bulletin, Home Office Statistics, London.

Johnson, H. & Hotton, T. 2003, 'Losing control: Homicide risk in estranged and intact intimate relationships,' *Homicide Studies*, vol. 7, no. 1. pp. 58 – 84.

Keel, M. 2004, *Family violence and sexual assault in Indigenous communities*, Briefing Paper 4, Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies, Melbourne, VIC.

Koziol-McLain, J., Webster, D., McFarlane, J., Block, C., Ulrich, Y., Glass, N. & Campbell, J.C. 2006, 'Risk factors for femicide-suicide in abusive relationships: Results from a multisite case control study', *Violence and Victims*, vol. 21, no.1, pp. 3 – 21.

Kropp, P.R. 2004, 'Some questions regarding spousal assault risk assessment', *Violence Against Women*, vol. 10, no. 6, pp. 676 – 697.

Leth, P.M. 2009, 'Intimate partner homicide', *Forensic Science Medicine Pathology*, vol. 5, no. 3, pp. 199 - 203.

Liem, M. & Roberts, D.W. 2009, 'Intimate partner homicide by presence or absence of a self destructive act', *Homicide Studies*, vol. 13, no. 4, pp. 339 – 354.

Lievore, D. 2003, *Non-reporting and hidden recording of sexual assault: An International Literature Review*, Commonwealth Office of the Status of Women, Barton, ACT.

Marcus, G. & Braff, R. 2007, *Domestic and family violence studies, surveys and statistics: Pointers to policy and practice*, Stakeholder Paper 1, Australian Domestic and Family Violence Clearinghouse, NSW.

Martin, J. & Pritchard R. 2010, *Learning from tragedy: Homicide within families in New Zealand 2002-2006,* New Zealand Ministry of Social Development, Wellington, NZ.

Morgan, A. & McAtamney, A. 2009, *Key Issues in alcohol related violence,* Australian Institute of Criminology, Research in Practice Summary Paper, No. 4, AIC Canberra, ACT.

Morton, E., Runyan, C.W., Moracco, K.E. & Butts, J. 1998, 'Partner homicide suicide involving female homicide victims: A population based study in North Carolina, 1998 – 1992,' *Violence and Victims*, vol.13, no.2, 91 – 106.

Mouzos, J. & Makkai, T. 2004, *Women's experiences of male violence: Findings from the Australian component of the International Violence Against Women Survey*, Research and Public Policy Series, no. 56, AIC, Canberra.

Nicolaidis, C., Curry, M., Ulrich, Y., Sharps, P., McFarlane, J., Campbell, D., Gary, F. Laughon, K., Glass, N. & Campbell, J. 2003, 'Could we have known? A qualitative analysis of data from women who survived an attempted homicide by an intimate partner?,' *Journal of General Internal Medicine*, vol. 18, pp. 788 – 794.

Ontario Domestic Violence Death Review Committee 2008, *Sixth annual report of the Domestic Violence Death Review Committee*, Office of the Chief Coroner, Ontario, Canada.

Patton S. 2003, *Pathways: How women leave violent men*, Women Tasmania, Department of Premier and Cabinet, Hobart, Tasmania.

Plummer, S. & Findley, P.A. 2012, 'Women with disabilities' experience with physical and sexual abuse: Review of the literature and implications for the field', *Trauma, Violence and Abuse,* vol. 13, no.1, pp. 15 – 29.

Roberts, D.W. 2009, 'Intimate partner homicide: Relationships to alcohol and firearms', *Journal of Contemporary Criminal Justice*, vol. 25, no. 1, pp. 67 – 88.

Rosenbaum 1990, 'The role of depression in couples involved in murder-suicide and homicide', *The American Journal of Psychiatry*, vol. 147, no. 8; pp. 1036 – 1039.

Salthouse, S. & Frohmader, C. 2004, 'Double the odds: Domestic violence & women with disabilities,' paper presented to the *Home Truths Conference*, Sheraton Towers, Southgate, Melbourne, VIC, 15 -17 September.

Sharps, P.W., Campbell, J., Campbell, D., Gary, F. & Webster, D. 2001, 'The role of alcohol in intimate partner femicide', *American Journal of Addictions*, vol. 10, no.2, pp. 122 – 135.

Sleet, D.A., Hopkins, K.N., Olson, S.J. 2003, 'From discovery to delivery: injury prevention at CDC', *Health Promotion Practice*, vol. 4, pp. 98 – 102.

Smith, S.G., Basile, K.C. & Karch, D. 2011, 'Sexual homicide and sexual violence-associated homicide: Findings from the National Violence Death Reporting System', *Homicide Studies*, vol. 15, no. 2, pp.132 – 153.

Statistics Canada 2011, *Family violence in Canada: A* statistical profile, Catalogue No. 85-224-X, Ministry of Industry, Ottawa.

United Nations Office on Drugs and Crime [UNODC] 2011, *Global Study on Homicide 2011*, United Nations Office on Drugs and Crime, Vienna, Austria.

Victorian Government Department of Justice 2006, *Management of the whole family when intimate partner violence in present: guidelines for primary care physicians*, Victorian Government Department of Justice, Melbourne, VIC.

Victorian Indigenous Family Violence Taskforce 2003, *Victorian Indigenous Family Violence Taskforce Report*, Department for Victorian Communities, Melbourne, VIC.

Virueda, M. & Payne, J. 2010, *Homicide in Australia: 2007–08 National Homicide Monitoring Program annual report*, Australian Institute of Criminology, Canberra, ACT.

Vos, T., Astbury, J., Piers, J.S., Magnus, A., Heenan, M., Stanley, L., Walker, L. & Webster, K. 2006, 'Measuring the impact of intimate partner violence on the health of

women in Victoria, Australia', *Bulletin of the World Health Organization*, vol. 84, no. 9, pp. 739 – 744.

Wall, L. 2012, *Asking women about intimate partner sexual violence*, Australian Centre for the Study of Sexual Assault Resource Sheet, Australian Institute of Family Studies, Melbourne, VIC.

Wall, L. 2012b, *The many facets of shame in intimate partner sexual violence*, Australian Centre for the Study of Sexual Assault Research Summary, Australian Institute of Family Studies, Melbourne, VIC.

Wallace, A. 1986, *Homicide the social reality*, New South Wales Bureau of Crime Statistics and Research, Attorney General's Department, Sydney, NSW.

Warren, L.J., Mullen, P.E., Thomas, S.D.M., Ogloff, J.R.P. & Burgess, P.M. 2008, 'Threats to kill: A follow up study,' *Psychological Medicine*, vol. 38, pp. 599 – 605.

Washington State Domestic Violence Fatality Review 2000, *Honouring their lives, learning from their deaths: Findings and recommendations from the Washington State Domestic Violence Fatality Review*, Washington State Coalition Against Domestic Violence, Washington, USA.

World Health Organization 2002, *World report of violence and health: Summary*, World Health Organization, Geneva, Switzerland.

World Health Organization 2005, *Multi-country study on women's health and domestic violence against women*, World Health Organization, Geneva, Switzerland.

World Health Organization 2010, *Preventing intimate partner and sexual violence Against Women*, World Health Organization, Geneva, Switzerland.

Wilson, M.L. & Daly, M. 1993, 'Spousal homicide risk and estrangement', *Violence and Victims*, vol. 8, no. 1, pp. 3 – 16.

Appendix A: Case reviews

The primary output of the VSRFVD is the production of case review reports for coroners. This report draws on 28 case reviews that have been prepared for this purpose, summarised in Table 13. Recommendations, comments and relevant commentary pertaining to closed investigations is provided in Appendix B.

Table 13: Summary of case review reports completed by the VSRFVD

Year Incident Occurred	Age / Sex	Single / Multiple Fatality	Type of Death	Relationship	Investigation Status
2006	Male (76 Years) Female (76 Years)	Multiple	Double Homicide	Other Family	CLOSED
2007	Male (27 Years) Female (27 Years)	Multiple	Homicide-Suicide	Intimate Partner	OPEN
2007	Male (75 Years)	Single	Attempted Homicide-Suicide	Intimate Partner	CLOSED
2007	Female (45 Years)	Single	Homicide	Intimate Partner	CLOSED
2007	Female (25 Years)	Single	Homicide	Intimate Partner	OPEN
2008	Male (34 Years)	Single	Homicide	Parent - Child	CLOSED
2008	Male (63 Years)	Single	Homicide	Intimate Partner	CLOSED
2008	Female (57 Years) Male (61 Years)	Multiple	Homicide-Suicide	Intimate Partner	CLOSED
2008	Male (45 Years)	Single	Homicide	Intimate Partner	CLOSED
2009	Male (82 Years)	Single	Context	Carer	CLOSED
2009	Male (54 Years) Female (52 Years)	Multiple	Homicide-Suicide	Intimate Partner	CLOSED
2009	Female (40 Years)	Single	Homicide	Intimate Partner	OPEN
2009	Female (48 Years)	Single	Homicide	Parent - Child	OPEN
2009	Female (2 Years) Male (26 Years)	Multiple	Homicide-Suicide	Parent - Child	CLOSED
2009	Male (29 Years)	Single	Homicide	Siblings	CLOSED
2009	Male (54 Years) Male (30 Years) Male (27 Years)	Multiple	Homicide-Suicide	Parent - Child	CLOSED
2009	Female (48 Years)	Single	Context	Intimate Partner	OPEN
2009	Female (25 Years) Male (46 Years)	Multiple	Homicide-Suicide	Intimate Partner	CLOSED
2009	Male (3 Years)	Single	Homicide	Family Member	CLOSED
2009	Male (56 Years)	Single	Homicide	Intimate Partner	OPEN
2010	Female (31 Years)	Single	Suicide	Intimate Partner	OPEN
2010	Male (88 Years)	Single	Context	Parent - Child	OPEN
2010	Male (36 Years) Female (12 Years) Male (9 Years) Female (7 Years)	Multiple	Homicide-Suicide	Parent - Child	CLOSED
2010	Female (61 Years) Male (64 Years)	Multiple	Homicide-Suicide	Intimate Partner	CLOSED
2010	Male (37 Years)	Single	Suicide	Intimate Partner	OPEN
2010	Female (15 Years) Female (47 Years)	Multiple	Homicide-Suicide	Parent - Child	CLOSED
2010	Female (6 Months)	Single	Context	Siblings	OPEN
2011	Female (36 Years) Female (18 Years) Female (13 Years) Male (11 Years)	Multiple	Homicide-Suicide	Parent - Child	OPEN

Appendix B: Comments, recommendations and responses

The following summarises a selection of closed investigations. Complete findings and responses are available on the CCOV website.

Coroners Court Reference Number	20060873_20060874
Summary of Circumstances	An elderly couple were killed by their son-in-law in 2006 while they were residing with their daughter (the offender's wife). The incident occurred following a family violence interim intervention order being served on the offender by police at the family home.
Risk factors and service contacts	**Person Factors** All parties had a CALD background; evidence of a history of family violence involving offender and his wife; offender unemployed; recent birth. **Incident Factors** Social isolation; separation; post-natal period. **Service Contacts** Family violence specialist service; Magistrates Court; Victoria Police, hospital based maternity services; DHS Child Protection; early childhood disability services.
Recommendations	That the Victoria Police and Magistrates Court of Victoria Family Violence Committee review the written format of family violence intervention orders so as to improve the readability of these documents for all those required to understand and adhere to them, including members of Victoria Police, affected family members and respondents.
Responses to Recommendations	**Magistrates Court (summarised)** <u>Changes to documentation</u> The Victoria Police and Magistrates Court of Victoria Family Violence Committee are currently working together in scoping what improvements can be made to the readability of family violence orders. The Children's Court of Victoria is also represented on this committee. <u>Explanations of orders</u> The *Family Violence Protection Act 2008* requires magistrates to provide affected family members and respondents present in court with a clear oral explanation of the purpose terms and effect of the order. Written explanations when an interim or final intervention order is made are included in all requests for service to Victoria Police. <u>Professional development</u> The Court has developed a comprehensive family violence professional development strategy for magistrates to commence in 2012, which will include techniques for effectively explaining and ensuring that affected family members and respondents clearly understand the terms of the order and seriousness of the matter. <u>Impact of demand</u> The significant increase within the intervention order jurisdiction puts pressure on the time magistrates have in court to deal with matters. In order to ensure parties have a clear understanding and appreciation of orders, court lists need to be a manageable size. The Court is continuing to work with Department of Justice to indentify long-term strategies to address this demand. **Victoria Police (summarised)** Victoria Police acknowledges the need to improve readability of the documents for all those required to abide by and enforce their conditions. Victoria Police is working closely with the Magistrates Court of Victoria to review the written format of family violence intervention orders with a view to enhancing readability.

Coroners Court Reference Number	20071893
Summary of Circumstances	An elderly man experiencing a deteriorating physical health condition that caused chronic pain and depression shot and injured his wife in an attempted homicide before turning the gun on himself. The man had been diagnosed with delusional jealousy some years earlier and repeatedly accused his wife of having ex-martial affairs throughout their marriage.
Risk factors and service contacts	**Person Factors** Culturally and linguistically diverse background (CALD) background (including traditional views of marriage); depression; physical ill health. **Incident Factors** Access to firearms. **Service Contacts** Hospital and specialist medical services; general practice health care.
Comments	An expert opinion was obtained for the purpose of this investigation in connection to the deceased's diagnosis of delusional jealousy that had spanned several decades. A description of the features and prevalence rates for the condition was provided. This investigation provided an example of the risk to partners of persons with such a diagnosis. A copy of the finding was sent to relevant medical and psychiatric services to improve awareness about delusional jealousy.

Coroners Court Reference Number	20074850
Summary of Circumstances	Intimate partner homicide of a 45 year old female by her male partner who died as a result of multiple injuries sustained through repeated assaults over several hours. The deceased female had multiple contacts with service providers in respect to family violence in the weeks preceding her death, and disclosed violence to friends and neighbours. On the day she died, she was observed to have extensive facial and other injuries but contact was not made with police or medical services.
Risk factors and service contacts	**Person Factors** Offender unemployed; offender history of drug and alcohol misuse; offender had history of contact with justice system; intervention order repeatedly breached by offender; deceased had a history of drug and alcohol misuse. **Incident Factors** Incident occurred in the context of heavy use of alcohol. **Service Contacts** Victoria Police; Magistrates' Court; specialist family violence services; drug and alcohol services; general practitioner.
Comments	The coroner noted that important information about the victim's exposure to violence and associated risk was held by a range of organisations but had not been communicated between services to help improve her safety. It was also noted that Victoria Police had not been advised of an application to revoke the intervention order protecting the victim, despite police being the complainant to the order.

Coroners Court Reference Number	20080359
Summary of Circumstances	Intimate partner homicide of 45 year old male by his 21 year old female partner. History of family violence in the relationship in which the male had physically assaulted the female, grabbed her by the throat and smashed property. The incident occurred in a context of the male chasing the female, threatening her and tackling her to the ground. He sustained a fatal injury during the assault.
Risk factors and service contacts	**Person Factors** Regular and heavy use of alcohol by the deceased; history of family violence in his previous relationships including intervention orders made; history of family violence in current relationship, often in a context of heavy alcohol use; age discrepancy between parties >10 years. **Incident Factors** Incident occurred in the context of the deceased's use of physical violence and following heavy use of alcohol. **Service Contacts** Victoria Police; Magistrates Court (including applicant support worker); hospital emergency services.
Recommendations	**Recommendation 1** To assist victims of family violence, I recommend that the Chief Commissioner of Police review the Victoria Police Manual provisions that require members to complete and forward the Family Violence Risk Assessment and Management Report (L17), following attendance at family violence incidents. The purpose of this is to ensure that the Manual has clear instructions as to which member is responsible for ensuring that the L17 is completed and sent to the relevant family violence support service. **Recommendation 2** I recommend that the Chief Commissioner of Police review current procedures and directions to ensure that the conditions and outcome of Family Violence Intervention Order applications made by Victoria Police on behalf of affected family members, is conveyed in a timely and effective and consistent way to those affected family members. **Recommendation 3** That the Secretary to the Department of Justice give consideration to extending the current applicant support worker program to each Magistrates' Court in the state that is required to deal with Family Violence Intervention Order applications. **Recommendation 4**. That the Chief Executive Officer of the Magistrates' Court of Victoria review the current applicant support worker system of recording information to ensure that the system meets with the requirements of the role in respect to maintaining appropriate records of contact with affected family members at court. **Recommendation 5** To ensure quality and consistency in the applicant support worker program, that the Chief Executive Officer of the Magistrates' Court of Victoria give consideration to including the following components into the current applicant support worker program: A. the development of a training standard and internal supervision process for applicant support workers in the areas of risk assessment, safety planning and service referral; B. the development of written materials regarding the nature and dynamics of family violence and contacts for local family violence and associated support services for distribution to affected family members by applicant support workers at Magistrates' Courts; C. to ensure continual improvement of the applicant support worker program, a system be developed of ongoing program evaluation incorporating feedback from the applicant support workers.

Responses to Recommendations	**Department of Justice (summarised)** The Department of Justice is unable to extend the Applicant Support Worker program to all Magistrates' Court in Victoria due to a need to consider this position as part of a suite of interrelated court based reforms. Further, current financial constraints prohibit expansion of the program on its own. The Department of Justice will work with the Magistrates' Court on strategies to prioritise cases for the programs based on need, not just geography. The impact of family violence on Victorians, particularly women and children, is a serious issues and one that the Victorian Government will continue to prioritise. **Victoria Police (summarised**) Victoria Police will ensure that appropriate updates are made of the Victoria Police Manual relating to the Family Violence Risk Assessment and Risk Management Report (L17). Further, police will continue to enforce a timely response to affected family members in relation to conditions and outcomes of Family Violence Intervention Orders made by police on behalf of the affected family member which will be promoted through the updated version of the '*Victoria Police Code of Practise for the Investigation of Family Violence*.'

Coroners Court Reference Number	20081484
Summary of Circumstances	The deceased was a 34 year old male killed by his step-daughter following protracted sexual abuse sustained over several years.
Risk factors and service contacts	**Risk Factors** Historical perpetration of sexual abuse and threats to harm/kill made by the deceased. **Incident Factors** Access to firearms. **Service Contacts** High school setting.
Recommendations	**Recommendation 1.** That the Department of Education and Early Childhood Development complete and introduce and ongoing evaluation of its mandatory reporting training provided to teachers, in order to monitor its efficacy in achieving its stated aims. **Recommendation 2.** That the Department of Education and Early Childhood Development ensure that its ongoing professional development obligations to its teachers address the identified barriers to reporting of child abuse. **Recommendation 3.** That the Department of Education and Early Childhood Development (DEECD) accept and implement Recommendation 10 of the Protecting Victoria's Vulnerable Children Inquiry' contained in Chapter 7: Preventing Child Abuse and Neglect. Specifically, the DEECD develop a wide ranging education and information campaign for parents and care-givers of all school aged children on the prevention of child sexual abuse.
Responses to Recommendations	Not provided at time of writing.

Coroners Court Reference Number	20090277
Summary of Circumstances	The deceased, a 3 year old male child residing with his biological parents, sustained multiple non-accidental injuries in 2005. The injuries included bilateral cerebral haemorrhages, bilateral retinal haemorrhages and numerous fractures. The infant sustained permanent disability from these injuries. From 2005 he was taken into protective custody by DHS Child Protection and died in care in 2009. Following forensic medical investigation, the cause of death was attributed to complications of severe ischaemic hypoxic brain injury.
Risk factors and service contacts	**Person Factors:** Mother and father had culturally and linguistically diverse background (CALD) background; parents were of young age. Father had CALD background; employed intermittently in low skilled position. **Incident Factors:** Father was home alone with the infant immediately prior to the child's decline in health status. During the police investigation he admitted to 'gently shaking' the infant, however both parents denied causing serious injury. Other family members had previously had contact with the child. **Service Contacts:** In 2005 Maternal Child Health Nurse and general practitioner; DHS Child Protection (active) in 2009.
Comments Recommendations	None made.

Coroners Court Reference Number	20093753_20093432
Summary of Circumstances	The deceased was a 2 year old female child residing with her biological father, her father's female partner, biological sibling and step-sibling. The child was fatally injured as a result of non-accidental blunt force trauma. Following forensic medical investigation, the cause of death was attributed to a head injury. The child's father died as a result of suicide after being charged with the child's assault.
Risk factors and service contacts	**Person Factors** Father was unemployed and experiencing financial hardship; possible intellectual disability; heavy use of alcohol and substance misuse; prior contact with DHS Child Protection regarding child welfare and parenting concerns; prior allegations of family violence with the child's mother. Father's partner had previous DHS Child Protection involvement regarding family violence, drug use and parenting capacity issues. **Incident Factors** Rural area, social isolation, socio-economic difficulties and transience; Incident occurred in the context of heavy use of alcohol. **Service Contacts** DHS Child Protection (active), Child FIRST; Victoria Police SOCAU, community childcare centre**.**
Recommendations	**Recommendation 1** That Victoria Police give consideration to developing a program of regular training and information dissemination for operational members across all regions of the organisation to ensure familiarity and compliance with the *Code of Practice for the Investigation of Family Violence* the *Victoria Police Manual* pertaining to the investigation and response to family violence, and completion of the Victoria Police Form L17, in order to ensure that requirements of members are well understood, and that appropriate action is taken when police receive reports of, and respond to, instances of family violence and child abuse.

Cont.	**Recommendation 2** That all Victoria Police officers be provided with the contact details of DHS Child Protection services in each region and the Child Protection After Hours Emergency Service, and be reminded that, pursuant to section 181 of the *Children, Youth and Families Act 2005* (Vic), all members, not only SOCIT officers, are protective interveners and mandatory reporters. **Recommendation 3** That the 1998 protocol between Victoria Police and the Department of Human Services, titled, *Protecting Children: Protocol Between the Department of Human Services and Victoria Police*, be revised and updated to reflect the current legislative requirements of both organisations, and clarify the roles and responsibilities of both the Department of Human Services and Victoria Police, in respect to investigations of child abuse. **Recommendation 4** That the Department of Human Services give consideration to conducting a thorough analysis of early intervention and family support requirements in the Grampians region. This should include consideration of unmet need, client waiting lists and proportional staff ratios to client populations, in order to determine the capacity of the region to effectively respond to these requirements, and enable a timely and planned approach to the delivery of early intervention and family support services in this area. **Recommendation 5** That the DHS Child Protection service and Victoria Police consider providing specific training and/or information to staff members involved in the investigation of child abuse, regarding the significance of bruising and injury patterns that may be indicative of inflicted injuries upon children, in order to afford particular significance to these injuries both at the time of notification and when conducting further investigation.
Responses to Recommendations	**Recommendation 1 – Victoria Police** <u>Progress to date</u> The 2nd edition of the *Code of Practice for the Investigation of Family Violence* was launched in December 2010. This built on the achievements of the original Code launched in 2004, to provide consistent and clear advice to member when responding to family violence. The 2nd edition is in the process of being updated in consultation with stakeholders, and it is anticipated that a revised version will be made available in early 2012. This includes significant amendment to instruction relating to mandatory reporting requirements, child referral, and identification of risk factors that may indicate a child is at risk. <u>Further work to be done</u> On 25 November 2011, Victoria Police launched an Enhanced Service Delivery Model for responding to family violence. A key component of this three-tiered model includes a renewed focus on training for frontline members in the dynamics of family violence and requirements of operational response. This will include a review of current family violence training provided to new recruits and greater emphasis on on-the-job training for frontline members, including rotation through specialist family violence units. Training and education will be regularly reviewed and updated to ensure that the organisation's needs and goals are being met and new research and identified best practice is being incorporated. **Recommendation 2 – Victoria Police** <u>Progress to date</u> In July 2010, a document was distributed to all police stations in Victoria. This document provides contact numbers for youth justice and child protection during business and after hours and will be reviewed by Victoria Police/DHS bi-annually. <u>Further work to be done</u> The SOCIT Project will implement a communications strategy to raise awareness of the responsibility of police members in relation to being protective interveners/mandatory reporters. This will initially include uploading CP contact details on the SOCIT and VAWC intranet pages, inclusion of contact details in the monthly SOCIT newsletter, and the delivery of awareness posters to each police station.

Cont.	**Recommendation 3 – Victoria Police** Progress to date Victoria Police and DHS are in the process of reviewing this protocol, with key emphasis on mandatory reporting requirements, child referral processes, and identification of factors that may indicate a child is a risk of harm. This includes emphasis on the need for police to appropriately report and refer children they believe may be at risk in order to enable skilled assessment by DHS. The Protocol is being revised to clarify key intersections between the work of police and child protection practitioners, particularly in the planning and conduct of joint investigations. This review has also included a focus on the need for clear and transparent information exchange in order to ensure both agencies have the information required to execute their functions. It is anticipated that the revised Protocol will take effect in early 2012. The revised protocol will include a section on Information Exchange. Further correspondence received from Victoria Police in June 2012, reported that the Protocol was finalised and endorsed by Victoria Police and DHS. The key revisions included: - greater clarity in relation to the role of responsibilities of Police and Child Protection workers - a more detailed explanation of expectations in relation to joint investigation planning - updates to incorporate revised provisions of the *Family Violence Protection Act 2008* and *Children Youth and Families Act 2005* - the importance of information sharing, including providing simplified guidance for both agencies about information able to be shared and the need for timeliness in the provision of information **Recommendation 4 – Victoria Police** Progress to date N/A – this recommendation is the responsibility of the Department of Human Services. Further work to be done N/A – this recommendation is the responsibility of the Department of Human Services. **Recommendation 5 – Victoria Police** Progress to date Information about risk indicators pertaining to children is provided in the *Code of Practice for the Investigation of Family Violence*, however Victoria Police acknowledge that not all child abuse occurs in this context. As noted in the response to recommendation one, the *Code of Practice* is in the process of being revised and will include more detailed information about identifying risk factors in children, and the expected procedures for mandatory reporting and child referral. In 2009, Victoria Police announced the rollout of Sexual Offences and Child Abuse Investigation Teams (SOCITs) across Victoria. As part of the roll out, members (with the exception of previous SOCAU members) receive a 4 week training course. The Victorian Paediatric Forensic Medical Service (VPFMS) provides a presentation to these members. Further work to be done Victoria Police has engaged the VFPMS and VIFM to assist with providing training to members on these issues. It is anticipated this could be done quickly and efficiently through online forums to enable all members to access this information online. Victoria Police managers will sign off once members have completed the training. Victoria Police will explore the possibility of remote specialist forensic medical advice using tele-medicine technology. **Recommendation 6 – Victoria Police** Progress to date Victoria Police does not have primary responsibility for engaging in systematic community education in relation to child abuse and neglect. There is limited capacity for SCOIT units to undertake this work in conjunction with investigative responsibilities. However Victoria Police is supportive of efforts to engage in community awareness

Cont.	raising and is currently implementing an Indigenous Family Violence and Sexual Assault Awareness Campaign for the Warrnambool, Shepparton, Bairnsdale and Grampians regions. The project aims to enhance community awareness and increase community confidence to report family violence sexual assault, and child abuse to police. A local Steering Committee will be developed at the Grampians site and include representation from the SOCIT unit, to ensure issues of child abuse are appropriately considered in the campaign. Victoria Police is also actively engaged in promoting White Ribbon Day and a significant number of Victoria Police members are White Ribbon Ambassadors. In 2011 a partnership was formed with the Rotary Club of Victoria to extend awareness and engagement in community activities associated with White Ribbon Day. Further work to be done Victoria Police will continue to engage proactively with the Bravehearts program which aims to promote the prevention of child sexual abuse and advocate the need to protect children at risk.

Coroners Court Reference Number	20095426_20095427
Summary of Circumstances	Intimate partner homicide of a 52 year old woman by her 54 year old male partner who subsequently died by suicide. The incident occurred in context of relationship breakdown and pending separation. The victim had recently expressed an interest in another male party. Offender had consumed alcohol on the evening of the fatal event.
Risk factors and service contacts	**Person Factors** Male offender had a history of family violence in a former and current intimate relationship; was experiencing financial difficulties; and appeared to have become depressed following the breakdown of the relationship. The offender was described as jealous, suspicious and had commenced stalking the victim. He made threats to harm the victim and threats of self-harm in the period preceding the fatal event. **Incident Factors** Separation, threats, stalking behaviour. **Service Contacts** No relevant service contacts.
Comments	The coroner noted that a number of people close to the victim encouraged her to seek assistance from police in respect to her exposure to family violence. However, the victim had been reluctant to do this, despite signs of escalating violence. No other party sought advice or assistance on her behalf.

Coroners Court Reference Number	20101220_20101224
Summary of Circumstances	Homicide-suicide incident involving a female aged 61 years who was killed by her husband, age 64 years.
Risk factors and service contacts	**Incident Factors:** Absence of an identified past history of family violence; no evidence of pending separation; and no reports of substance abuse or a major mental health condition on the part of the offender. Couple experiencing financial difficulties and possible bankruptcy.
Comments Recommendations	None made.

Coroners Court Reference Number	20101345_20101348
Summary of Circumstances	Homicide-suicide incident involving a 36 year old father and his three children (aged 7, 9 and 12 years). The deceased male had been questioned by police in connection to allegations of sexual assault against his former female intimate partner proximate to the fatal event.
Risk factors and service contacts	**Person Factors:** Alleged history of family violence and sexual assault perpetrated by the father against in female intimate partners; father made prior suicide attempt in the context of a relationship breakdown; breached intervention order. **Incident Factors:** Access to firearms; subject of police investigation in connect to alleged sexual assault. **Service Contacts:** Victoria police, SOCAU; Magistrates Court; CASA.
Recommendations	**Recommendation 1** That the Chief Commissioner of Victoria Police review the availability and accessibility of all relevant investigative databases held by Victoria Police to ensure that investigating members are assisted and supported to obtain all information potentially relevant to an investigation in a timely way. **Recommendation 2** That the Chief Commissioner of Victoria Police reinforce the need for members receiving complaints about family violence and sexual assault to make specific inquiries with complainants in connection to any information they may hold about alleged perpetrators have access to, or being in possession of, firearms and other weapons.
Responses to Recommendations	**Victoria Police (summarised**) The Chief Commissioner of Police is committed to continuing the strong focus on reducing and preventing family violence and improving the response to family violence. Under the Enhanced Service Delivery Model 2011-14, members will have adequate training enabling them to respond effectively and efficiently to family violence incidents. Victoria Police are continuing to revise the investigative guidelines outlined in *The Code of Practice for the Investigation of Family Violence* and *Victoria Police Manual Guidelines.* **Recommendation 1** Current accessibility limitations to Victoria Police databases (including LEAP and Interpose) are necessary to safeguard and limit access to information as required by the various investigative functions performed across the organisation. However, Victoria Police will consider reviewing the availability and accessibility of all relevant databases held by Victoria Police. **Recommendation 2** The second edition of the Code of Practice for the Investigation of Family Violence contains instructions regarding the need to investigate the respondent's possession of or access to firearms when attending family violence incidents. In November 2011, Victoria Police launched the Enhanced Family Violence Service Delivery Model 2011-14. Under the model, Victoria Police is conducting a review of family violence training across all levels of the organisation. The review focus on the members response to and investigation of family violence incidents and canvasses currently guidelines on weapon checks.

Coroners Court Reference Number	20103649_20103650
Summary of Circumstances	Suicide of adult female, aged 47 years, and death of her 15 year old daughter in unascertained circumstances.
Risk factors and service contacts	**Person Factors:** CALD background; adult female had history of mental health difficulties and expressed suicidal ideation after separation from her husband. **Incident Factors:** Separation; changes to financial arrangements. **Service Contacts:** Two general practitioners; private solicitor.
Comments	The coroner noted that relationship breakdown, separation and divorce are significant life events that can be deeply troubling. Changes to accustomed living patterns, social status and concerns associated with the financial and material implications arising from this transition are among the factors requiring adjustment. It was noted that it is important for health care professionals to keep the significance of this event in mind and be vigilant to the signs of patients having difficult adjusting. This is particularly relevant for patients with CALD backgrounds who may encounter additional challenges in openly discussing personal concern and engaging with external agencies and service providers to resolve these issues. Copy of the finding sent to the Royal Australian College of General Practitioners; The Victoria Multicultural Commission.

CORONERS COURT OF VICTORIA

Level 11, 222 Exhibition Street, Melbourne 3000 Ph: 1800 309 519 www.coronerscourt.vic.gov.au

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