**2026**

**THE LEGISLATIVE ASSEMBLY FOR THE**

**AUSTRALIAN CAPITAL TERRITORY**

**ELEVENTH ASSEMBLY**

# ACT Domestic and Family Violence Review - Biennial Report 2025

**Presented by**
**Dr Marisa Paterson MLA**
**Minister for the Prevention of Domestic, Family and Sexual Violence**
**February 2026**

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# ACT Domestic and Family Violence Review

## Biennial Report 2025

ACT Government

Produced by the Domestic and Family Violence Review Coordinator. Enquiries about this publication should be directed to the Health and Community Services Directorate.

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# Acknowledgement of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

# Honouring the victims

We acknowledge the suffering endured by the victims of domestic and family violence and profound grief of those left behind including the children, families and friends. Behind each figure in this report is a person whose life was tragically cut short. Every life lost is a powerful reminder of the need for change. In honouring the victims, we commit to learning from the past to prevent future loss of life. We pay tribute to the strength and resilience of all those impacted by domestic and family violence.

# Terminology

There are a range of terms used to refer to people who have experienced domestic and family violence. Throughout this report, the term 'victims' is used to refer to those who have experienced domestic and family violence and died in acknowledgement of not having survived the violence and its impacts. For the purposes of this review, perpetrators and victims of domestic and family violence have been differentiated, however every person who has died is acknowledged as having experienced a profound loss of life. These deaths have a deep and lasting impact on loved ones who grieve their loss.

# Content disclaimer

This report does not contain case studies, analysis or any identifiable information on fatalities that are currently subject to open criminal or coronial proceedings. Limited information was received on open cases for this report and the defences and evidence filed on behalf of ACT Policing in these proceedings have not been provided. Therefore, any commentary or data in this report is to have no bearing on any open matters, as these proceedings may come to different assessments on matters, informed by additional evidence. For the purposes of this review and in line with strict privacy requirements, any identifiable information pertaining to victims and perpetrators has been removed or de-identified.

# Acknowledgement of contributors

We extend our deep gratitude and thanks to the agencies, organisations and individuals whose contributions made this review possible. We acknowledge and appreciate the cooperation of all who provided the information required to inform this review. We also extend our thanks to Dr Kate Fitz-Gibbon and Dr Hayley Boxall, who contributed their expertise as Independent Advisors and supported the development of themes in this report.

# Content warning and support

This report contains information that may be distressing to readers. It includes information about accounts of violence, suicide, self-harm and child harm. If you or someone you know is experiencing domestic and family violence, there are a range of services that can assist in providing safety and support.

**In an emergency always call Triple Zero (000)**

## 24/7 HOTLINES

**1800 RESPECT**
Who: Anyone impacted by domestic, family, or sexual violence
Ph: 1800 737 732
W: 1800respect.org.au

**Full Stop Australia**
Who: Anyone impacted by domestic, family, or sexual violence
Ph: 1800 385 578 (1800 FULL STOP)
W: fullstop.org.au

**Lifeline**
Who: Anyone feeling suicidal, overwhelmed, having difficulty coping or staying safe
Ph: 13 11 14
W: lifeline.org.au

**13YARN**
Who: Anyone who identifies as Aboriginal and/or Torres Strait islander, who are in crisis, overwhelmed, or are having difficulty coping
Ph: 13 92 76
W: 13yarn.org.au

**Kids Helpline**
Who: Anyone aged 5-25 years old
Ph: 1800 55 1800
W: kidshelpline.com.au

**MensLine Australia**
Who: Men with concerns about mental health, relationships, anger management, family violence (using and experiencing), stress and suicidal thoughts
Ph: 1300 789 978
W: mensline.org.au

## LOCAL SUPPORT SERVICES

**Domestic Violence Crisis Service (DVCS)**
Who: Anyone living in the ACT region affected by domestic and family violence
When: 24 hours, 7 days a week
Ph: (02) 6280 0900
W: dvcs.org.au

**Victim Support ACT (VSACT)**
Who: Anyone who is a victim of crime committed in the ACT
When: 9am-5pm, Monday to Friday
Ph: 1800 822 272 or (02) 6205 2222
W: victimsupport.act.gov.au

**Canberra Rape Crisis Centre (CRCC)**
Who: Anyone impacted by sexual violence
When: 7am-11pm, 7 days a week
Ph: (02) 6247 2525
W: crcc.org.au

**Multicultural Hub Canberra (mHub)**
Who: Anyone with a multicultural background
When: 9am-5pm, Monday to Friday
Ph: (02) 6100 4611
W: mhub.org.au

**Access Mental Health Line**
Who: Anyone who has concerns about their own or someone else's mental health
When: 24 hours, 7 days a week
Ph: 1800 629 354

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# Abbreviations

| | |
|---|---|
| **ANROWS** | Australia's National Research Organisations for Women's Safety |
| **DFSVO** | Domestic, Family and Sexual Violence Office (ACT) |
| **DFV** | Domestic and family violence |
| **DVA Act** | *Domestic Violence Agencies Act 1986* (ACT) |
| **FVO** | Family Violence Order |
| **FVSAP** | Family Violence Safety Action Program |
| **NCIS** | National Coronial Information System |
| **NRAPs** | ANROWS National Risk Assessment Principles for domestic and family violence |
| **PPO** | Personal Protection Order |
| **RAMF** | Risk Assessment Management Framework |

# Letter of Transmittal

Dr Marisa Paterson MLA
Minister for the Prevention of Family, Domestic and Sexual Violence
ACT Legislative Assembly
Canberra ACT 2601

Dear Minister Paterson,

**Delivery of the second biennial report of the ACT Domestic and Family Violence Review**

I am pleased to present to you the second biennial report of the ACT Domestic and Family Violence Review 2025 (the Review). I note this version replaces a previous version provided on 31 October 2025.

The role of the Domestic and Family Violence Review Coordinator is to undertake research on domestic and family violence incidents in the ACT. For the purposes of this Review, a domestic and family violence incident refers to an incident resulting in the death of a person. This work aims to identify opportunities to improve measures to prevent and respond to domestic and family violence and to increase recognition of the impact of domestic and family violence on our community.

The Review provides a detailed analysis of self-inflicted fatalities, including deaths by suicide and unintentional deaths between 2020 and 2024. Detailed analysis of homicides was not possible during this period due to ongoing open criminal or coronial proceedings in 10 of the 11 homicide deaths. The Review also provides a snapshot of all incidents on the domestic and family violence Register from 2000 to 2024.

The inaugural ACT Domestic and Family Violence Review 2023 examined domestic and family violence fatalities from 2000 to 2022 resulting in 12 key recommendations aimed at strengthening prevention efforts. This report outlines progress against those recommendations.

The Review seeks to respectfully acknowledge the experiences of victims by presenting de-identified, high-level information that accurately reflects real-life incidents and circumstances. The information is critical for identifying patterns and informing improvements across systems and services to prevent and respond to domestic and family violence.

I extend my sincere thanks to the agencies and individuals who have shared information and insights to support the preparation of this report. Their collaboration and partnership have been instrumental in advancing the Review.

Finally, I extend my heartfelt condolences to the families, friends, and communities affected by the deaths documented in this report. Each life lost represents a profound tragedy - a person with a unique story whose absence leaves an enduring void. We acknowledge the immense suffering endured by victims and pay special respect to their children, who have faced unimaginable hardship. This report stands as a solemn reminder of the devastating impact of domestic and family violence and the need for vigilance, compassion and systemic reform. In honouring the memories of those lost, our commitment to examining systemic issues and driving meaningful change remains unwavering.

Yours sincerely

**Anne Maree Sabellico**
**Acting Domestic and Family Violence Review Coordinator**
24 December 2025

# Executive Summary

The second biennial ACT Domestic and Family Violence Review (the Review) report presents data on domestic and family violence related fatalities in the ACT. Detailed analysis for this Review focuses on non-homicide deaths occurring between 2020 and 2024.

The Domestic and Family Violence Review was established under the *Domestic Violence Agencies Act 1986* in 2021. The Domestic and Family Violence Review Coordinator maintains a register of domestic and family violence deaths and undertakes a biennial review of the circumstances and context of domestic and family violence deaths. A report is provided to the Minister of Domestic, Family and Sexual Violence every two years.

The first Review in 2023 reported on all deaths occurring from 2000 to 2022 and analysed 12 homicide deaths during that period. This second Review analyses non-homicide deaths in the period starting in 2020 and ending in 2024. Analysis of homicide deaths was not possible in this review as most were the subject of ongoing criminal or coronial proceedings.

Non-homicide deaths include suicide fatalities, accidental/unintentional fatalities such as accidental overdoses, fatalities where the intent is undetermined by the Coroner and deaths by legal intervention. This Review builds on the foundational work of the inaugural 2023 Review undertaken by the Domestic and Family Violence Review Coordinator examining patterns, risk factors and responses to domestic and family violence incidents to inform policy and reform across government and community sectors.

### Register 2000 – 2024

There are 168 fatal incidents that occurred in the context of domestic and family violence, including homicide and non-homicide deaths, recorded on the domestic and family violence Register from 2000 to 2024. There were 31 homicide incidents and 137 non-homicide incidents. Appendix A provides further information about incidents during that period.

### Register 2020 – 2024

There are 49 fatal incidents that occurred in the context of domestic and family violence, including homicide and non-homicide deaths, recorded on the domestic and family violence Register in 2020 to 2024. There were 11 homicide incidents and 38 non-homicide incidents. The Review analysed the 38 non-homicide deaths during that period. Analysis of homicide deaths was not possible due to ongoing criminal or coronial proceedings in 10 of the 11 homicide fatalities during this period.

There are several limitations to consider when interpreting the findings of this report. The ACT's small population and the biennial timeframe of the Review mean that only a small number of incidents were available for consideration. Ethical requirements to ensure data is sufficiently de-identified further restrict the level of detail that can be reported, particularly where numbers are fewer than 5.

As this is only the second Review undertaken by the Domestic and Family Violence Review Coordinator in the ACT, there are ongoing learnings to refine the methodology and ensure the most effective approach in this jurisdiction. This includes improving processes for gathering information across a diverse sector where organisations operate within unique and separate data systems.

These challenges, combined with legislative and system constraints, result in particularly limited information for Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, people with disability, and LGBTIQA+ populations.

# Key Findings 2020-2024

**Domestic and family violence was highly gendered among the 38 non-homicide deaths.** Most non-homicide perpetrators who died were male (24 out of 25) and most non-homicide victims who died were female (11 out of 13). Further, all the male perpetrators targeted female victims, and all the female victims were harmed by male perpetrators.

**Domestic and family violence non-homicide deaths outnumbered domestic and family violence homicide deaths in the ACT between 2020 and 2024.** There were 38 non-homicide deaths compared to 11 homicide deaths during that period.

**Most of the non-homicide victims experienced intimate partner violence.** Of the 13 victims, 11 experienced intimate partner violence.

**Many of the non-homicide victims were from culturally and linguistically diverse backgrounds.** Among victims, 6 out of 13 were from culturally and linguistically diverse backgrounds.

**Children were significantly impacted by domestic and family violence.** Of the 38 non-homicide fatalities analysed, there was evidence of 67 children experiencing domestic and family violence.

**Mental health conditions were prevalent among non-homicide victims.** Among victims, 10 out of 13 had reported experiencing a mental health condition.

**Adverse childhood experiences were common among non-homicide victims.** Among victims, 10 out of 13 had documented histories of childhood trauma.

**Victims experienced greater economic hardship and housing instability compared to perpetrators.** Among victims, 62% were unemployed, 54% experienced homelessness or housing instability and 46% had documented financial stressors. In comparison, among perpetrators, 36% were unemployed, 20% experienced homelessness or housing instability and 44% had financial stressors.

**Victims were frequently misidentified as the predominant aggressor by systems.** Of the 13 victims, 8 were misidentified by police or other statutory services during their lifetime.

**Many victims experienced violence from more than one perpetrator.** Of the 13 victims, 7 had experienced violence from 3 or more intimate partners.

**Coercive control was a prominent feature of perpetration of domestic and family violence.** Almost all perpetrators used coercive control (24 out of 25) and almost all of the victims experienced coercive control (12 of 13).

**Factors and behaviours known to indicate high risk of homicide were commonly present among perpetrators who died by non-homicide means.** High risk violent behaviours used by perpetrators included coercive control (92%), emotional violence (96%), physical threats or assault (68%), and threats to kill (48%). Notably, 8 out of 25 perpetrators died by suicide in the context of separation from a partner.

**Problematic substance use was prevalent among perpetrators.** Among perpetrators who died, 24 out of 25 had a history of problematic substance use.

**Mental health conditions were common among perpetrators.** Among perpetrators, 19 out of 25 had reported experiencing a mental health condition.

**Adverse childhood experiences were common among perpetrators.** Among perpetrators, 16 out of 25 had documented histories of childhood trauma.

# Summary of Themes

## Theme 1: Victims are misidentified as perpetrators and perceived as 'problematic'

Victims of domestic and family violence were frequently misidentified as the predominant aggressor, especially when systems responded to isolated incidents without understanding broader patterns of violence. This misidentification contributed to serious consequences, including criminal charges, child removal, and incarceration. The Review found more than half of the victims had been misidentified as the predominant aggressor at some time prior to their deaths. Factors such as trauma responses, self-defensive acts by victims, and system manipulation by perpetrators contribute to this issue. Addressing this challenge requires a nuanced understanding of domestic and family violence, including recognising that victims may use violence at times, including in the context of self-protection or survival. Trauma-informed approaches that embed the lived experiences of victims and are rooted in an understanding of the impacts and patterns of coercive control will reduce misidentification and improve responses for victims.

## Theme 2: Children are victims in their own right

There is evidence of significant domestic, family, and sexual violence perpetrated against children and young people. While the experiences of some children were invisible in the data, there was evidence that some children and young people experienced significant violence, including physical and sexual violence and, in some cases, had discovered the body of the deceased, often a parent. The Review identified 67 children affected by the deaths of victims and perpetrators. Addressing the experiences of children requires a child-centred, trauma-informed approach which recognises children as victims in their own right and prioritises their safety, healing, and their relationship with their non-violent parent. This must be embedded into risk assessment and management practices, information sharing protocols and system responses.

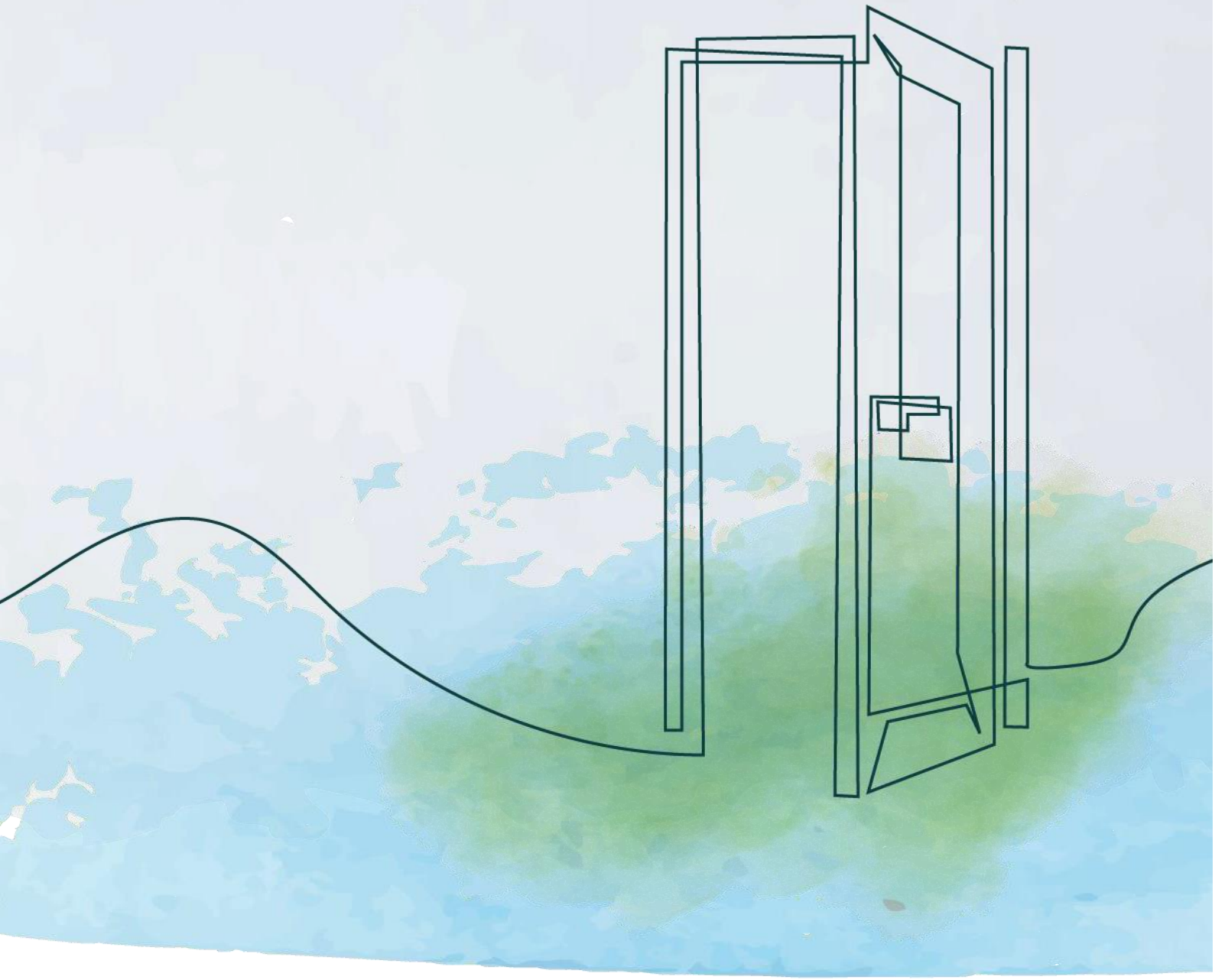
## Theme 3: Victims face violence from multiple perpetrators, while offenders target multiple victims

Domestic and family violence often involves repeated harm, with victims experiencing violence from multiple perpetrators over time and perpetrators targeting several victims. The Review revealed that most victims had suffered violence from more than one intimate partner, and some concurrently from family members. Similarly, many perpetrators had harmed multiple individuals, including partners, children, and siblings. These patterns highlight the need for systems to recognise serial offending and intervene in a way that prevents re-victimisation. A coordinated, trauma-informed response is essential to disrupt cycles of violence, enhance protective measures, and hold repeat offenders accountable.

## Theme 4: Perpetrators who die by suicide exhibit similar risk factors to perpetrators who commit homicide

The Review found many perpetrators who died by self-inflicted means displayed lethality risk factors identified in the ANROWS National Risk Assessment Principles (NRAPs), including partner sexual violence, coercive control, non-fatal strangulation, stalking and threats to kill. Notably, 8 of the 25 suicide cases occurred during or shortly after separation, an established period of heightened risk for intimate partner violence. In several cases, suicide appeared to be used to punish victims or to avoid accountability. The Review also found that approximately one third of perpetrators who died had histories of violence outside of the context of domestic and family violence, a factor not currently captured in NRAPs. These findings highlight the need for integrated risk assessment approaches to keep victims safe and to provide interventions to perpetrators using violence.

# Domestic and Family Violence Review



# Introduction

## Why review domestic and family violence related fatalities

In 2024, the Australian Government declared violence against women a national crisis, elevating it to a priority of National Cabinet. In 2023-24, Australia recorded an increase in intimate partner homicides. On average, one woman was killed every 8 days and one man every 41 days by an intimate partner.[1] This period marked a significant annual increase in intimate partner homicides from the year before increasing from 38 victims in 2022-23 to 55 victims in 2023-24.[2] Evidence indicates domestic and family violence related homicides rarely occur without warning. In many situations, there are identifiable risk factors and repeated episodes of violence preceding the fatal incident.

There is also evidence of a strong link between experiences of domestic and family violence and suicide. The Coroners Court of Victoria conducted an analysis of suicide deaths recorded between 2009 and 2016 and found in 24.5% of fatalities, the deceased had experienced family violence. This was more pronounced among females (28.2%) compared to males (23.2%).[3]

The ACT Domestic and Family Violence Review (the Review) was established in 2021 through an amendment to the *Domestic Violence Agencies Act 1986* (DVA Act). The Review plays an important role in building an understanding of domestic and family violence related fatalities in the ACT, including homicides and suicides. The Domestic and Family Violence Review Coordinator undertakes several functions including maintaining a Domestic and Family Violence Register (the Register) of domestic and family violence incidents which have resulted in death of a person, identifying preventative measures, improving understanding of the context and impacts of violence, and advising government and non-government sectors on strategies to reduce its occurrence.

The second biennial Review report includes focused analysis of non-homicide deaths, specifically suicides, self-inflicted unintentional deaths and those with undetermined intent, occurring between 2020 and 2024. Due to ongoing criminal or coronial proceedings in 10 of the 11 homicide fatalities during this period, in-depth analysis of homicide deaths was not possible for this Review. Information on all recorded incidents of domestic and family violence deaths between 2000 and 2024 on the Register is presented in Appendix A.

Establishment of the Domestic and Family Violence Review Coordinator and the requirement for biennial reporting to the Minister on domestic and family violence incidents brings the ACT in line with other states and territories in Australia, the majority of whom have similar established functions. The ACT is a member of the Australian Domestic and Family Violence Death Review Network (the Network) established in 2011 to identify, collect, analyse and report data on domestic and family violence related deaths across Australia. ACT data and findings from this Review will contribute to the work of the Network.

# Domestic and family violence

Domestic and family violence is a term used to describe a range of behaviours that a person uses to cause harm to another person with whom they share, or have shared, an intimate or family relationship. Domestic and family violence is commonly underpinned by coercive control, where a perpetrator exerts power and dominance over a victim using patterns of abusive behaviours over time that create fear and deny liberty and autonomy.[4]

The ACT's *Family Violence Act 2016* uses the term family violence to encompass violence occurring between intimate partners, as well as between family members, kinship and other close familial relationships.

Domestic and family violence can include a range of violent behaviours, including[5]:

- coercive control or controlling behaviour
- physical violence
- sexual violence
- image-based abuse
- emotional or psychological abuse
- verbal abuse
- social abuse
- spiritual, religious or cultural abuse
- elder abuse
- lateral violence
- legal abuse
- financial abuse
- technology-facilitated abuse
- stalking and harassment, and
- reproductive abuse.

Women and gender-diverse people experience domestic and family violence at disproportionate rates. The vast majority of this violence is perpetrated by men and most often this violence occurs in the context of current or former intimate partner relationships.[6] Intimate partner violence is in the top 5 risk factors for total disease burden for females aged 15-54 years old.[7] Gender inequality is understood as underpinning the drivers of domestic and family violence perpetrated by men against women.[8]

In addition, for many women gender inequality intersects with other systemic and structural forms of social injustice, discrimination and oppression such as ableism, racism and homophobia, to create additional drivers of domestic and family violence. Recognising intersectionality assists in understanding the causes of domestic and family violence and acknowledges that while gender inequality is a necessary condition for violence against women, it is not the only or even the most prominent factor in every context.[9]

# ACT context

Interpreting domestic and family violence information in the Australian Capital Territory (ACT) requires consideration of the Territory's unique demographic, geographic, and social characteristics. With a relatively small but steadily growing population of approximately 483,800 as of March 2025[10], the ACT's compact geography and location entirely within New South Wales present cross-jurisdictional challenges in service coordination and legal processes.

The ACT's population is younger than the national average, with a median age of 35 years compared to a national median age of 38 years, and includes a high proportion of students, professionals, and public servants. As the seat of the Australian Government, the ACT has a disproportionately large public service workforce, which may influence patterns of reporting, workplace responses, and access to support services. The Territory also reports higher levels of education, income, and employment, which can impact the visibility of domestic and family violence. Nearly 29% of residents were born overseas, adding cultural and linguistic diversity that affects experiences of violence and help-seeking behaviours.[11]

Additionally, the National Community Attitudes towards Violence against Women Survey shows the ACT has significantly higher rejection of domestic violence and sexual violence compared to the rest of Australia. However, there remains significant room for improvement with only approximately half of those surveyed in the ACT demonstrating advanced rejection of gender inequality, violence against women, domestic violence and sexual violence.[12] Continued efforts are needed to strengthen prevention, early intervention, response and recovery systems across the Territory.

The analysis period also coincided with the COVID-19 pandemic, which impacted reported rates and experiences of domestic and family violence. Restrictions, isolation, and economic stress increased risks for victim-survivors and increased risk of first-time violence within previously safe relationships.[13]

# Methodology

The Domestic Violence Review Coordinator maintains a Register of all fatalities, both homicides and non-homicides, that occur in the context of domestic and family violence in the ACT or involve individuals who were ACT residents at the time of the incident. Fatalities are identified through multiple sources, including the National Coronial Information System (NCIS) and media monitoring. Once a fatality is identified, it is cross-checked against other information collected such as police reports, coronial findings, and service provider records to determine whether it meets the criteria for inclusion in the Register.

## Homicides

Homicides are included on the Register where:

- a person is killed by a current or former intimate partner in the context of domestic and family violence (intimate partner homicide)
- a parent kills a child under the age of 18 years of age in the context of domestic and family violence (filicide)
- a person is killed by a non-intimate relative or kin in the context of domestic and family violence (family violence)
- there is no intimate or familial relationship between the homicide offender and the deceased, but the homicide occurred in the context of domestic and family violence, for example a bystander is killed intervening in an episode of domestic violence (Other homicide).

## Non-homicides

Non-homicides are included on the Register where there was evidence a person had been a victim of domestic and family violence within 24 months of their death, or had perpetrated domestic and family violence within 24 months of their death and:

- a person's death is self-inflicted and intentional (suicide)
- a person's death was self-inflicted and unintentional
- a person's death was self-inflicted and the intent was undetermined
- a person's death was due to injuries inflicted by police or other law enforcement agents, in the course of their duties and in the context of a domestic and family violence episode and that person was the predominant aggressor (death by legal intervention)
- a person's death was notified as being self-inflicted but remained open at the time writing.

This Review focused its analysis on non-homicide fatalities occurring between 2020 to 2024. A mixed-methods approach was adopted integrating quantitative data analysis with qualitative thematic analysis to examine this subset of non-homicide fatalities. The analysis was conducted in two stages. The first involved a preliminary quantitative analysis of incident frequencies and characteristics. The second stage comprised a detailed qualitative examination of individual deaths and cross-death comparisons. This facilitated the identification of recurring themes and patterns

within and across incidents and contributed to a deeper understanding of system issues and contextual factors.

People who died in the context of domestic and family violence were initially identified via NCIS. Information received from this source was cross-referenced with information provided by the ACT domestic and family violence sector to create a reliable picture of the deceased persons circumstances, history and their patterns of perpetration and victimisation.

From this cross-referencing approach, deceased people who had a demonstrated pattern of family violence perpetration against an intimate partner and/or a family member were identified as *perpetrators* of domestic and family violence. Deceased people who had a demonstrated pattern of family violence victimisation from an intimate partner and/or family member were identified as *victims* of domestic and family violence.

The cross-referencing of information from a range of sources meant that even in circumstances where misidentification was present, such as when victims had been accused of perpetration, victims and perpetrators could be differentiated based on patterns of behaviour over time.

Analysis of homicide fatalities from 2020 to 2024 has not been included as most continue to be subject to open criminal or coronial proceedings.

# Limitations

## Collection and analysis

While this Review provides valuable insights into domestic and family violence related deaths in the ACT, several limitations must be acknowledged when interpreting its findings.

A significant constraint is the small number of deaths available for analysis, which restricts the ability to identify consistent trends or patterns. Most homicide fatalities during the reporting period remain subject to ongoing criminal or coronial proceedings which prevents detailed examination. Of the 11 homicides identified only one was eligible for in-depth review. Therefore, it was not possible to do in-depth analysis of homicides for this Review. The ACT's relatively small population also limits the ability to describe the findings from some aspects of the analysis. With fewer fatalities overall and restrictions on reporting on information where counts are 5 or fewer due to privacy concerns, the ability to identify emerging trends and patterns is further limited.

Information gaps attributed to several factors further exacerbate the limitations. As this is only the second Review undertaken by the Domestic and Family Violence Review Coordinator in the ACT, there are ongoing learnings to refine the methodology and ensure the most effective approach for this jurisdiction. This includes improving processes for gathering information across a diverse sector where organisations operate within unique and separate data systems.

Often, the full extent of domestic and family violence may not have been disclosed by the victim or observed by others. Some of the information on case files or records is incomplete, inconsistent, missing or does not capture the full context and detail for each death. Additionally, the ACT's geographic location—surrounded by New South Wales—creates a fluid border, yet information from

NSW and other jurisdictions was not available for this Review. These challenges were compounded by the complexities of information sharing under multiple legislative frameworks in the ACT, including the *Domestic Violence Agencies Act 1986, Health Records (Privacy and Access) Act 1997*, *Coroners Act 1997 and the Information Privacy Act 2014*. Access to health information, for example, is limited and remains a significant gap for the Review. Additionally, many community organisations, particularly those outside the specialist domestic, family, and sexual violence sector, were not asked to contribute information. As a result, the full picture of service provision and engagement is likely incomplete.

The Review also found notable gaps in information relating to specific population groups including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, people with disability and those from LGBTIQA+ communities. These are described in more detail below.

# Aboriginal and Torres Strait Islander people

Research indicates Aboriginal and Torres Strait Islander people are significantly more likely than non-Indigenous people to experience domestic and family violence. A 2024 report noted Aboriginal and Torres Strait Islander women are up to 7 times more likely to be homicide victims compared to all women, with almost 3 quarters of victims killed by their current or former intimate partner.[14] Figures for 2023-24 show Aboriginal and Torres Strait Islander women are 27 times more likely to be hospitalised for family violence than non-Indigenous women.[15]

The information reviewed for this report, however, contained minimal recorded information on the Aboriginal and Torres Strait Islander status of victims or perpetrators. The reliability of administrative information in identifying Aboriginal and Torres Strait Islander status is affected by structural issues, such as concerns regarding data sovereignty, past policies and practices, cultural bias, and cultural safety. Aboriginal and Torres Strait Islander people may also be reluctant to self-identify when reporting domestic and family violence for many reasons, such as privacy concerns, and fear of being treated differently because of unconscious bias or racism due to their Indigeneity.[16]

These issues contribute to gaps in the information and limitations in the ability to accurately describe the experiences of Aboriginal and Torres Strait Islander peoples in the context of domestic and family violence. This Review is unable to draw conclusions about the experiences of Aboriginal and Torres Strait Islander people in relation to domestic and family violence fatalities during the reporting period, despite national evidence indicating Aboriginal and Torres Strait Islander people experience disproportionately high rates of violence.

# Cultural and linguistic diversity

There is considerable variation in how culturally and linguistically diverse status is collected and reported across information sources.[17] Cultural stigma, fear of authorities, language barriers, and visa-related vulnerabilities can prevent individuals from culturally and linguistically diverse backgrounds from reporting violence or accessing support services. These factors contribute to underreporting and incomplete information, particularly in matters involving temporary visa holders, refugees, or individuals with limited English proficiency.

People from multicultural backgrounds represent a wide range of cultural, linguistic, religious and migration experiences. As a result, information and data analysis does not fully capture the varied and nuanced experiences of individuals within these communities, making it difficult to identify consistent patterns or risk factors.

## People with disability

People with disability are more likely to experience domestic, family and sexual violence than people without disability.[18] They may also experience distinct types of violence across a wider range of settings and from a greater range of people. Despite this, there is limited and fragmented information collection around domestic, family and sexual violence among people with disability.[19]

The information reviewed for this report included details which suggested a person may have a disability but did not contain any direct reports of individuals identifying as having a disability. Disability status is often poorly captured in administrative and service-level information. Many services do not consistently ask about or record disability and definitions vary across systems. Also, some individuals may choose not to disclose a disability due to fear of stigma, while others may not recognise or identify as having a disability.[20] It is likely disability is underreported among the deaths reviewed for this report. The Review is unable to draw conclusions about the experiences of people with disability in relation to domestic and family violence fatalities during the reporting period, despite national evidence indicating people with disability experience disproportionately high rates of violence.

## LGBTIQA+ people

LGBTIQA+ people experience all forms of violence that affect cisgender women and children. In addition, LGBTIQA+ victim-survivors also experience unique forms of violence sometimes referred to as identity-based abuse.[21] Research indicates a high proportion of LGBTIQA+ people experience intimate partner and/or family violence in their lifetime.[22] The La Trobe University 2019 Private Lives 3 survey found 1 in 2 respondents had experienced sexual assault and 3 in 5 had experienced violence from an intimate partner. Further, 8 in 10 respondents with severe disability had experienced family violence, in a stark example of the intersectional nature of domestic and family violence.

The information reviewed for this report did not include any information indicating a person identified as LGBTIQA+. This may reflect limitations in how data on gender, sexual orientation and innate variation of sex characteristics is collected and documented. Where data is collected, it often does not fully describe the complexities and diversity among LGBTIQA+ people.[23] This Review is unable to draw conclusions about the experiences of LGBTIQA+ individuals in relation to domestic and family violence fatalities during the reporting period, despite national evidence indicating disproportionately high rates of violence experienced by LGBTIQA+.

# Analysis of incidents occurring in 2020-2024

# Analysis of incidents

## Homicide Deaths Overview

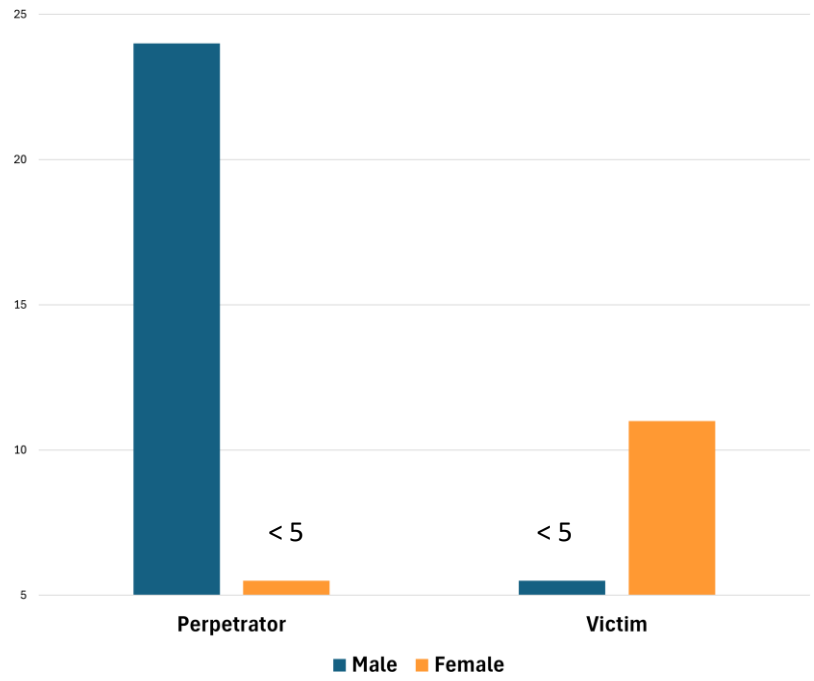
The Review found between 2020 and 2024 there were 11 homicides or alleged homicides which occurred in the context of domestic and family violence. Of the 11 homicides, 10 are still subject to open criminal or coronial proceedings. Detailed analysis of homicide deaths has therefore not been able to be undertaken for this report and will be considered in future reports.

## Non-homicide Deaths Overview

During the period 1 January 2020 to 31 December 2024, there were 38 non-homicide deaths identified as occurring in the context of domestic and family violence. Of the 38 deaths, 13 involved the death of a victim of domestic and family violence and 25 involved the death of a perpetrator of domestic and family violence.

The most common form of domestic and family violence identified in the Review was intimate partner violence. Of the 38 individuals who died in the context of domestic and family violence, 24 were males who had perpetrated intimate partner violence, 11 were females who were victims of intimate partner violence (Figure 1).

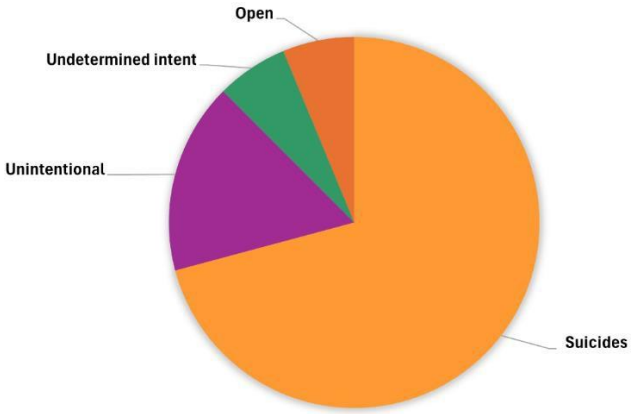
**Figure 1.** Non-homicide fatalities by sex* of deceased




* NCIS data primarily informs this figure. NCIS defines the Sex data field as: *'the physical or biological characteristics of a person at the time of death. This includes reproductive organs, hormones and chromosomes. In a small number of cases, the variable in this field may represent a person's gender if a coroner has referred to a deceased by their gender rather than their sex in a coronial finding'*. Gender is not a consistently collected variable within coronial courts around Australia or New Zealand. There is consequently no data field in the NCIS that consistently represents the gender of each deceased person.

The non-homicide fatalities included suicide, unintentional deaths and deaths where the intent was unclear. Some fatalities remained open with the ACT Coroner. The majority of the non-homicide deaths recorded on the Register for the period 2020 to 2024 are attributed to a victim of domestic and family violence or perpetrator of domestic and family violence dying by suicide (29 out of 38 deaths) (Figure 2).

**Figure 2.** All non-homicide fatalities occurring in the context of domestic and family violence by fatality type 2020-2024




# Non-homicide Deaths – Victims of Domestic and Family Violence

This section refers to victims of domestic and family violence who died in a non-homicide incident meaning their death was the result of a self-inflicted act which was intentional (suicide), unintentional or the intent was unable to be determined.

## Demographics

Of the 38 non-homicide incidents between 2020 and 2024, 13 deaths related to victims of domestic and family violence who had died in a non-homicide incident. The majority were female (11 out of 13) reflecting the gendered nature of domestic and family violence in Australia. Women are three times more likely than men to experience intimate partner violence.[24]

Victims ranged in age from 16 to 62 years, with a median age of 31 years.

**Table 1.** Age range of victims of domestic and family violence who died in a non-homicide incident

| Age Range | Number of Victims | % |
|---|---|---|
| 16-29 | 6 | 46 |
| 30+ | 7 | 54 |
| **TOTAL** | **13** | **100** |

Of the 13 victims:

- 6 were reported to have culturally and linguistically diverse backgrounds
- fewer than 5 were reported to be Aboriginal or Torres Strait Islander
- none were reported to be a person with disability
- none were reported as identifying as LGBTIQA+.

## Relationship status

Of the 13 victims of domestic and family violence who died in non-homicide incidents between 2020 and 2024, 6 were in a current relationship with the perpetrator, 3 had separated from the perpetrator within the 12 months prior to their death, 2 had been separated for more than 12 months, and 1 victim of family violence had recently separated from a partner who was not a perpetrator.

## Children

Included among the victims were young people under the age of 18 (<5) who died by non-homicide means and who had experienced domestic and family violence.

Just over half of the victims (8 out of 13) of domestic and family violence who died in non-homicide incidents had children under the age of 18. In total, the 8 victims had 22 children under the age of 18.

All 22 children lived in a home environment where violence was present. Of the 8 victims who had children, evidence of physical violence against the children by the perpetrator was found in 6 cases. Evidence of emotional and/or psychological violence towards the children by the perpetrator was found in 7 out of 8 cases. There was evidence of children experiencing neglect in 2 out of 8 cases.

## Characteristics of deaths

Of the 13 victims of domestic and family violence who died in non-homicide incidents, 8 deaths were deemed intentional self-inflicted acts (suicide), as determined by the ACT Coroner. Deaths deemed as unintentional were the next most common.

Most victims, (9 out of 13) died in a home environment. This included their own home, a friend's home or supported temporary accommodation. A small number of victims took their lives in a public place.

## Experiences of domestic and family violence

The 11 female victims all experienced intimate partner violence at some point in the 2 years prior to their death. The most reported forms of violence experienced by victims included emotional or psychological abuse, coercive control, verbal abuse, and physical threat or assault. These findings are consistent with national research, which shows emotional abuse is the most prevalent form of domestic violence experienced by women in cohabiting relationships.[25]

**Table 2.** Experiences of domestic and family violence for victims who died by self-inflicted means

| Victims Experiences of DFV | Number of Victims | % |
|---|---|---|
| Emotional or psychological abuse | 12 | 92 |
| Coercive control* | 12 | 92 |
| Verbal abuse | 11 | 85 |
| Physical threat or assault* | 10 | 77 |
| Financial abuse | 7 | 54 |
| Threats to kill partner or children* | 7 | 54 |
| Stalking and harassment* | 5 | 38 |
| Perpetrator has access to or has used weapons* | 5 | 38 |
| Strangulation or choking* | 4 | 31 |
| Threatens suicide | 4 | 31 |
| Sexual violence* | 3 | 23 |
| Technology-facilitated abuse | 3 | 23 |
| Threat or harm to pets | 1 | 8 |
| Social abuse or isolation | 1 | 8 |
| Legal abuse | 1 | 8 |

**Indicates high risk of lethality as per ANROWs National Risk Assessment Principles for domestic and family violence*

## Victimisation

Many of the victims of domestic and family violence who died in non-homicide incidents had experienced violence perpetrated by multiple people in their lives prior to their death. Of the 13 victims:

- 8 had experienced violence from at least two intimate partners
- 7 had experienced violence from 3 or more intimate partners
- some experienced violence from multiple perpetrators concurrently, including family members who reinforced the violence of the predominant perpetrator.

At the time of death, of the 13 victims:

- 3 were listed as the protected person of a current Family Violence Order (FVO)
- 9 had previously been listed as the protected person on at least one FVO
- 2 had been listed as the protected person on an FVO on more than one occasion.

## Adverse childhood experiences

Of the 13 victims of domestic and family violence who died in non-homicide incidents, 10 had documented histories of adverse childhood experiences, though this is likely an underrepresentation due to limited information available for this Review. These experiences included exposure to conflict zones, experiences of domestic and family violence during childhood, neglect and bereavement.

Research from the Australian Child Maltreatment Study shows that child maltreatment significantly increases the risk of adult re-victimisation and mental health disorders. Emotional abuse and exposure to domestic violence in childhood are particularly linked to long-term psychological harm and vulnerability to future interpersonal violence.[26]

## Co-occurring stressors experienced by victims

Victims of domestic and family violence often face co-occurring stressors such as homelessness, financial insecurity, unemployment, family court matters, child protection matters and mental and physical health difficulties. Many of these stressors stem from the experiences of violence and its compounding impacts. These intersecting challenges can significantly elevate a person's vulnerability to psychological distress and suicidal ideation. It is important to recognise these stressors are not isolated risk factors but are frequently the downstream effects of experiences of violence and trauma. Domestic, family and sexual violence, including intimate partner violence, is recognised as a risk factor for suicide and self-harm in the *National Suicide Prevention Strategy 2025-2035* (the Strategy). The Strategy recognises that suicidal distress arises from the interaction of social determinants and individual factors which include interpersonal violence. It identifies addressing safety and security as a foundational requirement in suicide prevention.[27]

The victims of domestic and family violence who died in non-homicide incidents faced a variety of stressors in addition to, and because of their experiences of domestic and family violence.

Of the 13 victims:

- 6 had documented financial stressors
- 8 were unemployed at the time of death

- 7 were experiencing homelessness or housing instability
- 5 had pending family court matters
- 3 had long-term health conditions
- 2 had been recently incarcerated (1 was incarcerated within the 2 weeks period prior to their death and one within 12 months prior to their death).

Most victims had a reported mental health condition at the time of death (10 out of 13), including depression, anxiety, psychosis, post-traumatic stress disorder, schizophrenia, and bipolar disorder.

Substance use was also common. Many victims (9 out of 13) had a history of problematic drug and/or alcohol use, and most (12 out of 13) had consumed substances in the hours before death.

## Misidentification

Misidentification of victims as the predominant aggressor is a recognised issue in Australia's response to domestic and family violence. It occurs when a victim is incorrectly identified by police or other services (e.g., family law proceedings) as the predominant perpetrator of domestic and family violence.

Information available for the Review was analysed to identify patterns of domestic and family violence perpetration. Where there was a pattern of intimate partner and/or a family violence perpetrated by the deceased person they were identified as perpetrators and the predominant aggressor of domestic and family violence. Deceased people who had a demonstrated pattern of family violence victimisation from an intimate partner and/or family member were identified as victims of domestic and family violence.

The cross-referencing of information from a range of sources meant that in circumstances where misidentification was present, such as when victims had been accused of perpetration, victims and perpetrators could be differentiated based on patterns of behaviour over time. The Review found 8 out of 13 victims of domestic and family violence who died in non-homicide incidents were misidentified as predominant aggressors prior to their deaths, based on the information available. Of these, 2 were misidentified in the 3 months prior to death. The other 6 occurrences were a year or more prior to death. Examples of misidentification included:

- a victim was charged after a perpetrator broke into her home and attacked her
- a victim was identified as the predominant aggressor during a police-attended incident, despite a documented history of violence perpetrated by the other party.

Some of the victims (4 out of 13) had been the respondent of an FVO where there is evidence the applicant is the predominant aggressor. At least 1 victim, where there was clear evidence of intimate perpetrator violence perpetrated against them by the father of her children, was accused by authorities of manipulating systems by 'claiming' they were the victim of domestic and family violence to gain custody of their children.

## System response

Effective service system responses are critical in preventing suicide and keeping individuals affected by domestic and family violence safe. Research consistently shows that fragmented, siloed, or inappropriate service responses can increase the risk of harm, including suicide, particularly for those experiencing complex trauma or ongoing violence.

Victims of domestic and family violence often engage with multiple systems and services such as police, courts, health, housing, child protection and community-based services. When these systems fail to coordinate or respond appropriately, the consequences can be life-threatening. In the context of domestic and family violence, integrated service responses not only improve outcomes for victim-survivors but also reduce the risk of secondary victimisation caused by inappropriate or harmful interventions.[28]

The Black Dog Institute's systems approach to suicide prevention outlines nine evidence-based strategies that, when implemented together, significantly reduce suicide risk. These include aftercare following suicide attempts, crisis care, GP training, and culturally safe services for Aboriginal and Torres Strait Islander communities. The report emphasises that suicide prevention is most effective when services are integrated, trauma-informed, and responsive to the social determinants of health.[29]

For the purposes of this section, the term 'services' encompasses statutory bodies, community organisations and government agencies.

### Service system involvement

Most victims of domestic and family violence who died in a non-homicide incident had some level of service system involvement in the 12 months leading up to their death.

Of the 13 victims:

- 12 were involved with at least one service
- 6 were involved with 2–3 services
- 5 were involved with 4–7 services.

Of the 13 victims, 7 sought supports from one or more services related to the impacts of domestic and family violence in the 12 months prior to their death. This includes 3 of the 6 victims with culturally and linguistically diverse backgrounds.

At the time of death:

- 9 victims were involved with at least one service
- 3 victims were involved with 2–3 services
- 5 victims were involved with 4–7 services.

Comparing service involvement at 12 months prior to death and at the time of death shows:

- fewer victims of domestic and family violence who died in a non-homicide incident had service involvement at the time of death compared to 12 months earlier
- the total number of services involved decreased closer to death.

While this data highlights the extent of service involvement, it does not capture the nature, frequency, or intensity of that involvement. For example, it does not distinguish between victims receiving intensive support (e.g., regular counselling) and those who were known to services but not actively engaged.

### Police

Many victims of domestic and family violence who died in a non-homicide incident (9 out of 13) had police involvement within 12 months of their death. A small number had police involvement in the month prior to their death.

Type of police involvement varied and included welfare checks, attendance for domestic and family violence incidences, responding to mental health crises and involvement related to traffic offences.

**Table 3.** Engagement with police in the lead-up to the death of the victim of domestic and family violence

| Timeframe | Number of Victims | % |
|---|---|---|
| 12+ months | 9 | 69 |
| 12 months | 9 | 69 |
| 1 month | 3 | 23 |
| 1 week | 2 | 15 |

# Non-homicide Deaths – Perpetrators of Domestic and Family Violence

This section refers to perpetrators of domestic and family violence who died in a non-homicide incident meaning their death was the result of a self-inflicted act which was intentional (suicide), unintentional or the intent was unable to be determined.

## Demographics

Twenty-five perpetrators of domestic and family violence died in non-homicide incidents between 2020 and 2024. The majority were male (24 out of 25) which is consistent with the gendered nature of perpetration of domestic and family violence in Australia. Approximately 80% of domestic and family violence offenders charged by police in Australia are male.[30] It is likely this is an under-representation of the proportion of men who perpetrate domestic and family violence noting evidence suggests many women are misidentified by police as predominant aggressors of domestic and family violence.[31]

Perpetrators ranged in age from 20 to 62 years, with the median age being 41.

**Table 4.** Age range of perpetrators of domestic and family violence who died in a non-homicide incident

| Age Range | Number of Perpetrators | % |
|---|---|---|
| 18-29 | < 5 | < 20 |
| 30-39 | 8 | 32 |
| 40-49 | 10 | 40 |
| 50+ | < 5 | < 20 |
| **TOTAL** | **25** | **100** |

Of the 25 perpetrators of domestic and family violence who died in a non-homicide incident:

- 5 were reported to have culturally and linguistically diverse backgrounds
- none were reported to be Aboriginal or Torres Strait Islander
- none were reported to be a person with disability
- none were reported as identifying as LGBTIQA+.

These figures should be considered in the context of the Limitations outlined for this Review.

## Relationship status

Of the 25 perpetrators of domestic and family violence who died in a non-homicide incident, 8 deaths occurred in the context of a pending or recent separation from an intimate partner (within 3 months). These separations were typically initiated by the victim of domestic and family violence.

## Children

Most of the perpetrators of domestic and family violence who died in a non-homicide incident (21 out of 25) had children under the age of 18 years. In total, the 21 perpetrators had 45 children under the age of 18 years. Ten of the perpetrators had 3 or more children when considering both biological children and the children of their victims.

All 45 children lived in a home environment where violence was present. Of the 21 perpetrators who had children, there was evidence of physical violence against the children by the perpetrator in 8 cases. Emotional and/or psychological violence towards a child was found in 18 cases. There was evidence of children experiencing neglect in 6 out of 21 cases.

## Characteristics of deaths

Of the 25 perpetrators of domestic and family violence who died in a non-homicide incident, 21 deaths were deemed intentional self-inflicted acts (suicide) by the ACT Coroner. Deaths deemed as self-inflicted and unintentional were the next most common.

Many perpetrators who died in a non-homicide incident (18 out of 25) died in a home environment, some of those in their victim's house. Perpetrators of domestic and family violence who died were also most likely to die by violent self-inflicted acts. Other locations of deaths included public spaces such as parks or green spaces and workplaces.

## Domestic violence behaviours and histories of violence

Most of the perpetrators of domestic and family violence who died in a non-homicide incident had perpetrated intimate partner violence (23 out of 25). The remaining had perpetrated family violence.

The most reported forms of violence used by perpetrators included emotional and psychological abuse, coercive control, verbal abuse and threats of physical assault or actual physical assault. A significant number of perpetrator behaviours identified are known risk factors associated with a higher likelihood of violence reoccurring, serious injury, or death (lethality risk factors) in the context of intimate partner violence as identified in the ANROWS National Risk Assessment Principles for domestic and family violence (NRAPs).

**Table 5.** Domestic and family violence behaviours of perpetrators who died in a non-homicide incident

| Perpetrators DFV Behaviour | Number of Perpetrators | % |
|---|---|---|
| Emotional or psychological abuse | 24 | 96 |
| Coercive control* | 24 | 96 |
| Verbal abuse | 20 | 80 |
| Physical threat or assault* | 17 | 68 |
| Threatens suicide | 14 | 56 |
| Threats to kill partner or children* | 12 | 48 |
| Perpetrator has access to or has used weapons* | 10 | 40 |
| Sexual violence* | 10 | 40 |
| Technology-facilitated abuse | 10 | 40 |
| Stalking and harassment* | 6 | 24 |

| | | |
|---|---|---|
| Breach of orders* | 6 | 24 |
| Social abuse or isolation | 3 | 12 |
| Strangulation or choking* | 2 | 8 |
| Legal abuse | 1 | 4 |

**Indicates high risk of lethality as per ANROWs National Risk Assessment Principles for domestic and family violence*

### Family violence orders

Of the 25 perpetrators of domestic and family violence who died in a non-homicide incident:

- 20 had been the respondent to one or more FVOs at some time in their life
- 9 were respondents to a current FVO at the time of their death
- 5 had previously contravened an FVO
- 9 had been the respondent to one or more Personal Protections Orders (PPO)
- 4 have been the respondent of an FVO or a PPO 3 or more times.

### Perpetrators with multiple victims

Of the 25 perpetrators of domestic and family violence who died in a non-homicide incident there is evidence:

- 7 perpetrated violence against at least 2 intimate partners
- At least one perpetrated violence against 4 or more partners
- 11 perpetrated violence against multiple victims when including intimate partners, children and siblings.

### Other offences

More than half of the perpetrators of domestic and family violence who died in a non-homicide incident had criminal histories (16 out of 25).

Criminal histories include traffic related-offences such as speeding, drug/drink driving-related offences, burglary, common assault, aggravated assault, assault occasioning bodily harm, grievous bodily harm, breaching the peace, breaching/contravening orders and possession of a weapon.

Of the 25 perpetrators of domestic and family violence who died in a non-homicide incident 15 had criminal records indicating perpetration of violence outside the context of domestic and family violence, for example assault of a stranger or neighbour.

## Co-occurring stressors experienced by perpetrators

Perpetrators of domestic and family violence may be affected by a range of co-occurring stressors that contribute to an increased risk of serious harm to others and to themselves. There are overlapping risk factors, such as problematic use of alcohol and other drugs, reported mental health disorders and legal problems which may signal elevated risk of both perpetration of domestic and

family violence and self-harm. Within the context of domestic and family violence, threats of suicide are frequently used as a form of coercive control, reinforcing the perpetrator's power over the victim.

Of the 25 perpetrators:

- 11 had documented financial stressors
- 9 were unemployed at the time of death
- 5 were experiencing homelessness or housing instability
- 7 had current legal issues
- 3 had long-term health conditions
- 4 had been recently incarcerated (within 3 months of death)
- 2 had been incarcerated between 3-12 months of death.

Most perpetrators of domestic and family violence who died in a non-homicide incident had reported mental health conditions at the time of death (19 out of 25) including depression, anxiety, schizophrenia, post-traumatic stress disorder and bipolar affective disorder.

Substance use was also common. Almost all (24 out of 25) of the perpetrators of domestic and family violence who died in a non-homicide incident had a history of problematic drug and/or alcohol use and most (23 out of 25) had consumed drugs and/or alcohol in the hours prior to death.

## Adverse childhood experiences

More than half the perpetrators of domestic and family violence who died in a non-homicide incident (16 out of 25) had documented histories of adverse childhood experiences. Examples of adverse childhood histories include exposure to conflict zones, experiences of domestic and family violence and neglect.

## System response

Capturing the services involved in a perpetrator's life is important to understanding system response and system gaps. Service system response in the lead-up to death may also represent missed opportunity for intervention.

### Service system involvement

Based on the information available to the Review, most perpetrators of domestic and family violence who died in a non-homicide incident had some level of service system involvement in the 12 months leading up to their death.

Of the 25 perpetrators:

- 22 were involved with at least 1 service
- 10 were involved with 1-2 services
- 12 were involved with 3 or more services.

At the time of death:

- 22 were involved with at least 1 service
- 16 were involved with 1-2 services

- 6 were involved with 3 or more services.

Comparing service involvement 12 months prior to death and at the time of death reveals shows:

- the number of perpetrators with service involvement remained the same
- there was a reduction in the number of perpetrators with 3 or more services involved compared to 12 months earlier.

## Police

Of the 25 perpetrators of domestic and family violence who died in a non-homicide incident most (22 out of 25) were involved with police at some time in their life. Six of the perpetrators had police involvements within a week of their death.

Police involvement may include a response to a domestic and family violence incident, being served an interim family violence order, arrest, welfare check or a response to a mental health crisis.

**Table 6.** Engagement with police in the lead-up to the death of the perpetrator of domestic and family violence

| Police Involvement | Number of Perpetrators | % |
|---|---|---|
| 12+ months | 16 | 64 |
| 12 months | 15 | 60 |
| 1 month | 16 | 64 |
| 1 week | 6 | 24 |

The Review found limited evidence of perpetrators of domestic and family violence who died in a non-homicide incident seeking interventions and support to change behaviour. Most of the services involved with the perpetrators were not engaged by the perpetrator's choice but through external intervention, for example police and child protection involvement. There was some evidence of a small number of perpetrators having engaged with a general practitioner or a psychologist, however the specifics of those engagements were not available. It is important to note the Review had limited access to information from mental health and other community services, which constrains a full understanding of perpetrators engagement with support systems.

# Themes

# Theme 1: Victims are misidentified as perpetrators and perceived as 'problematic'

The systems in place to support and protect victims can sometimes cause them harm. Perpetrators often manipulate systems to further exert control over their victims and systems can often fail victims by not recognising when perpetrators are using them to commit violence, or by not intervening even when such manipulation is identified.[32] Systems can also cause significant harm when they misidentify a victim as the predominant aggressor and perpetrator of domestic and family violence.

*Kelly* was twice misidentified by police as the predominant aggressor when she was acting to protect herself and her children. The misidentification resulted in her being charged and taken into custody.*

Misidentification typically occurs in a situation where police respond to an incident, are unsure which person is the victim (or the person most in need of protection) and which is the predominant aggressor, and criminally charge or apply for an FVO against the person most in need of protection.[33] This can lead to intervention orders, criminal charges, and further legal consequences, often triggering misidentification across other systems such as child protection, immigration, and housing. Experiences of misidentification also makes future help-seeking less likely, due to its impact on the perceived safety and trustworthiness of these systems, and contributes to a range of poor mental health outcomes, substance use issues and impacts deeply on a victim's feelings of self-worth.[34] Aboriginal and Torres Strait Islander women are particularly vulnerable to misidentification and its ongoing consequences.[35]

Of the non-homicide deaths reviewed for this report more than half (8 out of 13) of the victims appeared to have been misidentified as the predominant aggressor by police or another agency prior to their death. The records showed misidentification contributed to negative outcomes and impacts including loss of employment, statutory intervention leading to removal of children and incarceration.

*Jodie* was misidentified by police as the predominant aggressor. Acting on this information, child protection services intervened, removing her children from her care.*

There are multiple factors that contribute to misidentification, including the use of defensive or resistive acts by the victim, manipulation of the system by the perpetrator and a focus on single incidents rather than patterns of violence.[36] The first biennial Domestic and Family Violence Review report found a major theme in their homicide data analysis of victims engaging in acts of 'resistive violence', which could be small or large strategic actions undertaken by the victim to protect themselves or their children. The first report also raised the limitations of single incident-based responses. It found evidence of police and other agencies responding to domestic and family violence incidents in isolation, without consideration of the broader patterns of violence and coercive control. [37] This type of single incident-based response also contributes to the misidentification of victims as predominant aggressors and perpetrators of domestic and family violence. Addressing this challenge requires a nuanced understanding of

* *Name has been changed*

domestic and family violence which recognises victims may use violence at times, including resistive violence and violence in the context of self-protection.

Understanding the impact of victims' experiences of domestic and family violence can reduce the likelihood of misidentification. Victims can be disadvantaged when they behave in a way that is not the stereotypical 'ideal victim' i.e. someone who is passive, fearful and compliant. Trauma may impact a victim's expression and regulation of emotion, concentration, recall and memory and communication.[38]

The Review identified instances where authorities failed to consider victims in the full context of their lived experiences or to see victim behaviour as rational survival strategies. As a result, some individuals were labelled as problematic or disengaged. For example, there were cases where mothers made decisions aimed at protecting their children from violence, which often placed them at greater personal risk. These protective actions were frequently misunderstood by authorities resulting in consequences for the victim.

*Cara's* boyfriend was violent and often used threats of harm against the children to control her. Child protection questioned Cara's ability to protect the children, misinterpreting her protective actions as concerning behaviour.*

The model of 'social entrapment' encapsulates the victim experiences outlined in this theme. Social entrapment involves three interrelated dimensions: coercive control by the abusive partner, failure of institutions to respond adequately, and structural inequities that limit victims' options and safety.[39] This framing assists to understand the way systems can reinforce violence, contributing to a victim's mistrust of the system and unwillingness to seek support to achieve safety.

Victim-centred assessments and consistent cross-sector collaboration supports victim safety. This can disrupt patterns of violence and prevents systems from reinforcing harm. These approaches must be grounded in a deep understanding of coercive control, systems abuse, and trauma-informed practice. Recognising trauma related behaviours by victims such as defensive or resistive acts is essential to avoid misidentification and ensure systems act to support victim safety.

# Theme 2: Children are victims in their own right

*Tyson* was exposed to domestic violence from infancy. After his parents separated his father continued to threaten him and use controlling tactics against him to gain access to his mother.*

Domestic and family violence can have profound and lifelong impacts on children. The Australian Child Maltreatment Study found child maltreatment is associated with severe mental health and health issues both in childhood and adulthood. The study also found experiences of domestic and family violence leads to increased risk of victimisation throughout the child's lifetime and increased risk of violent offending. Research has also shown coercive control impacts on the developmental health and wellbeing of children and can interfere with and undermine the non-violent parent-child relationship.[40]

Among the victims, there were young people under the age of 18 who died by non-homicide means and who had experienced domestic and family violence. The Review also identified 67 children under

the age of 18 who were impacted by the deaths of the 13 victims and 25 perpetrators who died in a non-homicide incident. Ages of the children impacted ranged from 11 months to 17 years. In many cases, the details of the experiences of these children were not visible in the available information. However, in other instances, there was clear evidence of significant harm inflicted on children, both those related to the victims and those related to the perpetrators who died.

*Andrew* experienced domestic violence as a child. His father was violent towards his mother. The father continued to use violence after separation. Later, Andrew experienced emotional violence from his stepfather. Andrew struggled at school and was often involved in fights.*

The Review found evidence of serious domestic, family, and sexual violence perpetrated against children and young people. This included coercive control, physical violence, threats of violence, emotional and psychological abuse and sexual violence. Perpetrators of intimate partner violence had committed violence against their own children, their partner's children, and in some cases, their siblings when they themselves were young. In 3 fatalities, children were the ones who discovered the body of the deceased perpetrator.

The Review found multiple perpetrators physically attacked intimate partners in front of their children. In one disturbing matter, a perpetrator strangled and physically attacked a victim in front of her child, then attempted to take the child and flee. Some perpetrators used coercive control tactics against young people, including threats of suicide. Records also revealed 3 perpetrators committed child sexual abuse and one was found in possession of child sexual abuse material. In one of the many distressing cases, a victim was physically and verbally abused while breastfeeding her infant.

*Lilly* witnessed her father's violence toward her mother. After her mother and father separated, the father began abusing Lilly in similar ways.*

Improving outcomes for children experiencing domestic and family violence requires a child-centred approach that acknowledges their direct victimisation and prioritises their unique needs. This involves explicitly recognising children as victims in their own right, including those exposed to coercive control and psychological abuse, and ensuring their experiences are systematically assessed and addressed in all relevant investigations and service responses. Early intervention strategies must be trauma-informed and targeted toward children and young people connected to known victims and perpetrators, with a focus on disrupting cycles of harm and promoting healing. Central to this approach is the strengthening of the protective relationship between children and their non-violent parent, which plays a critical role in fostering safety, stability, and emotional recovery.

## Theme 3: Victims face violence from multiple perpetrators, while offenders target multiple victims

Domestic and family violence is often an insidious and repeated pattern of harm, where victims experience violence by multiple perpetrators over time, and perpetrators frequently target multiple victims over time. The reach of such violence can be extensive and impact various relationships and generations.

Domestic and family violence is rarely a singular or isolated experience. Many victims are vulnerable to violence by multiple perpetrators across their lifetime, starting in childhood.[41] Some experience violence from more than one perpetrator at the same time. This includes violence from intimate partners as well as from family members who may reinforce or enable the violence of the predominant perpetrators.[42] Patterns of repeated and compounding harm reflect the persistent and pervasive nature of domestic and family violence experienced by victims, and the systemic barriers that prevent them from escaping cycles of violence.

*Jarrod* used violence towards multiple partners and children throughout his life. Jarrod continued to perpetrate violence against his ex-partners, including using control and coercion through threats to take his life if they didn't do what he wanted.*

The Review found many victims had been vulnerable to repeat offenders. Of the 13 victims, 8 experienced violence from at least two intimate partners, and 7 experienced violence from three or more intimate partners. Some also experienced violence from multiple perpetrators, including family members.

The Review found similar patterns of repeated violence by perpetrators against multiple victims. Of the 25 perpetrators, 7 had used violence against at least two intimate partners, and at least one had perpetrated violence against four or more. When including violence against children and siblings, records indicated 11 perpetrators had harmed many victims.

These findings show the impact of violence from a single perpetrator can extend widely across a family network affecting siblings, parents, their biological children, multiple partners and their partner's children.

Repeated patterns of perpetration highlight the need for systems to better identify and respond to repeat offending and to recognise the cumulative and persistent risks faced by many victims. Improving safety outcomes requires a systemic shift in how both victimisation and perpetration are understood and addressed. This includes recognising the complexity of victims' experiences, ensuring that protective measures are responsive to patterns of harm over time, and strengthening accountability for perpetrators who pose ongoing risks to multiple individuals.

## Theme 4: Perpetrators who die by suicide exhibit similar risk factors to perpetrators who commit homicide

The ANROWS National Risk Assessment Principles for domestic and family violence (NRAPs) identify lethality risk factors which are behaviours and circumstances linked to heightened risk of serious injury or death in cases of intimate partner violence.[43] The Review found the NRAPs lethality risk factors were present for many of the perpetrators who died by suicide.

Of the perpetrators who died by self-inflicted means, 8 occurred in the context of a pending or recent separation from an intimate partner against whom the perpetrator was using violence. Separation is a lethality risk factor in the context of intimate partner violence. Women are most at risk of being killed or seriously harmed during or immediately after separation. Separation is also a dangerous time for children.[44]

Many of the perpetrators engaged in behaviours identified as lethality risk factors throughout their history of perpetration. These behaviours include intimate partner sexual violence, non-fatal strangulation, stalking, threats to kill, access to and use of weapons and coercive control. There was evidence of escalation of violence occurring prior to death in 13 out of 25 cases. In 2 cases the victim of the perpetrator was pregnant or had recently had a baby. Like separation, evidence shows pregnancy and recent birth is a time of increased risk for victims.[45]

*Mark* frequently threatened suicide as a means of controlling his partner and child. On the night he ended his life, Mark threatened suicide in an exchange with the partner.*

Alongside lethality risk factors, NRAPs identifies other risk factors which are salient in considering risk of serious harm or death. These other risk factors were also present for many of the perpetrators of domestic and family violence who died in non-homicide incidents, including suicide threats, suicide attempts, misuse of drugs or alcohol, experiences of mental illness and ongoing or recent family court proceedings.

The Review identified instances where suicide was used by perpetrators in ways that appeared to exert control, punish the victim and elicit guilt or portray themselves as the victim. This aligns with research findings indicating suicide threats are often used to manipulate and control victims, and in some cases the act of suicide is to punish or exact revenge on partners.[46]

*Steven's* partner, who he had used violence towards during their relationship, ended their relationship. Steven continued to use violence against her, accused her of manipulation and sent her multiple abusive texts, including just prior to ending his life.*

A key difference between the NRAPs and the non-homicide matters found in the Review is evidence that many of the perpetrators who died by suicide (8 out of 25) were facing serious and imminent consequences of their violent behaviours. These included criminal charges related to domestic and family violence in the days leading up to their deaths, pending family law proceedings where it was likely they would lose access to their children, recent allegations of child sexual abuse or fears that past incidents of sexual violence would be exposed. In some cases, the perpetrators were facing imminent court appearances for criminal offences unrelated to domestic and family violence such as armed break and enter and traffic offences.

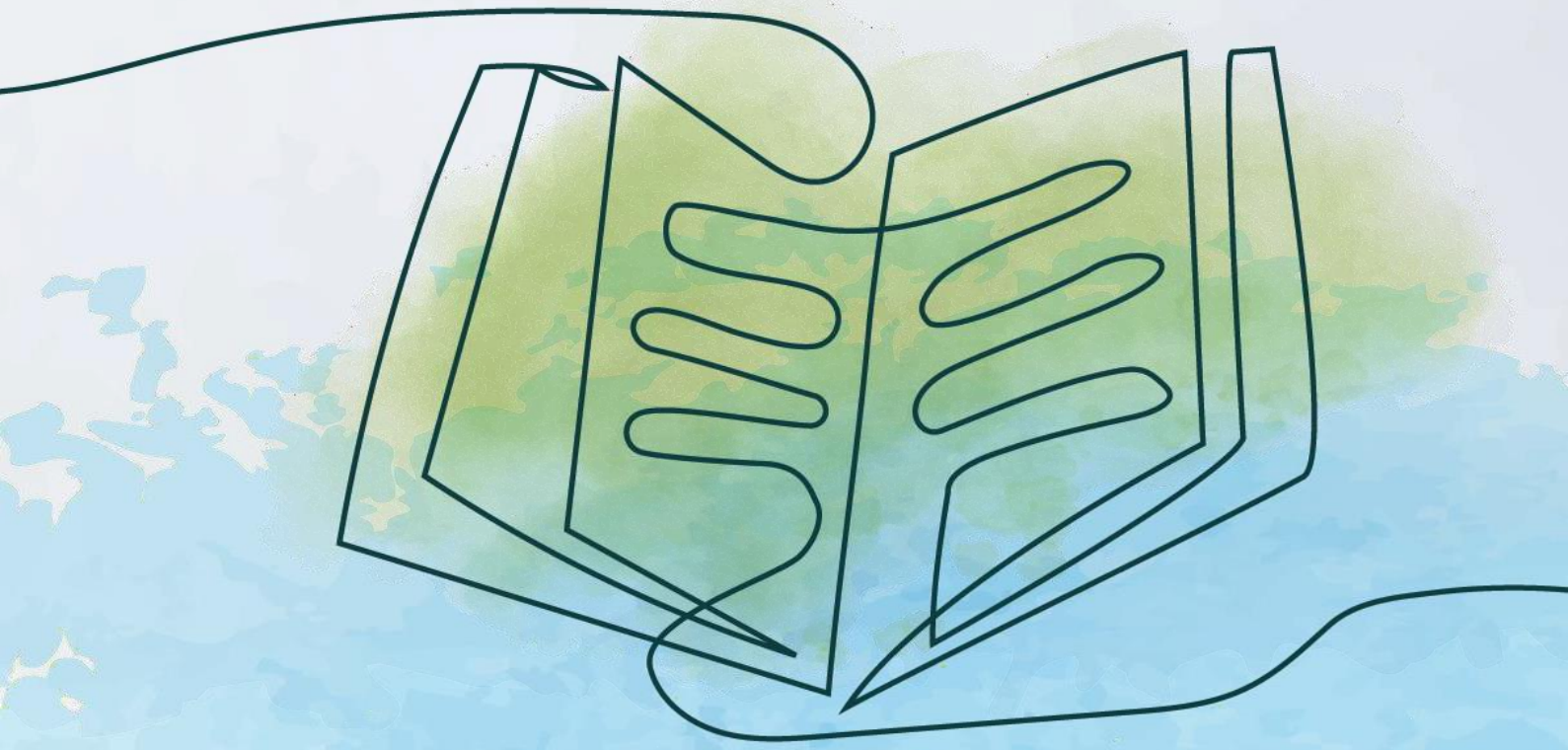
This finding is consistent with the recent in-depth analysis by the Queensland Domestic and Family Violence Death Review Advisory Board, which similarly identified that perpetrator suicide was often preceded by events like impending charges or sentencing for abusive behaviours, as well as victim disclosures of sexual abuse by the perpetrator. In that review, it was suggested that suicide may be a form of image management, whereby the perpetrator was intending to control the narrative surrounding their behaviours and avoid the consequences of their behaviours.[47]

*John used violence against his girlfriend throughout their relationship. When she made the decision to end the relationship for her safety, John physically assaulted her and threatened to kill herself if she left him. He then took his life.*

The Review also found many perpetrators (15 out of 25) had criminal histories involving violence outside the context of domestic and family violence. This is a significant finding, as such violence is not recognised as a lethality risk factor in NRAPs.

Integrated risk assessment and coordinated information sharing across justice, health and community services supports early identification of high-risk behaviours. Approaches to risk assessment which consider risk to self and risk to others may also reduce the incidents of non-homicide deaths among both perpetrators and victims of domestic and family violence. The similarities and differences in lethality risk factors for perpetrators of domestic and family violence who die by suicide, compared to those who commit homicide, is a possible area for further research.

# Update on 2023 Review Recommendations



# Update on Previous Recommendations

The inaugural ACT Domestic and Family Violence Review 2023 made 12 recommendations aimed at strengthening prevention and response to domestic and family violence. The ACT Government formally responded to these recommendations through a ministerial statement in the Legislative Assembly in June 2024.

These recommendations remain highly relevant in the context of the 2025 Review, including in the context of deaths in non-homicide incidents. While there has been measurable progress against most of them, further work is required to achieve full implementation. System reform takes time and must be well-considered, thoroughly consulted, and carefully planned to ensure effectiveness and sustainability.

For these reasons, this Review does not introduce new recommendations for system change. Instead, it reinforces the importance of continuing work on the existing recommendations which remain essential to improving safety for victims and ensuring accountability for perpetrators. Progress against the 12 recommendations is detailed below.

**Recommendation 1:** *The ACT Government explore revising the definition of domestic and family violence to recognise that coercive control is an overarching strategy or context for domestic and family violence rather than as a separate tactic or example of the domestic and family violence behaviour itself.*

This Review found coercive control was commonly used by perpetrators of domestic violence and experienced by victims of domestic violence.

### Update

Coercive control is recognised in the definition of family violence in the ACT under the *Family Violence Act 2016*, however it is not currently a standalone offence. On 25 September 2025, the ACT Minister for the Prevention of Domestic, Family and Sexual Violence announced the ACT Government will introduce legislation to criminalise coercive control as a standalone offence by mid-2026. The new offence will enable the justice system to respond to patterns of controlling, coercive and abusive behaviours. The legislation will be informed by the lived experiences of victim-survivors through the Victim Survivor Voices Pilot project. In addition, a Steering Committee will be established to guide the legislative reform process to ensure it is informed by best practice and does not bring unintended consequences.

**Recommendation 2:** *Instigate ongoing education and training in the community and all stakeholders working in frontline services about dynamics of domestic and family violence including coercive control and victim resistive behaviour.*

This Review found evidence of misidentification of victims of domestic and family violence who died in a non-homicide incident as the predominant aggressor, including as a result of resistive behaviour.

### Update

Independent academic experts have been engaged to update the ACT Risk Assessment and Management Framework (RAMF). The RAMF provides a common language and approach to understanding, assessing, and managing domestic and family violence risk across government and non-government workforces. The updated RAMF is due to be finalised by the end of 2025. Funding is available to develop and roll out RAMF training in early 2026 to Government and non-government workforces. Updates to the RAMF will include:

- integration of coercive control
- alignment with contemporary best practice and ACT information sharing legislation
- the development of risk assessment and screening tools to support frontline workers.

The 2024-25 ACT Budget provided funding for a coercive control package to increase understanding and improve responses to this type of domestic and family violence. This included funding for:

- a coercive control community education campaign, which ran from May to July 2025. The campaign sought to educate community members on how to recognise the signs of coercive control and highlighted available support services for victim-survivors, with a particular focus on reaching adults aged 18–59 and multicultural communities. The campaign resulted in over 2.1 million impressions, lifting awareness of coercive control among ACT adults from 57% (pre campaign) to 67% (post campaign).
- coercive control training for ACT Policing and Courts, due to commence in 2025-26.
- integration of coercive control into the RAMF.

**Recommendation 3:** *All frontline agencies, ACT Policing and the Courts should review policies and procedures to recognise and understand the differences in dynamics of intimate partner violence and family violence.*

### Update

In mid-2024 ACT Policing established the Domestic and Family Violence Investigation Unit to undertake holistic investigations and case management of high-risk domestic and family violence matters. The Domestic and Family Violence Investigation Unit allows specialised members to focus on high-risk matters while also providing support and guidance to frontline officers who are the first responders to those incidents. At the time of reporting, the Domestic and Family Violence Investigation Unit had investigated 117 matters resulting in 194 criminal changes. Most of these charges would not have been possible under a traditional, incident-based response model for domestic and family violence, according to ACT Policing.

The updated RAMF will provide practice guidance for government and non-government agencies, including ACT Policing and ACT Courts and Tribunal, on the dynamics of domestic and family violence, with a focus on intimate partner violence, as this is the most common form of domestic and family violence. The RAMF will also provide specific practice guidance for working with cohorts impacted by domestic and family violence, including children and young people.

**Recommendation 4:** *Introduce a tool for ACT Policing and the Courts to assess patterns of coercive control that would detect which party is the perpetrator and which party is using violent resistance to ongoing abuse.*

This Review found evidence of misidentification of victims of domestic and family violence who died in a non-homicide incident as the predominant aggressor and that coercive control was commonly used by perpetrators of domestic violence and experienced by victims of domestic violence. The Review found that misidentification occurred when viewed through a single incident lens, rather than based on patterns of behaviour.

### Update

The updated RAMF will include integration of coercive control, the development of screening and assessment tools, and practice advice regarding identification of the predominant aggressor.

ACT Courts and Tribunal are delivering training on coercive control beginning in November 2025 to staff, including Magistrates and Registers. Training will be delivered by the National Judicial College of Australia.

ACT Policing's Domestic and Family Violence Investigation Unit is developing a domestic and family violence training continuum to be delivered to recruits, frontline police officers and investigators, in accordance with the Australia New Zealand Policing Advisory Agency national guidelines for police training in domestic and family violence. These academic-designed modules spanning family violence dynamics, victim-centric and trauma-informed responses, and coercive control will be fully and permanently integrated into the training continuum. This training is due to be rolled out in the first quarter of 2026 and utilises funding from the 2024-25 ACT Budget announcement to uplift coercive control training. In addition, General Duties and Road Policing officers will begin participating in a national training program in February 2026 which is complementary to the permanent training uplift being developed by the Domestic and Family Violence Investigation Unit. Further, ACT Policing is working closely with the ACT Government following its commitment to criminalise coercive control by mid-2026.

**Recommendation 5:** *The ACT Government should support members of frontline agencies sharing and analysing agency data sets to understand patterns of perpetrator behaviour.*

This Review found evidence that frontline agencies would benefit from having information about patterns of behaviour to avoid misidentification of victims as the predominant aggressors. The Review also found many of the risk factors associated with suicide risk for perpetrators of domestic and family violence are similar to those associated with homicide risk.

### Update

In May 2024, the ACT Legislative Assembly passed the *Domestic Violence Agencies (Information Sharing) Amendment Act 2024* (the Act). This Act amends the *Domestic Violence Agencies Act 1986* to introduce a domestic and family violence information sharing scheme.

The Scheme aims to reduce and prevent harm to victim-survivors by supporting services to better communicate with each other and to build a comprehensive, consistent understanding of domestic and family violence risk.

On 10 April 2025, the commencement of the Scheme was delayed for up to 18 months (November 2026) to finalise foundational elements, such as the development of a common risk assessment framework, and the implementation of training to ensure information sharing entities understand their obligations under the Act. The ACT Government is currently preparing for the Scheme's commencement in 2026.

### **Recommendation 6:** *The ACT Government support the design and implementation of prevention initiatives focused upon all aspects of domestic and family violence.*

The Review detailed the experiences and prevalence of domestic and family violence for victims who died in a non-homicide incident and the violent behaviours of perpetrators who died in a non-homicide incident. Further, the Review found that most victims had suffered violence from more than one intimate partner, and many perpetrators had harmed multiple individuals. These patterns highlight the need for systems to recognise serial offending and intervene in a way that prevents re-victimisation.

#### Update

The ACT Government is developing an ACT Domestic, Family and Sexual Violence Strategy (the Strategy) to provide a whole of government, whole of community approach to preventing and responding to domestic, family and sexual violence over the next 10 years. The Strategy will provide an approach across the domestic, family and sexual violence continuum, including prevention.

The Strategy will be supported by detailed Action Plans that include current initiatives across both government and the community sector, as well as proposed reforms. A Monitoring and Evaluation Framework (the Framework) is being developed alongside the Strategy to establish a consistent approach to how the ACT Government monitors, reports and evaluates reforms and initiatives to address DFSV.

Formal consultation on the Strategy with government, community organisations and victim-survivors is underway. In March 2025, the ACT Government engaged Impact Co. to lead engagement activities and support the development of the Strategy, First Action Plan and the Framework. The Victims Survivor Voices project is engaging with victim-survivors on the Strategy. The Strategy and its First Action Plan are expected to be released in mid-2026.

### **Recommendation 7:** *Specialist services that support the culturally and linguistically diverse community to design and implement a domestic and family violence community-based education campaign in partnership with ACT Government as appropriate.*

This Review found 6 of 13 victims of domestic and family violence who died in a non-homicide incident were from a culturally and linguistically diverse community.

#### Update

See Recommendation 2 and 6.

**Recommendation 8:** *Design and apply domestic and family violence risk assessment and management tools to address both the immediate safety of the victim and interventions to disrupt perpetrator behaviours.*

This Review found risks relating to heightened risk of lethality of a victim by a perpetrator in an intimate partner violence context were present among many of the perpetrators of domestic and family violence who died in a non-homicide incident.

**Update**

See Recommendation 2, 3 and 4.

**Recommendation 9:** *Initiate an ongoing community-based education campaign and training and education of all stakeholders working in frontline services about the heightened risk of lethality and the imperative of safety planning when separating or considering separation from the perpetrator.*

This Review found risks relating to heightened risk of lethality of a victim by a perpetrator in an intimate partner violence context were present among many of the perpetrators of domestic and family violence who died in a non-homicide incident.

**Update**

See Recommendation 5 and 8.

**Recommendation 10:** *The ACT Government continue to fund appropriate responses to support children and young people as victims of domestic and family violence.*

This Review found evidence of serious domestic, family, and sexual violence perpetrated against children and young people who were related to the perpetrators and victims of domestic and family violence who died in a non-homicide incident.

**Update**

The ACT Government funds several services for children and young people who are victims of domestic and family violence:

- Canberra PCYC Solid Ground program supports young people aged 11-18 years who have experienced family conflict or violence
- Australian Childhood Foundation Heartfelt Program supports children aged 5-12 years to heal from experiences of domestic and family violence through specialist therapeutic supports
- Beryl Women Inc's Kids and Young People Safe and Strong Van Program provides therapeutic supports to children who have experienced domestic and family violence
- Doris Women's Refuge provides specialist case management for children and young people
- Domestic Violence Crisis Service Young People's Outreach Program helps with the wellbeing and recovery of children and young people who have been exposed to domestic and family violence, either as witnesses or direct victims
- YWCA Canberra is funded to employ 2 specialist children's workers.

**Recommendation 11:** *The ACT Government continue work to identify the intersections between domestic and family violence, mental illness and substance abuse to tailor effective multi-agency supports for families and caregivers including domestic and family violence perpetrator identification and responses.*

This Review found the majority of victims and perpetrators of domestic and family violence who died in a non-homicide incident experienced mental illness and substance misuse challenges.

### Update

A pilot program providing interventions for fathers with problematic use of alcohol and other drugs is currently under development. Other currently available perpetrator intervention programs include:

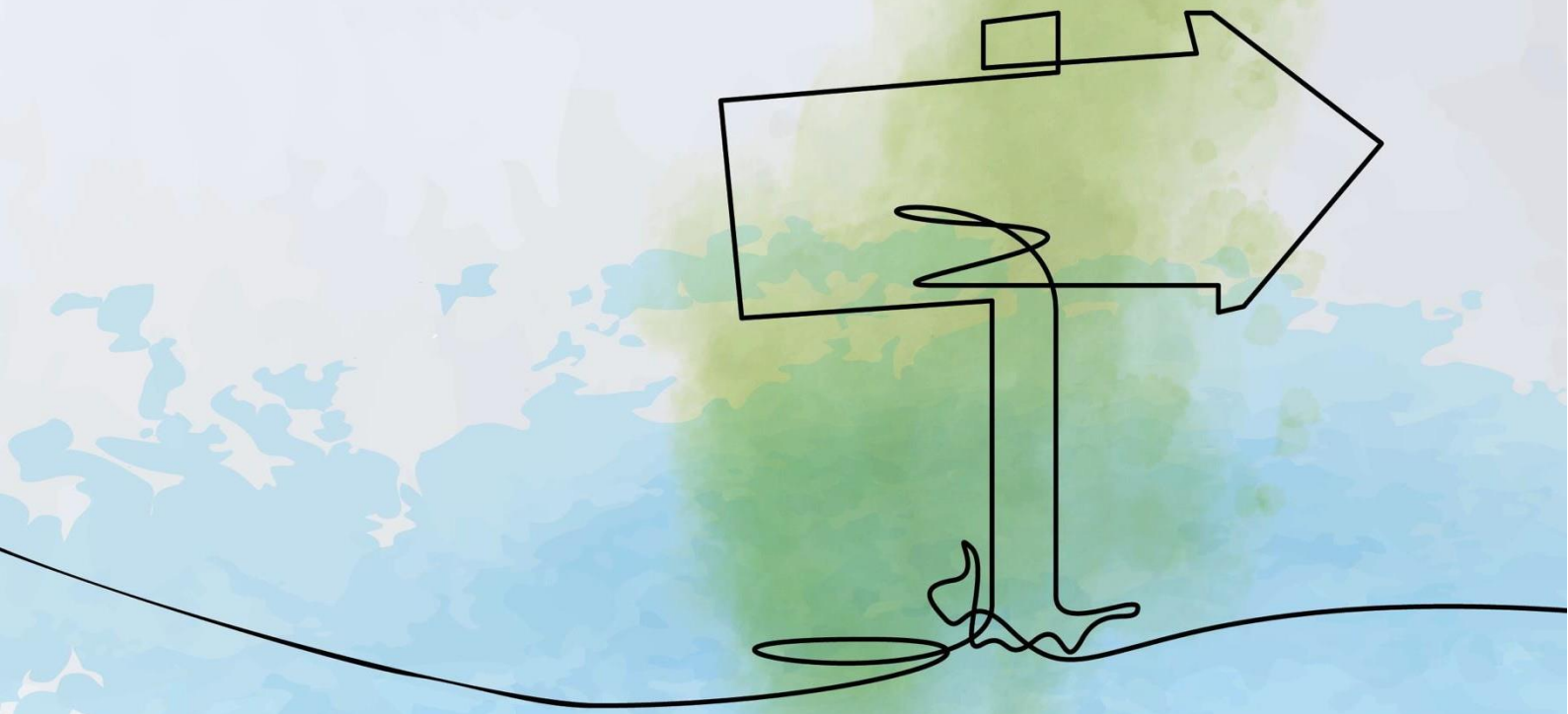
- Multicultural Hub Canberra's culturally and linguistically diverse men's non-violence behaviour change and counselling pilot program
- Yeddung Mura (Good Pathways) Aboriginal Corporation's Caring Dads pilot program for Aboriginal and Torres Strait Islander fathers who have used or are at risk of using domestic and family violence
- Everyman's Working with the Man program and Preventing Violence and Changing Behaviour programs
- Domestic Violence Crisis Service's Room4Change program and case management program.

**Recommendation 12:** *The ACT Government support strong cross-service and cross sector integration and collaboration through infrastructure which enables an integrated system and builds skills.*

The ACT 2025-26 Budget provided a further 4 years of funding for the Family Violence Safety Action (FVSAP) program. The program, led by Victim Support ACT, brings together a range of agencies and service providers such as ACT Policing, Domestic Violence Crisis Service, Canberra Health Services, Education and Children Youth and Families to collaboratively identify, assess, and respond to high-risk domestic and family violence. The program aims to ensure women and children who are at greatest risk of harm have access to specialist support to stay safe and heal while also keeping perpetrators visible and accountable through a cross-system response to their perpetration of violence.

See also Recommendation 5 and 8.

# Future Directions



# Next Review

This is only the second Review undertaken by the Domestic and Family Violence Review Coordinator in the ACT and there are ongoing learnings to refine the methodology and ensure the most effective approach for this jurisdiction. While the first and second biennial reports have used a desktop review approach, examining information held in government and community sector files, alternative models and approaches to address some of the limitations highlighted in this Review will be considered for future reviews.

Desktop reviews provide efficiencies in accessing large volumes of information for quantitative analysis, but they have notable constraints. They rarely capture system-level challenges faced by practitioners or the voices of victims and their families, and they are not designed to be community-centred. In the ACT, the small population size further limits the amount of available information for review.

Moving forward different options will be explored to meet the needs of the ACT. One option is to adopt a single-incident review model. This approach focuses on an in-depth examination of a single domestic or family violence fatality. It involves a multi-disciplinary team made up of representatives from government agencies, community organisations, health, justice, education, and other relevant sectors, working collaboratively to review all aspects of an incident. This includes analysing records, interviewing professionals involved and, where appropriate, engaging with family and friends of the victim and perpetrator. The goal is to identify systemic gaps, missed opportunities for intervention and areas for improvement. This model promotes a restorative 'no blame' philosophy which encourages open discussion and shared learning across sectors.

Another option is to undertake a thematic review which focuses on identifying patterns or systemic issues across multiple fatalities or serious incidents. For example, a thematic review might examine cases involving child protection concerns, mental health issues, or service engagement prior to the fatality. This approach allows for a deeper understanding of recurring challenges and can inform targeted reforms in policy, practice, and inter-agency collaboration. Thematic reviews could be beneficial in small jurisdictions like the ACT where the number of fatalities is limited.

A review of the legislation underpinning the Domestic and Family Violence Review process is scheduled for the second half of 2026. This review will ensure the legislative framework supports an effective approach to domestic and family violence fatality reviews in the ACT. Some of the key considerations anticipated will be efficient information sharing across agencies while maintaining strong privacy and ethical safeguards, and how alternative review models fit within the legislation.

As part of this legislative review, there is an opportunity to consider whether the current biennial timeframe remains appropriate. Alternative timeframes may be considered to ensure the review process is effective and responsive to the ACT context, noting the unique challenges of a small jurisdiction.

The Domestic and Family Violence Review Coordinator acknowledges the valuable contributions of all agencies and organisations involved in the first and second reviews. The Domestic and Family Violence Review Coordinator is committed to working closely with partners across the government and community sectors to design and implement this new approach.

# Appendices

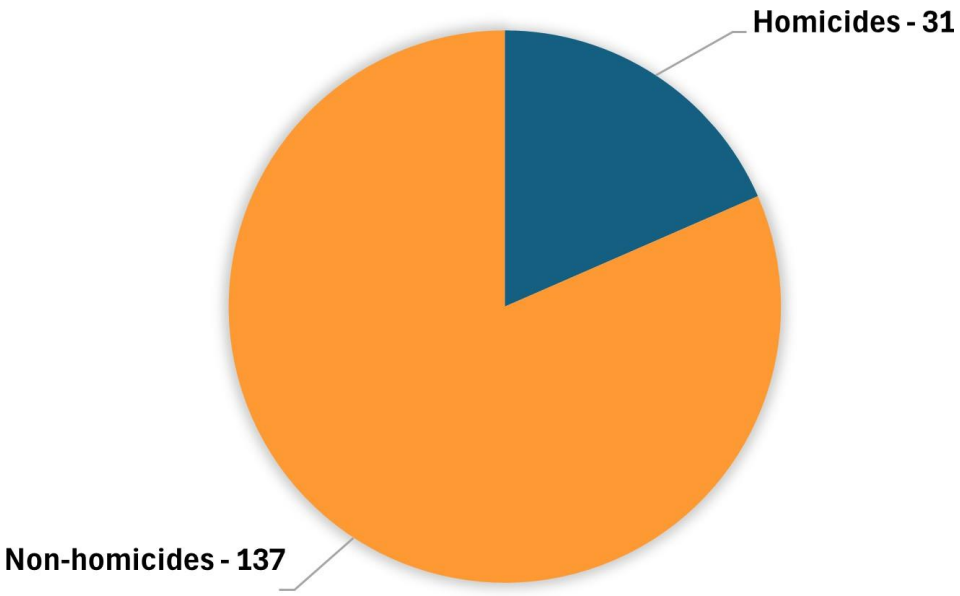
# Appendix A: Register Snapshot 2000-2024

The Domestic and Family Violence Review Coordinator keeps a Register of domestic and family violence incidents resulting in the death of a person, in accordance with Section 16K (1) of the DVA Act. The Domestic and Family Violence Review Coordinator is required to report biennially on the Register.

The Register includes homicide and non-homicide deaths which have occurred in the context of domestic and family violence. Homicide deaths include intimate partner homicides, intimate partner homicide-suicides, filicides, filicide-suicides and relative/kin homicides. Non-homicide deaths include suicide deaths, accidental/unintentional deaths and deaths where the intent is undetermined. Deaths by legal intervention and open homicide and non-homicide deaths are also captured.

Between 1 January 2000 and 31 December 2024, 168 incidents have been recorded on the Register, comprising 31 homicides and 137 non-homicides.

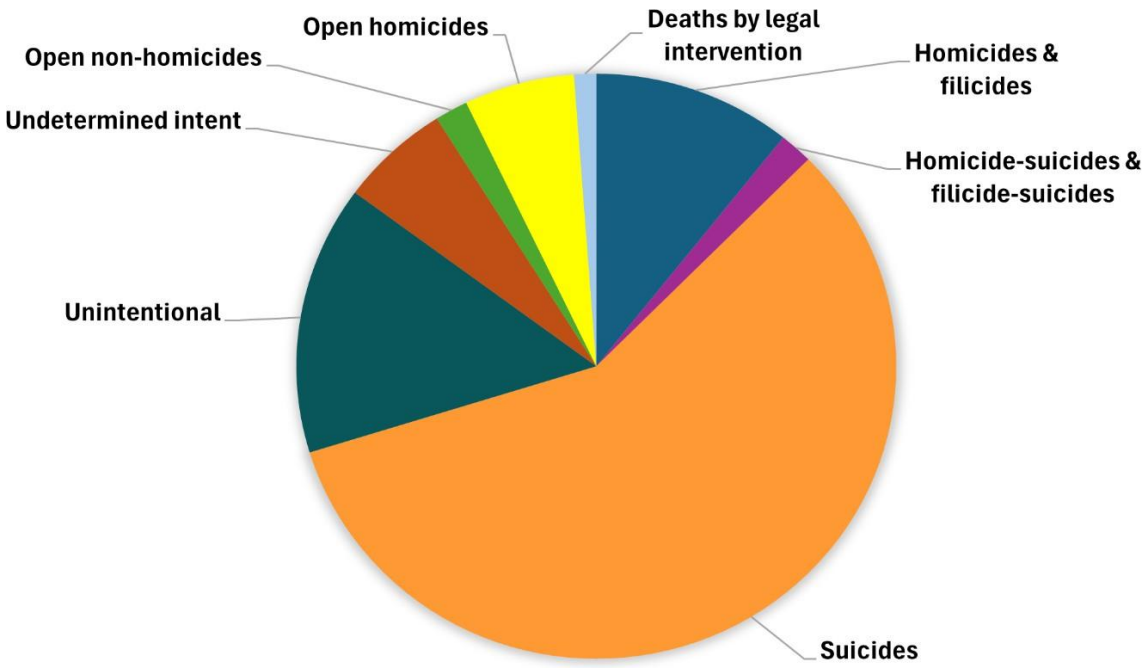
**Figure 3.** Total incidents on Register




The 168 incidents on the Register between 2000 and 2024 (Figure 2) include:

- **homicides:** 17 homicides (10%), <5 filicides, <5 homicide-suicides, <5 filicide-suicides, 10 open homicides (6%)
- **non-homicides:** 97 suicides (58%), 25 unintentional deaths (15%), 10 deaths with undetermined intent (6%), <5 deaths by legal intervention, <5 open non-homicides.

**Figure 4.** Total incidents on Register, breakdown by fatality type



# Appendix B: Definitions

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| *Accidental deaths* | Deaths that occur unnaturally, as a cause of an accident. |
| *Australia's National Research Organisation for Women's Safety* | ANROWS is a not-for-profit independent national research organisation. ANROWS was established by the Australian government and all state and territory governments to produce, disseminate and assist in applying evidence for policy and practice addressing violence against women. |
| *Bystander deaths* | A death of an unintended victim who was not directly involved in an incident but was present at the scene of the incident and may or may not have attempted to intervene. |
| *Culturally and linguistically diverse* | The term CALD refers to individuals and communities with diverse languages, ethnic backgrounds, cultures, traditions, religions and societal structures. |
| *Deaths by legal intervention* | Deaths due to injuries inflicted by police or other law enforcement agents, in the course of maintaining order or performing other legal actions. |
| *Elder abuse* | Elder abuse is when someone tries to control or harm an older person. The abuser is usually someone the older person knows and trusts, such as a family member or carer. Examples include:<br>• physically or sexually assaulting the older person<br>• physically restraining the older person and limiting their ability to move around<br>• preventing the older person from leaving the house or having contact with others<br>• neglecting to provide basic necessities including food and medical care<br>• using the older person's money or property without their permission<br>• forcing or pressuring the older person to alter documents such as a will. |
| *Emotional or psychological abuse* | Emotional or psychological abuse is when someone says or does things to make a person feel bad about themselves, undermines their self-esteem, or makes them feel scared or powerless. It can be used to prevent people from seeking help and support. Examples include:<br>• isolating a person from their friends or their family |

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| | • threatening to harm a person, their family, their friends, their pets or their belongings<br>• threatening to share personal or private information, such as sexuality, gender identity, personal health, or visa status<br>• telling someone they are to blame for the problems in the relationship or the family<br>• withdrawing all attention or ignoring a person for a period of time, sometimes called 'ghosting' or 'the silent treatment'<br>• manipulating a person so they feel confused and start to doubt themselves, this is sometimes called 'gaslighting'. |
| *Family violence* | Violence occurring in a familial context, including child/parent relationships, extended family relationships and kinship relationships in Aboriginal and Torres Strait Islander communities. |
| *Family Violence Order* | A Family Violence Order is a civil court order made under the *Family Violence Act 2016* to protect a person from family violence committed by a family member, intimate partner, or former partner. |
| *Filicide* | The killing of one's own child. |
| *Filicide-suicide* | The killing of children by a parent, where the parent then commits suicide. |
| *Financial abuse* | Financial abuse is when someone controls or misuses a person's money.<br><br>Examples include:<br><br>• forcing or pressuring a person to get a credit card or take out a loan against their wishes<br>• using a person's name to get a credit card or take out a loan, without their knowledge<br>• controlling what a person can spend their money on<br>• controlling a person's access to their own money, such as their wages or salary<br>• using a person's money without their permission<br>• selling a person's property without their permission<br>• preventing a person from getting a job and earning money |

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| | • demanding money or taking possessions. |
| *Gendered nature of violence* | *The National Plan to End Violence against Women and Children 2022 – 2032* describes the gendered nature of violence as the underlying causes that are required to create the necessary conditions in which violence against women and children occurs. They relate to structures, norms and practices arising from gender inequality in public and private life, but which must always be considered in the context of other forms of social discrimination and disadvantage. |
| *Gender inequality* | Gender inequality is discrimination based on sex or gender causing one sex or gender to be routinely privileged or prioritised over another. |
| *Good Behaviour Order* | A Good Behaviour Order, also known as a good behaviour bond, is a court order that requires a person to exhibit good behaviour for a specified period. The court can impose conditions that the person must comply with during the term of the order. |
| *Homicide* | For this Review homicide refers to the killing of a person in the context of domestic and family violence including intimate partner homicide, filicide, intimate partner homicide-suicide, filicide-suicide. |
| *Homicide-suicide* | Where a perpetrator kills a homicide victim and then takes their own life. |
| *Homicide victim* | The person who died because of the injuries inflicted by the homicide offender. |
| *Image-based abuse* | Image-based abuse is when someone shares or threatens to share photos or videos of a person without their consent. It is part of sexual violence and coercive control. Images are typically shared in text messages, on social media or on the internet. Image-based abuse is sometimes called 'revenge porn'. Examples include:<br>• sharing private images of a person without their consent, for example images of them undressing or showering<br>• sharing culturally inappropriate images of a person, for example images in which they do not wear items of clothing that they would normally wear in public |

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| | • sharing intimate or sexualised images of a person without their consent<br>• producing and sharing images that have been digitally altered to suggest a person is nude or engaged in sexual activity<br>• threatening to do any of these things. |
| *Incidents resulting in serious harm* | The *Criminal Code 2002* defines serious harm as any harm (including the cumulative effect of more than one harm) that endangers, or is likely to endanger, human life, or is, or is likely to be, significant and longstanding. |
| *Intersectional approach* | Recognising the way in which women experience domestic and family violence among a range of cultural, individual, historical, environmental, or structural factors including (but not limited to) race, age, geographic location, sexual orientation, ability, or class. This approach recognises the complex, cumulative way in which the effects of multiple forms of discrimination combine or intersect in a person's individual experience of marginalisation. |
| *Intimate partner violence* | Violence occurring in the context of a current or previous intimate partner relationship. |
| *Legal abuse* | Legal abuse is when someone uses the law or legal action to control someone or make them feel scared. It can be about blocking a person's efforts to get legal support. It can also be about making threats and false claims. Examples include:<br>• preventing a person from getting legal help, including making false claims about their rights to legal protection<br>• hiding or destroying legal documents and other evidence<br>• making false reports<br>• not complying with court orders<br>• deliberately delaying legal procedures<br>• deliberately running up large legal bills. |
| *National Coronial Information System* | The NCIS is a secure database of information on deaths reported to a coroner in Australia and New Zealand. NCIS is an Internet based data storage and retrieval system for Australian and New Zealand coronial cases, which contains details of all cases of death reported to a coroner since July 2000 for all Australian states and territories (except Queensland). |

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| | Queensland data is available from January 2001 and New Zealand data is available from July 2007.<br><br>For every reportable death, NCIS records extensive detail, including: the deceased's name, age, sex, date of birth, place of usual residence, country of birth, employment status, usual occupation and Indigenous origin. NCIS also records information about the nature of the death and provides links to electronic copies of full text reports, including: the police narrative of circumstances of death, toxicology reports, the autopsy report and the coroner's findings.<br><br>NCIS records 3 key determinations made by coroners in relation to cause of death:<br><br>• whether the death is due to natural, external or unknown causes<br>• cause of death from the autopsy report and<br>• for deaths due to external causes only, the intent is recorded including unintentional, intentional self-harm, assault, legal intervention, operations of war, civil conflict and acts of terrorism, complications of medical or surgical care, other, undetermined, still enquiring and unlikely to be known.<br><br>NCIS provided access to coronial findings, police narrative of circumstances, autopsy and toxicology reports. NCIS is the database source of data and the Victorian Department of Justice and Community Safety is the organisation source of data. |
| *Personal Protection Order* | A Personal Protection Order is a civil court order made under the *Personal Violence Act 2016* to protect a person from personal violence committed by someone who is not a family member or intimate partner. |
| *Physical violence* | Physical violence involves any incidents of physical assault and/or physical threat. This can include:<br><br>• hitting, punching, kicking, bashing, shoving, or pushing<br>• spitting on someone, or pulling hair<br>• choking or suffocating<br>• throwing things at or near someone<br>• using a weapon<br>• locking someone in or out of a space |

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| | • stopping someone from eating, sleeping or having the medication they need<br>• forcing someone to drink or take drugs. |
| *Resistive acts of violence/acts of resistance* | When a victim uses violence as a defence in response to abuse by a perpetrator. Resistive violence or acts of resistance can include lying to the perpetrator, defending children from abuse, fighting back physically and standing up for what they and their children need. |
| *Risk Assessment Management Framework* | ACT's standard domestic and family violence risk assessment and management framework. |
| *Risk assessment tool* | A tool which assesses for an individual's risk of victimisation, harm and/or lethality and/or escalation of violence. Some tools assess the likelihood of perpetration or reoffending or escalation. |
| *Sex* | This report defines sex as a person's biological sex classification. It is acknowledged that a person's biological sex may differ from their gender identity. |
| *Sexual violence* | Sexual violence, also called 'sexual assault', includes anything sexual that occurs without a person's consent. This could be:<br>• touching or kissing someone without their consent<br>• pressuring or forcing someone to have sex or do something sexual without their consent.<br>• pressuring or forcing someone to have sex without protection such as a condom. |
| *Social abuse* | Social abuse is when someone tries to control a person's relationships or interferes with their social activities. This includes relationships with friends, family, colleagues, or community. It can also include undermining a person's reputation. Examples include:<br>• stopping someone from seeing or contacting their friends and family<br>• stopping someone from going to social or community activities<br>• preventing someone from having contact with people who speak their language or share their culture<br>• making someone move away from friends, family or work opportunities |

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| | • controlling a person's use of a car, public transport, or mobility aids<br>• controlling a person's use of phones or computers<br>• checking or stopping their mail, phone calls, text messages, emails, social media and other messaging or chat apps<br>• telling lies or spreading false information to damage a person's reputation<br>• using someone's intersex status, sexuality, gender expression, transgender or HIV status against them<br>• forced marriage<br>• stalking. |
| *Spiritual, religious or cultural abuse* | Spiritual, religious, or cultural abuse is used to control or intimidate someone. It is not limited to any one religion, or group of people. It can be about stopping someone from being involved in their beliefs and traditions. Or it can be about forcing someone to take part in beliefs and traditions they don't agree with. Examples include:<br>• preventing someone from practising and being connected to their culture<br>• stopping someone from going to their place of worship<br>• stopping someone from having contact with other people who share their beliefs<br>• stopping someone from celebrating days of cultural or spiritual significance<br>• stopping someone from sharing their beliefs and traditions with their children<br>• stopping someone who is Aboriginal or Torres Strait Islander from returning to Country or having contact with kin<br>• stopping someone who has family connections outside Australia from visiting or connecting with family or community overseas<br>• ridiculing someone's beliefs or traditions<br>• forcing someone to do things that are against their beliefs, like eating certain foods or wearing certain clothes<br>• forcing someone to marry<br>• forcing someone to take part in spiritual practices they don't believe in<br>• forcing someone to raise their children according to beliefs they don't agree with |

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| | • using or claiming to use spiritual or religious beliefs:<br>  ○ as an excuse for violence or abuse<br>  ○ to pressure someone into staying in a relationship<br>  ○ to stop someone from getting medical care for themselves or family members. |
| *Stalking and harassment* | Within domestic and family violence, stalking and harassment are behaviours that involve intense and unwanted monitoring of a person's movements. It can occur during a relationship, or after separation. Examples include:<br>• following and watching someone, for example watching them from a parked car<br>• using technology to monitor their movements. This is also called tech abuse<br>• sending unwanted gifts to a person's home or workplace<br>• repeatedly making unwanted contact through phone calls, text messages, emails, social media and other messaging or chat apps<br>• turning up, uninvited, at the person's home or workplace, or at social activities<br>• installing spyware on a person's digital devices to get private information, or to secretly record or video them<br>• using webcams and other forms of video surveillance without the person's knowledge or consent. |
| *Technology-facilitated abuse* | Technology-facilitated abuse is when someone uses technology to control, frighten or humiliate a person. It can include abusive online communication. It can also include using technology to stalk someone and gather information about them. Examples include:<br>• monitoring text messages, phone records, social media activity and internet search history<br>• preventing or forbidding a person from owning or having access to a phone or computer<br>• sending abusive messages through text, email, social media or other online platforms<br>• using technology to track a person's movements without their permission<br>• using technology to gather personal information about someone without their permission |

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| | • accessing or 'hacking' a person's online accounts without their permission<br>• impersonating a person online<br>• using technology to share personal and private images or videos without consent (see Image-based abuse). |
| *Verbal abuse* | Verbal abuse is when a person says things, privately or publicly, to shame or humiliate someone, or to make them feel scared or unsafe. This includes what they say and how they say it. Examples include:<br>• ridiculing or humiliating someone<br>• criticising their appearance, intelligence, sexuality, religious beliefs, or ethnicity<br>• criticising their actions as a partner or parent<br>• using cruel or abusive nicknames<br>• swearing at someone<br>• yelling or screaming at someone. |

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