Case Review Meeting 1: Perpetrator Suicides and Homicide Suicides

Meeting Communique

Background

The Domestic and Family Violence Death Review and Advisory Board (the Board) is responsible for the systemic review of domestic and family violence deaths that have occurred in Queensland, with its role and function outlined within the Coroners Act 2003 (the Act).

The purpose of the Board is to identify common systemic failures, gaps or issues and make recommendations to improve systems, practices and procedures to prevent future domestic and family violence related deaths.

On Wednesday 14 September 2016 the first case review meeting of the Board was convened. Two homicide suicides and five perpetrator suicides were considered at this meeting equating to a total of nine deaths1. This Communique provides a summary of these discussions, and outlines key themes and issues identified during this review process.

Preventative recommendations pertaining to cases subject to review by the Board will be published on an annual basis in accordance with section 91ZB of the Act.

Common Case Characteristics

This case review meeting included seven suicides of male perpetrators of domestic and family violence, and two homicides of female victims, that occurred between 2013 and 2016.

All deaths occurred in the midst of a relationship separation, where there was an identifiable prior history of intimate partner violence. There was also significant similarities across the cases including:

- All male perpetrators had a prior history of mental health and problematic substance misuse concerns (either professionally diagnosed or in the opinion of family and friends).
- Four perpetrators had recent contact with mental health professionals in relation to domestic and family violence or suicide attempts or threats.
- In seven of the nine deaths, the deceased had come to the attention of formal services in relation to either domestic and family violence or suicidal threats or attempts.

---

1 For the purposes of this review process the following definitions apply: (a) deceased: the person/s who died; (b) offender: the person whose actions, or inaction, caused the person (the deceased) to die; (c) victim: the person who was the primary victim of the domestic and family violence in the relationship and the person most in need of protection and (d) perpetrator: the person who was the primary aggressor in the relationship prior to the death and who used violence within the relationship to control the victim. More information is available in the Board’s Procedural Guidelines which can be found here.
- For six of the perpetrators there was a prior history of other offending behaviour, (exclusive of their history of perpetrating abuse against their intimate partner and other family members).
- There was a prior history of suicide threats or attempts in five of the seven perpetrators.
- In four of the cases there was a protection order in place at the time of death, and in three cases, child custody arrangements were used as a means to facilitate further abuse by the perpetrator post-separation.

**Key themes and Issues**

*Perpetrator characteristics*

There were similarities throughout these cases with respect to the characteristics and behaviours of the perpetrators including jealousy, stalking and obsessiveness towards their former female intimate partner, as well as the use of suicide threats or attempts as a form of coercive control.

An emerging trend was the prevalence of technology facilitated abuse and harassment through text, email and via social media. These types of technologies can be a quick and accessible medium through which to stalk and harass a victim but they can also be effective evidence, and victims should be encouraged to retain the messages for the purposes of pursuing criminal charges.

Where children were present in the relationship it was evident that contact post-separation became an avenue through which to perpetrate ongoing abuse against a former intimate partner, with the children being used as a tool of abuse and coercion over the victim. Such behaviour is typical of the underlying power and control dynamics that characterise these types of relationships and it has a substantial and sustained negative impact on both victims and their children.

There was also a common theme of loss or perceived loss by the perpetrators across the cases. This included the loss associated with relationship separation, as well as the suicide or serious illness of a loved one as a child or an adult.

**Finding 1:** Increased understanding and awareness of the association between suicidal threats or attempts and subsequent lethality (either suicide or homicide) in relationships characterised by domestic and family violence is required to improve system responsiveness to this issue, and ensure that underlying causative factors are appropriately addressed.

**Finding 2:** Perpetrators of violence with a history of being bereaved by suicide among the familial or social network may benefit from ongoing postvention support. Research demonstrates a strong association between knowing someone who has suicided and then subsequently expressing suicidal ideation or intent, and it is important that long term interventions are available for those who require support.
Responding to victims of domestic and family violence

Victims who use violence, experience mental health or substance misuse issues or have a demonstrated reluctance to engage with formal supports were also discussed, given the increased challenges in providing meaningful support to this cohort.

Difficulties associated with responding to a victims’ use of violence in relationships, including the identification of the primary perpetrator and the person most in need of protection was also highlighted as an issue. While there may have been opportunities to assist a victim, their own use of violence or reluctance to engage with services, was misinterpreted and misunderstood, with a tendency to project blame on to the victim.

Reactionary use of violence by victims, particularly where a perpetrator is adept at ‘image-making’ and creating an image of the primary victim as ‘crazy’ or ‘difficult’ resulted in victims being seen as the ‘problem’ meaning that they were less likely to receive the assistance they required.

This is especially damaging as when a victim discloses their experiences of violence, and no assistance emanates from this disclosure, then a perpetrator’s abusive behaviour is further reinforced and normalised, and the victim may be less likely to seek assistance in the future.

**Finding 3:** There is a requirement for further awareness across the service system in relation to the use of violence by victims and the broader context in which this behaviour occurs.

**Informal supports**

In all cases reviewed be the Board, there was knowledge among family and friends of a prior history of violence and abuse within the relationship before the death. Informal social support networks are often the first point of contact and support for victims and perpetrators, and although they may be aware a relationship is ‘volatile’, they may not necessarily consider it in the context of the potential risk or understand the underlying dynamics.

There also may be a sense of normalisation among informal support networks of the dysfunctional dynamics apparent within a relationship for both perpetrators and victims. Without primary intervention at an earlier point, there was a propensity to cycle back to an abusive relationship, or continue the pattern of abuse in future relationships. As such it is up to the systems that envelop victims, perpetrators and their supportive others to identify, and respond to this type of behaviour.

Workplaces were identified as a key setting for intervention and support for victims of domestic and family violence. In a number of cases, employers were aware of, and raised concerns about, the safety of their staff who were experiencing domestic and family violence and attempted to provide support and assistance.

**Finding 4:** Although there has been an increased focus on community awareness, formal supports for family and friends, and avenues to seek advice and assistance where they have concerns remain limited, which restricts their capacity to assist or safely intervene.
Service system responsiveness

While in some cases there was limited contact with formal services, in others there were multiple points of contact, with missed opportunities for earlier intervention identified by the Board. Responses by services were predominantly symptomatic and focused on the presenting issues and/or precipitating incident as opposed to considering the broader context within which these events and behaviours were occurring.

The capacity of some of the perpetrators to manipulate the perceptions of those around them meant that their abusive tactics in relationships went undetected, and subsequently were not responded to. This increased the vulnerability of their victims and meant that the underlying issues precipitating this behaviour were not addressed.

The challenges associated with self-reporting and disclosure when working with perpetrators of domestic and family violence should not be underestimated, as they may have a vested interest in misrepresenting the circumstances of their behaviour to avoid sanctions.

There are also difficulties for services in effectively addressing this type of abuse, where the underlying causal factors may not be immediately recognisable. Identifiable barriers to the provision of effective support include restricted resources and time; competing demands; a lack of experience and training of staff; and, the limitations associated with working within emergency settings which are, by their nature, crisis focused.

There is a limitation to the extent to which frontline practitioners can take action in these types of settings as they are crisis-focused, with the staff required to address the top priority and main presenting issue.

Further, the onus for improved responses to domestic and family violence is often placed on frontline responders, however a broader response which aims to provide the systems, structure and practice framework for these staff to respond effectively to both victims and perpetrators is required.

Where an individual presents at risk of suicide, there is a need for service providers to consider the safety of the suicidal person, as well as their family or intimate partner, in circumstances where there are indicators of domestic and family violence as that individual may pose a risk of harm to both themselves and others.

Finding 5: There is a need to recognise the role of employers and work colleagues in the delivery of informal support in addition to family and friends, and consider further their differing roles and responsibilities in the provision of advice and assistance to victims and perpetrators of domestic and family violence.

Finding 6: There is an ongoing need to break away from an incident focused response system to one which considers the underlying pattern of abuse and the safety of intimate partners, children and other family members.

Finding 7: There is still a tendency for many services to focus predominantly on victims as opposed to perpetrators of domestic and family violence. As such the potential for the routine screening and assessment of perpetrators, as well as victims, should be considered with respect to routine screening processes.
As part of the implementation of recommendations from the Special Taskforce on Domestic and Family Violence, good practice and promising initiatives such as high-risk teams, the Gold Coast Police Domestic and Family Violence Taskforce and the roll-out of state-wide domestic and family violence training for Queensland Health staff represent opportunities to enhance service system responsiveness in this area.

**Next meeting**

The next meeting of the Board will be held on 1 November 2016.

For any enquiries relating to the Communique please contact the Board Secretariat: [Coroner.DFVDRU@justice.qld.gov.au](mailto:Coroner.DFVDRU@justice.qld.gov.au)