



# OFFICE OF THE STATE CORONER

## FINDINGS OF INQUEST

CITATION: **Inquest into the death of Brenda Elizabeth KING**

TITLE OF COURT: Coroners Court

JURISDICTION: Brisbane

FILE NO(s): 2007/73

DELIVERED ON: 13 December 2010

DELIVERED AT: Brisbane

HEARING DATE(s): 18-19 November 2010

FINDINGS OF: Brisbane Coroner John Lock

CATCHWORDS: CORONERS: Head injuries

REPRESENTATION:

Counsel Assisting: Ms A Martens for the Office of the State Coroner

Mr Stephen King Mr Toweel instructed by A.W Bale & Son

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## **Introduction**

1. Brenda Elizabeth King died on 23 December 2007 from an acute subdural haemorrhage due to some form of blunt force trauma to her head. She was an alcoholic and there had been many documented instances of her receiving injuries from falls. She and her husband Stephen King were separated but were living in the same residence. There was also significant documented domestic violence history towards each other. Her husband told police that the day before he found his wife deceased in her bed, he had grabbed her around the neck, pushed her away and she hit her head. An autopsy examination found many injuries and whilst falls could explain most if not all of these, the pathologist could not exclude direct blows. The issue for the inquest was to determine how Mrs King received the fatal injury to the head, in particular, whether it was as a result of a fall whilst intoxicated or if some third party was involved either directly or accidentally causing her to fall or if there was some other blunt force applied.
2. These findings seek to explain how the death occurred and consider whether any changes to policies or practices could reduce the likelihood of deaths occurring in similar circumstances in the future. Section 45 of the *Coroners Act 2003* ("the Act") provides that when an inquest is held into a death, the coroner's written findings must be given to the family of the person who died and to each of the persons or organisations granted leave to appear at the inquest. These findings will be distributed in accordance with the requirements of the Act and also placed on the website of the Office of the State Coroner.

## **The scope of the Coroner's inquiry and findings**

3. A coroner has jurisdiction to inquire into the cause and the circumstances of a reportable death. If possible he/she is required to find:-
  - (a) whether a death in fact happened;
  - (b) the identity of the deceased;
  - (c) when, where and how the death occurred; and
  - (d) what caused the person to die.
4. There has been considerable litigation concerning the extent of a coroner's jurisdiction to inquire into the circumstances of a death. The authorities clearly establish that the scope of an inquest goes beyond merely establishing the medical cause of death.
5. An inquest is not a trial between opposing parties but an inquiry into the death. In a leading English case it was described in this way:- *"It is an inquisitorial process, a process of investigation quite unlike a criminal trial where the prosecutor accuses and the accused defends... The function of*

*an inquest is to seek out and record as many of the facts concerning the death as the public interest requires.”*<sup>1</sup>

6. The focus is on discovering what happened, not on ascribing guilt, attributing blame or apportioning liability. The purpose is to inform the family and the public of how the death occurred with a view to reducing the likelihood of similar deaths. As a result, the Act authorises a coroner to make preventive recommendations concerning public health or safety, the administration of justice or ways to prevent deaths from happening in similar circumstances in future.<sup>2</sup> However, a coroner must not include in the findings or recommendations, statements that a person is or maybe guilty of an offence or is or maybe civilly liable for something.<sup>3</sup>

## **The admissibility of evidence and the standard of proof**

7. A coroner’s court is not bound by the rules of evidence because the Act provides that the court “*may inform itself in any way it considers appropriate.*”<sup>4</sup> That does not mean that any and every piece of information, however unreliable, will be admitted into evidence and acted upon. However, it does give a coroner greater scope to receive information that may not be admissible in other proceedings and to have regard to its origin or source when determining what weight should be given to the information.
8. This flexibility has been explained as a consequence of an inquest being a fact-finding exercise rather than a means of apportioning guilt; an inquiry rather than a trial.<sup>5</sup>
9. A coroner should apply the civil standard of proof, namely the balance of probabilities but the approach referred to as the *Briginshaw* sliding scale is applicable.<sup>6</sup> This means that the more significant the issue to be determined; or the more serious an allegation; or the more inherently unlikely an occurrence; then in those cases the clearer and more persuasive the evidence should be in order for the trier of fact to be sufficiently satisfied that it has been proven to the civil standard.<sup>7</sup>
10. It is also clear that a coroner is obliged to comply with the rules of natural justice and to act judicially.<sup>8</sup> This means that no findings adverse to the interest of any party may be made without that party first being given a right to be heard in opposition to that finding. As *Annetts v McCann*<sup>9</sup> makes clear, that includes being given an opportunity to make

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<sup>1</sup> *R v South London Coroner; ex parte Thompson* (1982) 126 S.J. 625

<sup>2</sup> Section 46 of the Act

<sup>3</sup> Sections 45(5) and 46(3) of the Act

<sup>4</sup> Section 37 of the Act

<sup>5</sup> *R v South London Coroner; ex parte Thompson* per Lord Lane CJ, (1982) 126 S.J. 625

<sup>6</sup> *Anderson v Blashki* [1993] 2 VR 89 at 96 per Gobbo J

<sup>7</sup> *Briginshaw v Briginshaw* (1938) 60 CLR 336 at 361 per Sir Owen Dixon J

<sup>8</sup> *Harmsworth v State Coroner* [1989] VR 989 at 994 and see a useful discussion of the issue in Freckleton I., “Inquest Law” in *The inquest handbook*, Selby H., Federation Press, 1998 at 13

<sup>9</sup> (1990) 65 ALJR 167 at 168

submissions against findings that might be damaging to the reputation of any individual or organisation.

11. If, from information obtained at an inquest or during the investigation, a coroner reasonably suspects a person has committed a criminal offence, the coroner must give the information to the Director of Public Prosecutions in the case of an indictable offence, and to the chief executive of the department which administers legislation creating an offence which is not indictable.<sup>10</sup>

## **Social History**

11. Mrs King was 58 years old at the time of her death. She was survived by her mother Elizabeth Long and her two sons from a previous marriage, Gary and Scott Meeks. In 1978, Mrs King migrated to Australia. She married Steven King in 1979. From approximately 1987 onwards, Mrs King was a patient of the Alderley Clinic. Mrs King's health summary as at 23 December 2007 lists as her current medical problems as hypertension (high blood pressure), glaucoma, asthma and alcohol dependency. Mrs King's medical records indicated that she suffered from alcohol abuse as early as February 2005. Her medical records indicated that Mrs King had on several instances presented with injuries resulting from a fall whilst intoxicated. Mrs King had been receiving treatment for her alcoholism at Biala and a Community Health Centre. Mrs King stopped working around 2006 due to her alcoholism.

## **Relationship between Mr and Mrs King**

12. It is accepted that at some stage approximately 3 years prior to her death Mr and Mrs King commenced sleeping in separate bedrooms. They owned a residence at Herston which they subsequently sold and even though they were effectively separated they purchased another house together at Aspley and resided in this residence together.
13. When they sold the house at Herston, Mr King says the intention was to separate and split the proceeds equally apart from payment of some of Mrs King's credit card debts. He says they decided to purchase another property because he did not want to see her hurt and she was not capable of looking after her money. Although this appears to be an unusual arrangement there is nothing in the evidence which would indicate this explanation should not be accepted.
14. There is no doubt both Mr and Mrs King both drank alcohol to excess and were mutually abusive and at times physically violent towards each other, particularly when intoxicated. A lengthy history of domestic violence is contained within the Queensland Police Service records and these formed part of the exhibits to the inquest. Mrs King's son, Scott Meeks also provided a detailed statement concerning his mother's excessive drinking and her aberrant behaviour including a propensity to make up lies about a range of matters including himself, his family and

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<sup>10</sup> S 48(2)

other friends. He also was concerned about the cycle of abuse and violence between his mother and Mr King. He had witnessed many bruises to her face and body. He maintained concerns as to how the death occurred and whether Mr King had anything to do with it.

15. Mrs King's mother Elizabeth Long also describes the history of domestic violence.
16. Mr King does not deny the substance of this domestic violence history. He says this escalated over the last few years and given the lack of police history prior to the year 2005, there would appear to be some basis to that statement.
17. It is unnecessary to detail all of that history but the more recent events provide some indication of its degree of frequency and severity. A Domestic Violence Order was issued on 1 February 2005 and expired on 31 January 2007. Mr King states this occurred when he was told by police to leave the house after he had argued with Mrs King and her mother. An order was taken out by police at that time. Given the history it is probable Mr King did not contest the making of the order.
18. On 4 February 2005, Mrs King contacted the police requesting they attend their residence in Herston. Mrs King claimed that on the evening of 3 February 2005, Mr King had been verbally abusive and threatened to hit Mrs King. She also alleged he had taken a knife from the kitchen bench and stated "I should place this through your guts". When the police arrived Mrs King was visibly shaken and very nervous. Mr King was no longer home by the time the police arrived. Mrs King told the police she was fearful for her safety based on threats made by Mr King. The police offered Mrs King assistance in obtaining alternative accommodation however she refused. The police contacted Mrs King on numerous occasions however she was unwilling to provide a statement or assist the police further. During his evidence at the inquest, Mr King denied holding a knife.
19. On 12 July 2005 the police attended Mr and Mrs King's residence. They found Mrs King in an extremely intoxicated state and she was unable to recall the incident in which she contacted the police. Mr King spoke to police about Mrs King's heavy drinking habits. During his evidence at the inquest, Mr King confirmed some of the comments made on 3 and 4 February 2005, however he denied making threats to harm Mrs King or brandishing a knife. Mr King indicated Mrs King had made similar allegations and the police had attended on 9 and 11 July 2005 however no further action had been taken. The matter was not taken any further by police as Mrs King was unable to recall the incident, unwilling to make a statement and Mr King did not make any further admissions.
20. On 7 March 2006 police attended the King's residence in Herston. Both Mr and Mrs King had been drinking. Mr King wanted Mrs King to get up from the lounge and go to bed as she had fallen asleep on the lounge.

Mr King dragged her off the lounge causing red marks on her back. Mrs King broke free and bit Mr King on his left forearm causing the skin to break. The occurrence report noted a reciprocal order was being processed as Mrs King had previously attacked Mr King with a knife. Mr King had two recent stab wounds on the stomach and leg. Mr King was issued with a notice to appear for breaching the domestic violence order. He appeared in the Brisbane Magistrates Court on 16 March 2006 and pleaded guilty. Mr King was fined \$100 and no conviction was recorded.

21. On 1 May 2006 Mrs King was intoxicated at the Herston address. Mr King indicated to Mrs King that he was going to take all the alcohol to his brother's house. Mr King packed the alcohol into a box and placed the box on the front balcony. Mrs King then started a verbal argument which resulted in her punching Mr King in the head three times with a closed fist. Mrs King was subsequently charged in relation to breaching the domestic violence order. She appeared in the Brisbane Magistrates Court on 16 May 2006 and pleaded guilty. Mrs King was fined \$200 and no conviction was recorded.
22. On 24 August 2006 police were again called to the King's Herston address. Mr King advised that Mrs King had arrived home extremely intoxicated and abusive towards Mr King. Mr King had asked Mrs King to leave him alone and go to bed a number of times however she continued with the abuse. He became frustrated and pushed Mrs King which caused her to fall and cut her head. Mr King told police he did not intend for Mrs King to fall, he just wanted her out of his face. Mrs King grabbed Mr King by the shirt and in the process ripped a chain from Mr King's neck. Mr King did not wish to make a formal complaint. Police spoke to Mrs King at the Royal Brisbane Hospital. Mrs King told police she had consumed a number of drinks before coming home and there was a verbal argument and that was when she pushed Mr King. Mrs King was unable to remember the circumstances of the argument or what had actually occurred. Mrs King did not want to make a formal statement.
23. On 19 June 2007, police attended the King's residence at Maundrell Terrace, Aspley. Mrs King had attempted to leave the address for a doctor's appointment. Mr King took the keys off Mrs King because he believed she was under the influence of alcohol. Mr King also took Mrs King's credit cards. Mr King provided information to the police that Mrs King had indicated in the past she would be attending a doctor's appointment and returned home very intoxicated. Police determined that no domestic violence had occurred.
24. On 6 September 2007, the police were again called to attend the King's residence at Maundrell Terrace, Aspley. Mr King told police Mrs King had returned home and a verbal argument occurred and Mrs King left the residence. Mr King followed Mrs King to the Westpac Bank at Aspley. A verbal disagreement occurred at the bank that was observed by the bank employees over Mrs King spending money on alcohol. Mr King followed Mrs King back to the residence. There was a further argument over Mrs

King's drinking. Mr King poured Mrs King's wine down the sink and threw empty bottles out into the yard. Mr King asked Mrs King why she was still drinking when she had promised to stop. Mrs King stabbed Mr King in the face with a fork causing injury. Mr King grabbed Mrs King by the shirt and dragged her outside and closed the front door. Mrs King smashed a ceramic pot against the front door causing visible marks to the front timber panel. As a result Mr King called the police. Both Mr and Mrs King were charged in relation to breaching their domestic violence orders.

25. Mr King appeared in the Brisbane Magistrates Court on 1 October 2007 and pleaded guilty. Mr King was discharged absolutely and no conviction was recorded. Mrs King appeared in the Brisbane Magistrates Court on 26 October 2007 and pleaded guilty. Mrs King was fined \$850 and no conviction was recorded.
26. On 16 September 2007, Mrs King was driving a motor vehicle which collided with an un-occupied parked vehicle. Her blood alcohol concentration was recorded as 0.238. Mrs King was charged with driving under the influence of alcohol.

#### **Events of 22 – 23 December 2007**

27. On the evening of Saturday 22 December 2007, Mr King left the residence to attend The Chinese Club and a party.
28. It would seem that after Mr King left to go out that evening, Mrs King spoke with her mother, Mrs Long, in England. Mrs Long indicated the call was not out of the ordinary and her daughter did not complain of any illnesses or injuries. Mrs King indicated Mr King was still hollering and shouting all day however her daughter did not say anything about any physical contact between them.
29. Walter Buckby arrived at The Chinese Club at approximately 4.30pm on 22 December 2007. Mr King arrived at approximately 5pm. While they were at The Chinese Club, Walter believes they consumed three beers each. Also at the Chinese Club that evening was Paul Desmond Smith who also knew Mr King.
30. At The Chinese Club, Mr Smith spoke to Mr King about visiting Mr Smith's mother at Eventide Hospital in Brighton the next day. Mr Smith indicated he would ring Mr King in the morning and arrange a time to collect Mr King. During evidence, Mr Smith indicated that, to his knowledge, Mrs King would not be accompanying them on this trip.
31. Mr Buckby, Mr King, and two other people left The Chinese Club just after 6pm and caught a cab to the residence of Barry Buckby.
32. Barry Buckby believed Mr King consumed between 8 and 10 stubbies of Carlton Draught and Tooheys Extra Dry beer. At around 10pm, Barry

realised Mr King had left the party. Mr King says he arrived home at about 11pm.

33. At 0758 hours in the morning of Sunday 23 December, Queensland Ambulance Services (QAS) communications received a call from Mr King. Intensive Care Paramedic Aspinall and Student Intensive Care Paramedic Holmes were dispatched to the King's residence. They arrived on scene at 0802. They observed Mrs King to be lying supine on the bed diagonally and no pillows were under her head. Mrs King was partially covered by a blanket. ICP Aspinall and Student ICP Holmes decided not to expose Mrs King any further as the situation appeared unusual and potentially suspicious. ICP Aspinall determined to only perform an assessment to confirm Mrs King was beyond resuscitation and attempted to cause minimal disruption to the scene as possible. They were able to confirm Mrs King was deceased by her absence of a heart rhythm (asystole), obvious dependant lividity and rigormortis. ICP Aspinall then contacted QAS communications to request the police attend.
34. On 23 December 2007 Barry Buckby was again at The Chinese Club when Mr King arrived. Mr King advised Mr Buckby of the death of Mrs King and stated they had had a fight on Saturday afternoon before he went to Barry's party. Mr King appeared very upset and said he had not only lost his wife but his best friend.

### **Police investigation**

35. The Police spoke to all of the witnesses who were with Mr King on the afternoon and evening of 22 December. Mr King was questioned extensively by the police. It is fair to say given the documented domestic violence history and given what he told police at the scene, he was a person of interest to the investigating police. He provided a written statement and participated in two records of interview, one on 23 December and the second on 24 December which was over a period of 4 hours. He appeared to give a detailed account of their relationship including matters which could have been against his interests. In particular he volunteered information to police about an incident that occurred a day or two prior to Mrs King's death which police would otherwise have been unlikely to find out about. There were some conflicting pieces of information contained in the two formal interviews and statement which required clarification at the inquest but in general there was nothing remarkable about his evidence in Court which provided any surprising new evidence and his version of events has remained generally consistent throughout.
36. The police investigation determined there was no direct evidence which proved Mr King directly or indirectly caused the injury to Mrs King's head which ultimately caused her death. There was no evidence which suggested to the police that he was not being truthful about the events he had described. The investigation could not exclude the head injury may have been caused by an accidental slip or a fall.

37. At the commencement of his evidence at the inquest Mr King's Counsel stated he had advised his client regarding his entitlement to claim the protection contained in section 39 of the *Coroners Act* in relation to any evidence that would tend to incriminate him. He did so not on the basis there was any evidence that would directly inculcate his client in relation to Mrs King's death but rather there would be evidence led about domestic violence issues which could potentially involve other forms of assault. On that basis I required him to give evidence as I was satisfied it was in the public interest to hear his evidence and noting the protection given to him by section 39.
38. The first police to arrive on the scene on 23 December 2007 were Constables Craig Palethorpe and Kelly Thompson who arrived at approximately 8.05am. Both officers were relatively junior. A tape recorder was not used by either of them to record their interactions with Mr King. Constable Palethorpe took notes of the conversations between the police officers and Mr King. Constable Palethorpe provided his statement the very next morning. I accept his evidence as being recorded in a contemporaneous manner. It was the first death he had attended as a police officer although he had been in the Army and had attended on deceased persons before.
39. Constable Palethorpe recalls that when he entered the house, Mr King stated "*I found her this morning, I called the ambo's, I'll show you where she is*". Once they entered the bedroom, Mr King commented that he found it weird Mrs King would be in the bed naked as she would normally sleep with her clothes on.
40. The rest of the conversation were as follows:

Constable Thompson asked him: "*When did you last see her alive?*"

Mr King: "*4.15pm on 22 December because I left and went to a party*"

Constable Thompson: "*what medication does she have?*"

Mr King: "*She has a heap of stuff, but I'm not sure what it's for.*"

Mr King then went to the pantry and returned with the following medication:

Mertazon – 30mg;  
Premarin – 0.3mg and .625mg;  
Ventolin;  
Sertide – 250/50mg; and  
Campral EC – 333mg.

Mr King indicated Campral was for alcoholism.

Constable Thompson asked him: *“After you went out last night what time did you get home?”*

Mr King: *“I got home at about eleven o’clock. I went to a party, I attended the Chinese Club and after that a place at Woolloowin with a friend.”*

Constable Thompson: *“After the party what did you do?”*

Mr King: *“I caught the train to Roma Street and then got on a bus which dropped me off at Pie and Maundrell Terrace. That got in just before 11pm”.*

Mr King also stated when he got home he went to bed.

Mr King: *“We had a verbal argument yesterday morning over bank statements.”*

Mr King produced two documents which appeared to the police officers to be bank documents.

Mr King: *“We’ve been separated for about two years and we sleep in separate rooms. We have done this since moving from Herston.”*

Mr King: *“She was drinking all the time and she didn’t care if she died from drinking. Yesterday we had an argument about her drinking excessively. I grabbed her around the neck and I told her: ‘if you want to die then I’ll fucken help you’. I then pushed her away and she hit her head.”*

During this conversation, Mr King physically demonstrated his actions including using both hands in front of him in a choking type gesture, further indicating he flung Mrs King away from him.

41. Constable Palethorpe prepared the Form 1 report to the Coroner and a Supplementary form 1 dated 23 December 2007. In the supplementary report he stated *“that there had been a verbal argument over money matters that had turned violent and that he had put his hands around the deceased throat and had pushed her into a wall and said words to the effect if you want to kill yourself I will help you and has pushed the deceased onto the floor. He also stated that they became quite physical when arguing and she has a real drinking problem.”*
42. Clearly the issue that arises was the failure to record in the notes the reference to hitting her head on the wall and being pushed to the floor. In his statement (apparently taken on 24 December 2007) at paragraph 37 he further complicates the issue and states that King *“did indicate what she hit her head on but he could not remember exactly what that was.”*

43. At the time of giving evidence, almost three years later, Constable Palethorpe was not able to clarify whether Mr King had mentioned a wall or just gestured to it.
44. Constable Thompson recalled having attended at the residence for a disturbance on one previous occasion. There had been a verbal argument and in her conversation with Mrs King she understood that she was an alcoholic and was seeing a Doctor and getting medication changed but that nothing physical occurred.
45. She stated she prepared her statement on 24 December 2007 and recalls Constable Palethorpe took notes but she did not refer to those notes when she prepared her statement.
46. She stated when Constable Palethorpe and Constable Thompson entered the house, Mr King stated *"I called the ambo's"*. Whilst Thompson was talking to a QAS officer, Mr King stated *"I found her this morning, she's in that room down to the left"*. Once they entered the bedroom, Mr King stated *"It's a bit strange cause she doesn't sleep naked"*. Mr King repeated this a number of times. Mrs King was lying diagonally across the bed and the doona was partially covering her lower body. Thompson observed blood dribble from the left corner of her mouth.
47. She asked Constable Palethorpe to take notes. I will not set out all that the statement records but refer to the more salient points which may be more central to the issue about the disclosures made by Mr King. The conversation she recalls was as follows:

Constable Thompson: *"When last saw deceased?"*

Mr King: *"4.15pm, had to catch the bus."*

Constable Thompson: *"deceased on any medication?"*

Mr King: *"She has a heap of stuff"*

Mr King then went to the pantry and returned with 10 or 11 boxes of medication.

Constable Thompson: *"Does she take these prescribed meds all the time?"*

Mr King: *"I don't know, she has heaps of them, she doesn't do anything she is told because she's an alcoholic."*

They had a discussion about doctors.

Mr King: *"Yesterday, we had an argument, it was quite verbal, so I went down to the shop to have a break. I came back and got dressed. I saw her just before I caught my bus. I left at 4.15 to catch my bus."*

Constable Thompson: *"Ok, I've been here before so I know that you've both got history."*

Mr King: *"Oh no I'm not going to deny it, we can be quite rough with each other."*

Constable Thompson: *"Was yesterday's argument verbal or was it physical?"*

Mr King walked over to the coffee table and pulled out two pieces of paper and handed them to Constable Thompson.

Mr King: *"This is what our argument was over, she got a new bankcard. She's an alcoholic and I'm sick of it."*

Constable Thompson: *"So Steve, what time did you get home?"*

Mr King: *"eleven."*

Constable Thompson: *"where did you go?"*

Mr King: *"I went into town for dinner at a Chinese club and then went to a party in Woolloowin."*

Constable Thompson: *"How did you get home from Woolloowin?"*

Mr King: *"I caught a train and then a bus which dropped me off at the corner Pie and Maundrell Terrace."*

Constable Thompson: *"So when was the last time you had a physical argument?"*

Mr King: *"Look, I'll be honest with you, on Friday when I first found out about her bankcard, I blew my top because she's an alcoholic ..oh yeah I did grab her."*

At this point she had a brief discussion with the QAS officers.

Constable Thompson: *"So what happened again on Friday?"*

Mr King: *"I grabbed her by the throat and I pushed her into something, I told her: if you want to die I will help you. I pushed her away. I won't deny it; I grabbed her by the throat and pushed her."*

Mr King physically demonstrated his actions using both hands like he was grabbing something with his hands slightly apart. Mr King then pushed his hands away.

48. At this point Constable Thompson determined her supervisor should be informed and CIB officers should attend. Detectives arrived later and she was asked to contact Mrs King's doctors and obtain information which she did and this is set out in her statement.
49. Constable Thompson was unable to recall anything being said by Mr King about Mrs King hitting her head into a wall or floor and agreed that would have been something she would recall and have put in her statement.
50. Given the state of the evidence it is difficult to conclude with a sufficient standard of proof that Mr King had made a positive admission of having pushed Mrs King into the wall or onto the floor.
51. Scenes of Crime were requested to attend. Acting Sergeant Morabito attended and during his examination he observed:
  - one bloodstain on the vertical surface of the third step of the paved external entrance;
  - two bloodstains on the east wall of the garage;
  - two bloodstains on the lounge chair;
  - one bloodstain on the floor of the dining room;
  - seven bloodstains on the east wall of the dining room;
  - one bloodstain on a towel on the floor of the small bedroom;
  - a group of bloodstains on the mirror in the bathroom;
  - one bloodstain on the light switch in the bathroom;
  - six bloodstains on the west wall in the guest room;
  - one bloodstain in the built in wardrobe in the guest room;
  - bloodstains on the ensuite sink in the main bedroom;
  - bloodstained pillow and doona in the main bedroom; and
  - bloodstains in the top right hand corner of the mattress fitted to the bed in the main bedroom.
52. The rubbish bin contained two empty bottles of wine and two Master Cards bearing the name "Brenda King" which had been cut in half.
53. Acting Sergeant Morabito reported the traces of blood but there was nothing to indicate or suggest a struggle or any other form of violence had occurred. No obvious signs of major trauma to the body were observed nor were there any signs of a struggle or forced entry to the dwelling. The bloodstains are consistent with small amounts of blood coming from injuries sustained by Mrs King or Mr King over multiple incidents over time such as from falls or even the forms of assault admitted to by Mr King such as when he backhanded her.

54. The scientific section noted that a pink fitted sheet had blood on it, the location and appearance of stains were consistent with the bloodied discharge from the mouth of Mrs King on the bed. A quilt and pillow also had blood on them.

### **Mr King's version of events**

55. Mr King stated that during the morning of 22 December they had been involved in a heated argument with Mrs King over her apparent excessive spending on her credit card. They had a loud argument in relation to her drinking alcohol. He denied there was any physical contact between them.
56. At 4pm that day he left the house to travel by bus to The Chinese Club in Fortitude Valley and then went to a party at Woolloowin. When he left the house Mrs King was watching television and appeared to be physically well. He had earlier poured down the sink a bottle of white wine but prior to leaving gave her three bottles of wine he had hidden in the house. He said he did this because he knew that Mrs King would have gone out and bought more wine herself.
57. He says that around 11pm he arrived home and went to bed. He looked in on Mrs King and saw she was in bed with the light off and the doona pulled up over her. The next morning he went into her room to wake her and noted she was cold and stiff and immediately called emergency services.
58. In his statement he admitted that on the previous Thursday or Friday evening he had an argument with her about her excessive drinking and during the argument he grabbed her around the throat with both hands for a few seconds. He said he applied a fair bit of pressure to her throat but she did not lose consciousness nor did she hit her head against anything.
59. In his record of interview on 24 December 2007 Mr King admitted to a number of recent incidents of domestic violence where he admitted physically assaulting Mrs King. He did not admit to unlawfully assaulting her in a manner so as to cause her to strike her head. He admitted that during the incident on the preceding Thursday evening he grabbed her around the throat and squeezed tightly until Mrs King went red in the face. He stated he then pushed her backwards onto a lounge chair. Mr King denied she lost consciousness or that she was even harmed in any way. He claimed Mrs King did not complain of any injury to her head and he could offer no explanation as to how the head injury was caused other than to suggest she would often fall over when she was intoxicated.
60. Mr King also admitted that on one occasion around the week before Mrs King died, he backhanded her. During the record of interview he agreed that may have been the previous Sunday or Monday. Initially he referred to this occurring on only one occasion but later in the interview Mr King

indicated he had backhanded her plenty of times in the past but denied punching her in the stomach or the head.

61. Mr King and Mrs King were joint tenants in the property at Aspley. They also had approximately \$150,000.00 in joint monies invested which was some of the proceeds of the sale of the Herston property. Mr King was automatically entitled to those assets on the basis of being the joint survivor.

### **Autopsy Results**

62. On the afternoon of 23 December 2007, Dr Urankar performed a post mortem examination. She had not attended nor been requested to attend the scene. Her external examination revealed numerous signs of recent trauma (there were over 70 separate injuries identified). The attendance of the pathologist at the scene could have assisted in establishing in a more definitive manner the time of death as she describes in her evidence. QAS officers described the body had significant morbid dependent lividity and rigor mortis which usually is strong in about 3 hours and maximally strong in 8 hours. QAS officers suggested she had been dead for some 6 hours and Dr Urnkar thought an 8 to 6hour period was a good estimate.
63. Dr Urankar noted numerous bruises and abrasions to Mrs King's head, hands, arms, chest, buttocks and legs resulting from blunt force trauma. She was unable to provide an opinion about what that blunt force trauma might have been. Numerous subcutaneous bruises were also observed over Mrs King's body, including over the left lateral chest wall and flank. The many bruises to her arms, chest or abdomen and legs were consistent with blunt force trauma such as from falls or from bumping into things as much as any other form of blunt force trauma. Given their number and variety of different areas to her body it was more likely they were as a result of multiple applications of trauma.
64. There was also evidence of a contusion to the liver as a result of blunt force directed to it together with evidence of a fatty change commonly seen from chronic alcohol abuse.
65. Dr Urankar's opinion was that these injuries could be attributed to force from falls or direct blows. Dr Urankar noted that the cause of Mrs King's death was as a result of a large subdural haemorrhage. Dr Urankar was unable to determine the exact source of the trauma to Mrs King's head.
66. Toxicology results revealed Mrs King had consumed alcohol prior to her death consistent with her history and the version of Mr King. The levels would indicate there was a period of survival from when she last had a drink but it could not be more than a day as after a day she would not have any alcohol in her system. Toxicology results revealed the following:
  - Femoral blood: alcohol 81mg/100mL
  - Vitreous humour: alcohol 113 mg/mL

Urine: alcohol 129mg/100mL  
Subdural blood: alcohol 113mg/100mL.

67. Dr Urankar explained the subdural level represents the amount of alcohol in her blood at the time Mrs King would have sustained the injury because the blood in that space is seconded from the circulation and does not metabolise. That is an important issue as will be seen to be the case later as it suggests as part of the whole picture that her survival period after receiving the subdural haemorrhage was reasonably short given that the femoral blood which is not seconded had metabolised only to the level of 0.81%.
68. The autopsy report described the numerous signs of recent trauma. In general they were described as either being red rounded healing abrasions, a superficial abrasion, a yellow bruise, a blue bruise, a brown bruise or a blue brown bruise. Dr Urankar explained during her evidence that it was difficult to actually age bruises in general because it can depend on the skin colour of an individual and their own individual variation in the healing process. It also depends on the depth and the intensity of the bruise. In the acute phase bruises can appear red or a sort of deep purple and blue colour. When it starts to heal and blood products start to break down the bruise itself will start to change colour from a yellow colour to a yellow and brown colour and in that way a pathologist can give an opinion as to whether it is a slightly older bruise but it cannot be given an exact age.
69. Given that the cause of death was due to a head injury there was an obvious significance to assessing the seven injuries found on the head which were set out in the autopsy report. Dr Urankar said it was difficult to say in terms of those injuries whether they were consistent with either a fall or blow. There were three healing abrasions to the top of the head and it would be difficult to envisage a situation in which someone fell directly on top of their head to cause this injury and that they were instead more consistent with hitting something or a blow. The fourth healing injury was to the occipital scalp or the back of the head, and that is an injury that would be seen when somebody falls backwards and hits their head from a fall, or from a fall backwards onto a surface.
70. There was a yellow bruise to the right lateral lip and cheek, which she considered was an injury you do not technically see from a fall unless it was to the side onto a surface however it was an injury more commonly from a blow like a punch. There was an injury to Mrs King's ear (right inferior helix) which Dr Urankar opined was not something seen commonly in a fall but she said it could be seen if you fall in a particular manner. There was also a red abrasion to the chin which Dr Urankar indicated was an injury more likely from blunt force trauma such as a blow or punch in the area but could also occur from a fall. This injury was not placed in the category of healing and evidently was more acute and recent.

71. The internal examination confirmed the one superficial and 3 healing abrasions to the head. There was an area of haemorrhage below the head injury in number four. There were no skull fractures. There was a large 200g subdural haemorrhage covering the right hemisphere. There was also a subdural haematoma present over the basal frontal and basal temporal lobes and on the right tentorium. The haematoma was clotted. There was no evidence of subarachnoid haemorrhage. There was also subcutaneous bruising over the right jaw associated with the injuries to the right lip and cheek.
72. Of the first four abrasions noted on the head Dr Urankar indicated the histological appearance of those injuries demonstrated a reaction, which suggested that Mrs King survived for a period after sustaining these injuries. She considered the changes in relation to these were over two days of age. and although they could be associated with a subdural haemorrhage given they were that old she thought it difficult to associate them with an acute subdural haemorrhage as was seen here.
73. The histological examination of the head abrasions 1,2,3,4 showed scab formation and an inflammatory response which put them in that over two day age period. The right jaw showed acute haemorrhage and there was an absence of an inflammatory response which Dr Urankar said meant this injury was caused within 3 hours of her death. Dr Urankar said that with skin and jaw lesions the inflammatory response (neutrophils) would occur in that one to 3 hour period. She could not be a dogmatic as that regarding the blood in the subdural haemorrhage as it does not necessarily get the neutrophils in that short period and can extend up to an 18 to 24 hour period.
74. Dr Urankar at one point said she could not rule out a scenario where the subdural haemorrhage occurred in that period up to 24 hours and then she falls in the meantime and bruised her jaw. The injury to the right jaw also could have caused the subdural haemorrhage. There followed a series of questions and answers which did cause some confusion on this issue. The end result was clarified that although the head injury could have occurred in a period of 18 to 24 hours prior to Mrs King's death it was more likely to be within three hours because that would fit with the injury to the right jaw, the toxicology findings and the whole picture of the autopsy.. In particular there was no evidence of hypoxic or inflammatory responses and she would expect you have seen hypoxic changes within eight hours of unconsciousness.
75. The neuropathology examination found acute contusional damage of Mrs King's medial occipital lobe which is essentially a bruise to the back of the brain and an acute right subdural haemorrhage. The subdural haemorrhage was associated with the bruise at the back of the head which must have been caused by a direct blow to that area. This causes movement of the brain in the head causing blood vessels to tear and also a contusion to the area of the brain where the impact occurred. A subdural haemorrhage is a collection of blood in the space between the

membrane between the skull and the membranes covering the brain. These develop as a consequence of blunt force trauma to the head including blows to the head or falls. There were a number of scenarios as to how that could occur but typically it is an injury often seen when people are struck in the front of the head and fall backwards onto the ground and hit the back of their heads.

76. The consequences of a large subdural haemorrhage are associated with raised intracranial pressure and in this case included swelling of the brain, subfalcine herniation and Duret haemorrhages within the brain stem. These changes would not have been survivable and would have led to Mrs King's death. The exact source of the trauma in this case could not be established at autopsy. The survival period from the time of sustaining the injury to death can vary depending on how rapidly the blood collects in the subdural space and reaches an amount sufficient to cause pressure effects on the brain.
77. It was the opinion of Dr Urankar that this was an acute subdural haemorrhage and given there was no inflammatory response from the fresh haemorrhage, she believed that the survival period was very short, of only a few hours, however she conceded that the maximum survival period could possibly be as long as 24 hours although given the whole of the autopsy findings considered it more likely to have been much shorter and in the 3 hour period. She indicated there is often a period of lucency depending on how quickly the blood accumulates, so a person might be capable of doing some things for a while and then they will gradually lose consciousness as the blood volume builds up and puts pressure on their brain.
78. It is not possible to determine a precise time frame when Mrs King suffered the injury which caused the subdural haemorrhage but given the totality of the evidence it is unlikely to have occurred at the outside period of 18 to 24 hours period which was spoken about. I accept that it is more likely for the survival period to have been closer to the 3 hour period referred to by Dr Urankar.

## **Conclusions**

79. There is no direct or indirect evidence including an absence of such an injury at autopsy which would suggest Mr King caused any direct injury to the back of Mrs King's head with a blow or blunt instrument with or without an intent to cause her death. I exclude that possibility.
80. There is compelling evidence the relationship between Mr and Mrs King was volatile and at times they were mutually violent towards each other.
81. There is also compelling evidence of Mrs King's alcoholism and of a history of her falling when intoxicated. It is a possible explanation of Mrs King's death that she fell some time during the late afternoon or evening of 22 December 2007 and hit the back of her head causing the subdural haemorrhage which brought about her death. Given that she was found

naked in her bed it is quite possible she had fallen in the bathroom after taking a shower and made her way back to her bed and at some stage lost consciousness due to the developing subdural haemorrhage. If such an event occurred it probably happened after Mrs King had spoken to her mother on the telephone.

82. I cannot accept that the extensive list of old, healing and more recent injuries found on multiple areas of Mrs King's body could all have been caused in the context of falls and would find it more probable than not that some of those injuries were inflicted by Mr King.
83. Given the extensive history of violence between Mr and Mrs King, including the evidence provided by Mr King of backhanding her in the last week, and throttling her by the neck on the Thursday or Friday and pushing her back into something, I cannot exclude the possibility that Mr King inflicted some other force or blow to her which caused her to fall and hit her head. The evidence of the more recent injury to her chin is consistent with such a blow and if she was intoxicated she would have fallen easily. Given she may not have lost consciousness and a developing subdural haemorrhage may not have been immediately evident to Mrs King or Mr King he could have left the residence as planned and returned later that evening without realising Mrs King had suffered a serious injury. Equally the time frame of Mrs King's death although not precise is such that some event occurring on his return home at around 11pm is also not altogether excluded.
84. Given the state of the evidence I am unable to include or exclude either of the two possible scenarios, that being Mrs King fell whilst intoxicated or she fell after being pushed or as a result of some blow or force inflicted on her by Mr King.

### **Findings required by s45**

I am required to find, as far as is possible, the medical cause of death, who the deceased person was and when, where and how that person came by her death. As a result of considering all of the material contained in the exhibits, I am able to make the following findings:

**Identity of the deceased**      Brenda Elizabeth King who was born on 26 April 1949

**How the person died**              Brenda Elizabeth King died as a result of head injuries which were caused at sometime in the 24 hour period prior to her death. The injury to her head could have been caused when she fell and hit the back of her head whilst intoxicated. It is also possible the injury was caused when she fell and hit the back of her head after some form of force was inflicted upon her such as a punch or a push by her estranged husband, Stephen King during the

course of a domestic violence incident. I am unable to determine which of those possible scenarios is the more probable.

**Place of death**

237 Maundrell Terrace, Chermside/Aspley

**Date of death**

23 December 2007

**Cause of death**

1(a) Acute subdural haemorrhage

My condolences are expressed to the family of Mrs King. I close the Inquest.

John Lock  
Brisbane Coroner