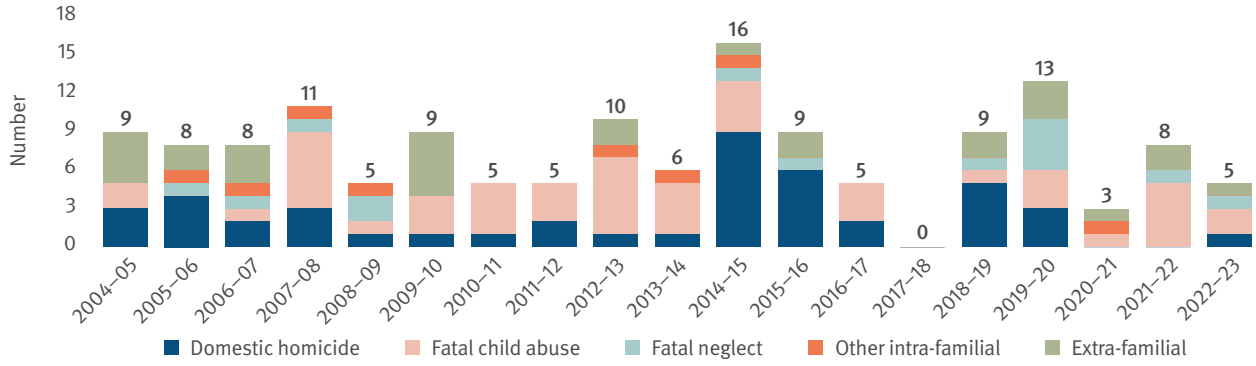
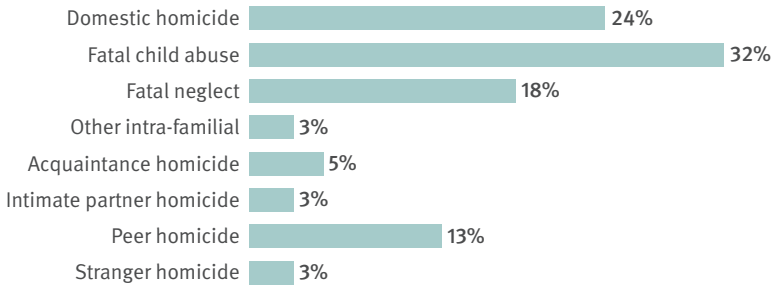
7 Fatal assault and neglect

2004 to 2023

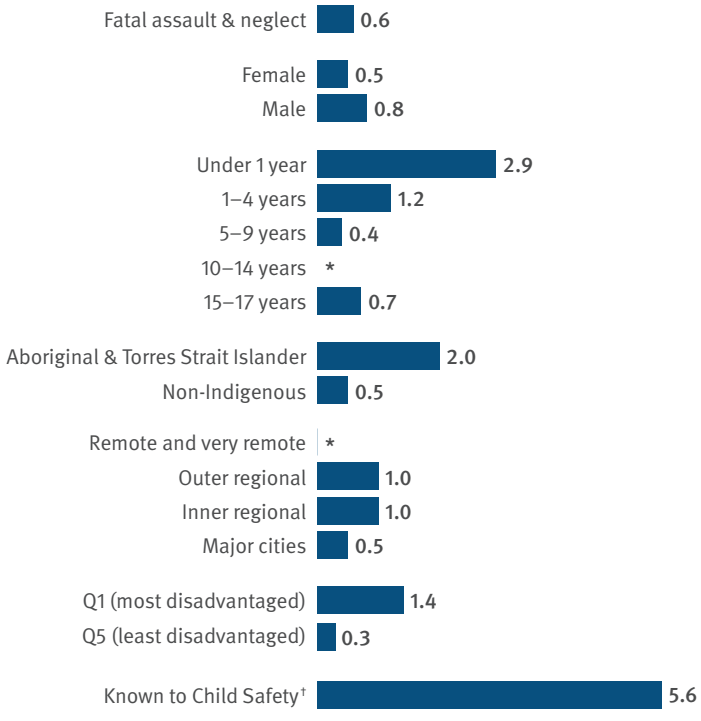


5-year summary (2018–23) | Incident type



Proportion of fatal assault and neglect

Demographics



Rate per 100,000

Intra-familial fatal assault and neglect risk factors

69% **child experienced previous abuse**

62% **household domestic and family violence**

48% alleged perpetrator had **history of offending**

39% alleged perpetrator had **alcohol and/or substance misuse**

39% alleged perpetrator had **suspected or diagnosed mental health issues**

***Notes:** Counting is by date of death registration. Percentages may not add to 100 due to rounding.*
** rate not calculated for numbers less than 4.*
† in the 12 months prior to death.

Key findings

Based on information available to the QFCC at the time of reporting, 5 deaths were identified as being the result of fatal assault and neglect in Queensland during 2022–23. Definitions for the types of fatal assault and neglect can be found in **Appendix C** and a description of the screening criteria can be found in **Appendix G** (both available at **www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data**).

Over the last 5 years, 38 children died in 32 fatal assault and neglect incidents. Twenty-nine deaths were categorised as intra-familial, meaning that the alleged perpetrator was a parent, family member or person acting in a parental role. Nine children died in domestic homicides, including murder-suicide incidents where the alleged perpetrator also took their own life. Twelve children were found to have died as a result of child abuse, 7 died from neglect and one was other intrafamilial.

Nine deaths in the last 5 years were extra-familial homicides, including peer homicide (5), acquaintance homicide (2), intimate partner homicide (1) and stranger homicide (1).

Further summary information on deaths from fatal assault and neglect can be found in **Table A.9** in **Appendix A**.[64]

Age and sex

Infants under 1 year had the highest rate of death from fatal assault and neglect over the last 5 years (2.9 per 100,000), followed by children 1–4 years (1.2 per 100,000) and 15–17 years (0.7 per 100,000). All children who died in intra-familial homicides were aged under 9 years, while 7 of the 9 extra-familial homicide deaths were young people aged 15–17 years.

Of the 38 children who died from assault or neglect in 2018–23, 15 were female and 23 were male (a rate of 0.5 and 0.8 per 100,000, respectively). Males are more at risk of experiencing extra-familial homicide, 7 out of the 9 extra-familial homicide deaths were males over the last 5 years.

Charges and criminal proceedings

Of the 32 fatal assault and neglect incidents during 2018–23, alleged perpetrators for 29 incidents have been charged, while 3 perpetrators were deceased in the same incident.

Vulnerability characteristics

Of the 38 child deaths from assault and neglect during 2018–23, 27 (71%) children were known to the child protection system within the 12 months prior to death and one was known outside the statutory review period. It is noted that one of these children was only known to child protection because of the incident leading to their death.

Available evidence indicated the following factors[65] were present for the 29 children who died from intra-familial homicide in 23 incidents over the last 5 years:

- 69% had experienced child abuse prior to the incident (20 of 29 children)
- 62% had evidence domestic and family violence was present in the child's household (18 of 29 children)
- 39% of the alleged perpetrators were identified as either having a diagnosed or suspected mental health issue (in 9 of the 23 incidents)
- 48% of the alleged perpetrators had a history of criminal offending (11 of the 23 incidents)
- 39% of the alleged perpetrators had a history of alcohol or substance use[66] (9 of the 23 incidents).

64 Tables with data for 2004–23 are available online at **www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data**

65 The QFCC collects information on vulnerability characteristics relating to the child, family and, where relevant, the perpetrator. The information is based on statements of fact or clear statements of opinion by credible external sources, as recorded in source documents (primarily police and coronial reports). The information is subject to limitations, in that it is based on those factors which can be identified in the source information. Given the small numbers in this analysis and these limitations, the findings are considered indicative only.

66 Alcohol use – evidence the person exhibited problematic drinking behaviours such as binge drinking or the consumption of alcohol in settings or circumstances where it is not appropriate or safe to do so (e.g. while driving). Substance use – evidence of the use of illicit drugs, mis-use of prescription medication or volatile substances.

Reviewing the child protection system's response to violence within families

In 2022, Queensland's Child Death Review Board (CDRB) published an analysis of the child protection system's response for families experiencing domestic and family violence.[67] This piece of work was prompted by an observation of a high prevalence of domestic and family violence across the cases that have been reviewed since it was established in July 2020. The CDRB analysed a sample of 43 child death cases to identify recurring issues and improvements in the responses provided to families who are known to the child protection system and experience domestic and family violence. The analysis found:

- The risk of harm to children was being missed where children were not interviewed appropriately, decisions about their safety were made based on incomplete information, or risk assessments did not consider all types of harm caused by domestic and family violence.
- Domestic and family violence services play a key role in supporting parents and children; however, uptake was low, particularly by the offending parent, with barriers including waitlists, fear that engagement would lead to further involvement from the child safety authority and lack of follow-up for families that relocate.
- Some First Nations families experienced barriers to support when they were referred to services without discussions around culturally appropriate and trauma-informed options.
- Programs that focus on fatherhood were found to be a significant motivator to encourage fathers to accept accountability and facilitate behaviour change, although these practices are not well embedded across men's behaviour-change programs.
- Gaps in knowledge or training can lead to responses that do not recognise complex factors that surround domestic and family violence, resulting in suboptimal responses to children and parents.
- Training is integral to supporting frontline staff to identify and respond to violence; however, despite the good intent of workers, the system faces workforce turnover and capacity challenges, which impact agencies' ability to retain contemporary workforce knowledge and experience.
- There is a need for staff to have a strong understanding of domestic and family violence when assessing the risks to children and develop ways that workers can effectively respond during periods of high demand to ensure continuity of knowledge in responding to violence.

These findings present opportunities for improving identification and assessment of violence and the risk it poses to children, as well as to ensure investment and effort in addressing offending parents' behaviours are appropriately targeted.

67 www.cdrb.qld.gov.au/wp-content/uploads/2022/11/A-review-of-the-systems-response-to-violence-within-families-DFV-Report-for-publication.pdf