

# Child Death Review Board

Queensland **Family & Child** Commission

## Recognising abuse beyond physical acts of family and domestic violence

Summary Report 2026

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### Acknowledgements

The Queensland Child Death Review Board (the Board) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians across the lands, seas and skies where we walk, live and work.

We recognise Aboriginal and Torres Strait Islander people as two unique peoples, with their own rich and distinct cultures, strengths and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to Elders past, present and emerging.

We acknowledge the important role played by Aboriginal and Torres Strait Islander communities, and we recognise their right to self-determination and the need for community-led approaches to support healing and strengthen resilience.

The Board acknowledges the difficult and important work of the government agencies that are required to review the services they provided to these children. We are all committed to working together to learn from these reviews and to make the changes needed to promote the safety and wellbeing of children and help prevent future deaths.

The Board relies on the collective knowledge and contributions of government agencies and non-government organisations to inform its systemic reviews. It thanks these agencies and organisations and acknowledges their efforts in protecting Queensland children and helping their families to care for them.

The Board also acknowledges the work of its Secretariat in analysing child death reports, gathering research, collating data, preparing reports and coordinating meetings.

### Warning

This report may cause distress for some people. If you need help or support, please contact any of these services:

Lifeline: Phone: 13 11 14  
Beyond Blue: Phone: 1300 22 4636  
Kids Helpline (5–25-year-olds): Phone: 1800 55 1800  
13YARN [Thirteen YARN] for Aboriginal and Torres Strait Islander people: Phone: 13 92 76

Aboriginal and Torres Strait Islander peoples should be aware that this report contains data about deceased children and information about systemic issues facing Aboriginal and Torres Strait Islander peoples.

“ *It is no longer appropriate to measure experiences of domestic violence (EDV) using a physical incident framework and without inclusion of diverse forms of non-physical coercive control as a foundational component. Although research on adult victim-survivors of domestic violence has increasingly recognised coercive control as a foundational element, there is an urgent need to consistently apply this conceptualisation to research on child victim-survivors of EDV.* <sup>1</sup> ”

## Introduction

This summary review will examine case studies of six children known to Child Safety who died where non-physical acts of domestic and family violence (DFV) were present.

The review aligns with the Board’s recent reflections on recognising the multiple types of DFV that are more subtle yet also harmful. By highlighting how ‘non-physical’ forms of DFV such as coercive control, emotional abuse, intimidation, and financial manipulation can impact children’s safety and wellbeing, particularly when they often go unrecognised or are not weighted sufficiently in casework and assessments, the review will provide a more comprehensive understanding of DFV across systems.

Several common themes were identified across the cases. Many parents had experienced childhood trauma, including contact with child protection services, exposure to domestic and family violence, alcohol and drug use, and physical, psychological and sexual abuse. As adults, parents’ contact with the child protection system often related to criminal offending behaviour, alcohol and other drug use and/or supply, and mental health issues arising from exposure to, or experiences of, domestic and family violence.

Across the six cases, a range of contextual factors known to complicate risk assessment and response in DFV settings were present, including parental separation, complex household compositions involving adults with histories of alleged child sexual abuse, and cases involving Aboriginal and Torres Strait Islander families where culturally responsive and trauma-informed system engagement was particularly critical. These factors underscore the importance of pattern-based risk recognition and whole-of-household assessment when children are exposed to non-physical forms of DFV.

This review aims to examine current research and case evidence on non-physical DFV, and its impact on the safety of children. The review will consider the recent legislative reforms in Queensland including the introduction of the coercive control offence and the upcoming changes to the non-fatal strangulation provisions, and their implications for recognition of and response to DFV. The review will discuss current agency responses and highlight how policies and work force training are changing to keep pace with the evolving definition of DFV. Drawing on real-life case studies, the review will explore how Child Safety, Queensland Police Service (QPS), and other stakeholders are adapting their policies, tools, and workforce capability to better recognise and respond to DFV in all its forms.

<sup>1</sup> Blake, J; Thomas, H; Mathews, B; Lawrence, D; Haslam, D; Higgins, D; Malacova, E; Erskine, H; and Scott, J. (2025). Childhood experiences of domestic violence and its association with mental disorders and health risk behaviours, *The British Journal of Psychiatry*, p6. doi: 10.1192/bjp.2025.10362

# Definition and prevalence of domestic and family violence

There is no universally agreed definition of the behaviours that constitute DFV. The Australian Domestic and Family Violence Death Review Network (DFVDRN) provides a definition as:

*“...a spectrum of physical and non-physical abuse within an intimate or family relationship... behaviours include physical assault, sexual assault, threats, intimidation, psychological and emotional abuse, social isolation and economic deprivation”.*<sup>2</sup>

## Coercive control

Coercive control involves the use of multiple, interrelated abusive behaviours to exert power and dominance within everyday life. Unlike incident-based violence, its impacts are pervasive and cumulative, which makes it difficult to identify and measure using systems and data tools that rely primarily on discrete events.<sup>3</sup> Coercive control can be defined as:

*“An ongoing pattern of behaviour asserted by a person using violence (PUV) that is designed to induce various degrees of fear, intimidation, and submission in a victim. This may include the use of tactics such as social isolation, belittling, humiliation, threatening behaviour, restricting resources and physical abuse of the victim, children, pets, or relatives. Coercive control also includes acts of physical and sexual violence”.*<sup>4</sup>

“Coercive control is almost always an underlying dynamic of family and domestic violence and intimate partner violence.”

- Australian Institute of Health and Welfare

The *Domestic and Family Violence Death Review and Advisory Board (DFVDRAB) – Annual Report 2024-25* identified that DFV-related homicides involving wilful fire-setting frequently occurred in the context of coercive control, commonly accompanied by threats to kill.<sup>5</sup>

## Non physical abuse: Patterns, tactics, and coercive control behaviours

Coercive control can take many forms, with behaviours integrated and intertwined in ways that embed power, fear and domination into daily life. These patterns often remain obscured within traditional assessment frameworks despite their significant and sustained impact on victims/survivors and children.

2 Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2024-25, [https://www.coronerscourt.qld.gov.au/\\_\\_data/assets/pdf\\_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf](https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf), 9 Sep 2025, p 78.

3 Australian Institute of Health and Welfare, Family, domestic and sexual violence – Coercive Control, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/coercive-control#abuse>, 19 July 2024.

4 Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2024-25, [https://www.coronerscourt.qld.gov.au/\\_\\_data/assets/pdf\\_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf](https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf), 9 September 2025, p 84.

5 Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2024-25, [https://www.coronerscourt.qld.gov.au/\\_\\_data/assets/pdf\\_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf](https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf), 9 September 2025, p 62.

## Community awareness of coercive control

A recent study found that only 42 per cent of Australians were aware of what constitutes coercive control, with higher awareness among those aged 18–24 years and those who had not completed high school. This suggests that coercive control is unlikely to be recognised by the broader community until behaviours escalate or become overt, reinforcing the need for both broad-based and targeted education initiatives.<sup>6</sup>

The development of a community communication strategy was recommended in the first report of the Queensland Women’s Safety and Justice Taskforce, established in March 2021 to address coercive control. The Taskforce also recommended the introduction of a specific criminal offence to respond to coercive control.<sup>7</sup>

## Common coercive control behaviours may include:

- **Emotional/ psychological abuse** – Behaviour by one person that “torments, intimidates, harasses, or is offensive towards” another person.<sup>8</sup>
- **Financial abuse** - Behaviour by one person that unreasonably controls another person, without their consent, to deny them economic or financial autonomy. This may include withholding financial support required to meet reasonable living expenses where the second person is financially dependent.<sup>9</sup>
- **Social isolation** – controlling what a person does, who they see and talk to, what they read, where they go; limiting their outside involvement; using jealousy to justify actions.
- **Threats** – making and/or carrying out threats to hurt a person; threatening to leave, commit suicide, to report them to welfare; making them drop charges; making them do illegal things.
- **Humiliation** - putting a person down, calling them names, shaming in front of others.
- **Involving children** – withholding custody; withholding child support; and/or children themselves being subjected to emotional abuse and coercive behaviours (eg. instilling fear, yelling, threatening or harming loved ones).
- **Involving animals** – emotional and physical harm, killing (including threats); justifying animal abuse; denying access to pets.<sup>10 11</sup>
- **Other risk factors** – separation, escalation (frequency, severity), sexual violence/jealousy, stalking; child protection or other family court proceedings; drug and alcohol use.<sup>12</sup>

## Factors commonly associated with escalation and heightened risk:

- Separation or threats of separation
- Increasing frequency or severity of abuse
- Sexual violence, sexual jealousy or stalking
- Child protection involvement or family court proceedings
- Alcohol and other drug use

6 Del Pizzo, S., Watson S.J., Lagdon S., et al. 2025. Public Awareness in Australia About Coercive Control in the Context of Intimate Partner Relationships. Australian Journal of Social Issues p1–13. <https://doi.org/10.1002/ajs4.70074>.

7 Queensland Government, WSJTF: Hear Her Voice – Report 1- Addressing Coercive Control and Domestic and Family Violence in Queensland, <https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/39caeea1-77f5-4317-9179-6a18b01762b1/wsjt-hear-her-voice-report-1-volume-1.pdf?ETag=9311c0b54fc6f68511d4417dcc90427b>, 2021.

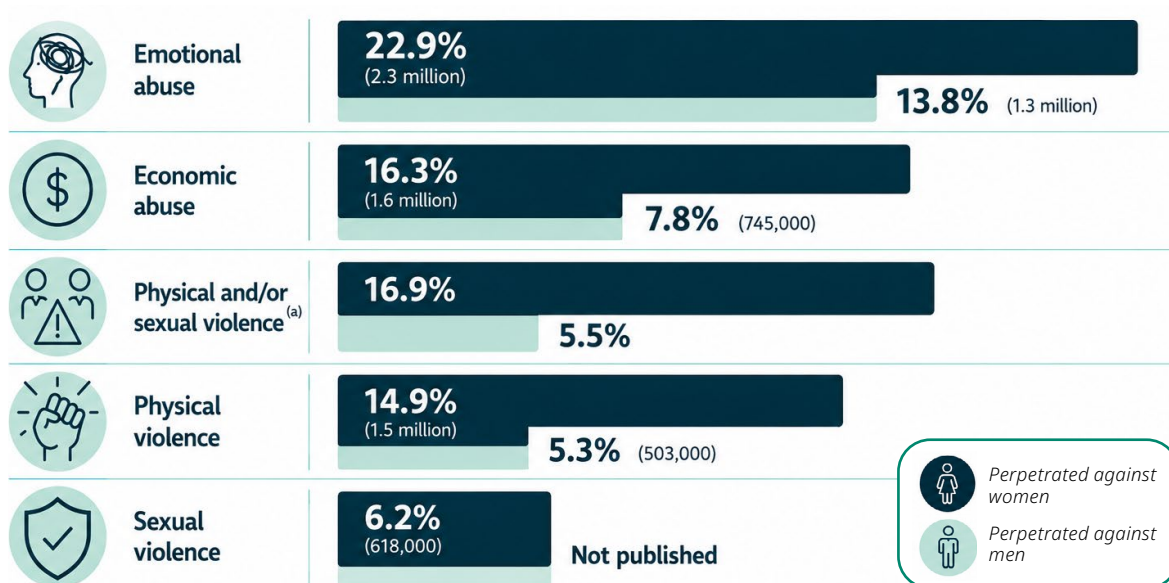
8 Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2024-25, [https://www.coronerscourt.qld.gov.au/\\_data/assets/pdf\\_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf](https://www.coronerscourt.qld.gov.au/_data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf), 9 Sep 2025, p 86.

9 Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2024-25, [https://www.coronerscourt.qld.gov.au/\\_data/assets/pdf\\_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf](https://www.coronerscourt.qld.gov.au/_data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf), 9 Sep 2025, p 86.

10 Domestic abuse intervention programs, The Home of the Duluth Model – Wheel library, <https://www.theduluthmodel.org/wheels/>.

11 Note: This section provides examples only based on the case studies and is not an exhaustive list of non-physical abuse and/or coercive control behaviours. Further information can be found at The Home of the Duluth Model, <https://www.theduluthmodel.org/>.

12 Queensland Government, Child Safety Practice Manual - Risk factors and identification tools, [https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence/high-risk-factors#High\\_risk\\_of\\_lethality\\_factors](https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence/high-risk-factors#High_risk_of_lethality_factors), 14 July 2025.



Note: (a) a person who has experienced both physical and sexual violence is counted separately for each type of violence experienced but is only counted once in the aggregated data.

Graph 1 – Comparison rates between physical and non-physical violence<sup>13</sup>

## The gendered nature of coercive control and impact on parenting

In Australia, women are more likely than men to experience family, domestic and sexual violence. Following separation, women also disproportionately remain the primary caregivers for children, with almost 80 per cent of one-parent families headed by single mothers.<sup>14</sup> In this context, coercive control and other forms of DFV can have wide-reaching impacts on parenting capacity and parent-child relationships.

These impacts may include disrupted attachment between the mother and child, as mothers attempt to meet the ongoing demands of a person using violence while simultaneously managing fear, abuse, coercion, and the practical demands of daily life.<sup>15</sup> Such dynamics may persist both before and after separation and can significantly compromise a parent’s ability to provide consistent emotional availability, supervision and care.

The *National Plan to End Violence against Women and Children 2022–2032* recognises coercive control as a key driver of gender-based violence in Australia. However, national reporting and data collection on coercive control remain limited, constraining the ability of systems to fully understand prevalence, monitor trends, and assess impacts on children.<sup>16</sup>

“ The combination of persistent micromanagement via non-physical techniques, credible and sometimes executed threats of physical and sexual violence, gendered relationship norms, and structural gender inequality disproportionately entraps women in relationships with abusive men.<sup>17</sup> ”

<sup>13</sup> Proportion of men and women who experienced violence or abuse from a partner since the age of 15 years 2020-21 <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#data-download>, Australian Bureau of Statistics, Personal Safety, Australia, 15 March 2023.

<sup>14</sup> Australian Government, National Strategy to Achieve Gender Equality – Discussion Paper, [https://www.pmc.gov.au/sites/default/files/resource/download/national-strategy-gender-equality-discussion-paper\\_0.pdf](https://www.pmc.gov.au/sites/default/files/resource/download/national-strategy-gender-equality-discussion-paper_0.pdf), 2023, p 10.

<sup>15</sup> Australia’s National Research Organisation for Women’s Safety, Horizons – DFV and parenting research report, <https://aifs.gov.au/sites/default/files/2022-03/4824-domestic-family-violence-parenting-impact-support-needs.pdf>, June 2017, pp 160-163.

<sup>16</sup> Australian Institute of Health and Welfare, Family, domestic and sexual violence – Coercive Control, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/coercive-control#abuse>, 19 July 2024.

<sup>17</sup> Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2021-22, [https://www.coronerscourt.qld.gov.au/\\_data/assets/pdf\\_file/0009/753318/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2021-22.pdf](https://www.coronerscourt.qld.gov.au/_data/assets/pdf_file/0009/753318/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2021-22.pdf), p 49.

# Case summaries

## Case study one

In the case of Child, there were multiple indicators of coercive control directed at Mother by the Father, alongside a reported history of physical violence and threats involving firearms. Child was noted to be fearful of Father, having witnessed violence perpetrated against Mother. The parents separated before Child was diagnosed with a life-threatening illness.

The parents relocated to Brisbane to enable Child to access medical treatment and were provided with separate supported accommodation due to the history of DFV. During this period, Mother commenced a relationship with a new partner (Stepfather). Stepfather had both child protection and criminal histories due to sexual offences involving young people. There were also concerns of DFV perpetrated by Stepfather towards Mother.

Police initiated a domestic violence order (DVO) naming Father as the respondent and Mother as aggrieved, with no-contact conditions unless required to attend hospital while Child was undergoing medical treatments. Both Stepfather and Child were named on the order. While QPS correctly identified the risk of harm to Child and recorded a Report of Suspected Harm to a Child occurrence in QPRIME, no child harm report (CHR) was submitted to Child Safety. Mother made subsequent reports of breaches of the order by Father; these reports were not consistently substantiated by QPS. Mother later accepted a support referral to DFV service, Father did not.

In the months preceding Child's passing, Child Safety commenced three investigation and assessments (IA): two relating to Mother's household (both unsubstantiated) and one relating to the Father's household. Concerns included Child and the sibling being left unsupervised around Stepfather; drug use by both Father and Stepfather; and DFV committed against the Mother, including allegations of significant sexual assault of Mother by Stepfather in the presence of the children. The matter was discussed at SCAN, with reported focus primarily on the risks associated with Stepfather, noting that Mother had ended the relationship at an earlier date.

Child Safety recorded that the Father had demonstrated obvious acts of power and control over Mother and demonstrated limited insight regarding the behaviours which included taunting, slandering, threats to shoot and kill Mother, and using the children against her. Mother described Father as uncooperative, argumentative and verbally aggressive. Child was observed in hospital to become increasingly anxious and fearful when separated from Mother and when Father was present.

A third investigation concerning Father's household was ongoing at the time Child passed away. Reported concerns included non-compliance with Family Court custody orders, Father withholding the sibling of Child from Mother, and the sibling sustaining a physical injury while in Father's care. Child Safety noted that Father's ongoing DFV behaviour required close monitoring.

### **Key Learnings:**

- It was acknowledged there was a lack of collaboration and integrated assessment between different Child Safety Service Centres (CSSC) to form a holistic assessment of the impacts on Child in the context of the parents residing in different locations.

# Existing frameworks, training, and system readiness

## Domestic and family violence laws in Queensland

### Coercive control

Coercive control became a criminal offence in Queensland on 26 May 2025 making it unlawful for an adult to use abusive behaviours towards their current, or former, intimate partner, family member, or informal carer. The offence captures patterns of physical and/or non-physical abuse used to hurt, humiliate, isolate, frighten, or threaten a victim-survivor and carries a maximum penalty of 14 years imprisonment.<sup>18</sup>

The *Criminal Code 1899 (Qld)* specifically mentions the term ‘child’ twice within the Act. The first mention is within the definition of economic abuse regarding withholding financial support, which includes “a child” (Chapter 29A, s334A(b)). The second is within the definition of DFV and where behaviour that threatens a person with death or injury, includes “a child of that person” (Chapter 29A, s334B(3)(e)).<sup>19</sup>

Further definitions of specific behaviours that constitute coercive control directed at children are not included within the Act. This could warrant further consideration for future legislative review if not included under other provisions within the Criminal Code or the *Child Protection Act 1999 (Qld)*.<sup>20</sup>

### Non-fatal strangulation

On 30 September 2025 the Queensland Law Reform Commission delivered its final report to the Queensland Attorney-General following a review of section 315A *Criminal Code 1899 (Qld)* relating to non-fatal strangulation in a DFV setting. The Commission made 18 recommendations for change to better reflect the seriousness of the conduct by expanding the types of relationships to which the offence applies; clarifying which defenses should and should not apply; addressing the challenges with providing restriction of a person’s respiration and/or blood circulation; and modifying the way consent is relevant. The Commission also recommended educating public and professionals about the risks and dangers of strangulation, improving the criminal justice process, and building a better evidence-base about non-fatal strangulation.<sup>21</sup>

## Policy and Practice

### National Principles to Address Coercive Control

In 2023, the Australian Government, in collaboration with all state and territory governments developed the National Principles to Address Coercive Control in Domestic and Family Violence to support a shared national understanding of coercive control. The seven principles articulate the common features and impacts of coercive control. They were designed to facilitate further understanding and improve approaches across prevention, early intervention, response and recovery. This includes embedding the National Principles in legislative responses to coercive control.<sup>22</sup>

### Queensland Police Service

Over the past decade, QPS operations have expanded significantly to meet the increasing volumes and complexity of domestic and family violence. Police are now widely considered the lead agency in DFV responses, with responsibilities extending beyond immediate public safety to include elements of case management, and referral to support interventions.<sup>23</sup>

These functions were historically delivered by specialist social and community services, reflecting a broader shift in system expectations placed on policing in DFV contexts.

18 Queensland Government, Coercive Control Laws, <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/need-to-know/coercive-control/coercive-control-laws>, 1 Oct 2025

19 Criminal Code 1899 (Qld), Chapter 29A, <https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-1899-009>

20 Child Protection Act 1999 (Qld), <https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-1999-010>

21 Queensland Law Reform Commission, Non-fatal strangulation review, <https://www qlrc.qld.gov.au/reviews/non-fatal-strangulation>

22 Australian Institute of Health and Welfare, Family, domestic and sexual violence – Coercive Control, <https://www.aihw.gov.au/family-domestic-and-sexual-violence/understanding-fdsv/coercive-control#abuse>, 19 July 2024.

23 Queensland Government, Commissioner’s 100-day review of the Queensland Police Service – Final Report, <https://www.police.qld.gov.au/sites/default/files/2025-10/Commissioners%20100-Day%20Review%20Queensland%20Police%20Service%20Final%20Report.pdf>, June 2025, pp 37-39.

## *The perceived primacy of the QPS in dealing with the socially complex issue of DFV has compounded internal demand through more specialised training, administrative burden, compliance mechanisms and specialist functions.<sup>24</sup>*

The Queensland Police Commissioner has acknowledged that QPS has engaged in significant work to address DFV policy and practice however reform is continuous and ongoing.<sup>25 26</sup>

### **Reform initiatives**

In 2021-22, QPS implemented mandatory training on coercive control to support accurate identification of the person most in need of protection, particularly in situations involving mutual allegations.<sup>27</sup> The QPS also developed a three-day pilot program, DFV: The Holistic Approach, focused on DFV, coercive control, risk assessment, and the influence of agency culture on policing responses.

Additional examples of practice reform include the co-location of a Brisbane Domestic Violence Service DFV specialist social worker within a QPS Domestic and Family Violence and Vulnerable Persons Unit. Comprehensive coercive control training was also implemented to align with legislative reforms criminalising coercive control.<sup>28</sup>

### **Child Safety**

The Child Safety Practice Manual includes a DFV professional toolkit providing guidance on DFV risk factors, impacts, and coordination of support.<sup>29</sup> The toolkit highlights recognised high-risk lethality indicators, including “escalation in violence, non-lethal strangulation or real or impending separation”, to inform child protection risk assessment and decision-making.<sup>30 31</sup>

### **Common Risk and Safety Framework**

The Common Risk and Safety Framework, developed by Australia’s National Research Organisation for Women’s Safety in 2017, provides risk assessment and safety planning tools to support victim-survivors and their children. Revised in 2021, the framework incorporates contemporary practice, including a stronger focus on the person using violence, coercive control, technology-facilitated abuse, and children’s experiences, as well as guidance for priority population groups.<sup>32</sup> Child Safety references the framework within its practice guidance.<sup>33</sup>

### **Queensland Health**

Queensland Health provides a range of DFV resources, including microlearning modules, digital materials for staff, and information for victim-survivors. While there are no resources specific to coercive control, relevant behaviours are addressed within existing materials.<sup>34</sup> Publicly available guidelines for antenatal screening and telehealth management also reference recent amendments to the *Criminal Code 1899 (Qld)* relating to coercive control.<sup>35</sup>

24 Queensland Government, Commissioner’s 100-day review of the Queensland Police Service – Final Report, <https://www.police.qld.gov.au/sites/default/files/2025-10/Commissioners%20100-Day%20Review%20Queensland%20Police%20Service%20Final%20Report.pdf>, June 2025, p 39.

25 Queensland Government, Commissioner’s 100-day review of the Queensland Police Service – Final Report, <https://www.police.qld.gov.au/sites/default/files/2025-10/Commissioners%20100-Day%20Review%20Queensland%20Police%20Service%20Final%20Report.pdf>, June 2025, p 38.

26 Queensland Government, Queensland Police Service Annual Report 2024-2025, <https://www.police.qld.gov.au/sites/default/files/2025-09/QPS%20Annual%20Report%202024-25.pdf>, p 6.

27 Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2022-23, [https://www.coronerscourt.qld.gov.au/\\_data/assets/pdf\\_file/0006/781719/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2022-23.pdf](https://www.coronerscourt.qld.gov.au/_data/assets/pdf_file/0006/781719/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2022-23.pdf), p 5.

28 Australian Government, Qld police service coercive control training, <https://www.dss.gov.au/national-plan-end-violence-against-women-and-children/progress/first-action-plan-progress/first-action-plan-activities-addendum/queensland-police-service-coercive-control-training>, 9 Dec 2025

29 Queensland Government, Child Safety Practice Manual, <https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence>, 14 Jan 2026.

30 Queensland Government, Risk factors and identification tools, [https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence/high-risk-factors#High\\_risk\\_of\\_lethality\\_factors](https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence/high-risk-factors#High_risk_of_lethality_factors), 14 July 2025

31 Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2024-25, [https://www.coronerscourt.qld.gov.au/\\_data/assets/pdf\\_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf](https://www.coronerscourt.qld.gov.au/_data/assets/pdf_file/0006/885921/domestic-and-family-violence-death-review-and-advisory-board-report-2024-25.pdf), 9 Sep 2025, p 87.

32 Queensland Government, DFV common risk and safety framework, <https://www.families.qld.gov.au/our-work/domestic-family-sexual-violence/for-service-providers/integrated-service-responses/dfv-common-risk-safety-framework>, 18 Nov 2025.

33 Queensland Government, Child Safety Practice Manual - Risk factors and identification tools, [https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence/high-risk-factors#High\\_risk\\_of\\_lethality\\_factors](https://cspm.csyw.qld.gov.au/practice-kits/domestic-and-family-violence/high-risk-factors#High_risk_of_lethality_factors), 14 July 2025.

34 Queensland Government, Domestic and family violence resources for health professionals, <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/patient-safety/duty-of-care/domestic-family-violence-resources>, 29 April 2025.

35 Queensland Government, Queensland Health Guidelines, <https://www.health.qld.gov.au/system-governance/policies-standards/guidelines>, 23 May 2018 and 10 Dec 2025.

## Whole of government

Both the Queensland Women's Safety and Justice Taskforce and the Domestic and Family Violence Death Review and Advisory Board recommended the development of a consistent, evidence-based and trauma-informed framework to strengthen DFV capability across government and the sector.<sup>36</sup> In response, the *Domestic and family violence training and change management framework* was implemented in March 2024. The framework includes guidance on trauma-informed service delivery and education on the patterns and impacts of coercive control and is used by both Child Safety and QPS.<sup>37</sup>

### Case study two

Child and siblings were exposed to both emotional and physical violence by their parents. Mother and There was a long-standing history of Father perpetrating DFV against Mother and children, including while Child was an infant.

Over a ten-year period prior to the child's passing, Child Safety received multiple Child Concern Reports (CCRs) and undertook five investigations, all of which resulted in unsubstantiated outcomes. Two investigations were completed in the two years preceding the child's passing. The first arose from allegations of physical violence by Mother towards Child and a sibling. While Father sought a DVO, Mother accused him of stealing the children. Additional concerns were reported regarding Father's intoxication, leaving the children unsupervised, and directing Child to commit animal cruelty.

Further reports were made to police regarding Father's intoxication. During a police attendance, children advised they had witnessed Father shouting profanities at Stepmother and reported feeling unsafe. The children appeared distressed, with one child observed hiding in a bush. A DVO was initiated, listing all children as named persons. Despite this, the children told Child Safety they preferred living with Father, reporting that Mother was physically abusive. Child Safety assessed that the children were not at unacceptable risk of harm in Father's care, noting that reassessment would be required if they returned to Mother's care.

A second investigation commenced six months prior to the passing of Child following concerns of harm to Stepmother's daughter after she intervened while Father was physically abusive to Stepmother. Other children were present. During a joint Child Safety and QPS investigation, three children minimised the incident, with Child and sibling denying it occurred, reportedly after being directed by Father not to speak with Child Safety. Stepmother agreed to an Intervention with Parental Agreement (IPA) and counselling; Father did not engage. Harm to Stepmother's daughter was substantiated, while concerns relating to the other children were unsubstantiated.

### Key Learnings:

- It was acknowledged the importance of understanding DFV including perpetrator patterns of behaviour and the impact on the protective parent and children if they disclose the behaviours during assessments. Perpetrator behaviours need to be addressed, instead of blaming the protective parent.
- It was acknowledged that Child and the other children demonstrated behaviours indicative of emotional harm which should have been assessed while in the care of Father. There were missed opportunities to explore the child's behaviours of distress considering trauma experiences, grief and loss, scapegoating and ongoing parental rejection.

<sup>36</sup> Queensland Government, Domestic and Family Violence Death Review and Advisory Board – Annual Report 2022-3, [https://www.coronerscourt.qld.gov.au/\\_data/assets/pdf\\_file/0006/781719/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2022-23.pdf](https://www.coronerscourt.qld.gov.au/_data/assets/pdf_file/0006/781719/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2022-23.pdf), p 35.

<sup>37</sup> Queensland Government, DFV training and change management framework, <https://www.families.qld.gov.au/our-work/domestic-family-sexual-violence/for-service-providers/integrated-service-responses/dfv-training-change-management-framework>, 15 Dec 2025.

## Case study three

Child was the youngest of several children. Two siblings were non-verbal, with one undergoing assessment for neurodevelopmental disorders. Mother had a diagnosis of post-traumatic stress disorder (PTSD). Father had a documented history of numerous and severe mental health issues. Father did not take medication due to side effects but engaged intermittently with mental health services following two overdose attempts in the same year leading up to the passing of Child. He reported regular drug use since a teenager.

Mother reported a history of DFV which Father denied. While in a relationship, Father reportedly isolated Mother from family and support networks. Both parents acknowledged frequent conflict. The parents separated with Mother becoming the sole carer of the children.

Following separation, Mother commenced a relationship with a new partner (Stepfather), who moved into the household. Stepfather also had a diagnosis PTSD and a criminal history including drug possession and supply and possession of an unlawful weapon. Although he did not have a recorded criminal history of child sexual abuse, police were aware of two alleged incidents from his adolescence involving young children.

QPS attended callouts on multiple occasions for the family. After one alleged incident between Mother and Father a CHR was considered but not submitted. In another incident QPS attended Mother's home and arrested four adults, including Mother's former partner, for drug trafficking while Child was present. Mother accepted a referral for counselling; a CHR was not considered. There had been a previous incident of verbal threats and physical aggression by the former partner towards Mother, again, while the children were in the home. Police later acknowledged missed opportunities to provide CHRs to Child Safety.

Three months prior to the passing of Child, a support referral was made through Family and Child Connect (FaCC) after Mother overdosed on Nurofen. Grandmother assumed care of the children after the overdose. The family was placed on an Intensive Family Support (IFS) waiting list for 12 weeks; however, the referral was later closed in error.

Child Safety had also recorded a five-day notification two months prior to the family support service referral due to concerns including verbal and emotional abuse by Mother, DFV perpetrated by Father when attending the home, parental drug use, an unhygienic living environment, and unmet basic care needs. Further concerns were approved with a ten-day response timeframe following additional reports of neglect and Mother's overdose. The investigation and assessment (IA) did not commence until almost three months after the initial notification.

Both parents acknowledged they were struggling following separation. While both parents denied DFV, Father admitted to punching walls which he acknowledged would have frightened the children. Both parents had attempted overdose while caring for the children. Mother reported she had ceased cannabis use and was receiving support from extended family, Father and Stepfather. Child Safety was aware Stepfather was using cocaine; however, his role and risk were not substantively considered within the assessment.

### Key Learnings:

- It was acknowledged that understanding perpetrator patterns of behaviour and the intersection between the non-offending parent's mental health, drug use and their capacity to parent is important. More detailed information gathering regarding Father's perpetrating patterns of behaviour and Mother's acts of protection would likely have strengthened the overall assessment.
- It was acknowledged that consideration should be given to refer perpetrators to a targeted men's behaviour change program to assist them to understand the impact of their behaviours on the children and family and provide strategies for change.

### Possible considerations

In the context of relatively recent legislative, policy and procedural reform relating to coercive control in Queensland, consideration may be given to progress measures and evaluations to assess implementation and impact of these reforms to provide meaningful, improved outcomes for children, young people, and families (including parents) exposed to or experiencing non-physical forms of domestic and family violence. The Board has previously commented on impact measures for reforms:

- 2023-24 Annual Report: The Government continue to prioritise its response to the impact of DFV on Queensland children and continue to implement the past recommendations of the Board and the Women's Safety and Justice Taskforce (Reports 1 and 2), and the Independent Commission of Inquiry into Queensland Police Service – A Call for Change (Recommendation 7).

## Criminalising coercive control, and the impacts on First Nations women

First Nations academics and advocates have raised concerns that criminalising coercive control may increase police involvement and incarceration rather than enhance protection for victim-survivors. Evidence indicates that approximately half of First Nations women who have been killed through intimate partner violence were previously identified by police as perpetrators rather than victims of domestic and family violence. This “misidentification” often arises from assumptions about victim behaviour, resulting in inappropriate police responses and legal actions against women.<sup>38</sup>

These concerns must be understood within the broader context of systemic bias and racism, particularly where gender and First Nations identity intersect. First Nations women are currently the fastest growing prison population in Australia and are incarcerated at approximately twenty-one times the rate of non-Indigenous women.<sup>39</sup> They are more likely to be charged with minor, non-violent offences, receive harsher sentences, and be remanded in custody for longer periods, including longer than First Nations men.<sup>40</sup>

The criminalisation of coercive control therefore raises critical considerations for children, particularly where the victim-survivor is also the primary caregiver. Removal of protective parents through criminal justice responses can have significant and unintended impacts on children's safety, stability and wellbeing.

While coercive control cannot be addressed through criminalisation alone, further work is required to understand how legislative reform operates in practice, including its effectiveness in improving safety and its potential unintended consequences for First Nations women and their children.<sup>41</sup>

38 Gender Justice Project, Why criminalising coercive control in Australia poses danger for First Nations women, <https://genderjusticeproject.org/first-nations/why-criminalising-coercion-and-control-in-australia-poses-danger-for-first-nations-women>, 28 June 2021

39 Australian Human Rights Commission, Statistics about Aboriginal and Torres Strait Islander women and girls, <https://humanrights.gov.au/human-rights-education/stats-and-facts-about-discrimination/statistics-about-aboriginal-and-torres-strait-islander-women-and-girls>, April 2024.

40 Australian Human Rights Commission, Statistics about Aboriginal and Torres Strait Islander women and girls, <https://humanrights.gov.au/human-rights-education/stats-and-facts-about-discrimination/statistics-about-aboriginal-and-torres-strait-islander-women-and-girls>, April 2024.

41 Australia's National Research Organisation for Women's Safety. (2021). Defining and responding to coercive control: Policy brief, <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2021/07/30132421/Coercive-Control-Policy-Brief-ANROWS-Insights-1.1.pdf>, p 8.

## Case study four

In the case of Child both the child and the Mother were subjected to significant DFV perpetrated by Father. Both parents had separated. Reported behaviours included threats to kill, stab and strangle Mother; stalking; physical assaults involving punching, beating and hair-pulling; accusations of infidelity; social isolation; theft and destruction of property. Both parents had histories as subject children, including exposure to DFV.

Mother attempted to protect herself and Child by reporting concerns to QPS, engaging her support network and entering a women's shelter. Other paternal family members also had a history of perpetrating DFV towards Mother and Child, and were assessed by Child Safety as being unsafe. Mother had a history of hospital presentations due to the impacts on her mental health.

A no-contact DVO was in place, naming Father as the respondent, Mother as aggrieved, and Child as a named child; however, it did not prohibit contact between Father and Child, and no formal custody arrangements were established. In the two years prior to the death of Child Father breached the order on five occasions. During this period, QPS made nine support service referrals. Mother reportedly declined most referrals but accepted an offer of support just prior to the child's passing.

On one occasion, while Child was present, Father entered Mother's home, physically assaulted her, stole money intended for household expenses and food for Child, and took her mobile phone before leaving. Father was charged with Contravention of the DVO; although a child harm report was completed, it was not received by Child Safety until approximately two months post-incident.

The concerns were subsequently recorded as a CCR with referral to a family wellbeing service. The rationale for this decision was that the incident had occurred two months earlier, no further concerns had been raised, and Father was not residing in the home. However, two further DFV incidents had occurred during the period of delay. The first incident involved Father refusing to return Child and threatening to physically harm Mother. The second incident, Mother again contacted QPS after receiving text and voice messages from Father threatening to physically harm her. A child harm report was completed; however, the QPS SCAN representative determined that no further action was required.

Child passed away while in Father's care after being left unsupervised for a period of time.








### Key Learnings:

- It was acknowledged that at the time there was limited availability of accredited DFV trainers throughout the region which made it impossible to maintain Child Safety staff training commitments.

# Impact of DFV on children

In Australia, an estimated 4.3 million people (22 per cent) aged 18 years and over have experienced childhood abuse and/ or witnessed parental violence before the age of fifteen years, including 2.6 million people (13 per cent) who witnessed violence towards a parent by a partner. Both men and women over 18 years were more likely to have witnessed violence directed towards their mother than towards their father.

Evidence also indicates a strong intergenerational link between childhood exposure to abuse and later victimisation. Adults who experienced childhood abuse were significantly more likely to experience violence and abuse by a partner compared to those who had not, including physical violence (28 per cent compared to 8 per cent), emotional abuse (38 per cent compared to 15 per cent), and economic abuse (29 per cent compared to 9 per cent).<sup>42</sup>

Abuse Type and Victim	Estimate	Proportion (%)
 Total experienced childhood abuse and/or witnessed violence (a)	4.3 million	21.9%
 Experienced childhood abuse (a)	2.7 million	14.1%
 Sexual abuse	1.5 million	7.5%
 Physical abuse	1.8 million	9.1%
 Witnessed violence towards a parent by a partner (a)	2.6 million	13.3%
 Towards mother	2.2 million	11.5%
 Towards father	837,200	4.3%

Note: (a) Persons who have experienced both types of abuse/witnessed violence towards both mother and father are counted separately for each but only once in the aggregated totals.

**Graph 2 – Persons aged 18 years and over, prevalence rate of childhood abuse and witnessing parental violence before the age of 15<sup>43</sup>**

The impacts of coercive control on children have been documented in the *Child Death Review Board Annual Report 2022-23* and include, difficulties with regulating emotions, behavioural escalations, high levels of anxiety and stress, nightmares or inability to sleep, emotional withdrawal or numbness, reluctance to talk about what is happening at home for fear of retribution, and an inability to learn at school.<sup>44</sup>

<sup>42</sup> Australian Bureau of Statistics, Childhood abuse – prevalence rates, <https://www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release>, 22 Nov 2023.

<sup>43</sup> <https://www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release>, Australian Bureau of Statistics, Childhood abuse – prevalence rates, 22 Nov 2023

<sup>44</sup> Child Death Review Board, Annual Report 2022-23, <https://www.qfcc.qld.gov.au/sites/default/files/2024-08/Child%20Death%20Review%20Board%20Annual%20Report%202022-2023.pdf>, p 64.

## Filicide

In Australia, filicide – the killing of one’s own child – is consistently reported as the second most common type of domestic homicide, after intimate partner homicide, despite overall domestic homicide rates declining. A staggering 76 per cent of filicides occur within the context of DFV, and involve a history of child abuse, intimate partner violence, or both.<sup>45</sup> The majority of filicides are perpetrated by men (68 per cent), with most offenders identified as the primary perpetrator of intimate partner violence (97 per cent).

Across cases, commonly identified parental factors include mental health issues, alcohol and other drug use, exposure to DFV in childhood, and histories of violent offending. These findings reinforce the importance of early identification of cumulative risk, perpetrator-focused intervention, and coordinated system responses to prevent escalation and reduce the risk of fatal outcomes for children.<sup>46</sup>

### Case study five

At the time of the birth of Child, Mother and Father were teenagers. Both parents had previous involvement with child protection services as subject children and had experienced childhood trauma. Mother had been subjected to physical abuse by her step-grandfather in the context of DFV. Father had experienced psychological abuse by his grandparents. He also sustained a significant head trauma as a child. Both parents were reported to have a diagnosis of attention deficit hyperactivity disorder. Additional risk factors included housing instability and unemployment. Neither parent had a criminal history and both parents experienced periods of homelessness and were supported by hospital social work with housing referrals. Mother declined several other support referrals.

Child and Mother were discharged from hospital the day after birth. While Mother later engaged with Child Health services and no concerns were identified during home visits, there was a lapse in contact of approximately four weeks due to the family having a contagious health condition.

Child later presented to hospital with a fracture and unexplained bruising. During this admission, both parents appeared distressed due to concerns that Child would be removed from their care. Medical staff observed comments from Mother to nursing staff that inferred she was being ‘abused’ at home. Child Safety was already aware of concerns relating to potential coercive control by Father towards the Mother. During the initial interview, Father repeatedly apologised on behalf of Mother’s heightened behaviour, which was noted as unusual.

In subsequent interactions, Child Safety considered indicators such as whether Mother was free to come and go, the parents’ physical interactions, and whether Mother could speak without Father controlling the narrative. It was determined that coercive control by Father was not clearly evident. No physical injuries to Mother were identified, and QPS advised there had been no prior DFV callouts involving the family. Child Safety substantiated that Child was a child in need of protection, concluding that the injuries resulted from a lack of understanding of appropriate handling rather than physical abuse. This determination was made despite health practitioners providing interim medical advice that raised concerns about the nature of the injuries. An IPA was commenced. Two months later, Child was re-admitted to hospital with multiple serious injuries, both new and healing.

### Key Learnings:

- It was acknowledged that Mother’s escalated/reactive behaviour, her absence at the hospital and concerns of attachment to Child, hesitancy to engage in safety planning and reluctance to proceed with an IPA was a response to Father’s coercion and control. Staff had identified risk factors for coercive control however this was not explored further. It was acknowledged that the parents should have been interviewed separately under the circumstances.
- In the context of a very young infant with unexplained bruising and fractures, it was acknowledged there were missed opportunities for health staff to provide support during the reunification process.

45 Australia’s National Research Organisation for Women’s Safety. (2024). “Who is going to be that voice?” What we know about parents killing their children in the context of domestic and family violence [Fact sheet]. [https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fanrows-2019.s3.ap-southeast-2.amazonaws.com%2Fwp-content%2Fuploads%2F2025%2F09%2F19153800%2Fwho-is-going-to-be-that-voice-FILICIDE-REPORT\\_factsheet-octupdate-FA-Accessible.docx&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fanrows-2019.s3.ap-southeast-2.amazonaws.com%2Fwp-content%2Fuploads%2F2025%2F09%2F19153800%2Fwho-is-going-to-be-that-voice-FILICIDE-REPORT_factsheet-octupdate-FA-Accessible.docx&wdOrigin=BROWSELINK), p 1.

46 Australia’s National Research Organisation for Women’s Safety. (2024). “Who is going to be that voice?” What we know about parents killing their children in the context of domestic and family violence [Fact sheet]. [https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fanrows-2019.s3.ap-southeast-2.amazonaws.com%2Fwp-content%2Fuploads%2F2025%2F09%2F19153800%2Fwho-is-going-to-be-that-voice-FILICIDE-REPORT\\_factsheet-octupdate-FA-Accessible.docx&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fanrows-2019.s3.ap-southeast-2.amazonaws.com%2Fwp-content%2Fuploads%2F2025%2F09%2F19153800%2Fwho-is-going-to-be-that-voice-FILICIDE-REPORT_factsheet-octupdate-FA-Accessible.docx&wdOrigin=BROWSELINK), pp 4-5.

## **Possible considerations**

Consideration may be given to the following actions to support oversight and prevention.

### **1. Post-intervention continuity of risk and information sharing**

Formally request that Child Safety establish a routine communication process to notify relevant service providers and partner agencies when child protection investigations have concluded, outcomes have been determined, and statutory intervention has ceased. Such a process should be developed in consultation with key stakeholders to ensure it is timely, proportionate, and provides sufficient information to support a shared understanding of families' circumstances, including identified risk and protective factors.

Request that partner agencies implement internal processes to ensure information provided by Child Safety is directed to the most appropriate professional or team within their organisation to support proactive engagement with families and continuity of support following the cessation of statutory involvement.

### **2. Weighting of coercive control and cumulative harm in decision-making**

Seek advice from Child Safety and QPS on how coercive control and cumulative non-physical domestic and family violence are weighted in assessment, investigation and case closure decisions, including how these factors influence thresholds for statutory intervention, escalation, or de-escalation of response.

### **3. Child Harm Report timeliness and decision pathways**

Given the instances of missed, delayed or closed Child Harm Reports identified across the cases - request assurance regarding Child Harm Report decision-making and timeliness in DFV contexts, including how learning from identified delays or missed opportunities is captured and embedded into practice improvement.

### **4. Monitoring the impact of reform on outcomes for children**

Request information from relevant agencies on how recent legislative, policy and training reforms relating to coercive control are being monitored and evaluated, including any evidence of changed practice or improved outcomes for children exposed to domestic and family violence.

## Case study six

In the case of Child, both parents had recorded histories with Child Safety as subject children. Mother's childhood history included exposure to DFV, alcohol and other drug use, neglect, physical abuse, and sexual abuse perpetrated by her stepfather. Father's childhood history included physical discipline by multiple family members, exposure to DFV perpetrated by his father, and allegations that he had been sexually abused by an extended family member.

The family was subject to two Child Safety investigations, both of which resulted in unsubstantiated outcomes. The first investigation related to a registered sex offender residing with Mother and sibling. The second related to significant DFV perpetrated by Father. Reported behaviours included, threatening to kill Mother and himself, strangling Mother, emotionally abusing Mother in front of the children and absconding with a child. No referrals were made to secondary community support services following these investigations, and the family had limited extended family support.

Probation and Parole submitted an intake enquiry to Child Safety seeking information about the family's child protection history and current involvement. Probation and Parole provided information regarding Father's charges and DFV-related behaviours. Father had perpetrated DFV against multiple partners, often in the context of sexual jealousy, including towards Mother of Child while the children were present. He was assessed as an extreme DFV perpetrator due to the presence of multiple lethality factors, including deprivation of liberty and choking or strangulation.

At that time, Father was the respondent on an active DVO with Mother, with Child, and siblings named as protected persons. The DVO had been varied after Mother provided written consent for Father to attend her home to have contact with the children. Despite the order, Father was residing with Mother and children.

On the same day as the Probation and Parole enquiry, a professional notifier raised similar concerns with Child Safety. These concerns were recorded as a CCR due to insufficient evidence to suggest the children were at significant risk of harm due to DFV. It was also noted that, although Father was not attending counselling, he was participating in a weekly men's group. Child Safety indicated that further assessment may be warranted should additional concerns arise.

The child was later diagnosed with serious health issue and subsequently passed away.

### Key Learnings:

- It was acknowledged the importance of understanding the nature, patterns and high-risk factors of DFV, and the ways in which a PUV poses a direct risk to the child, as well as other family members. When DFV is occurring in a family the capacity of both the offending and non-offending parent to meet the child's care and protection needs are compromised in different ways.

## Conclusion

This review reinforces that coercive control is almost always an underlying dynamic of domestic and family violence. It is characterised by patterns of behaviour that are embedded in everyday life and exert power and dominance over victim-survivors through cumulative, rather than incident-based, harm. As a result, coercive control remains difficult to identify, measure and respond to within systems that rely heavily on discrete events, visible injury, or episodic reporting.

Across the cases reviewed, the cumulative impacts of coercive control were evident in children's distress, compromised parenting capacity, and escalating risk, yet were frequently under-recognised or insufficiently weighted in assessment and intervention. This highlights ongoing gaps between legislative and policy reform and day-to-day practice, particularly in relation to pattern-based risk recognition, perpetrator-focused assessment, and integrated system responses.

The planned establishment of a domestic and family violence peak body in Queensland, alongside emerging national research, including forthcoming work by the Australian National Research Organisation for Women's Safety on misidentification in DFV settings, presents an opportunity to strengthen shared understanding and system capability. However, improved outcomes for children will depend on how effectively this knowledge is translated into practice, accountability mechanisms and measurable change.

## Further reviews

The review identified recurring intersections between DFV, childhood sexual abuse experienced by mothers, and subsequent exposure of children to adults with histories of alleged child sexual abuse. Noting established links between DFV, childhood abuse and young parenthood, consideration should be given to a further review to examine these intersections and their implications for prevention, assessment and system response.

Additional areas for potential future review include the relationship between maternal experiences of childhood sexual abuse and later adult relationships involving known or suspected sexual offenders, and how systems identify and respond to compounded risk in these contexts.

***The Board is preparing to highlight these issues in its next annual report.  
If you have thoughts to contribute, please contact [cdrb@qfcc.qld.gov.au](mailto:cdrb@qfcc.qld.gov.au)***