Child Death
Review Board
Queensland **Family & Child** Commission

Understanding the Youth Justice review cohort

Summary Report 2026

Queensland
Government

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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.

> *Creating an effective youth justice system requires us to understand the drivers of offending behaviour, the circumstances that led to offending, and the changes that are necessary in young people's lives to prevent reoffending.*[1]

Introduction

From the Board's inception on 1 July 2020 to 24 February 2026, 30 child death review reports have been received from the department responsible for youth justice (now the Department of Youth Justice and Victim Support (Youth Justice)).

This data report draws upon the life and death circumstances of the young people, as recorded in agency review reports and agency records. It aims to give an understanding of the challenges the young people faced in their lives, their vulnerability, and their needs. Examples of the individual experiences of young people are included throughout the data report to bring further context and perspective.

The cumulative impacts of adversity and disadvantage can steer young people to a life trajectory more likely to include youth offending, instability and poorer health and wellbeing outcomes. The data report explores the prevalence of adverse childhood experiences (ACEs) across the cohort. Understanding the prevalence of adversity in childhood and the trauma responses that can follow, is foundational to fostering a comprehensive, responsive and effective youth justice system.[2]

This data report has been used to inform the Board's thematic review, *Therapeutic and trauma-informed responses to young people in contact with the Youth Justice system.* It honours the lives of the 30 young people subject to a review by Youth Justice since the Child Death Review Board's inception. We acknowledge the grief and loss of the family, friends, broader community and the professionals who worked with the children and their families.

1 L. Twyford, Principal Commissioner, Queensland Family and Child Commission (2025). Inquiry into Australia's youth justice and incarceration system , Submission to the Australian Federal Senate Legal and Constitutional Affairs References Committee, December 2025.
2 C. Malvaso, A. Day, P. Delfabbro, J. Cale, L. Hackett, S. Ross, (2022) Report to the Criminology Research Advisory Council, Adverse childhood experiences and trauma among young people in the youth justice system Grant CRG 12/18–19 June 2022

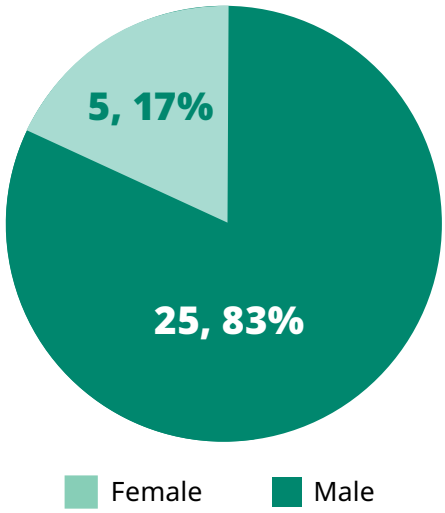
Demographics

Gender

The majority of the 30 young people were male (25; 83%), with five females (17%) reviewed by the Board.

Two young people were questioning their gender identity. They are both represented in Figure 1 as their sex assigned at birth.

Figure 1: Gender

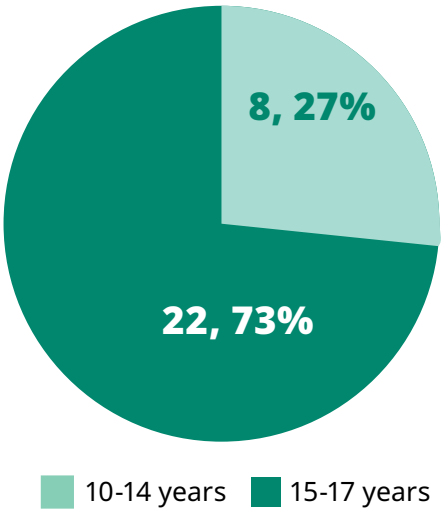


Age

Most young people were aged 15-17 years at the time of their death (22; 73%). Eight (27%) were aged 10-14 years.

The youngest was aged 13 years and five months. Three young people were aged 17 years and 11 months at the time of their death.

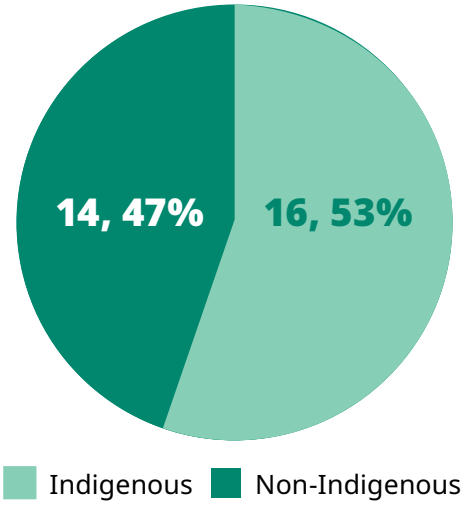
Figure 2: Age at time of death



Indigenous status

Sixteen (16; 53%) identified as Indigenous. Fourteen (14; 47%) young people identified as non-Indigenous.

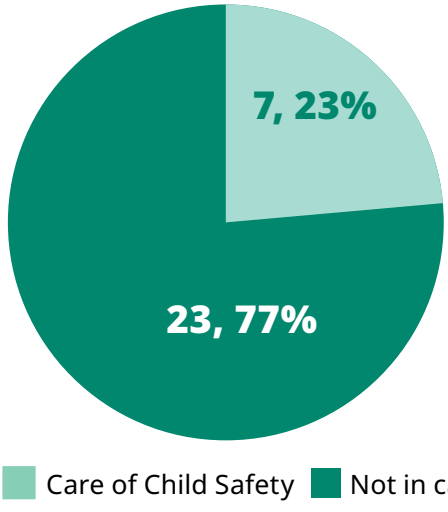
Figure 3: Indigenous status



Care status

Seven young people (23%) were in the care of Child Safety and subject to Child Protection Orders at the time of death.

Figure 4: Care status



Overrepresentation of Aboriginal and Torres Strait Islander young people

Fifty-three per cent (53%; 16) of the 30 young people identified as Aboriginal and Torres Strait Islander. This is consistent with the findings of the most recent public Youth Justice statistics (published September 2024) which identified 55% of young offenders in Queensland were Aboriginal and Torres Strait Islander.

This is reflective of the significant overrepresentation of Indigenous young people in the youth justice and child protection systems.

Compared to non-Indigenous young people, Aboriginal and Torres Strait Islander young people were:[3]

15 x	23 x	30 x	27 x
as likely to have a proven offence	as likely to receive a supervised order	as likely to be held in youth justice custody	as likely to be on remand

Care arrangements

Of the seven young people in the care of Child Safety, six were allocated a residential care placement at the time of their death. One young person was living in a tent that had been provided by Child Safety, with no current allocated placement in the six months prior to their death. Three young people had a history of choosing to reside with friends or family away from their residential placement at times.

Cultural and linguistic diversity

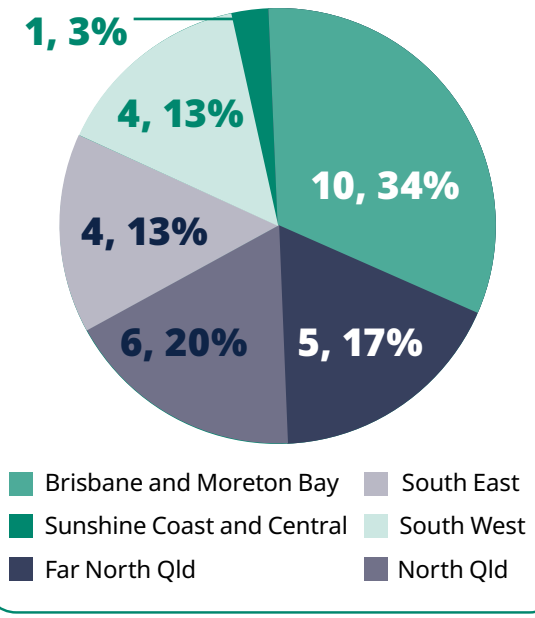
Eight young people (27%) were identified as being from culturally and linguistically diverse (CALD) backgrounds.

Location

Note: The following location data is based on the primary Child Safety region for the young person as this is readily captured in the Commission's CODA (the Queensland child death) database.

The young people were from regions throughout the state of Queensland. The majority were from the Brisbane and Moreton Bay region (10 young people; 34%). The next most common regions were North Queensland (six young people; 20%) and Far North Queensland (five young people; 17%). Four young people were each from South East and South West regions. One child was from the Sunshine Coast and Central region.

Figure 5: Location



3 DYJVS (2024), Youth Justice Pocket Stats – September 2024, accessed 21 April 2026.

Level of youth justice involvement

The level of youth justice involvement for the 30 young people in the year before they died is detailed at Table 2. Many young people (16 of 30) were subject to diversionary processes in the year prior to their death. This includes young people subject to police and court diversion restorative justice referrals, police drug diversion and police cautions.

Thirteen (13) young people were subject to youth justice orders and supervision in the year prior to their death. Twelve (12) young people had current charges before the courts at the time they died. Six young people had been the subject of youth justice orders or supervision in the year prior to death, and five had been subject to a diversion in the year prior to death.

Nine young people spent time in detention in the year prior to their death.

For four young people, their only involvement with the youth justice system was engagement with the Youth Co-Responder Team (YCRT). Three of these young people had only one interaction with a YCRT and one young person had eight engagements with YCRT. Interactions were predominantly in relation to transport, promoting and supporting a young person's safety and wellbeing in the community after-hours and/or behaviour re-direction in a residential care placement. The responses to these young people were not in relation to offending behaviours.

Table 2: Youth justice involvement in the year prior to death

Youth justice involvement (in the year prior to death)	Number
Diversionary processes (including those also subject to orders)	16
Diversionary processes only (no orders or supervision)	11
Court diversion restorative justice referral	10
Police diversion restorative justice referral	3
Police drug diversion	2
Police caution	1
Subject to youth justice orders or supervision	13
Current court processes at time of death	12
Detention	9
Youth Co-Responder Team (YCRT) involvement only	4

Cause of death

Justice-involved young people are at markedly increased risk of premature death from largely preventable causes.[4]

Mortality due to external causes of death includes deaths from injuries, either non-intentional (accidental) injuries such as transport incidents or drowning, or from intentional injuries, which include suicide and fatal assault and neglect.[5] Twenty-five of the 30 young people died due to external causes of death.

Suicide was the leading cause of death for the 30 young people (13 deaths, 43%).

In eight deaths due to suicide, the young person returned positive toxicology results; seven young people tested positive for cannabis, three for methamphetamines, and two for alcohol. Five young people had multiple drugs and/or alcohol in their system at the time of death.

Transport-related deaths were the second most common cause of death (five deaths). Four of the young people died from injuries sustained in stolen car or motorcycle crashes (three as the driver/rider). All three were too young to hold a licence. One young person died when the e-scooter they were riding collided with a truck. Four of the five young people were affected by drugs at the time of the transport incidents (three had used methamphetamines and one had used cannabis).

Three males died due to fatal assault. Two young males were stabbed by a person known to them (separate incidents). The third young person was riding a motorcycle when he was hit by a vehicle (charges pending).

Two young people died due to drowning. One of the young people who died due to drowning had a potentially fatal range of methamphetamines in their system and had recently consumed cannabis.

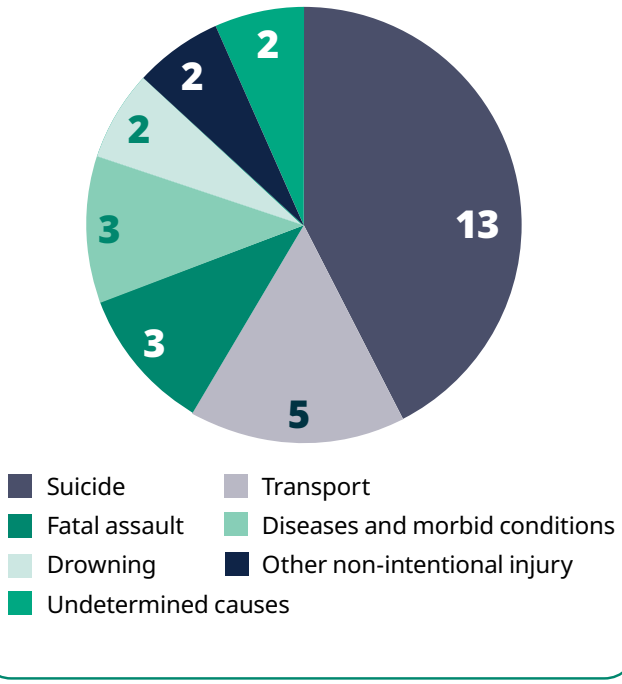
The deaths of two young people were classified as other non-intentional injury-related deaths. Both deaths involved drug toxicity as a co-contributor to death.

Two of the young people died from undetermined causes. In both cases, drug use was a contributing factor in the circumstances surrounding the death.

Three young people died due to diseases and morbid conditions. One young person died from an acute illness, while two others died due to chronic health conditions.

In total, twenty-one (21) young people had alcohol and/or illicit drugs in their system at the time of their death. The issue of substance use is explored further in the section related to vulnerabilities of the young people.

Figure 6: Causes of death



4 S. Kinner, L. Calais-Ferreira, J. Young, R. Borschmann, A. Clough, E. Heffernan, S. Harden, M. Spittal, S. Sawyer (2025) Rates, causes, and risk factors for death among justice-involved young people in Australia: a retrospective, population-based data linkage study, Lancet Public Health 2025; 10: e274-84.

5 QFCC (2025) Annual Report: Deaths of children and young people Queensland 2024–25, p 4.

Prevalence of adverse childhood experiences

The Board's recent thematic review: *Recognising and Responding to Cumulative Harm* explored in detail adverse childhood experience (ACE) frameworks, protective and compensatory experiences (PACE) frameworks, the relationship between ACEs and PACEs, and the cultural considerations of the ACEs and PACEs frameworks. The following data analysis is informed by the comprehensive exploration of ACEs and PACEs in the cumulative harm thematic review. In particular, the cumulative harm thematic review acknowledged the *need for careful cultural contextualisation, recognition of systemic drivers of adversity and the protective role of culture, kinship and community.*

Young people in the youth justice population are much more likely to have experienced ACEs than the general population.[6] The accumulation of ACEs is known to increase the risk of mental health issues, offending behaviour and perpetration of violence.[7] This correlates with young people in the youth justice system having high rates of trauma symptomatology, substance use issues, externalising behaviours, and social and emotional behaviour challenges.[8]

The table below provides a count of the ACEs experienced by the young people by ACE type. The counts in this table capture both alleged and substantiated abuse and/or neglect as detailed in agency records.

Table 3: Prevalence of adverse childhood experiences (by type).

Adverse childhood experience (by type) *based on the 10 commonly recognised ACEs	Count	Percent (n 30)
Parental separation or divorce	27	90%
Physical or emotional neglect	25	83%
Parental substance use	23	77%
Emotional abuse	23	77%
Witnessed domestic and family violence	22	73%
Physical abuse	15	50%
Parental or sibling mental health issues	14	47%
Parent/family death	12	40%
Sexual abuse	11	37%
Parent or sibling imprisonment	10	33%

The young person's exposure to domestic violence and neglect during their formative years has predisposed them to developing impaired emotional regulation and consequential thinking, which has increased their risk of engaging in anti-social and offending behaviours. Therefore, the young person's adverse childhood experiences may be considered a pre-disposing factor to the offences currently before the Court.

6 C. Malvaso, J. Cale, A. Day, P. Delfabbro, L. Hackett, S. Ross. (2022). Adverse childhood experiences and trauma among young people in the youth justice system, Australian Institute of Criminology, Canberra, ACT viewed 1 April 2026.
7 P. Gray, D. Jump, H. Smithson. (2023) Adverse Childhood Experiences and Serious Youth Violence, Bristol University Press, 2023. ProQuest Ebook Central.
8 C. Malvaso et al. (2022) Adverse childhood experiences and trauma among young people in the youth justice system, Australian Institute of Criminology, Canberra, ACT viewed 1 April 2026.

The table below provides a breakdown of the number of ACEs noted across the cohort. Each of the 30 young people experienced at least one ACE during their lifetime. On average, the young people experienced six ACEs, with 53% experiencing seven or more ACEs. Three young people experienced all 10 ACEs.

On average, young people experienced six (6) ACEs.

Table 4: Adverse Childhood Experiences (by number).

Adverse Childhood Experience (by number) *based on the 10 commonly recognised ACEs	Count	Percent (n 30)
1-2	4	13%
3-4	5	17%
5-6	5	17%
7-8	9	30%
9-10	7	23%
Total	**30**	**100%**

Parental separation or divorce

The majority of the 30 young people (27; 90%) experienced parental separation or divorce. Parental separation does not inevitably harm a child's wellbeing, and for some children can bring positive emotions and experiences.[9] For other children, parental separation may bring emotional challenges, changes in living situations, limited contact with one parent, and potential conflict between parents.[10]

Physical or emotional neglect

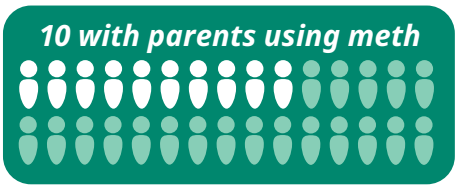
The second most common ACE was the experience of physical or emotional neglect (25 young people). For the 25 young people, physical or emotional neglect included:

- neglect of basic care needs, including inadequate food, shelter, poor household hygiene or poor school attendance
- unmet needs for medical care or developmental support
- lack of supervision, including leaving children with unsafe adults or in unsafe environments
- unmet needs for emotional support, love, and nurturing.

The amount of trauma in the young person's life had been conspicuously overwhelming. From being separated from Mother, to living with a family who were reportedly affected by substance abuse, the death of Mother by a car accident, possible sexual abuse, the suicide of Father, finding Father in the suicide scene, the loss of connection to family and community, the fractured relationship with Grandmother, and placements that were discontinued - the traumatisation was extensive.

9 Australian Government, Australian Institute of Family Studies (2026) Children's support needs following parental separation, accessed 22 April 2026.
10 Headspace (2023) Supporting your young person through parental separation, accessed 30 March 2026.

Parental substance use



Three in four young people (23; 77%) had one or more parent who used alcohol or illicit drugs at problematic levels. Ten (10) young people (33%) had one or more parents known to be using methamphetamines.

Seven of these young people were known to use methamphetamines themselves and five of the seven young people had methamphetamines in their system when they died.

It is noted that a key challenge for many of the young people (and thereby the system) was their own family introducing them to substance use, continuing to provide and enable substance use, and for some coercing the young people into using and dealing drugs for, or with, their parent or caregiver.

They reported when they were with Mother they were compelled to sell drugs for Mother. The young person reported that this is to protect Mother from violent retribution for not fulfilling her obligations to her drug dealers.

Emotional abuse

Twenty-three (23; 77%) young people experienced emotional abuse or alleged emotional abuse during their lifetime.

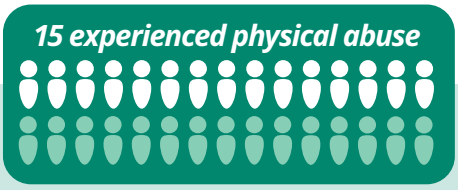
The young person presented to the Emergency Department accompanied by a friend. They reported verbal and emotional abuse by Mother and Father. They stated that the parents referred to them as selfish, useless and a nuisance. They were lectured for two hours regarding the inconvenience of the self-harm. The young person threatened suicide if discharged to parents.

Experience of domestic and family violence

Twenty-two young people (22; 73%) had witnessed or been impacted by domestic and family violence in the family home. This figure is higher than the Youth Justice census in 2023, which identified 53% of the wider Youth Justice cohort had experienced or been impacted by domestic and family violence.

Father perpetrated domestic and family violence towards Mother and children for more than a decade, including incidents where Father had severely assaulted Mother. Behaviours included choking, biting Mother's face, repeated head injuries and holding her captive..

Physical abuse



One in two young people experienced physical abuse.

Mother reportedly punched the young person in the back and they tried to hide under furniture. They were described as visibly terrified, sobbing uncontrollably, shaking and pleading to stay at school... Father arrived very angry, carried them kicking and screaming out of school.

Parental mental health issues

Almost half of the young people (14; 47%) lived in a family where one or more parent and/or sibling experienced mental health issues.

Mother having great difficulty in caring for her children and is shouting, is swearing, and making threats to hurt herself, whilst blaming the children for feeling overwhelmed and stressed. Mother has also talked openly to the children advising they were going to drop them off at the police station, leave and hurt herself.

Death of a parent/ family member

Tragically, seven (23%) of the 30 young people experienced the death of one or both parents. Two young people experienced the death of both parents, leading to them entering the care of Child Safety. Three young people witnessed a parent's suicide.

Mother died by suicide while child was present. Young person communicated to relatives, a very clear and vivid recollection of Mother's suicide event.

Young person exposed to significant trauma over formative years and childhood including locating Mother deceased after an argument whereby the child said that they wished Mother was dead. Years later, the young person located Father deceased.

Sexual abuse

Eleven (11) young people were the victims or alleged victims of sexual abuse during their lifetime. This includes both intra-familial and (more commonly) extra-familial abuse.

Many instances related to alleged sexual exploitation offences or sexual assault in community in the context of young people experiencing unsafe and unstable housing arrangements and drug and alcohol use.

Young person advised Mother "sold them" and that she admitted this whilst crying. The young person advises that Mother got paid "a couple of thousand" for it and a "bag of crack". Young person advised that Mother gave out the crack to people to "keep their mouth shut".

Parent or sibling imprisonment

One third of young people (10) had a parent or sibling who had been incarcerated during the child's lifetime. Eight of these young people went on to spend a period in detention themselves. This group of young people had high average ACE scores with an average of 8.4 for the eight young people.

Mother is back in custody - this will significantly reduce the child's access to substances and anti-social associates. Child has said is 'relieved' that Mother is in custody.

Young person's household consists mainly of family members who are known to Youth Justice and Queensland Police. It is noted that Uncle who is of a similar age has had significant involvement with Youth Justice, and it is likely the young person had been exposed to criminal behaviour through these family networks. The young person has a history of frequently absconding to locations where associates with young people well-known to Youth Justice and engages in drug misuse and high-risk activities.

Protective and compensatory experiences (PACEs)

While time did not permit a detailed identification and analysis of PACEs for the entire cohort of 30 young people, the Board analysed PACEs for the four lead cases considered in the Board's thematic review: *Therapeutic and trauma-informed responses to young people in contact with the youth-justice system*. These PACEs represented key supports, opportunities, strengths and interests the system needed to foster in its service delivery and case management.

Vulnerabilities of the young people

Young people in contact with the youth justice system typically face multiple complex vulnerabilities in addition to or because of the adversity and trauma they have experienced. These vulnerabilities compound to increase the likelihood of young people ending up on a trajectory of youth offending.

The following section explores vulnerabilities experienced by the 30 young people.

Table 5: Young person's vulnerabilities.

Young person's vulnerabilities	Count	Percent (n 30)
Substance use	29	97%
School disengagement	28	93%
Mental health issues	20	67%
History of suicidal ideation	19	63%
Unstable housing/homelessness	17	57%
Disability	14	47%
Experience of detention	11	37%
Chronic physical health condition	7	23%

Substance use

Almost all young people (29 of 30; 97%) were known to use substances in the 12 months prior to death. Records suggest 25 of the young people engaged in poly-substance use, while for four young people records suggested use of only one substance.

Table 6: Number engaging in poly-substance use

Type of substance	Count	Percent (n 30)
Poly-substance use	25	83%
One substance	4	13%

This table provides a breakdown of the types of substances used by the 29 young people.

Note: At times, agency records may not have recorded the specific type of substance, rather just referred to 'drug use'. The following data is therefore influenced by the specificity of records maintained by agencies and whether a young person disclosed to an agency.

Table 7: Type of substances used in 12 months prior to death

Type of substance	Count	Percent (n 30)
Cannabis	27	90%
Alcohol	19	63%
Methamphetamines	13	43%
Volatile substance misuse (VSM)	9	30%
MDMA (ecstasy)	4	13%
Opioids, including heroin	4	13%
Benzodiazepines (non-prescribed)	2	7%

Twenty-seven (27) of the 29 young people used cannabis (90% of the cohort). Alcohol (19 young people; 63%) and methamphetamines (13 young people; 43%) were the next most common substances used.

Volatile substance misuse (VSM) was a factor for nine (9) of the 30 young people. All except one of these young people was engaging with VSM in addition to the use of alcohol and other illicit drugs.

Twenty-one (21) young people had alcohol and/or illicit drugs in their system at the time of their death. A breakdown of the types of substances in toxicology results post-death is detailed. For four young people drug toxicity was considered as a cause or secondary cause of death. For another young person, where the cause of death was unable to be determined, mixed drug toxicity was considered a possible contributor to the death.

21 young people had alcohol and/or drugs in their system when they died.

Table 8: Substances identified in post-death toxicology results

Type of substance	Count
Cannabis	15
Methamphetamine/amphetamine	7
Alcohol	4
Non-authorised prescription drugs	4

They advised that their offending is mostly substance use related and in response to low mood and anger.

They identified that they had offended for the following reasons; 'nobody cares about me, so why not; it was just a phase that I was going through, it wasn't my idea I just got caught up in it and I was drunk/under the influence of drugs and didn't know what I was doing.'

Their Mother has history of alcohol and gambling which negatively impacted them as a child, and was exposed to DV and neglect as a child. It is likely this negatively influenced their coping, attachment and engagement with education through adolescence. They disengaged from school during year 7 which coincided with onset of cannabis use and offending behaviour. They reported wanting to stop using substances because they keep getting into trouble.

School disengagement

Most young people (28 of 30 young people; 93%) were disengaged from education, training or employment at the time of their deaths. This is greater than the Youth Justice census results in 2023, which identified 48% of the wider Youth Justice cohort were disengaged from education, training or employment.[11]

Seventeen (17) young people were aged 16 years or older and therefore were over the age of compulsory school attendance. Five of the young people were aged over 16 years, but less than 17 years, where they are required to be in full-time education, training or employment. Twelve (12) young people were aged 17 years or older and not captured by the compulsory 'learning or earning' stage. Poor school attendance was often emerging in primary school and increased with the transition to high school.

Education Queensland records indicate that one young person's average school attendance in the six years prior to death was 6.46%.

One young person had a long history of significant disruptions throughout schooling, including multiple primary school enrolments, and these disruptions dramatically impacted their learning trajectory, foundational skill development and peer relationships.

Mental health and/or behavioural disorders

Twenty-seven (27, 90%) young people lived with diagnosed or suspected disability and/or diagnosed or suspected mental health issues.

Twenty young people (20; 67%) had one or more diagnosed or suspected mental health and/or behavioural disorders. Table 10 details the type of mental health and behavioural disorders diagnosed or suspected for the 20 young people. The counts do not add to 20, noting that many young people had multiple suspected or diagnosed disorders.

Table 9: Mental health and behavioural disorders diagnosed or suspected

Mental Health Disorder (diagnosed or suspected)	Count	Percent (n 30)
Anxiety	8	27%
Depression	7	23%
Post-traumatic stress disorder	4	13%
Personality disorder	2	7%
Psychosis	2	7%
Mood disorder	2	7%
Schizophrenia	1	3%
Eating disorder	1	3%
Unspecified suspected mental health disorder	2	7%
Behavioural Disorder (diagnosed or suspected)	**Count**	**Percent (n 30)**
Attachment disorder	2	7%
Conduct disorder	1	3%
Oppositional defiance disorder	1	3%
Adjustment disorder	1	3%

Thirteen (13) young people had a diagnosed or suspected mental health or behavioural disorder, with no other reported disability. Eight young people lived with both mental health and/or behavioural disorders and disability.

11 DYJVS (2024), Youth Justice Pocket Stats – September 2024, accessed 21 April 2026.

History of suicidal ideation and/or behaviours

Nineteen (19; 63%) young people had a history of suicidal ideation and/or suicidal behaviours. Of the 19 young people, 11 died due to suicide. Only two of the 13 young people who died due to suicide had no prior recorded history of suicidality.

Unstable housing and homelessness

Homelessness, unstable housing and transience were significant issues for 16 of the 30 young people (53% of the cohort) in the year prior to their death.

Six of the young people were in the care of Child Safety and were choosing not to reside in departmental placements. While each of the circumstances leading to young people in care experiencing homelessness were different, they included:

- feeling unsafe in their allocated placement
- being without an allocated placement option and being provided with a tent
- choosing to live with their parent, who was living rough on the streets.

Four young people identified as couch surfing, sleeping rough or moving between homeless shelters as their parents were not allowing the young person to live at home. These young people were not subject to ongoing intervention with Child Safety.

A young person was homeless and couch surfing at friends' houses for two to three months. It was reported that Mother would not allow them to reside back at home. Mother said the child was not welcome back home and that they need to "let them go" due to life choices they are making.

Other young people experienced homelessness due to family conflict or relationship breakdowns with their parents or choosing to leave a home where they did not feel safe.

The young person disclosed that Mother locked them out of the house after an argument and told them not to come back... they ended up sleeping in town for a few nights. The young person stated that Mother regularly yells at them, chases them out of the house, hits them, calls one of their siblings to come and discipline them. The young person stated that yelling and hitting by Mother and sibling is a regular occurrence. The young person was visibly upset when talking about issues with Mother.

Disability

Fourteen (14) or 47% of young people were living with a suspected or diagnosed disability. Seven lived with both a diagnosed or suspected disability and a diagnosed or suspected mental health condition.

The table below provides details of the type of disability identified for 14 young people.
Please note: The count does not add to 14 due to some young people having multiple disability diagnoses.

Table 10: Disability (diagnosed or suspected).

Disability (diagnosed or suspected)	Count	Percent (n 30)
Developmental/Language Disorder	11	37%
Attention Deficit Hyperactivity Disorder (ADHD)	8	27%
Cognitive/Intellectual	6	20%
Sensory (visual or auditory)	5	17%
Fetal Alcohol Spectrum Disorder (FASD)	4	13%
Autism Spectrum Disorder (ASD)	3	10%
Physical	1	3%

Experience of detention

Eleven (11) young people had spent time in youth detention during their lifetime. All 11 young people were male. Nine were Indigenous and two were non-Indigenous. One young person was a refugee. Nine young people were not in the care of Child Safety. Two were subject to Child Protection Orders (CPO) with Long Term Guardianship (LTG) to the Chief Executive and living in residential care.

Chronic physical health conditions

Seven young people (7) had chronic physical health issues, including diabetes, asthma, cystic fibrosis, cardiac conditions, an Acquired Brain Injury, and a recent serious injury due to a gunshot wound. Six of the seven young people also experienced additional disabilities or mental health conditions, with five also having a history of suicidal ideation/behaviours.

Additional life stressors

Many young people were facing additional life stressors which compounded the vulnerabilities they were facing. These additional life stressors included:

- three young people experienced issues related to their sexual and/or gender identity
- the families of three young people had entered Australia as refugees from war-torn regions.

A young person was living in Australia on a refugee visa which created difficulties as it restricted access to essential services like Medicare and financial support. Additionally, the trauma of fleeing a war-torn country, the stress of enduring time in immigration detention centres, and the challenge of adapting to a new environment all contributed to significant stress for them. When they were able to enter the community, cultural barriers complicated their integration into the community.

- One young person was critically injured while on bail. This was in the context of the young person's family members engaging in criminogenic behaviours.
- One young person's parent was receiving treatment for terminal cancer.
- At least 11 young people experienced parental rejection or abandonment, or a parent who relinquished care of the young person.

One young person continued to feel incredibly rejected by both parents, and particularly by Mother who frequently said they are unable to care for the young person and has to return to placement. The young person communicated to hospital staff and psychologist that they felt rejected and did not want to be abandoned.

One side of a young person's family, who were Torres Strait Islander, had chosen not to have any contact with them. The young person felt a sense of rejection because of this, and it was a barrier to them connecting with their cultural identity. They also experienced rejection by Mother, who in the weeks prior to their death, relinquished care and blamed them for the problems in the family.

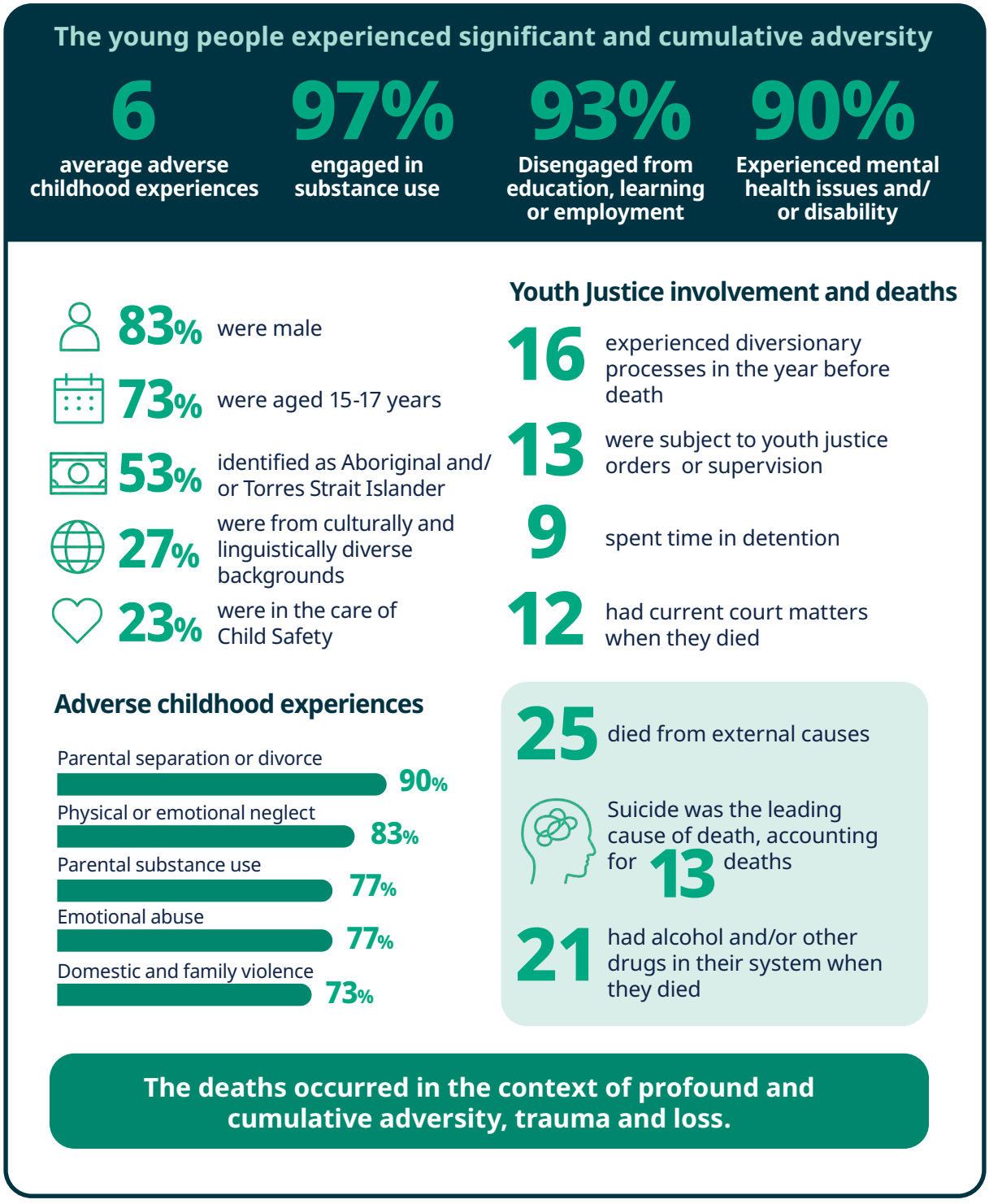
- Themes of young people experiencing parent/adolescent conflict and parents who had limited or no contact with their children were also common, with at least seven young people having strained or conflicted relationships with parents/caregivers (but not at the level of rejection or abandonment).
- Twelve (12) young people were from families experiencing parental unemployment. For a further 11 young people, it was unknown if this factor was relevant for them, due to the lack of records available. Unemployment may increase the likelihood of a child and their family experiencing poverty. Measures of social and economic stress, including poverty, unemployment, single-parent families and crowded dwellings correlate with youth participation in crime.[12]

12 D. Weatherburn and B. Lind (1997) Social and Economic Stress, Child Neglect and Juvenile Delinquency, Australian Institute of Criminology, Criminology Research Fund, accessed 22 April 2026.

Key observations from the data report

The data report highlights the significant developmental experiences of adversity, trauma, loss, and disconnection that were part of the life story for the majority of the 30 young people.

Figure 7: Summary of key observations for the 30 young people



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