

Domestic and Family Violence Homicide.

**Summary of issues experienced
by surviving family members and
options for reform.**

Developed in February 2024
Updated March 2026

Introduction and Preamble

A group of seven surviving family members of domestic and family violence (DFV) homicide have formed an informal support collective, based in Western Sydney, after experiencing challenges accessing formal Government support in the aftermath of DFV homicide. Issues experienced by this cohort of survivor-advocates include limited access to counselling and system navigation support, challenges accessing Government financial support for their immediate needs, poor treatment by Police, and invasive and unethical media reporting.

Full Stop Australia met with this collective of survivor-advocates in February 2024. This document was developed by Full Stop Australia following that meeting, to record key challenges faced by the survivor-advocates and recommendations for reform to improve formal support to secondary victims of DFV homicide.

From 1987 to 2024, 18 women and 8 children were murdered in domestic and family violence (DFV) homicides in NSW's Blacktown LGA, marking it as an area with one of the highest level of incidents. Deaths are often accompanied by a flurry of media reporting an outpouring of distress. But afterwards, what happens for the family members left behind?

These seven surviving family members, from five families, partake in several activities including an Annual Community Vigil for victims of homicide and regular lived-experience support groups.

In the spirit of collective healing, Blacktown City Council supported the development of Memorial Grove, a space that recognises the pain and trauma borne by the victims of domestic violence and their families.

We would like to acknowledge and thank the survivor-advocates we met with, for taking the time to share and reflect on their experiences.

The central sculpture, CONTEMPLATE by Yufang Chi, explores the impact of a droplet falling on the surface of water.



Summary of key challenges and recommendations for reform

A summary of the major difficulties and gaps experienced by surviving family members of DFV homicide, and recommendations for policy and legislative change to improve formal support to secondary victims of DFV homicide, are as follows:

- 1. Inadequate access to appropriate, timely, trauma-specialist counselling support in the aftermath of homicide.** Access to financially supported, face-to-face, trauma-specialist counselling—either through the VSS or otherwise—must be improved. Counselling should be capable of addressing complex trauma outside of homicide (e.g. the broader impacts of DFV, sexual violence and childhood abuse).
- 2. Inadequate support to navigate justice system processes and access key services.** Surviving family members of DFV homicide did not receive appropriate or adequate information, referrals to critical support services, or assistance navigating complex bureaucracy from the point of being notified of homicide. As a result, their experiences liaising with Police, and navigating justice system processes in the aftermath of homicide, were poor. There should be a review of existing supports and needs of secondary victims of DFV homicide, with a view to establishing a clear referral process from the time a homicide is notified, and ongoing service navigation to facilitate access to practical and psychological supports.
- 3. Inadequate access to Victims Support Scheme (VSS) payments by people with acute needs, including because of complex family arrangements.** To address this, there is a need to expand eligibility for VSS payments to ensure the immediate needs of surviving family members of DFV homicide are adequately provided for. The VSS assessment system should adopt a broader definition of “family,” which accounts for complex family relationships and the impact of DFV on families, and a broader and less restrictive understanding of “financial dependence” which accounts for caring responsibilities (especially those that have arisen because of homicide) and better recognises financial need.
- 4. Inadequate support for child victims of DFV homicide.** To address this, there should be a review of processes and supports available to children impacted by DFV homicide. A child-centred assessment of children’s psychological and safety needs should occur immediately after homicide and on an ongoing basis. The Government should consider a model that allocates child advocates, who can provide advice and support from point of notification of the death of a family member.
- 5. Retraumatizing, invasive and unethical media reporting.** The Government should commit to improving regulation of media reporting, and ensuring media are held to enforceable standards when reporting on DFV homicide.

Further details on the experiences of surviving family members of DFV homicide, and recommendations for reform to improve formal support, are set out below.

Scale of the problem

While the above issues have been identified by a small group of surviving family members of DFV homicide, the rates of DFV homicide are such that the above issues likely have broader implications across NSW.

According to data from 2020–21, on average, one woman is killed every nine days by a current or former partner across Australia.ⁱ And in NSW, according to the Bureau of Crime Statistics and Research, there have been between 23 and 50 victims of DFV homicide annually for the last 20 years (from 2004 to 2023)—with 29 victims of DFV homicide in 2023.ⁱⁱ

Issues experienced by surviving family members of DFV homicide

Issue 1: Inadequate access to counselling support

Surviving family members of DFV homicide experienced inadequate access to appropriate, timely, trauma-specialist counselling support in the aftermath of homicide. Some of the issues with accessing counselling support are set out in the below table.

| Issue | Survivor-advocates' experiences |
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| Inadequate resourcing of VSS counselling scheme, resulting in delays in accessing counselling | <ul style="list-style-type: none"> • One survivor called Victims Services for a referral and was told counsellors weren't taking new clients at that time. • Other survivor-advocates had to be proactive and find their own counsellors. One survivor-advocate found a counsellor, who later made an application for her sessions to be covered by the VSS. • Survivor-advocates found that VSS counsellors were often not trained in dealing with children and trauma. |
| Need for counselling services that address multiple complex issues | Broadly, the survivor-advocates' experience was that the counselling services they accessed were singularly focused. That is, they would focus on the impacts of DFV homicide but fail to address complex DFV-related concerns pre-dating the homicide (for example, childhood abuse, sexual abuse, neglect and witnessing violence), as well as other impacts on mental health (for example, the suicide of another surviving family member). |
| Mixed experiences with the Homicide Victims Support Group (HVSG) | <ul style="list-style-type: none"> • Some survivors had a positive experience with the HVSG, but others got a one-off phone call and no follow up. The HVSG website says that there are currently 4,200 people in the Groupⁱⁱⁱ—such a large number raises questions about the capacity of the Group to provide active, ongoing, trauma-specialist support to all members. • Counselling needs to consider complex trauma and issues other than homicide. One survivor found the HVSG refused to address multiple complex issues, including childhood abuse, sexual abuse, DFV and |

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| | <p>neglect. Instead, HVSG support was very focused on homicide only. The survivor found that this support didn't meet her complex trauma needs.</p> <ul style="list-style-type: none"> Survivor-advocates weren't referred to the HVSG through a "warm referral" process by Police. The uncertainty of this process led to exacerbated trauma. |
| Importance of face-to-face counselling | Survivor-advocates raised that getting access to face-to-face counselling is very important. One survivor is currently receiving phone counselling, as she couldn't access affordable and appropriate face-to-face counselling. She's found that this isn't the same as in-person counselling. |

To address the above gaps, the Government should commit to improving access to financially supported face-to-face counselling, either through the VSS or otherwise. Counselling must be trauma-informed and capable of considering complex trauma and issues other than homicide (e.g. the broader impacts of DFV, sexual violence and childhood abuse).

This recognises that DFV homicide will almost always occur following years of physical, sexual, psychological or financial abuse, so its impacts on surviving family members cannot be considered in a vacuum.

Issue 2: Inadequate support to navigate justice system processes and access key services

Surviving family members of DFV homicide did not receive appropriate or adequate information, referrals to critical support services, or assistance navigating complex bureaucracy from the point of being notified of homicide. As a result, their experiences liaising with Police, and navigating justice system processes in the aftermath of homicide, were poor.

Surviving family members of DFV homicide experienced the following challenges liaising with Police, accessing support, and navigating Government bureaucracy, in the aftermath of homicide:

| Issue | Survivor-advocates' experiences | Gaps and recommendations to improve support |
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| Inadequate information about what to expect when attending the crime scene where a murder occurred, resulting in retraumatisation | One survivor, whose daughter was murdered, wasn't told by Police what to expect when she went to her daughter's house—where the murder had taken place—to retrieve possessions for her grandchild. She also wasn't offered a support worker. The survivor was shocked and significantly retraumatised to find that all carpets had been removed, along with some of the doors, and remaining toys and furniture had been | The survivor said she would have benefited from receiving an overview of what to expect in advance of attending her daughter's house. She also would have valued having a support worker with specific knowledge of Police processes present with her to answer questions and explain things. Specifically, that the house had been processed as a crime scene following the homicide—and it would not look |

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| | left in a pile. She had to call Police to ask if the items left behind were evidence. | how she expected, or how it did when her daughter lived there. |
| Lack of trauma-informed and victim-centric Police process and communication, regarding identification of the victim's body | The same survivor referred to above received approximately seven calls from Police, asking her to attend the morgue to identify her daughter's body. The calls continued even after she'd told Police she didn't wish to identify her daughter—due to the retraumatizing impact this would have on her. She had professional experience in this context, and repeatedly told Police that her daughter's body could be identified using dental records. She reported feeling bullied by Police. She noted that identification was eventually completed using dental records. | A support worker could have assisted to avoid this scenario, by acting as a liaison with Police in relation to bureaucratic and justice system processes after homicide. |
| Police interviews not conducted in a trauma-informed way, and surviving family members not adequately supported throughout interviews | All participants identified that during the police interview process, there was little regard given to the psychological safety and wellbeing of interviewees. For example, in an interview a family member attended to support the 15-year-old daughter of a homicide victim, the Police officer sat behind the computer typing the whole time, without looking up or engaging with the interviewee. This persisted, even when the interviewee was reading the last text messages she received from her mother whilst crying. | Survivor-advocates said their experiences with Police would have been improved if they'd been allocated a specific support worker, who could have told them what to expect in advance of their Police interview, and been present with them as a support person during the interview—intervening on their behalf when Police were not operating in a trauma-informed manner. |
| Police process for notifying family members of homicide was not trauma-informed | Police asked a 19-year-old young person—who was in the care of her grandma prior to her grandma's murder—to tell her younger cousin—who was 10 at the time—that their grandma had been killed. Police said it was "better this comes from a family member." | A support worker specifically allocated to surviving family members of homicide immediately upon notification of homicide could have intervened in relation to this scenario. This could have avoided significant trauma for several family members. |

In addition to improved training and support for Police officers investigating DFV homicide cases—which we understand is already happening, and which we strongly support—we think there is scope for the Government to improve access to critical support by surviving family members of DFV homicide.

To this end, we recommend funding support workers for surviving family members of DFV homicide from the point of notification of homicide—appropriately recognising them as secondary victims. This would be a bespoke service that helps with practical matters—for example, support at Police interviews, support liaising with Police, support accessing appropriate legal advice, the completion of paperwork, applications for financial support, applications for VSS counselling, locating appropriate psychological care, and applying for housing.

Support workers could also help surviving family members of homicide to make informed decisions in the aftermath of homicide—by providing accurate and impartial information about the justice system and other government processes. Support workers could be qualified social workers, with expertise in the effects of trauma. Such support has immense potential to reduce emotional and administrative burden for surviving family members of DFV homicide.

While some system navigation and social work supports exist for family members of homicide victims, survivors of DFV homicide found that this support did not meet their needs, as it:

- Was not available from the time of notification of homicide; and
- Was limited to particular time periods and contexts.

For example, the Witness Assistance Service (**WAS**) available through the Office of the Director of Public Prosecutions (**ODPP**) is only accessible by witnesses in criminal matters that have been committed for trial. There is a significant time lapse between a crime occurring, and the matter being brought to trial—and as such, the WAS does not meet the needs of surviving family members in the immediate aftermath of DFV homicide. Also, the WAS is very focused on preparing for the Court process and ensuring witnesses can give their best evidence—rather than being designed with the support needs of victims in mind, with a view to ensuring they are supported to navigate the aftermath of homicide and access all necessary supports.

Surviving family members of DFV homicide also found that the Coroners Court's Forensic Medicine Social Work Service didn't perform an overarching and comprehensive system navigation role. The Social Work Service is "a team of specialist social workers who can assist you and your family with emotional and practical support shortly after the loss of a loved one [by providing] client-focused, short-term, early intervention support for people experiencing a sudden, unexpected death."^{iv} The survivor-advocates found that this support was limited, as it was only offered to the family member who engaged with the Coroner's office regarding forensic examination and identification of the deceased—leaving other family without social work support. Also, survivor-advocates found that the support was limited to the coronial process—it wasn't ongoing system navigation support that provided assistance with the range of needs they had in the aftermath of homicide.

Issue 3: Gaps in the Victims Support Scheme

Financial support available under the VSS isn't available to some surviving family victims of DFV homicide, many of whom have acute and urgent needs in the aftermath of homicide—for example, homelessness, food insecurity, and challenges supporting dependent children.

Survivor-advocates experienced the following issues accessing financial support through the VSS following the murder of their family members in circumstances of DFV:

| Issue | Survivor-advocates' experiences | Gaps and recommendations to improve support |
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| <p>People whose parents have been murdered should automatically be eligible for VSS support, regardless of age or financial dependence, and the VSS should provide better support to young people whose family members have been murdered.</p> | <p>Several of the survivor-advocates raised that they, or their family members, were either unable to, or experienced significant challenges with, accessing recognition payments after their parent was murdered. This is despite being young adults and highly financially vulnerable. For example:</p> <ul style="list-style-type: none"> An 18-year-old survivor, who was living with another family member when her mum was murdered, wasn't eligible for financial support under the VSS. The survivor understands that this was because she wasn't considered to be "financially dependent" on her deceased mother—as she had been living with another family member from the age of 16 for safety reasons, given her mum was experiencing DFV. The requirement for "financial dependence" wasn't found to be met, even though the survivor whose mum was murdered was herself a mother, to a 10-week-old baby who her deceased mother had been very involved in supporting her with. After her mum's death, the survivor's financial and support needs were compounded by the fact that she became responsible for the full-time care of her 6-year-old sibling, and part-time care of three other siblings, in addition to existing caring responsibilities for her own child. Two young people aged in their twenties, whose mother was murdered, were not automatically eligible for recognition payments—and needed to prove "financial dependence" on their mother to establish eligibility. One of the young people had a child, and still lived with her mother when she was murdered. These young people had | <p>There should be automatic eligibility for VSS support for people whose parents have been murdered, regardless of age or financial dependence. This position recognises the significant trauma that the death of a parent causes. This accords with the policy purpose of recognition payments, which is to acknowledge the significant impacts of violent crime. It also ensures critical financial support is available to young people whose parents have been murdered—who often have acute financial needs.</p> <p>Currently, people whose parents have been murdered are only entitled to receive a recognition payment if they are under 18 or assessed as "financially dependent" on the parent who was murdered: see <i>Victims Rights and Support Act 2013 (VRSA)</i> section 36(1)(a). The amount payable for people in this cohort is \$15,000. Meanwhile, parents, stepparents, guardians, spouses and de facto partners of homicide victims are automatically eligible for a recognition payment (albeit of the lower amount of \$7,500), without needing to establish they were "financially dependent" on the homicide victim: VRSA, section 36(1)(b). The children of homicide victims should similarly be automatically entitled to a recognition payment, without needing to satisfy age or financial dependence requirements. This appropriately recognises the immense loss involved in the death of a parent, without the significant documentary burden of needing to prove "dependence."</p> <p>Consideration should also be given to amending section 36(1)(a)(ii) of the VRSA, to increase the age under which</p> |

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| <p>The requirement for “financial dependence” on a homicide victim, as a factor limiting eligibility for recognition payments for homicide victims’ children aged 18 and above, presents challenges for vulnerable victim-survivors of DFV.</p> | <p>to locate their mother’s financial statements to prove they’d been receiving financial support from her. This significantly exacerbated stress and trauma in the aftermath of homicide.</p> <p>Several of the survivor-advocates couldn’t access recognition payments, due to challenges meeting the requirement for “financial dependence” in section 36(1)(a) of the VRSA. This broadly stemmed from complex family dynamics, which are common where DFV is present. For example:</p> <ul style="list-style-type: none"> • A 19-year-old survivor’s grandma and cousin were murdered by her uncle. The survivor-advocate’s financial and support needs were extremely acute in the aftermath of the homicides—she had witnessed her grandmother’s and cousin’s murder, and became homeless after the murders (as she had been living with her grandma before her death). Although her grandma raised her, and she considered her a maternal figure, this relationship wasn’t recognised for the purpose of financial support under the VSS. The survivor understands that this is because she grew up in state care (and | <p>someone will automatically be eligible for the highest recognition payment. This provision should be amended to provide that anyone under 25 (rather than under 18) who experiences the loss of a family member (not just a parent) should automatically receive the highest recognition payment (being \$15,000). This recognises the higher degree of financial need, and lower financial stability, many young people experience. Young people are generally less likely to be earning high incomes, have less savings, and may be studying or doing a trade. The idea that, upon turning 18, young people automatically attain some level of financial independence is false.</p> <p>Section 36(1)(a)(i) of the VRSA provides that a “family victim” of homicide, who is 18 or older, will only be eligible for a recognition payment if they were “financially dependent” on the homicide victim immediately before the death. The requirement for financial dependence <i>on the homicide victim</i> can be challenging to satisfy in families where DFV is present. This can result in children who have been removed from their parents and placed in state care in connection with DFV, and children who have been sent to live with other family members to ensure their safety from DFV, being ineligible for VSS payments. Young people in these positions should not be precluded from accessing VSS support. The purpose of recognition payments is to acknowledge the harm caused by violent crime—especially the most serious crime of murder.</p> <p>While the VRSA doesn’t explicitly consider the impact of a child going into care, or going to live with other family members, it seems that these events could impact assessment of “financial dependence.” People who</p> |
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| | <p>therefore, wasn't considered "financially dependent" on her grandma for the purpose of eligibility for a recognition payment).</p> <ul style="list-style-type: none"> In the above example, an 18-year-old survivor was found not to be financially dependent on her mum—as she didn't live with her for 2 years prior to her death, for safety reasons connected to DFV. This was despite having a 10-week-old baby, who her mum had been supporting her with prior to her death, and taking on care responsibilities for her younger siblings after her mum's death. | <p>have been in care, or who go to live with different family members to remain safe from DFV, may nonetheless retain strong relationships with their birth family/parents—and be significantly impacted by their deaths. This should be recognised through VSS support. Most critically, the requirement for "financial dependence" in the VRSA shouldn't preclude vulnerable people, with urgent financial needs, who are themselves victims of DFV, from accessing financial support through the VSS.</p> |
| <p>The VSS doesn't adequately support people who take on caring responsibilities for family members due to DFV homicide.</p> | <p>Several survivor-advocates took on caring responsibilities for vulnerable children following DFV homicide. Some were unable to access VSS support to fund urgent needs in connection with caring responsibilities. Details are as follows:</p> <ul style="list-style-type: none"> Following homicide, three of the families had adult siblings who took on caring roles for their younger siblings, which came with many expenses they couldn't afford. For example, the 18-year-old survivor referred to above became responsible for the full-time care of her 6-year-old sibling, and part-time care of three other siblings, after her mum's death. This was in addition to existing caring responsibilities for her own baby. One of the survivor-advocates, whose daughter was murdered by her ex-partner, began caring for her daughter's baby (her grandchild) after the murder. However, she did not officially have parental responsibility for the child—as parental | <p>The VRSA should recognise—and ensure financial support is available in—situations where surviving family members take on caring responsibilities for children impacted by homicide. Survivor-advocates experienced challenges accessing VSS support related to eligibility (because they hadn't <i>formally</i> taken on parental responsibility for relevant children) and timing (even if a child for whom they'd taken on caring responsibilities was eligible for VSS support, this wasn't accessible until the child turned 18—which didn't help with urgent and time-sensitive childcare needs).</p> <p>We recommend ensuring that financial support is available immediately (at a minimum, in a very short timeframe) to all people who take on caring responsibilities for children whose parents are victims of DFV homicide. This recognises the urgent and acute financial needs of dependent children following the homicide of a parent. Financial support should be accessible regardless of whether a person's caring responsibilities are formal or informal. That is,</p> |

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| | <p>responsibility was already held by another of her daughter's ex-partners (who is the baby's father). The baby's father was not actively involved in parenting, and in real terms, the survivor-advocate was the baby's sole carer. The survivor-advocate applied, and was approved, for VSS support—she was informed that the baby was entitled to a \$15,000 recognition payment, however, it could not be accessed until the baby turned 18. The survivor-advocate had urgent needs in the immediate aftermath of the murder—such as baby clothing, a car seat, food, and nappies—which she did not receive VSS support to pay for. The timing of the recognition payment didn't help with those needs.</p> | <p>support should be attached to the performance of care duties, rather than official parental responsibility. This recognises complex family arrangements, where one person may unofficially be a child's sole or primary carer, but lack parental responsibility for the child. Once again, this type of complexity is common where DFV is present. The VSS should recognise this and explicitly provide financial support for immediate needs associated with caring responsibilities.</p> <p>Currently, the VRSA doesn't expressly contemplate providing financial support to people who take on caring responsibilities for dependent children:</p> <ul style="list-style-type: none"> • Section 27 of the VRSA deals with financial support available to parents, stepparents, and guardians of child primary victims. However, that section only applies where the primary victim of crime was a dependent child. In this case, the child would not be a primary victim, but rather, a "family victim" of homicide. • Section 29(1)(b) provides for financial assistance for immediate needs for "family victims," where such assistance is needed "to cover expenses of measures that need to be taken urgently, as a direct result of that act of violence, to secure the victim's safety, health or wellbeing." In this case, financial assistance would not be required to secure a victim's own safety, health, or wellbeing—but rather, that of a child for whom they'd taken on caring responsibilities. It's not clear from the drafting of the VRSA |
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| | | <p>whether a person who had taken on caring responsibilities would be eligible for such support on behalf of the child, and if so, whether they would face challenges if their caring responsibilities were informal in nature.</p> <ul style="list-style-type: none"> • In the second example, a recognition payment payable to a child under 18, whose mother was murdered, was not available until the child turned 18. This did not help with immediate childcare needs in the aftermath of murder. |
| <p>Overly narrow definition of “family victim” in the VRSA.</p> | <p>In the above case of the 19-year-old survivor whose grandma and cousin were murdered, another barrier to accessing victims support may have been the VRSA’s definition of “family victim.” That term is used to condition access various VSS payments, under sections 29(1)(a), (b) and (c) and 36(1)(a) of the VRSA—being financial support for immediate needs, financial support for funeral costs, financial support for justice related expenses, and recognition payments. The VRSA definition of “family victim” does not include grandparent or cousin relationships—meaning that the survivor was unable to access VSS support following the murder of her grandma and cousin. This is despite her close relationship with both victims—particularly her grandma, who she considered a maternal figure, and who she was living with at the time of the murder.</p> | <p>Section 22 of the VRSA defines a “family victim” of homicide as the homicide victim’s spouse, de facto partner, parent, guardian, stepparent, child, stepchild, sibling, half-sibling, or stepsibling. This is a prescriptive list, which doesn’t include a range of important family relationships—for example, grandparent relationships, uncle or auntie relationships, and Aboriginal kinship relationships. Families where DFV is present commonly take non-traditional forms for safety reasons—for example, a child’s mother may send them to live with a different family member, to keep them safe from their father’s violence. To recognise this reality, we recommend adopting a broader definition of “family victim,” to ensure critical financial support is available to all who need it.</p> |

Issue 4: Inadequate support for child victims of DFV homicide Gaps in the Victims Support Scheme

The survivor-advocates raised the following issues related to child safety and protection:

- In a police interview, a 10-year-old—who had just lost her grandmother/carer and 8-year-old brother—was not offered the option of having a support person present.
- One survivor-advocate identified that her grandchild had been physically harmed when the child's mother was murdered, in addition to witnessing the murder. She asked for the Police to consider bringing charges against the perpetrator in relation to harm to the child. Police refused, on the basis they couldn't prove that the child's deceased mother wasn't the one who harmed the baby.
- One of the survivor-advocates outlined very difficult and retraumatising experiences in the out of home care system. For example, her foster parents asked her what she wanted to do with the clothes she was wearing the night of the murder, and had a practice of withholding per personal items from her birth family as a form of punishment.
- That survivor-advocate disclosed sexual abuse by her (birth) brother in foster care to her DCJ caseworker and her foster parents. No action was taken to separate her from him, or otherwise stop the abuse.
- Following the murder of their grandma, cousins and siblings were separated into different foster care placements and not supported to remain in contact with one another. They raised that this was extremely difficult, as they are very close and a significant source of support to each other.
- Two families struggled to get custody of children related to them (siblings and grandchildren) following DFV homicide. DCJ was involved with one nine-year-old child's care after her father died by suicide. She had been in her father's care following her mother's murder. The day before the child's father died, he left her with a distant relative who lived over an hour away, rather than with an older sibling with whom the child had a closer relationship and felt more safe with. There were several issues with this placement—including that an adult living at the property where the child was placed had a criminal record, and that the child had to change schools after moving some distance from her immediate family. The relative with caring responsibility withheld the child from seeing her siblings for 6 months. DCJ and Police did not address concerns raised by the child's sibling, deciding that the placement was appropriate on the basis that the home was clean, the relative with care responsibility for the child was distantly related to her, and there was food in the cupboard. DCJ staff regularly told family members who tried to challenge the placement that the situation was not covered by policy and the case was closed. DCJ also told the immediate family to apply to the Family Court if they wanted contact with the 9-year-old, and to resolve the issue of who had parental responsibility for the child, given both her parents were deceased. Family Court action was unaffordable. Decisions about where to place vulnerable children—especially in the aftermath of the homicide of a loved one—should be based on more than whether the child's basic needs can be met, and should additionally consider psychological safety and emotional needs.

To further explore the above gaps, and ensure that the bespoke needs of child survivors of DFV homicide are being met, consideration should be given to:

- Mapping what supports are available to children whose parent(s) are victims of DFV homicide. For example, what supports and assessments are triggered when child protection concerns have been raised? For children in care? And in general?
- Requiring a child-centred assessment of children's psychological and safety needs to occur immediately after homicide and on an ongoing basis. This ongoing focus on the psychological safety and wellbeing of child victims is critical to identify risks and address them in a proactive and safe way.
- Allocating child advocates, who can provide advice and support from point of notification of the death of a family member.

Issue 5: Media Reporting

Survivor-advocates had the following traumatic experiences with media reporting in the aftermath of DFV homicide:

- In three cases, deceased family members' names and photographs were published by the media before the broader family had been told about the murder. Families raised that media should not be able to commence reporting on DFV homicide without the informed consent of surviving family—to avoid the deceased person's loved ones learning about the murder from the media.
- In several cases, the media published photographs of deceased family members (taken from social media), without seeking the consent of surviving family members. This included publishing photos of one woman with her ex-husband (and murderer), to try and spin the story of her murder in a certain way. Survivor-advocates found the experience of not being able to escape images of their loved ones extremely traumatic. They raised that there should be a process of seeking family consent to the use of images.
- In several cases, journalists approached grieving family members and friends shortly after a homicide for comment. This clearly raises ethical concerns. Survivor-advocates questioned the capacity to consent to being interviewed by a journalist when in a state of trauma. There is a need for better, and enforceable, rules for reporting on gender-based violence.
- Several survivor-advocates experienced journalists lurking outside their homes after their family members had been killed. In one case, a journalist found the deceased's ABN online, speaking to her neighbours who didn't know the deceased well, and made up a statement from her uncle. This sort of invasive media reporting was highly retraumatizing.

More broadly, survivor-advocates raised that having time to grieve was really important for recovery—and everyone felt this was jeopardised by irresponsible media reporting.

To address the above issues, there should be a Government-funded organisation dedicated to ensuring that media reporting on gender-based violence is safe and trauma-informed, and doesn't contribute to driving harmful ideas and attitudes about violence.

We recognise that a mechanism exists to address unethical and inappropriate media reporting—the Australian Press Council can receive and address complaints about published material in Australian newspapers, magazines and digital sites. However, as the Press Council lacks a gender-based violence focus, issues with media reporting that can retraumatise victims and drive violence are not proactively identified and addressed. Meanwhile,

although OurWatch has released best-practice guidelines for reporting on gender-based violence^v—there is no mechanism for enforcing those guidelines, or resourcing to address non-compliance.

Conversely, media regulation in the mental health and suicide prevention space is much more robust, with a government-funded body—SANE StigmaWatch, in collaboration with MindFrame—dedicated to promoting responsible media reporting on mental illness and suicide. SANE StigmaWatch and MindFrame do the following work:

We monitor and respond to reports of inaccurate or inappropriate stigmatising media portrayal of mental ill health and suicide. In line with the Australian Press Council and Mindframe's reporting guidelines, we work with media professionals across the country to provide constructive feedback and advice on how to responsibly report stories about mental ill health and suicide.

SANE StigmaWatch was developed by SANE in partnership with Mindframe to ensure media outlets report safely and accurately on mental health concerns and suicide. Anyone can report a media item to StigmaWatch. If the coverage does not align with media reporting guidelines, StigmaWatch will contact the media outlet involved with constructive feedback and advice.

Mindframe provides up-to-date, evidence-based information and resources to support safe media reporting, portrayal and communication about suicide, mental ill-health and alcohol and other drugs. When reporting, portraying or communicating about suicide or mental ill-health the Mindframe guidelines are able to provide support and guidance to media professionals and those who work with the media.

MindFrame has Federal and State government funding, including through NSW Health.

There is scope for replicating the dedicated approach taken to reporting on mental health, to ensure safer, more trauma-informed media reporting on gender-based violence—including DFV homicide.

Where to from here

The objective of raising these issues is to seek an urgent review of the systems set up to respond to DFV homicide, with a view to improving the response to surviving family members.

Representatives of the families who experienced DFV homicide, along with Full Stop Australia, would be more than happy to meet to discuss any of the issues raised in this document and next steps.

This document was prepared by Emily Dale, Head of Advocacy, in consultation with Tara Hunter, Director of Clinical and Client Services, at Full Stop Australia. The content has been reviewed and endorsed by the victim-survivors who participated in the meeting held in February 2024. Please direct any questions to Tara Hunter via email: tarah@fullstop.org.au

ⁱ Calculated from Bricknell S 2023. *Homicide in Australia 2020–21*. Statistical Report no. 42. Canberra: Australian Institute of Criminology.

ⁱⁱ NSW Bureau of Crime Statistics and Research. *Domestic violence related murder in NSW—Long term trend: 20 years from 2004 to 2023*. December 2023. Available at: https://www.bocsar.nsw.gov.au/Documents/Landing_Pages/DV%20murder%20infographic%202023.pdf.

ⁱⁱⁱ Homicide Victims Support Group. *About Us*. 2024. Available at: <https://hvsgnsw.org.au/about/>.

^{iv} Coroners Court of New South Wales. *Counselling—Forensic Medicine Social Work service*. 2024. Available at: <https://coroners.nsw.gov.au/help-and-support/counselling.html#:~:text=The%20Forensic%20Medicine%20Service%20has,experiencing%20a%20sudden%2C%20unexpected%20death>.

^v OurWatch. *How to Report on Violence Against Women and Their Children*. 2019 National Edition. Available at: https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/09/09000510/OW3989_NAT_REPORTING-GUIDELINES_WEB_FA.pdf.