



Children and Young People Bereaved by Domestic Homicide

A focus on Australia



THIS REPORT

This brief report conveys key findings from the study “Children and young people bereaved by domestic homicide: Understanding home, relationships and identity,” with a focus on Australia.

ACKNOWLEDGEMENTS

Our research team acknowledges Aboriginal and Torres Strait Islander people as Australia’s First People and Traditional Custodians, and that they never ceded sovereignty. We pay our respects to Elders past and present, and are committed to making a positive contribution to the wellbeing of their children and young people. We were not able to interview Aboriginal or Torres Strait Islander people about their experiences, and reflect on this limitation in the report.

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ABOUT THE ILLUSTRATIONS AND THE TEXT ON THE BACK COVER

The main character of the illustrations is a rhino beetle, chosen for its experience of metamorphosis and its ability to represent children and young people with a range of identities and backgrounds. The story on the back cover is composed of the narratives of Australian participants who lost a parent due to domestic homicide.

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SUMMARY

THE ISSUE:

The loss of a parent due to domestic homicide has a profound and lifelong impact on the children and young people left behind. All aspects of their life are disrupted, with long-term consequences for mental and physical health, learning and social connections.

The number of children and young people affected in Australia is unknown; recently reported data are likely substantial underestimates.

Australia's response to the challenges faced by these children and young people is currently inadequate. Despite occasional supportive and positive experiences, as well as strong interest in peer support initiatives, this research demonstrated:

- a) lifelong experiences of stigma and silencing;
- b) the absence of child-centred approaches;
- c) a deep impact on home life, with support for caregivers being rare;
- d) only partially realised potential for trauma-informed care within the school context;
- e) a lack of coordinated and evidence-based (mental health) support for children and young people bereaved due to domestic homicide.

PRIORITY ACTIONS:

- **Record the data.** We recommend that state and territory governments systematically record the number of children bereaved by each domestic homicide, and audit subsequent service involvement.
- **Include bereaved children explicitly in domestic homicide inquests and investigations.** This should include a review of services provided to children in the aftermath of the homicide, up until the date of the inquest/investigation.
- **Provide a coordinated, multi-agency, outreaching support response** in the direct aftermath of a domestic homicide.
- **Provide accessible, tailored trauma- and grief-focused mental health treatment** in the aftermath of domestic homicide and beyond.
- **Provide support for caregivers** to help them understand and connect with children dealing with traumatic grief and stigma, as well as practical, financial and mental health support.
- **Make available a dedicated team** of trained (mental health) specialists who can provide consultation to schools, services and individual professionals supporting families in the immediate aftermath and in the long term after domestic homicide.
- **Provide guidance materials** for child protection, mental health, legal and education professionals regarding the needs of children and wider family bereaved by domestic homicide.
- **Intensify efforts to ensure that schools are trauma-informed**, involving teachers, support staff and leadership, providing an understanding and supportive school environment.
- **Facilitate the establishment and maintenance of dedicated peer support groups**, for children, young people and adults who have been bereaved by domestic homicide.
- **Involve people with lived experience** in the design of service improvements and establishment of new initiatives, and facilitate opportunities to contribute to de-stigmatisation.
- **Ensure that a child rights-based, child-centred approach** is at the heart of all aspects of post-homicide support provided by professionals and important adults in children and young people's lives.



BACKGROUND & METHODOLOGY

A WORLD TURNED UPSIDE DOWN

When a child loses a parent due to domestic homicide,ⁱ they often experience multiple losses at once. One parent is deceased, while the offender – who is often the other parent – is detained, on the run or has died by suicide, and the home has become a crime scene.^{1,2} In many cases, children lose their mother at the hands of their father. In the aftermath, children frequently have to move home and change school, disrupting even more aspects of their daily life.³

The effects of domestic homicide on children are devastating and can be long-lasting, including severe mental health difficulties, social problems, poor physical health, and adverse educational outcomes, as well as an increased risk of further victimisation and perpetration.^{4,5} More broadly, family violence costs Australia \$26 billion every year, with well over \$6 billion spent on child protection and related support services.^{6,7} The annual cost per child in care averages over \$90,000. While specific figures for children bereaved by domestic homicide do not exist, the real annual costs are likely similar or higher, considering these children's protracted exposure to violence, the sudden loss of at least one attachment figure (usually the person who would support them through difficult circumstances), the loss of their home, and high rates of witnessing of the killing and/or the crime scene.^{2,8}

ⁱ In Australia and internationally, there is variation in the use of the term 'domestic homicide'. In this report, we use it to refer to (parental) intimate partner homicide.

A LACK OF RELIABLE DATA

In the two decades leading up to 2020-21, in Australia, a total of 1,210 people were killed by a current or former intimate partner, and they account for 24 percent of all homicide victims during this period.⁹ Many of these victims will no doubt have been parents, yet we have no robust data on how many children have been left behind. One report, by the Australian Domestic and Family Violence Death Review Network, identified 172 such children over an eight-year period from 2010 to 2018.¹⁰ Extrapolating this to 20 years – an appropriate timeframe to consider given the long-lasting effects on children and young people affected – this number would be 430.

The actual number is likely to be significantly greater than this, as the report only included cases following an identifiable history of domestic violence and noted challenges in accurately accounting for surviving children. Comparison with international figures also suggests this to be an underestimation. For example, a study in the Netherlands identified 256 surviving children across a 10-year period.² If we extrapolate from these data by accounting for differences in population size and national homicide rates,ⁱⁱ then well over 800 children and young people may have been bereaved by domestic homicide in Australia over the last two decades.

The lack of reliable data is indicative of the lack of knowledge regarding the impact on, and support needs of, Australian children and young people bereaved by domestic homicide. The current research project aimed to understand children and young people's experiences regarding growing up in the aftermath of a domestic homicide – in particular regarding living arrangements, relationships, and identity development – in Australia, the UK and Ireland. This report concentrates on key Australian findings within the context of the broader findings across these countries.

LEARNING FROM LIVED, CAREGIVING AND PROFESSIONAL EXPERIENCE

We conducted in-depth interviews with 70 participants across Australia, the UK and Ireland, including 22 young people and adults with lived experience as a child, 18 caregivers and family friends and 30 professionals from a range of disciplines (including education, mental health, and child protection). The Australian participants were based in New South Wales, Victoria, Queensland, South Australia and Western Australia. None of the interviewees identified as Aboriginal or Torres Strait Islander, while a few (mostly among the UK participants) identified as having a migrant

ii Using Worldometer population data for 2023 (17.6M versus 26.5M) and UN Office of Drugs and Crime homicide rates for 2021 (.65 versus .74 per 100,000).

background. For 20 of the 22 people with lived experience, their mother had been killed by their father or a 'current' as well as 'former' partner, while for two people, their father had been killed by their mother. Their ages at the time of the homicide ranged from a few months to 17 years old, while their age at the time of the interviews ranged from 16 to 55 years (nine interviewees were 25 years old or younger). The caregivers/family friends and professionals similarly described children and young people of a range of ages, and bereaved through a range of scenarios, although also mostly mothers being killed by a male current or former partner.

Our research has been participatory; the core research team included a person with lived experience, and several people with lived experience provided formal and informal advice on our data collection and analysis, interpretation and communication. The study was approved by our respective universities' research ethics committees. To invite participants, we shared information about the study with relevant organisations, associations and individuals, and also used social media and snowball sampling. Apart from literature and policy document review, the analyses mainly involved (reflexive) thematic analysis and narrative analysis (see the back cover of this report for a composite narrative resulting from this analysis). The team met regularly to share reflections and insights regarding the data and analyses through virtual meetings and half-day workshops.



FINDINGS

CHILDREN ARE DEALING WITH LIFE-LONG STIGMA AND SILENCE

Participants' accounts confirmed reports in the literature regarding a profound and enduring impact on mental and physical wellbeing, with this spilling over to children's and young people's capacity to learn and connect with others. This was observed both by people with lived experience themselves as well as caregivers and professionals. Children and young people often experienced a complex mix of grief, traumatic stress and attempts at meaning-making that was still present at the time of the interview. Many strived to maintain a connection with their deceased parent through, for example, describing them in the present tense, embodying their values, connecting through important belongings and by publicly sharing their story. In contrast, our interviewees with lived experience generally rejected the perpetrator parent, condemning their actions, rarely mentioning them or using words that denied any familial relationship, although this process was not always simple or linear, with occasional wishes for contact and answers to questions.

I can tell you now it hasn't been easy. (...) I have been to multiple psychologists for my mental health, and I do get little waves of a depression stage every now and then. (...) I am still really learning to cope and I forever will be (...) She's never going to see me graduate, you know, she's never gonna see me drive, pass my license, you know, she's never gonna be there for the little things, she's never gonna be there for when a boy breaks my heart, you know, and it's just so hard because it's the little things that build into big things.

Experiences of having to deal with stigma and silencing came through strongly in the interviews. A pervasive sense of feeling 'different' or 'not normal' for those with lived experience often led to isolation and a struggle to relate to peers. They recounted a range of narratives imposed by others that were particularly unhelpful. This included, for example, not acknowledging that the death was due to domestic violence, or suggesting that they had been too young to remember or comprehend

what happened. There were also more 'benevolent' types of denial, including a focus on children having just their physical needs met or an emphasis on only their strength, while overlooking their struggles. Finally, there were outright stigmatising and debilitating narratives that blamed the victim, portrayed the children as damaged beyond repair or as 'doomed' (i.e., destined to become a victim or perpetrator themselves), or conveyed that they should be 'over it' by now. These imposed narratives continued well into adulthood, including in education and work contexts (e.g., being seen as having limited capacity).

Although far from straightforward or easy, participants with lived experience described a process of claiming ownership over their stories and the sharing of these stories. Often, this process began gradually, after many years of feeling silenced, and required extensive effort. Nevertheless, several participants felt that demanding and accessing information and making sense of their own story were crucial for their wellbeing and sense of agency. For some, a turning point in their lives was when they began to understand the murder as a manifestation of domestic violence:

My mum wasn't [considered] a victim of family violence. Even the news reports [said]: murder victim. In [social work] training, I had this lightbulb moment. 'Hang on a second... This was the extreme end of family violence.'

There was striking consensus in our lived experience participants' and caregivers' reflections on peer support. This was described as lacking and something they felt it would have been key in countering the isolation and alienation that characterised their childhoods. Peer support could provide a powerful means of instilling hope and connection with those who "get it."

CHILDREN'S RIGHT TO INFLUENCE DECISIONS IS NOT REALISED

Despite Australia's commitment to the United Nations Convention on the Rights of the Child (CRC), which emphasises the importance of children being supported to express their views on matters affecting them, and for these views to be given due consideration, our data suggest that children are rarely involved in decision-making processes about their lives after domestic homicide. The interviews revealed a lack of opportunity for children and young people to voice their opinions on critical decisions, such as living arrangements or contact with the offending parent, leaving these determinations primarily in the hands of adults. Interviewees with lived experience described how 'the court' made decisions about where and with whom they were to

live, without children being engaged in the process, and with a lack of attention to what might be developmentally appropriate.

Complexity and inconsistency within Australia's legal system further hinder children's participation in decision-making, with different jurisdictions having varied approaches to involving children in legal proceedings, and limited guidance and quality control available for practitioners. Despite some positive attempts to incorporate children's views, participants conveyed that children's capacity to contribute meaningfully is often underestimated and underutilised. For example, one interviewee highlighted that in the medical sector, health professionals often receive training on listening to children and young people, but that this is less frequent in the legal and justice sector. Adults representing children and young people manifested different degrees of accountability, sometimes leading to losing trust in services. This loss of trust, which may begin in the early stages after the domestic homicide, can continue throughout a person's life, and expand to the whole service system.

And then you're suddenly told that not only have you lost both parents, but you've also then lost everything that you know, your existence and your stability. We went through a myriad of court hearings...all very, very confronting during a very traumatic time, I guess, with very little advocacy, on our part for what we actually wanted and the notion that we should be separated when effectively [my sibling] and I were the only family that we had.

This lack of child-centeredness could also go beyond interactions with professionals and 'systems,' and involve children's own family members:

So after, after my mum died, his parents, so my grandparents, I guess you could say sort of took over in terms of organising. And I don't even know if it was really, if you could even say it was organising. They just, they just took over and did things they did, I guess, what they thought was right at the time. So I just remember, there was lots that happened in those first few weeks, like interviews with police, coming home from school and finding the house had been ransacked by police. There was the funeral. And I guess this is one of the things I think is really important, so we weren't allowed to go to the funeral. (...) My grandparents came in and basically had a garage sale and sold all of my mum's belongings, which, you know, that's just yeah, that still boggles my mind a little bit to this day.

But I do think that there is a fairly bad tendency to say, 'this is what the child wants' in court. And that's it. Whereas if people were representing parents that they'd say, 'Well, this is what the parent wants,' and then there would be advocacy behind that. So they would be constructing a case, calling evidence, setting up things to support that. Whereas it seems to be just 'this is what the child wants.' And you don't have to take it any further. But I mean, that's, you know, they're getting a lesser form of representation and their wishes, they may be conveyed, but they're not actually contributing really meaningfully to the decision that the court is making. So I think that that's still an unsolved issue for us and the court. (legal professional)

In several UK interviews, the topic of domestic homicide reviews (DHRs) came up, which has similarities with, and relevance for, for example, Coroners Court investigations and inquests in Australia. DHRs are multi-agency reviews aimed at preventing domestic homicides.¹¹ The UK participants conveyed that DHRs can be a useful way of looking at how services and systems can be improved for adult and child victims. However, most DHR processes were seen as not focused on the needs and experiences of bereaved children, despite their potential to generate important evidence on how children can be better supported in the aftermath of a homicide.

A FUNDAMENTALLY ALTERED CONCEPT OF 'HOME,' BOTH FOR CHILDREN AND CAREGIVERS

The concept of 'home' for young people bereaved by domestic homicide was fundamentally altered by their experiences in ways that reverberated across their lives. The journey towards finding comfort in a new experience of 'home' as an emotional and social space was complex and unique to each individual, suggesting the need for sensitive, informed support both for children bereaved by domestic homicide and those attempting to create homes for them.

In the aftermath of the homicide, interviewees with lived experience felt a loss of familiarity and a sense of abrupt severance from their previous life and identity as part of a family and a home. Some experienced a lack of acknowledgement of the homicide, an expectation to hide their feelings, and a sense of erasure of their history and experiences with the parent whom they had lost.



Fostering was a way of having an instant family almost... But they weren't willing to deal with the fact that we came with preconceived ideas of what a family were and preconceived notions of how a family operates. We also came with a very strong sense of we'd like to have Mum remain as part of our life and the things that we did as a family remain as part of our life. So that family wanted us to adapt into their family.

And then we ended up with another foster family. And we were also their first foster kids. And they were, they were okay, but they were, they were a little bit strange, to say the least, I guess... The mum was very pushy on to us about like calling her mum and yeah, and getting us to say like, 'I love you,' and like very touchy feely. And we were very like, "just, like, don't touch us". We were, like the thought of someone like coming into your personal space was very, very scary.

Caregivers and family friends were often unsure how to respond to children's emotions. Some had become bereaved themselves through the homicide, or had their own histories of trauma, but had little opportunity to process these, putting the needs of bereaved children before their own. Caregivers needed practical, emotional, and financial support but were often unaware of what was available or were hesitant to reach out for help. Even when families asked, help was rarely readily available.

Whilst there was support there, we really had to go looking for it. And we really had to ask for it. (...) I was (...) the one that kept everyone together. (...) I was the one that (...) kept (...) the kids together, made sure we were safe, made sure we were all looked after. (...) Because of that role, nobody really stopped to ask about me, (...) how I was coping. And five years in, (...) I really hit rock bottom, and I was diagnosed with PTSD. (...) And even at that point, I still couldn't reach out and ask for help. (...) my whole focus was on making sure that [my niece] got through this (...) and that her father's actions did not define (...) the rest of her life.

What I had to do was as awful as it sounds, was to forget my daughter. Forget I lost my daughter, concentrate on those kids and then, of course, I had to wait. It's dealing with that, and dealing with the fact that there's a delay and what you're going to do and how you're going to cope.



THE POTENTIAL AND RESPONSIBILITY OF SCHOOLS

When looking at school-based support, we identified some key themes from the interviews. Firstly, schools can provide safety, stability and consistency. They do this by helping to develop a supportive environment, with trusted adults maintaining stable and secure connections with a child. One social worker who worked with a family of children whose mother was killed explained that school was the one thing that remained “safe, stable and secure” for the children.

Several participants, however, described limitations in the support they received – particularly counselling support – at school:

School did not offer or ... did not mention counselling.

Professionals in schools encountered delays and inconsistent availability of support options. They recounted, for example, that it was a long and time-consuming process to get different supports in place. This applied especially in a case where the children lived in a rural area.

Therefore, while our interviews conveyed the potential of schools as central supportive environments for children bereaved by domestic homicide and similar experiences, they also indicated a lack of capacity and resources to provide assistance.

I think having counsellors that are trained, even just a little bit to know about what to do with that sort of situation (...) Because I've had, like, I've been to a fair few different schools, because I've moved a lot or I've been bullied. (...) And, you know, up until now, none of them have really known how to handle the issues and the situation.

Interviewees pointed to the need for children to feel welcome and understood after the homicide, which could be complicated by the amount of media and community attention that homicides often generate. For example, for this participant, her return to school was compounded by the fact that her father's murder attracted significant media attention:

It felt a little bit surreal... it was like, there was this weird spotlight that was on me... I'd become a spectacle and I didn't want to be there.

UNAVAILABLE OR UNHELPFUL SUPPORT THROUGH THE SERVICE SYSTEM

Negative experiences in accessing or engaging support seemed to be the norm, rather than the exception, for participants with lived or caregiving experience. In fact, participants often told us that they were motivated to take part in the research to try and improve the very systems they felt let them down when they were younger. Common reports were that support was fundamentally absent, experienced as unavailable, or hard to find. Participants often sought out support groups to connect with other survivors of domestic homicide, but similarly found these to be virtually non-existent. There was a clear lack of structural procedures in place for linking children with safe and specialised support services, such that access seemed to be a matter of circumstance or dependent on the initiative of caregivers. Where participants were able to engage with formal supports, practitioners were often experienced as ill-equipped, invalidating or lacking the required expertise to work with the type of trauma that participants had been through.

I didn't really have any, anything other than from my relatives to say, 'yeah, we're here to support you.' Like, there was just, there was nothing from like the government. There was nothing from local services. Like, I didn't have any, I

didn't have any, like social workers, or any kind of, you know, specialist, kind of chat to me or anything.

They wanted to help, but they didn't really know how, because they didn't have a lot of experience in that area.

I hate going through the whole process of meeting a new counsellor, and, you know, having to re-explain everything and all that sort of stuff, especially because of what I've been through this so much. It's such a big thing to retell a new person.

Some participants talked of mental health difficulties being under-recognised or misinterpreted. For example, one child's symptoms of posttraumatic stress were confused by professionals for signs of autism. In line with what is described above about imposed narratives, participants with lived experience also indicated that adults made assumptions regarding what children and young people were going through, limiting opportunities for effective support.

There was wide agreement among interviewees on the importance of developing strategies to avoid ad hoc approaches to providing support. They described it as necessary to establish a common framework for collaboration between different agencies, where all services are aware of the emotional needs of children bereaved due to domestic homicide. Interviewees indicated that different agencies interpret the concept of 'intensive support' for children and families differently, and even though children and families may have been eligible for support services, there were many indications that they were not actually receiving these.

In a few cases, children and/or caregivers experienced helpful support from individuals, organisations or associations, indicating that this made a significant difference to their lives. However, the interviews also clearly showed that these were exceptions, unavailable to every child affected and their caregivers, with strong variability across locations as well as in the knowledge, skills, and resources of the professionals involved.

REFLECTIONS

This is the first study to focus on the experiences of children and young people bereaved by domestic homicide in Australia. One of its main strengths has been its participatory nature. However, this is only the start of building an understanding of what children, young people and their caregivers need, in the direct aftermath of a domestic homicide and through their life course. Our research has several limitations, some of which are indicative of the system improvements that are needed. For example, it was difficult to ensure that a wide range of people with lived or caregiving experience knew of this research, which relates to the scattered nature of services.

Our Australian participants with lived experience included several people who, themselves, had gone to work within the family violence or mental health sector. It is possible that these individuals were more at ease with participating in research by, and talking with, a university-based research team than people from (further) marginalised backgrounds. Going forward, it is crucial that the perspectives and needs of children and young people who identify as Aboriginal and/or Torres Strait Islander, or as recent migrants or refugees, are elicited, understood and taken into account. With regard to the former, this is especially important as Indigenous women are (at least) eight times more likely to be killed due to homicide compared to non-Indigenous women.¹²

We had more difficulty in reaching and including young people in this study than in a previous study in the Netherlands, where we interviewed 23 children and young people aged 8 to 24 within a year.¹³ Possible reasons for this difference are the more centralised nature of trauma-focused mental health care for children in the Netherlands, the study at the time being government commissioned, and the burden of the pandemic on families during the current study. Several of our current participants with lived experience were looking back over multiple years or even decades. While they provided invaluable insights, their views should be complemented by younger voices from around the country.

During this research we encountered several international examples of good practice or new local initiatives that show promise and may be of interest. One was the Arizona Child and Adolescent Survivor Initiative (ACASI),¹⁴ which provides a wraparound service to children, including personal advocacy, mental health care, peer support for children and caregivers, referrals to legal assistance, ongoing case management, and mentoring of children who have been bereaved due to domestic homicide. A second example is the Dutch national multi-agency protocol which sets out a framework and flowchart for support interventions for children bereaved by

domestic homicide, including a standard request to consult with a psychotrauma centre for children and youth.¹⁵ A third example is AAFDA (‘Advocacy After Fatal Domestic Abuse) in the UK,¹⁶ which supports families through Domestic Homicide Review processes and trains professionals in conducting these reviews. Finally and recently, in Australia, there has been the establishment of Grace’s Place in Sydney, which aims to “provide a unique place of healing and restoration for children who have lost a loved one from homicide.”¹⁷



RECOMMENDATIONS

Based on the research, we have generated the following Australia-focused recommendations. Most of these recommendations are for government implementation at state or territory level, however they would benefit from national exchange and the assurance that children and young families who move state or territory (since this happens regularly due to the loss of home associated with the homicide) remain eligible for the same provisions in their new home.

Record the data. We recommend that state and territory governments start to systematically record the number of children bereaved by each domestic homicide. Auditing child trajectories through the system will provide local insight into the number and types of agencies involved in recent cases of homicide where children have been bereaved, and the duration and services provided.

Include the experience and perspective of bereaved children explicitly in domestic violence related inquests and investigations at Coroners Courts to improve future agency responses to reduce the incidence and impact of domestic homicides. This should include a review of services provided to children in the aftermath of the homicide, up until the date of the inquest or investigation.

Provide a coordinated, multi-agency, outreaching support response in the direct aftermath of a domestic homicide, as, for example, recently requested by the Victorian Commissioner for Children and Young People. Minimise turnover of professionals engaged with children bereaved due to domestic homicide and their caregivers. Ensuring accountability in the service system, irrespective of where the child is placed (e.g., with kin or in residential care) is crucial to mitigate long-term negative sequelae.

Provide accessible, tailored trauma- and grief-focused mental health treatment. This treatment should be evidence-based, provided by well-trained professionals, without waitlist and with no restriction on the number of sessions for children bereaved by domestic homicide and any bereaved caregivers. This support should be tailored to specific needs (e.g., regarding identity) and cultural background (e.g., regarding grieving customs).

Provide support for caregivers. Caregivers – in the wide sense of the word, including a range of kinship or care conceptualisations – need support in connecting with children dealing with traumatic grief and stigma, as well as practical and financial support and possibly mental health care for their own experiences of traumatic loss.

Well-supported and trauma-informed caregivers are better equipped to create a welcoming home environment and rebuild children's sense of safety and belonging.

Make available a dedicated team of trained (mental health) specialists who can provide consultation to schools, services and individual professionals supporting families after domestic homicide, both in the direct aftermath and in the long term. While it is not feasible to train all professionals in this topic, a dedicated team can provide consultation to a wide range and large number of those professionals who are directly involved.

Provide guidance materials and training for child protection, mental health, legal and education professionals regarding the experiences and needs of children bereaved by domestic homicide and their environment. These can include the range of considerations for decisions to be made in the direct aftermath (e.g., regarding funeral, placement, media) and long term (e.g., contact with the offending parent, reducing family conflicts).

Intensify efforts to ensure that schools are trauma-informed, with leadership facilitating trauma-informed practice, teachers being trained in general trauma-informed support in the classroom, and mental health support staff trained in evidence-based trauma- and grief-focused therapies, to provide an understanding and supportive school environment.

Facilitate the establishment and maintenance of dedicated peer support groups for children and young people bereaved by domestic homicide, their caregivers and adults with lived experience of bereavement due to domestic homicide in childhood.

Involve people with lived experience of bereavement due to domestic homicide in the design of system improvements and establishment of new initiatives, support initiatives led by people with lived experience, and facilitate opportunities to contribute to de-stigmatisation.

Ensure that a child rights-based, child-centred approach is at the heart of all aspects of support for children, including in a) direct decisions made, b) training and reflective practice among professionals and c) engagement with, and decisions made by, caregivers and family members looking after children and young people bereaved by domestic homicide.

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When it happened, everyone knew.
Some people were gracious about it, others not so much:
'Where are YOUR parents?'
Also, when meeting new people...
For many years, I didn't know how to talk about it.
I always got the same reaction: shock or disbelief.

I was there when it happened,
so I went through so much of Court:
'You're here to tell the truth,' they said.
But I was just learning to talk,
let alone understand all those big words.

And I remember bouncing
from counsellor to counsellor.
I spent so long just telling the story of what happened,
that we never got into how to move forward.
And it was just exhausting.
I can roll it off my tongue
and it just sounds like I'm making it up.

You know, knowledge is power.
But growing up, I didn't know
what to believe about the homicide.
I always felt I was missing a part of the puzzle.
I started asking questions.
I got shut down.
Everything was so taboo.
I gathered all the information I could
to form my own opinion.

There came a point where I went,
'My life is literally a true crime podcast
but no one talks about it.
Nope, I'M talking about it.
I'm standing up for what I believe in.
This was the extreme end of family violence.
Like it or not, that's what it was.'

How the hell do you compact years of trauma?
It is hard to talk and relive it,
it is still quite raw.
But the more I talk about my life,
I find it a lot easier.
You know, I went through that trauma,
but look at where I am now.

How do I tell my story?
As an empowering story.
Mum's memory lives on in sharing that story,
helping others survive.
I still worry what my family will think.
But what if me talking helps another person?
Then bugger them,
the bigger picture is we've got
to make a better future.

But it's always gonna be the hardest thing
I'll ever have to do.

I'm 16...
She's never going to see me graduate.
She's never gonna see me pass my driving license.
She's never gonna be there
when a boy breaks my heart.

Now it's been more than 20 years.
One part of me is that story.
I no longer need to tell the story
to justify anything anymore.

But now my kids want to know
why they never met grandma.

