



# Alannah & Madeline Foundation

Submission to the Inquiry into Family,  
Domestic and Sexual Violence 2020

## Contents

About us	2
Our submission	2
Prevalence of children's exposure to intimate partner violence	2
How does intimate partner violence affect children?	3
Prevalence of children's exposure to intimate partner homicide	4
The needs of children who survive intimate partner homicide	4
Gaps in the service system	6
Effective interventions – what we know so far	7
Lessons from the Children Ahead program (Alannah & Madeline Foundation)	8
Recommendations	9

## Inquiry into Family, Domestic and Sexual Violence

We welcome the decision of the Standing Committee on Social Policy and Legal Affairs to inquire into and report on family, domestic and sexual violence, including with a view to informing the next National Plan to Reduce Violence against Women and their Children.

### About us

The Alannah & Madeline Foundation is the leading national not-for-profit organisation working to protect children from the effects of violence and bullying.

We care for children who have experienced or witnessed serious violence; reduce the incidence of bullying, cyber bullying and other cyber risks; and advocate for the safety and wellbeing of children.

Our programs are in close to one third of Australian schools and more than 80% of Australian public libraries. We also support 10,000 children in refuges or foster homes across the country every year through our Buddy Bags program.

We have reached more than 2.5 million children and their families nationwide since the Foundation started.

### Our submission

Our submission focuses on the needs of one highly vulnerable group: children who have lost a parent to intimate partner homicide.

The submission speaks to the following objectives of the inquiry:

- Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.
- The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non-government and community organisations, and business.
- The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

### Prevalence of children's exposure to intimate partner violence

When someone (usually a woman) is killed by her former or current partner, this comes as a painful shock to the community. However, intimate partner homicide does not happen 'out of the blue'; it usually follows a pattern of abuse within the relationship. So, when we consider the needs of children who have survived intimate partner homicide, we must take into account the likelihood that these children have already been exposed to abuse in their home, before the violent death of one or both of their parents.\*

Approximately 1 in 6 women and 1 in 16 men have experienced physical or sexual violence by a current or previous partner since the age of 15.<sup>1</sup> Many of these cases involve children. For example, according to the ABS,

---

\* Please note: in this submission, we speak of 'women' and 'mothers' as the most common victims of intimate partner homicide, in order to remind the reader of what most children in this situation have experienced. However, we acknowledge that a minority of cases of intimate partner homicide involve male victims killed by either female or male perpetrators. For more details, we refer the reader to Australian Domestic and Family Violence Death Review Network, 2018: Data Report.

more than 4 in 10 women who experienced violence from a former or current partner had children in their care at the time.<sup>2</sup>

Measures of children's exposure to violence vary. However, it's clear that in the majority of cases of intimate partner violence towards women with children in their care, the children do see or hear some of the violence.<sup>3</sup>

Being exposed to violence in the home can have serious impacts on children. However, there are major gaps in the recording and reporting of children's experiences. For example, the existing datasets typically do not tell us the ages at which children were exposed to intimate partner violence, the nature of the exposure, or how many children were involved in each instance of intimate partner violence. The Australian Institute of Health and Welfare commented in 2019 that it was still 'difficult to obtain robust data on children's experiences of family, domestic and sexual violence'.<sup>4</sup>

In part, this gap reflects the original design of the family violence services system, which was set up primarily to meet the needs of vulnerable women. Historically, many family violence services were not set up to record and report on how many children were in the care of the women they supported. However, the lack of data about children also speaks to the sensitivity of the topic itself. Surveying children's exposure to violence has often been seen as too difficult, both ethically and practically, and most large, population-level surveys have focused on adults' experiences instead.

### How does intimate partner violence affect children?

Children who have been exposed to intimate partner violence are a very diverse group. Many of these children show great resilience and have positive supports around them which help them to cope and heal. However, children who grow up around intimate partner violence can be vulnerable to a range of harms.

Even if children are not physically harmed themselves, they can still be subjected to some deeply distressing experiences. These might include:

- witnessing violence
- being forced to watch, film, or take part in violence
- being blamed for violence
- trying to intervene or defend a loved one
- witnessing a parent's injuries
- seeking help for an injured parent
- being forced to spy on their mother
- keeping secrets from their father to protect their mother
- being used as a hostage
- witnessing their father being arrested
- relating to a father who alternates between caring and violence
- relating to a mother who may struggle to raise her children well under the circumstances
- having to leave their home and/or school to escape the violence
- losing relationships with extended family, due to the abuser's isolating tactics or the breakdown of the family
- carrying the burden of keeping the violence a secret and/or feeling ashamed about it.

Being exposed to these experiences puts children at risk of developing psychological or behavioural problems. These can include one or more of the following: anxiety, depression, trauma symptoms, aggressive or antisocial behaviour, learning difficulties, low self-esteem, persistent fear, difficulties managing emotions or connecting with other people, diminished connection to education, and even damage to the child's developing brain.

As children grow up, they may develop 'coping strategies' in response to what has happened to them, which can cause problems of their own, such as misuse of alcohol or other drugs, disordered eating, or risk-taking behaviours. If these problems are not addressed early, there can be flow-on effects in the children's adult

lives, such as unemployment, low levels of educational attainment, homelessness, dependence on services in areas such as health and housing, and/or involvement in the justice system. These outcomes come at a cost to the wider community, service systems, and the economy. And while many survivors of violence grow up to enjoy respectful and loving adult relationships, as a group they are at higher than average risk of becoming involved in intimate partner violence themselves.<sup>5</sup>

### Prevalence of children's exposure to intimate partner homicide

Many intimate partner homicides in Australia – perhaps the majority – leave behind child survivors.

According to the Australian Domestic and Family Violence Death Review Network, between July 2010 and June 2014, there were 152 intimate partner homicides in Australia which followed a history of relationship violence. These homicides left behind 'at least' 107 children under the age of 18.<sup>6</sup>

In a state-based example, the New South Wales Domestic Violence Death Review Team looked at cases of intimate partner homicide in New South Wales between March 2008 and June 2016, and identified 112 homicides which left behind 'at least' 154 child survivors.<sup>7</sup>

However, even in this critical space, data about children's experiences is patchy. As Associate Professor Eva Alisic and Professor Cathy Humphreys of the University of Melbourne have pointed out, 'It is telling that there are no official figures of how many children in Australia are bereaved by domestic homicide ... the fact that the actual number is unknown says it all – these children are often overlooked.'<sup>8</sup>

### The needs of children who survive intimate partner homicide

There is a shortage of comprehensive, large-scale data collection and research into the needs of children who survive intimate partner homicide. The existing studies, while valuable, are mostly small in scale, not focused on Australia, and reliant on the voluntary referral of children by support services or carers. As such, they cannot capture the full range of Australian children's experiences.<sup>9</sup>

However, the existing research does give us insights into children's experiences and needs.

Children bereaved by intimate partner homicide tend to lose not one but both parents, as the mother dies and the father is either imprisoned, flees, or dies by suicide.<sup>10</sup> For example, 20% of intimate partner homicides in Australia between 2010-14 ended in suicide by the perpetrator (usually male).<sup>11</sup> Afterwards, children may experience further loss and grief if they are separated from their siblings in care placements. And while children are often placed with family members, in many cases they do not know their new carers very well, as their families have been estranged in the past, due to conflict or the abuser's isolation tactics. Children can be placed under further strain by the grief of their relatives, and by any conflict that occurs in the extended family (for example, between the mother's and father's relatives) – especially if this conflict revolves around care and custody of the children.

The risk of post-traumatic stress and emotional and behavioural problems is even higher for children who actually witnessed what happened – either seeing or hearing the death of one parent at the hands of another, or discovering the body of a murdered parent.<sup>12</sup> Estimates vary as to how common these terrible experiences are. The New South Wales Domestic Violence Death Review Team found that children were present in 22% of cases of intimate partner homicide.<sup>13</sup> Meanwhile, estimates from overseas studies have ranged from 12% child exposure to 59%.<sup>14</sup> In some especially distressing cases, children too young to go for help have been left alone for hours with the dead body of their mother.<sup>15</sup>

Despite the horror of these situations, at present there is no clear, consistent, joined-up approach for identifying and adequately supporting these very vulnerable children across the systems of justice, child protection and education.

The trauma of a homicide can be compounded by the violation of the children's family home, which is where the majority of intimate partner homicides take place. For example, around three-quarters of intimate partner homicides in Australia occur in a private residence, either that of the victim, the perpetrator, or shared.<sup>16</sup> When a child's home becomes a crime scene, the child may also lose access to cherished and comforting possessions, such as toys, clothes, or photos.<sup>17</sup>

The pathways of children who have survived intimate partner homicide vary greatly. Some of these children show high resilience and adjust to their changed lives relatively quickly, while others respond to their distress by showing a range of psychological, social, physical and academic problems. These can include:

- anxiety and/or depression
- persistent fear
- intrusive memories
- sleeping problems
- separation anxiety
- aggression
- disassociation
- withdrawal or helplessness
- hyperarousal
- difficulty concentrating
- language regression
- toileting problems
- disordered eating
- psychosomatic complaints - for example, headaches, stomach aches, dizziness
- exacerbation of existing conditions like asthma
- feelings of guilt or divided loyalty
- difficulty bonding with new carers - for example, the children's relatives may be struggling with their own grief and anger, or attempting to minimise or excuse the violence
- difficulty making sense of what happened or accepting the finality of death
- social stigma of being associated with a serious crime
- risk-taking behaviour such as alcohol or drug use or truancy
- a sense of needing to think and act like adults now.<sup>18</sup>

The long-term prospects for bereaved children are shaped by a number of factors, both positive and negative. Positive protective factors can include:

- clear, stable arrangements for the children's future care
- a safe new home
- siblings able to keep living together
- harmony in the children's extended family
- opportunities to say goodbye to the deceased parent in a supervised, non-threatening way
- truthful, age-appropriate messaging about what happened
- consistency of schooling
- trauma-informed schools, where children are supported to stay engaged or re-engage with learning
- proper assessment of the children's needs
- adequate financial and psychosocial supports for the children's carers
- strong relationships with peers, relatives, teachers and/or community members
- strong links to the community - for example through religious or cultural groups, which provide a sense of identity, connection and belonging
- engagement in activities which promote a sense of mastery and connection – for example sport, music, dance
- high self-esteem and good coping skills among the children and their carers
- clear understanding of healthy ways to relate to other people
- access to appropriate support services, and willingness to engage with them.

Conversely, child survivors of intimate partner homicide can be at higher risk of harm if their lives are shaped by factors such as:

- the children witnessed the homicide or were harmed themselves
- the children discovered a parent's dead body, or were left alone with the body
- the perpetrator died by suicide
- the children's new placement is unsafe
- the children's new placements are unclear or chaotic
- siblings are separated against their wishes
- the children's new carers are struggling with disadvantage or lack of support
- there is conflict in the extended family
- the extended family condones intimate partner violence
- the children are forced to change schools
- the children have to testify against the perpetrator
- the family were already affected by disadvantage, mental health problems, or addiction
- the family were already socially isolated
- the homicide received intrusive media or social media coverage
- the children have been through multiple support workers or agencies.<sup>19</sup>

### Gaps in the service system

Steps have been taken to strengthen support for children affected by intimate partner violence. For example, following the Royal Commission into Family Violence in Victoria, the Victorian Government established a Therapeutic Responses Advisory Group and funded therapeutic programs and flexible support packages for people of all ages.<sup>20</sup>

However, there are still many shortcomings in the way the system works with children who have survived intimate partner homicide. Many jurisdictions do not have a consistent, coordinated, system-wide approach for child survivors of intimate partner homicide. Recently, the New South Wales Domestic Violence Death Review Team concluded 'this cohort of surviving children continue to represent a vulnerable group for whom there remains no integrated or consistent response.'<sup>21</sup>

Many systems responses to intimate partner homicide focus on managing the immediate crisis, rather than providing long-term support. And decisions about the care for children bereaved by intimate partner homicide are often made by professionals who have very little prior experience of homicide cases, or little knowledge of children and trauma.

While there are support services available to victims of crime, these services may struggle to meet the needs of child survivors of intimate partner homicide. In Victoria, we have observed that victims' assistance programs have very high caseloads and do not necessarily have access to brokerage funding to meet the medium- to long-term needs of these children. Meanwhile, a recent study by the New South Wales Violence Death Review Team concluded 'In general, Victims Services implements a victim-driven process whereby once information is shared with that agency, it is up to the victim or their carer to decide when (if at all) they will access services. Victims Services have advised the Team that they do not proactively contact victims of crime to offer counselling and/or financial assistance on the basis that this respects the privacy and autonomy of the individual'.<sup>22</sup> While this approach remains important for adult victims of crime, it is not necessarily appropriate for child survivors of intimate partner homicide.

Recently, there has been increased support for therapeutic interventions, which play an important role in supporting children's individual mental health needs. However, therapeutic approaches alone are not enough. For many families, therapy is difficult to access or afford; family members may also be unsure of whether the children need help, or too overwhelmed by their own grief or other problems to navigate the system.<sup>23</sup> Furthermore, therapeutic approaches alone do not address the broader context of the children's lives, such as

their school engagement, family functioning, social connectedness, health issues, and the financial needs of their carers. Most therapeutic services are place-based rather than outreach, which places the onus on carers to facilitate these appointments for children, at a time when the carers themselves may be struggling.

These gaps can be addressed through coordination and case management, to make sure children's needs at home, at school, and in the wider community are all being met. An outreach model is recommended, so that children and their families are supported in spaces that are familiar, safe and accessible.

However, at present, there is a marked shortage of case management and outreach for child survivors of intimate partner homicide. (Most of these children are not in the child protection system, and so cannot access the case management provided there.)

### Effective interventions – what we know so far

Evidence-based support for children bereaved by intimate partner homicide is a relatively new field. Research into best practice is emerging gradually.

After a systematic review of the literature into children's needs following an intimate partner homicide, Alisic et al recommended that practitioners start with a full inquiry into all the children's needs – psychological, physical, social and educational – taking in the children's lives before, during and after the homicide. Guiding questions include:

- How is the child currently doing, taking into account psychological, social, physical, and academic domains of functioning?
- Have there been changes in functioning since the homicide?
- What is the family history, in particular with regard to previous violence and stressors?
- To what extent has the child been exposed to the homicide?
- To what extent has the child been informed about the homicide?
- How chaotic have the days directly after the homicide been for the child?
- How are the caregivers doing?
- Is there any conflict between relatives in relation to the homicide and/or the situation of the child?
- What is the nature of any contact between the child and the perpetrating parent?
- What mental health care has been provided so far (and what were the results)?<sup>24</sup>

Other research (still limited in scope) suggests that we can help improve outcomes for these vulnerable children by working in a coordinated way across domains such as:

- Placement – for example:
  - Immediately after the homicide, placing children with familiar and trusted people in a safe space.
  - Commencing permanent placement planning as promptly as possible, addressing factors including safety, sibling relationships, and connections to school, community and culture.
- Communication – for example:
  - Immediately after the homicide, alerting primary health care agencies and consulting with child mental health services, including about the possibility of the children attending the funeral of the parent who has died.
  - Providing clear, honest, age-appropriate information for children to address any questions or confusion.
  - Ensuring children have a trusted adult who can advocate on their behalf, for example in educational, care or legal settings.
  - Ensuring children and their new carers have clear, accessible information about any victim support services available to them, and any rights they may have to lodge claims as victims of

crime. This information should be reiterated later, too – not only provided immediately after the homicide.

- Professional support – for example:
  - Providing therapeutic interventions as needed. These may potentially include trauma-focused cognitive behavioural therapy, child focused therapies (such as play therapy or art therapy) in a safe environment, and/or family therapy involving carers.
  - Support which is flexible, coordinated and comprehensive enough to address the full range of children's needs, which may cover the following areas:
    - previous exposure to abuse, neglect and/or intimate partner violence
    - exposure to the homicide and/or crime scene
    - traumatic grief and bereavement
    - severe disruption to daily life
    - educational needs
    - invasive media or social media exposure
    - involvement with police and courts, including testifying against the perpetrator.<sup>25</sup>

Services must be equipped to deal with any language differences and ensure support is provided to children and their families in ways that are culturally safe, accessible and inclusive, in line with the National Principles for Child Safe Organisations. In particular, it is important to pay attention to the specific needs of Aboriginal and Torres Strait Islander children. Here, a useful starting point is Victoria's *Strengthening Cultural Safety in Family Violence Services Assessment Tool*, which is built around the standards of self-determination, cultural safety, strengthened community engagement and partnerships.

Finally, interventions should be informed by a comprehensive understanding of the needs of all children bereaved by intimate partner homicide, not just those in the child protection or receiving clinical support.<sup>26</sup>

### Lessons from the Children Ahead program (Alannah & Madeline Foundation)

We hope that future interventions to support children bereaved by intimate partner homicide will be informed by the lessons and achievements of the Children Ahead program, developed by the Alannah & Madeline Foundation.

Children Ahead is an intensive support and recovery program for children and young people aged 0-18 years who have experienced significant trauma or violence. The program offers a dual service, combining individualised therapeutic support with comprehensive case management.

This dual service model is innovative; very few providers offer both counselling / therapeutic interventions and case management for highly traumatised children. As an outreach service, Children Ahead works with children in their school (or another neutral venue) and with parents or carers at home, taking a strength-based approach to build the child's emotional wellbeing and resilience. The program works with the child's networks – family, school and community – to ensure they have the supports they need to experience a safe and happy childhood and the skills they need to become a healthy and stable adult.

Children Ahead achieves these outcomes via:

- intensive, trauma-informed and strengths-based therapeutic intervention
- the use of multi-modalities including narrative therapy, art therapy, play therapy, psycho education, role modelling with carers and educators, social activities, and client group holiday programs
- intensive case management, ensuring coordination and support of the child's education, health, family wellbeing, connecting children and individual wellbeing and life skills.

Children Ahead has worked with children who have been the victims of serious crimes, including witnessing murders and attempted murders, and discovering the bodies of murdered family members.

Most of the children supported by Children Ahead are not in the child protection system. As such, they previously had very little access to support and recovery services. Even children who are in the child protection system do not necessarily receive professional support that is adequate to address their complex, ongoing needs; support is often time-limited.

As part of their work, Children Ahead operates in partnership with the Victim Assistance Programs, Victoria Police, Family Violence Services, schools and local services to deliver intensive therapeutic and case management support for children up to the age of 18 who have experienced significant trauma as a result of serious violence. Children who have experienced the homicide of a parent are prioritised for support.

## Recommendations

1. Commit to a comprehensive systems response to meet the needs of child survivors of intimate partner homicide. Every state and territory should have the right structures and services in place to:
  - a) undertake comprehensive assessment of the short, medium and long-term needs of all child survivors of intimate partner homicide – not only those in the child protection system.
  - b) ensure all relevant agencies are coordinated and funded to work effectively with child survivors of intimate partner homicide, to address the children's needs at home, school and in the community, as well as any need for therapeutic interventions. A case management approach with outreach capacity is crucial.
  - c) ensure new interventions should be flexible enough to address the needs of all children bereaved by intimate partner homicide, including Aboriginal and Torres Strait Islander children, children from migrant and refugee families, and children who are not involved in the child protection system or the clinical mental health system.
  - d) in particular, develop an ethical system to identify children who witnessed intimate partner homicide, ensure their needs are 'flagged' across relevant agencies and databases (e.g. education, child protection, justice), connect the children with appropriate support, and regularly review the adequacy and effectiveness of the support provided to this highly vulnerable group.
  - e) ethically capture accurate data about children's experiences of intimate partner homicide. For example, the findings could be included in the National Children's Commissioner's annual report to federal parliament on the enjoyment and exercise of human rights by children and young people in Australia, as well as annual reporting by the Commissioners for Children and Young People in the states and territories.
  - f) ethically capture accurate data about children's exposure to family violence, including the numbers of children exposed, their ages, and the frequency and severity of exposure.
2. Be guided in the above work by current, rigorous, large-scale research into the needs of children who have survived intimate partner homicide, and the most effective practices in supporting them. This research should address the whole population of children affected by intimate partner homicide, not only those who are clients of child protection or clinical services. A key project currently underway in Australia is 'Young people bereaved by domestic homicide', funded by the Australian Research Council and led by Associate Professor Eva Alisic and Professor Cathy Humphreys at the University of Melbourne.

3. Be guided by the lessons of the Alannah & Madeline Foundation's Children Ahead program. Children Ahead works with children who have experienced significant trauma as a result of serious violence – notably, child survivors of homicide. Of particular importance is the Children Ahead approach of dual-service delivery, which combines intensive therapeutic support with comprehensive case management through an outreach model, to coordinate and support the child's education, health, life skills, and connections to family and community – thus encompassing all aspects of the child's environment in order to promote healing and recovery.

---

<sup>1</sup> Australian Institute of Health and Welfare (AIHW), *Family, domestic and sexual violence in Australia: continuing the national story*, Canberra, 2019

<sup>2</sup> Australian Bureau of Statistics (ABS), *4906.0 - Personal Safety, Australia*, 2016, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4906.0~2016~Main%20Features~Impacts%20of%20partner%20violence%20-%20children%20witnessing%20or%20during%20pregnancy~24>

<sup>3</sup> ABS, *4906.0 - Personal Safety, Australia*, 2016; AIHW, *National framework for protecting Australia's children indicators*, 28 July 2019, <https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-framework-indicators/3-5-domestic-violence>

<sup>4</sup> AIHW, *Family, domestic and sexual violence in Australia*

<sup>5</sup> AIHW, *Australia's Children*, April 2020, <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/justice-and-safety/children-exposed-to-family-violence>; Domestic Violence Victoria, *Submission to the Victorian Royal Commission into Family Violence*, 19 June 2015; Dr. Cathy Kezelman AM, Nick Hossack, Dr. Pam Stavropoulos, PhD, Pip Burley, *The cost of unresolved childhood trauma and abuse in adults in Australia, A Report for Blue Knot Foundation*, 2015; New South Wales Government, *NSW Domestic Violence Death Review Team Report, 2017-2019*, Lidcombe, 2020

<sup>6</sup> Australian Domestic and Family Violence Death Review Network, *2018: Data Report*, Sydney, 2018

<sup>7</sup> NSW Government, *NSW Domestic Violence Death Review Team Report*

<sup>8</sup> Cathy Humphreys and Eva Alisic, 'The children left behind by domestic homicide,' 29 November 2019, <https://findanexpert.unimelb.edu.au/news/9025-the-children-left-behind-by-domestic-homicide>

<sup>9</sup> Eva Alisic, Arend Groot, Hanneke Snetselaar, Tielke Stroeken and Elise van de Putte, 'Parental intimate partner homicide and its consequences for children: protocol for a population-based study,' *BMC Psychiatry*, 15:177, 2015; Eva Alisic, Arend Groot, Hanneke Snetselaar, Tielke Stroeken, Lieve Hehenkamp, Elise van de Putte, 'Children's perspectives on life and well-being after parental intimate partner homicide', *European Journal of Psychotraumatology*, 8:sup6, 2017

<sup>10</sup> Alisic et al, 'Children's perspectives on life and well-being after parental intimate partner homicide'

<sup>11</sup> Australian Domestic and Family Violence Death Review Network, *2018: Data Report*

<sup>12</sup> Eva Alisic, Revathi N. Krishna, Arend Groot, John W. Frederick, 'Children's Mental Health and Well-Being After Parental Intimate Partner Homicide: A Systematic Review,' *Clinical Child and Family Psychology Review*, vol.18, Issue 4, Dec 2015

<sup>13</sup> NSW Government, *NSW Domestic Violence Death Review Team Report*

<sup>14</sup> Eva Alisic, Arend Groot, Hanneke Snetselaar, Tielke Stroeken, Elise van de Putte, 'Children bereaved by fatal intimate partner violence: A population-based study into demographics, family characteristics and homicide exposure,' *PLoS One*, vol.12, Issue 10, October 2017; Dora Black, MD, 'Coping When Mother Kills Father,' *Psychiatric Times*, 1 September 2001; Pietro Ferrara, Olga Caporale, Costanza Cutrona, Annamaria Sbordone, Maria Amato, Giulia Spina, Francesca Ianniello, Giovanna Carmela Fabrizio, Chiara Guadagno, Maria Cristina Basile, Francesco Miconi, Giacomo Perrone, Riccardo Riccardi, Alberto Verrotti, Massimo Pettoello-Mantovani, Alberto Villani, Giovanni Corsello and Giovanni Scambia, 'Femicide and murdered women's children: which future for these children orphans of a living parent?', *Italian Journal of Pediatrics*, 41, 2015; Jennifer L. Hardesty, Jacquelyn C. Campbell, Judith M. McFarlane, Linda A. Lewandowski, 'How Children and Their Caregivers Adjust After Intimate Partner Femicide,' *Journal of Family Issues*, vol. 29, no.1, January 2008; Linda

---

Lewandowski, Judith McFarlane, Jacquelyn C Campbell, Cathleen Barenski and Faye A Gary, ' "He Killed My Mommy!" Murder or Attempted Murder of a Child's Mother, *Journal of Family Violence*, January 2004; Carrie Lefevre Sillito, Sonia Salari, 'Child Outcomes and Risk Factors in U.S. Homicide-Suicide Cases 1999-2004,' *Journal of Family Violence*, vol.26, Issue 4, May 2011

<sup>15</sup> Alisic et al, 'Children's Mental Health and Well-Being After Parental Intimate Partner Homicide'

<sup>16</sup> Australian Domestic and Family Violence Death Review Network, *2018: Data Report*; AIHW, *Family, domestic and sexual violence in Australia: continuing the national story*. Also: Ferrara et al, 'Femicide and murdered women's children: which future for these children orphans of a living parent?'; Sillito and Salari, 'Child Outcomes and Risk Factors in U.S. Homicide-Suicide Cases 1999-2004'

<sup>17</sup> Alisic et al, 'Children bereaved by fatal intimate partner violence'

<sup>18</sup> Alisic et al, 'Children's Mental Health and Well-Being After Parental Intimate Partner Homicide'; Spencer Eth, Robert S. Pynoos, 'Children who witness the homicide of a parent,' *Psychiatry*, vol.57, Issue 4, Nov 1994; Carl P. Malmquist, 'Children Who Witness Parental Murder: Posttraumatic Aspects', *Journal of the American Academy of Child Psychiatry*, 25, 1986; Hardesty et al, 'How Children and Their Caregivers Adjust After Intimate Partner Femicide'

<sup>19</sup> Alisic et al, 'Children's Mental Health and Well-Being After Parental Intimate Partner Homicide'; Alisic et al, 'Parental intimate partner homicide and its consequences for children'; Alisic et al, 'Children's perspectives on life and well-being after parental intimate partner homicide'; Black, 'Coping When Mother Kills Father'; Hardesty et al, 'How Children and Their Caregivers'; Ferrara et al, 'Femicide and murdered women's children'; Lewandowski et al, ' "He Killed My Mommy!"'

<sup>20</sup> Victorian Government, 'Family Violence Recommendations', <https://www.vic.gov.au/family-violence-recommendations/prioritise-funding-therapeutic-interventions-and-counselling>

<sup>21</sup> NSW Government, *NSW Domestic Violence Death Review Team Report*

<sup>22</sup> NSW Government, *NSW Domestic Violence Death Review Team Report*, p.61

<sup>23</sup> Alisic, 'Children bereaved by fatal intimate partner violence'; Alisic, 'Parental intimate partner homicide and its consequences for children'; NSW Govt, *NSW Domestic Violence Death Review Team Report*

<sup>24</sup> Alisic et al, 'Children's Mental Health and Well-Being After Parental Intimate Partner Homicide'

<sup>25</sup> Alisic, 'Children bereaved by fatal intimate partner violence'; Burman and Allen-Meares, 'Neglected victims of murder'; Ferrara et al, 'Femicide and murdered women's children'; Hardesty et al, 'How Children and Their Caregivers Adjust After Intimate Partner Femicide'

<sup>26</sup> Alisic et al, 'Children's Mental Health and Well-Being After Parental Intimate Partner Homicide'