



Exploring family and domestic violence through hospital admission data in regional and remote Queensland, Australia

Marlene Longbottom & Kyly Mills

To cite this article: Marlene Longbottom & Kyly Mills (23 Jul 2025): Exploring family and domestic violence through hospital admission data in regional and remote Queensland, Australia, *Current Issues in Criminal Justice*, DOI: [10.1080/10345329.2025.2507438](https://doi.org/10.1080/10345329.2025.2507438)

To link to this article: <https://doi.org/10.1080/10345329.2025.2507438>



© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 23 Jul 2025.



Submit your article to this journal [↗](#)



Article views: 1172



View related articles [↗](#)



View Crossmark data [↗](#)

Exploring family and domestic violence through hospital admission data in regional and remote Queensland, Australia

Marlene Longbottom  and Kyly Mills

Indigenous Education & Research Centre, James Cook University, Cairns, Australia

ABSTRACT

This study investigates hospital admission rates for family and domestic violence among Indigenous people in regional and remote Queensland, Australia, from 2013–2022. A key finding is the disproportionately high rate of hospital admissions for Indigenous women (60.09%—83.92% in some regions) compared to Indigenous men. Hospitalisations for non-Indigenous women differed by location and that of percentage to that of Indigenous women, with 48.34%—63.02% in the southeastern and southern regions of Queensland. The research acknowledges the limitations of using aggregate data, which may obscure individual experiences, and the challenges of accurately identifying Indigenous individuals in health records. Despite these limitations, the study provides valuable insights into the prevalence and severity of family and domestic violence impacting Indigenous women, and emphasises the need for locally contextualised and community-driven responses that address systemic issues. The findings underscore the critical need for integrated, cross-sectional responses that connect healthcare, social services, justice systems, and community-led initiatives to ensure long-term safety and healing. The study emphasises the necessity of culturally grounded and trauma informed strategies and the importance of acknowledging the unique challenges faced by Indigenous women in regional and remote communities, including limited access to crisis support and services.

ARTICLE HISTORY

Received 19 August 2024
Accepted 12 May 2025



KEYWORDS

Aboriginal and Torres Strait Islander; First Nations; Indigenous; violence.

Introduction

Australia is grappling with an epidemic of violence against women, a crisis that disproportionately affects Indigenous women. Despite governmental efforts to address this issue through crisis talks, these discussions frequently fall short in translating into actionable and effective policies at the community level. The specific and multifaceted need of Indigenous women, particularly those in regional and remote areas of Queensland, are often neglected in these plans.

Gender-based violence is not a new issue but a persistent national crisis. The state of Queensland formally recognised the problem in the late 1990s, advocating for integrated,

CONTACT Marlene Longbottom  marlene.longbottom@jcu.edu.au  Indigenous Education & Research Centre, James Cook University, PO box 6811, Cairns, QLD 4870, Australia

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

community-based responses (Queensland Government, 2000). However, decades of reports and inquiries, including the Royal Commission into Aboriginal Deaths in Custody (1991), have not prompted the necessary changes. Indigenous women represent just over three percent of the Australian population, yet they account for 62% of all hospitalisations resulting from family and domestic violence and 56% of all Indigenous women killed by intimate partners (Australian Government, 2024).

These statistics underscore the urgent need for targeted interventions that prioritise and address the unique challenges faced by Indigenous women across Australia. Without concerted effort to implement community-driven and culturally grounded solutions the cycle of violence will continue unabated.

Recent landmark reports, such as the 2024 Missing and Murdered Indigenous Women and Children Report (Commonwealth of Australia, 2024), the Northern Territory Coroner's investigation into the deaths of four Indigenous women (Armitage, 2024), and the Rapid Review of Accelerating Action to End Domestic, Family and Sexual Violence (Campbell et al., 2024), highlight the ongoing crisis of violence against Indigenous women. Despite numerous task forces, inquiries, and recommendations, the responses remain insufficient, leaving Indigenous women and children vulnerable to homicide by intimate partners.

This study harnesses hospital records—often an underutilised source of evidence—to address the significant barriers Indigenous women encounter when engaging with support services during episodes of violence. Hospitalisation data provides a crucial insight into the prevalence and severity of violence against Indigenous women, as it is more consistently available and systematically recorded compared to justice-related data. By analysing aggregated hospital admission data from regional and remote Queensland, the research explores the intersections between health, justice and child protection sectors. This approach aims to inform responses that are data-driven and contextualise the need for locally, culturally grounded responses that respond to the lived realities of Indigenous women in these areas (Cripps, 2023; Cullen et al., 2022; Walker et al., 2021).

As Queensland's population continues to grow, it is imperative for policymakers to recognise and address the unique challenges faced by communities outside the southeastern corner in accessing crisis support and long-term prevention and intervention programs, as these challenges significantly increase the risk of death for Indigenous women and children.

Background

Intimate partner homicides have devastating consequences for children, extended families, and entire communities. The disproportionately high rates of family and domestic violence against Indigenous women, particularly in regional and remote Queensland, emphasise the inadequacy of current responses.

Families and children who survive such homicides often find themselves navigating government systems ill-equipped to provide culturally nuanced responses. Many have already encountered systemic failures, resulting in fragmented services, operational limitations and insufficient support. These disjointed and ineffective responses rarely translate into meaningful, culturally responsive interventions on the ground. Community-developed solutions, which could bridge the policy and practice divide, are frequently overlooked. This failure to provide culturally responsive, community-driven support,

exacerbates the risks faced by Indigenous women and children, significantly increasing the risk of death from violence.

Indigenous-led research consistently highlights the stark contrast between the severity of the problem and the inadequacy of existing responses. Despite the urgent need for action, systemic failures persist. A review of coronial homicide data revealed that 151 Indigenous women were murdered in Australia, with 61.6% of these deaths characterised as brutal and preventable (Cripps, 2023). The loss of these women underscores the urgent need for enhanced safety measures and regionally and culturally nuanced approaches in Queensland. Cripps (2023) advocates for a comprehensive overhaul of service systems to better reflect the realities of Indigenous women's experiences. However, a one-size-fits-all approach is insufficient to protect Indigenous women and children (Far North District Queensland Police, 2022; Loney-Howes et al., 2024).

This research analyses data demonstrating that Indigenous women in regional and remote areas experience violence at disproportionately high rates. This work is crucial because existing research is limited and fails to capture the lived experiences of Indigenous women, their families, and children in these communities. Addressing this crisis necessitates a fundamental shift toward holistic, community-driven, and culturally grounded responses that empower Indigenous women, supporting their agency, and enable communities to shape their own solutions.

Indigenous regional and remote population

Queensland's population is characterised by its diversity, with Aboriginal and Torres Strait Islander peoples making up 4.6% of the state's population, which translates to approximately 237,303 individuals as of 2021. Notably, 65% of the Indigenous population reside in regional and remote areas (Queensland Government Statistician's Office, 2024).

The demographic profile of the Indigenous population in Queensland is relatively young, with a median age of just 23 years, in stark contrast to the median age of the non-Indigenous population, which stands at 38 years (Queensland Government Statistician's Office, 2024). Within the state, Townsville and Cairns emerge as the largest regional communities outside the southeastern corner, each representing 7% of the Indigenous population respectively (Queensland Government Statistician's Office, 2024).

This demographic overview highlights the importance of understanding and acknowledging the unique needs and challenges faced by Indigenous communities in regional and remote areas, particularly in the context of service provision and policy development.

Method

This research, conducted by Aboriginal scholars, addresses the significant knowledge gap regarding violence-related injuries within regional and remote Queensland communities. Our approach is informed by our lived experiences and interactions with systems that sometimes perpetuate violence rather than prevent it. The primary aim of this study is to empower Indigenous communities through self-determination by providing essential data to advocate for community-based, tailored and responsive interventions. Our leadership ensures that Indigenous perspectives and experiences shape solutions, promoting greater autonomy and control within these communities.

We recognise the potential risks of pathologizing Indigenous communities through statistical reporting, understanding the negative polarising effects this can have. Increased policing, judicial, legislative, and policy responses to violence have often resulted in unintended consequences, including the overcriminalisation of Indigenous women. In policing responses, many survivors have been misidentified as perpetrators, either because they were defending themselves or due to systemic failures in police assessments of domestic violence (Cripps, 2023). Research has documented instances where Indigenous women seeking protection have been subjected to domestic violence orders (DVOs) without their consent or in a manner that disregards their experience of violence (Cullen et al., 2022). The Northern Territory Emergency Response (NTER) exemplifies how well-intentioned inquiries can result in misapplied interventions, leading to increased state control without addressing the underlying causes.

Our methodology prioritises the provision of policy and service sector advice while respecting Indigenous ways of being, knowing and doing (Cripps, 2023; Martin & Miramboopa, 2003; Nakata, 2007; Walter & Suina, 2019). By centring Indigenous knowledge systems and lived experience, we aim to contribute to meaningful, community-led solutions. Our methods emphasise the following principles:

1. Responsible use of quantitative data.
2. Collaboration with data custodians to uphold best practices in Indigenous data governance.
3. Development of approaches that inform community-based responses to violence.

Through these strategies, we seek to create a framework that respects and enhances Indigenous agency while addressing the critical issues of violence in these communities.

Indigenous-led research focus

Research on violence against Indigenous women, particularly concerning the cases of murdered and missing Indigenous women and children, remains alarmingly sparse in Australia (Bevan et al., 2024). While there are notable exceptions, such as the works of Cripps (2023), Carlson et al. (2021), Langton et al. (2020), Longbottom (2018), and McGlade and Tarrant (2021), Indigenous-led research in this area has been limited in recent years.

Bevan et al. (2024) highlight in their literature review the importance of Indigenous leadership in research, particularly because of the unique ways Indigenous women experience violence. Our commitment to Indigenous data governance underscores our dedication to ethical and respectful research practices designed to generate positive change within our communities. By centring Indigenous voices and perspectives, we aim to address the gaps in existing literature and develop nuanced understandings that reflect the lived realities of Indigenous women. This approach is essential for crafting effective interventions and solutions that prioritise the needs of Indigenous communities.

Data sources

To analyse trends in family and domestic violence across Queensland, this exploratory study utilised hospital admission data obtained from Queensland Health. This dataset included

aggregated, de-identified patient admission records spanning a decade, from 2013-2022. We extend our gratitude to the Statistical Reporting and Coordination Unit within the Statistical Services Branch of Queensland Health for providing access to this valuable dataset.

Data were extracted using the International Classification of Diseases, 10th Revision Australian Modification (ICD-10-AM), specifically employing codes X85-Y09 to identify cases of assault (Nationals Centre for Classification in Health, 2002). This study focused exclusively on assaults perpetrated by a spouse, domestic partner, or other family members. Further details regarding the data sources can be found in [Table 3](#).

Given the sensitive nature of this subject, we employed basic descriptive statistics to analyse the data and identify trends over the ten-year period. This analytical approach allows us to present meaningful insights into the prevalence and dynamics of family and domestic violence in Queensland, thereby informing targeted interventions and policy responses.

Ethics

This research received ethical approval from the Statistical Services Branch of Queensland Health, the data custodian (Request ID: 35263). Since the study utilised high-level aggregated data, in partnership with the data custodian, formal ethical approval was not mandatory. However, as Indigenous researchers, we are committed to upholding Indigenous ethical conduct throughout the research process.

To foster a thorough and ethically responsible understanding of the dataset, we engaged in an iterative process with Queensland Health's data custodian. This collaboration facilitated a critical assessment of the data's structure, interpretation and application within an Indigenous research framework. Additionally, we sought feedback from Indigenous scholars and colleagues through a peer-review process to further refine our ethical approach. This feedback ensured that our analysis remained culturally grounded and aligned with Indigenous ways of knowing, ultimately strengthening the integrity of our research.

Data

This study analysed hospital admission data related to family and domestic violence from January 2013 to December 2022. The dataset included episodes of admission categorised by Indigenous status, sex, and health and hospital services (HHS) region. Although a separate age-stratified dataset was available, admissions for patients under 18 years of age were excluded from our analysis.

Due to the nature of data extraction, which often combined multiple HHS regions, we provided a detailed breakdown of these combined service areas for clarity. The regions included in our analysis are:

1. Cairns, Hinterland, Torres, and Cape (C-H-T-C).
2. Central Queensland, Wide Bay (CQ-WB).
3. Central West, Southwest, Northwest (CW-SW-NW).
4. Darling Downs, West Moreton (DD-WM).
5. Mackay, Townsville (M-T).
6. Metro North, Sunshine Coast (MN-SC).
7. Metro South, Children's Health Queensland (CHQ), Gold Coast (MS-CHQ-GC).

This comprehensive approach enables a nuanced understanding of hospital admissions related to family and domestic violence across regions, laying the groundwork for targeted, effective interventions.

Limitations

This study's reliance on aggregate data presents certain limitations. While aggregate data provide valuable insights into overall trends, they often lack the granularity needed to fully capture the nuances of individual experiences within the complexities of family and domestic violence in Indigenous communities. For example, the aggregation of the Western Queensland region can obscure significant variations among its constituent health and hospital service (HHS) regions, indicating a need for further investigation.

Additionally, accurately identifying Indigenous individuals within health and hospital settings poses challenges. The use of broad categories for ethnicity (Indigenous, non-Indigenous, unknown) may not sufficiently reflect the diversity of Indigenous identities and experiences, highlighting the necessity for improved data collection practices. Furthermore, the dataset only encompasses admissions, without distinguishing between unique individuals or instances of readmission. As a result, it is impossible to determine the precise number of individuals affected by family and domestic violence or account for the repeat admissions.

These limitations underscore the critical need for future longitudinal studies and comprehensive data collection methods to better understand the trajectories of individuals experiencing family and domestic violence over time, addressing these gaps will enhance our ability to develop targeted interventions and support mechanisms that genuinely cater to the needs of Indigenous communities.

Data analysis

The data analysis involved calculating annual percentages and counting incidents of family and domestic violence admissions within and between groups from 2013-2022. The sex of individuals was categorised as male or female. However, we recognise the limitations of this binary classification in fully representing the diversity of sexual and gender identities. Indigenous status was classified as Indigenous, non-Indigenous, or unknown.

The decision to categorise 'unknown' as non-Indigenous—rather than excluding this data—was intentional and critical for several reasons:

1. **Comprehensive reporting:** Including 'unknown' data ensures more accurate reporting, preventing the underestimation of family and domestic violence admissions.
2. **Informed policy decisions:** Understanding the prevalence of violence could skew policy decisions and misallocate resources intended to support affected communities.
3. **Recognition of survivor's experiences:** Excluding 'unknown' cases would disregard the experiences of survivors, hindering a precise assessment of the prevalence and impact of family and domestic violence across all communities.
4. **Acknowledgement of data limitations:** This approach highlights existing challenges in data collection processes and underscores the ongoing need for improved reporting of Indigenous status in healthcare settings.

Both authors conducted the analysis with a focus on basic descriptive trends over the decade, contributing to the data analysis, writing, and review of this paper. This thorough examination of the data aims to provide valuable insights into the trends and dynamics of family and domestic violence, particularly in Indigenous communities.

Results

Family and domestic violence hospital admissions

Between 2013 and 2022, Queensland hospitals recorded a total of 23,498 admissions related to family and domestic violence, with 8,690 (36.98%) involving Indigenous individuals (see [Table 1](#)). Admission rates varied significantly across the state based on gender and Indigenous status.

Among Indigenous admissions for injuries related to family and domestic violence, the highest rates were noted in the following HHS regions: Western Queensland (CW-SW-NW HHS: 83.92%), Far Northern Queensland (C-H-T-C HHS: 72.51%), and Northern Queensland (M-T HHS: 60.09%) (refer to [Table 1](#) for a detailed regional breakdown). Within these regions, Indigenous women were far more likely to be hospitalised for domestic and family violence than Indigenous men. This is a significant finding of this study. For example, Indigenous women accounted for 60.83% of admissions in CW-SW-NW HHS, 53.03% in C-H-T-C HHS, and 46.12% in M-T HHS. Conversely, Indigenous men had hospitalisation rates of 23.09% in CW-SW-NW HHS, 19.49% in C-H-T-C HHS, and 13.97% in M-T HHS. The findings of this study is consistent with that of Cripps (2023), of which identified Indigenous women from regional and remote communities experienced higher rates of homicide due to domestic and family violence.

In contrast, the rates and regions of highest admissions for non-Indigenous women differed from those of Indigenous women and men, with a focus on metropolitan and southern Queensland regions. Notably, non-Indigenous women had the highest admission rates in the Metro South, Children's Health Queensland, and Gold Coast (MS-CHQ-GC HHS: 63.02%), Metro North, Sunshine Coast (MN-SC HHS: 61.12%), and Darling Downs, West Moreton (DD-WM HHS: 48.34%). Hospitalisations for non-Indigenous men due to domestic and family violence injuries exhibited similar variability across regions to that of non-Indigenous women, with rates, while larger numbers of admissions being in the southeastern and southern regions at MS-CHQ-GC HHS (23.75%), MN-SC HHS (23.59%), and CQ-WB HHS (21.59%). For Indigenous men, overrepresentation in the hospitalisation data differed with non-Indigenous men by rates as well as locations of the regions. The regions of most hospitalisations for Indigenous men were consistent with those of Indigenous women being the northern, far northern and western Queensland regions.

Collectively the CW-SW-NW HHS, C-H-T-C HHS and M-T HHS accounted for over half (67.61%) of all Indigenous hospital admissions due to family and domestic violence in Queensland (see [Table 2](#)). Additionally, Indigenous women represented 62.63% of hospital admissions in these regions. Later section of this paper will provide a more detailed discussion of the data specifically related to Western Queensland.



Table 1. Family and domestic violence admissions by HHS, sex and Indigenous status from January 2013–December 2022.

HHS	Family and domestic violence admissions n*(%)										
	Indigenous					Non-Indigenous					TOTAL
	M	F	TOTAL admissions	M	F	M	F	TOTAL admissions	Family and domestic violence admissions		
Cairns, Hinterland, Torres and Cape	819	2,230	3,049	380	774	9.04%	18.42%	1,154	4,203	(100)	
Central Queensland, Wide Bay	136	462	598	370	746	21.59%	43.52%	1,116	1,714	(100)	
Central West, South West, North West	290	764	1,054	64	138	5.10%	10.99%	202	1,256	(100)	
Darling Downs, West Moreton	152	483	635	425	992	20.71%	48.34%	1,417	2,052	(100)	
Mackay, Townsville	412	1,360	1,772	335	842	11.36%	28.55%	1,177	2,949	(100)	
Metro North, Sunshine Coast	157	463	620	957	2,479	23.59%	61.12%	3,436	4,056	(100)	
Metro South, Children's Health Queensland, Gold Coast	254	708	962	1,726	4,580	23.75%	63.02%	6,306	7,268	(100)	
TOTAL	2,220	6,470	8,690	4,257	10,551			14,808	23,498	(100)	

Table 2. Highest hospital admissions for family and domestic violence—Far Northern, Northern, Western regions of Queensland.

Cairns, Hinterland, Torres and Cape,	3049
Mackay and Townsville, Central West, South West and North Western	1772 1054
Total C-H-T-C + M-T + CW-SW-NW HHS	5875
Total Queensland Indigenous hospital admissions for family and domestic violence	8690
Percentage of C-H-T-C + M-T + CW-SW-NW HHS	67.61%

Discussion

Current efforts and gaps—taskforce and independent inquiry

In 2021–2022, the Queensland Women’s Safety and Justice Taskforce conducted extensive consultations with survivors, stakeholders, and experts to explore women’s experiences with the criminal legal system and the necessity for specific coercive control laws (Women’s Safety and Justice Taskforce, 2021). The Taskforce’s ‘Hear Her Voice’ report paved the way for the establishment of an independent Queensland Commission of Inquiry into Police Responses to Domestic and Family Violence (QPSCOI) (Queensland Government, 2022; Women’s Safety and Justice Taskforce, 2021). The QPSCOI subsequently identified systemic racism, sexism, and misogyny within the Queensland Police Service, severely impacting responses to domestic and family violence responses to Indigenous women (Queensland Government, 2022).

Heightened risk of death due to family and domestic violence

The evidence presented in the QPSCOI indicated a significantly elevated likelihood of family and domestic violence-related deaths in regional and remote Queensland. Indigenous women face barriers in accessing police support due to discrimination, delayed responses, and the downgrading of emergency callouts (Queensland Government, 2022). Cripps (2023) corroborated these findings through the analysis of coronial data, highlighting that delayed police responses and the minimisation of emergency callouts contribute to heightened risks of death of Indigenous women and children in regional and remote areas.

Indigenous women’s vulnerability to intimate partner violence

The Cripps (2023) review revealed that over half (53.3%) of the study sample resided in regional and remote communities. Alarming, 41.7% were mothers, including some who were pregnant at the time of their deaths. The ramifications of these fatalities extend well beyond the immediate victims, often leading to children’s contact with the child protection system, and in some cases, their removal from families.

Preventability of homicide among Indigenous women

Research by Indigenous scholars including Cripps (2023) and Longbottom (forthcoming), indicates that the violent deaths of Indigenous women are largely

preventable (Cripps & Longbottom, 2024). In the coronial inquest by Judge Armitage, findings also identified that there were inadequate responses from the service systems and identifying that these inadequate responses increased the likelihood of these fatalities. Longbottom (forthcoming) identifies numerous systemic failures leading to inconsistent responses to domestic violence, especially in policing. As noted in the Northern Territory coronial report, Indigenous women are frequently misidentified in police records as potentially making ‘false allegations,’ diminishing the urgency of their situations and discrediting their experiences. This misidentification increases the risk of inadequate responses and delayed support, ultimately heightening the risk of homicide.

A young and growing population

Queensland’s Indigenous population is projected to increase from 4.6% to 5.2% of the total population, reflecting a 4.3% annual growth rate (Queensland Government Statistician’s Office, 2024). This demographic is significantly younger than the non-Indigenous population, with Indigenous males having a median age of 22.8 years and Indigenous females 24.1 years, compared to 38.5 years for non-Indigenous males and 40.0 years for non-Indigenous females (Queensland Government Statistician’s Office, 2024). The most substantial growth is observed in the 10–14 age group, providing opportunities for targeted prevention programs that address the specific types of violence prevalent within various communities. Genuine partnerships with Aboriginal and Torres Strait Islander organisations that provide local services, that are age specific, are crucial for the success of such initiatives.

Responding to violence in discrete communities

Cairns, Townsville, and Mount Isa serve as key regional response hubs for Indigenous women and children needing assistance. However, significant geographic challenges exist. Many remote communities are located more than a 12-hour drive from these centres, with travel times significantly increasing during the wet season and completely blocked by flooding. Island communities in the Gulf of Carpentaria and the Torres Strait face further barriers, requiring complex coordination of boat and air transport for emergency evacuations. Limited access to urgent medical care exists in some communities with only helipads, dependent on weather and boat availability. These challenges are consistent with Cripps (2023) findings on disproportionately high rates of family and domestic violence affecting Indigenous women in these areas. This underscores the need for nuanced, place-based approaches to policymaking, resource allocation and service delivery that addresses regional disparities.

Services in these communities are often staffed by locals who navigate complex social networks and kinship ties. This creates unique challenges in ensuring the safety of both victims and perpetrators. Community workers may have conflicting obligations to multiple family members, creating complex approaches to responses. Survivors often face pressure to not report violence due to concerns about family relationships, community dynamics and fear of retaliation. The misidentification of Indigenous women as perpetrators, especially when acting in self-defence or seeking protection orders, further complicates matters. Culturally competent and community-informed responses are essential to address these complex social realities while prioritising safety.

Effective responses require understanding the unique characteristics of each community. Communities must have the space to define their needs, share their experiences, and contribute to solutions reflecting their lived realities. Meaningful engagement with Indigenous voices is fundamental to developing context-specific and responsive actions. Ignoring this can lead to ineffective or harmful service provision. As Australia works to eliminate violence against women and children, policies and interventions must be developed in genuine partnership with communities, acknowledging that one-size-fits-all approaches are inadequate in regional and remote Indigenous contexts.

Access to medical and crisis services is another obstacle. Small, community-based hospitals serving vast and geographically dispersed populations often lead to delays in urgent medical care. The distances involved are considerable; for example, the northernmost Torres Strait Islands are approximately 936 kilometres from Cairns and share an international border with Papua New Guinea. Medical evacuations may require multiple modes of transport (plane, boat, helicopter), further delaying treatment.

The lack of crisis accommodation forces many survivors to rely on family and community networks for initial support. However, those needing urgent care or protection may be forced to leave their homes and communities, relocating to regional centres often without children. This displacement causes further isolation, uncertainty, and trauma, particularly if access to appropriate services is limited. Safe and culturally supportive housing is crucial to preventing further harm and systemic neglect.

Ultimately, addressing violence in remote Indigenous communities demands deeply embedded, community-driven solutions. These solutions must be holistic and integrated, prioritising healing, connection, and self-determination for Indigenous women and their families alongside protection.

Calls to triple zero—emergency calls for assistance

While calls to 000 are available, residents of Queensland's regional and remote communities often face significant delays. Calls are initially routed to a central call centre that may be located over 1,000 kilometres away, causing delays in dispatching local emergency services. The situation is particularly critical for Indigenous women experiencing and reporting violence, as highlighted in the finding of the Queensland Commission of Inquiry (QPS COI) and Cripps (2023). Response times are frequently delayed or downgraded, diminishing the urgency of the situation (Cripps, 2023; Queensland Government, 2022). Furthermore, call centre staff primarily situated in urban areas like Brisbane—may not share the caller's language, thereby hindering effective communication and potentially increasing the risk of fatal outcomes due to violence.

Access to holistic and integrated services

In urban and regional areas, high-risk teams and integrated community services addressing violence may be available. However, these resources are largely absent in remote communities. Despite decades of advocacy for integrated service models, numerous inquiries have revealed persistent gaps in access to these services (Queensland Domestic Violence Death Review Board, 2022; Women's Safety and Justice Taskforce, 2021). Although some services in remote communities include health centres, women's shelters,

or community hubs, many are situated in a town that require women to travel considerable distances for support. The lack of public transportation and high costs associated with private transport create additional barriers, especially during the wet season when roads are often impassable and air travel is the only option, leaving some women without viable escape from violence.

Given the diversity of communities across Queensland, localised and community-driven responses are essential. However, in smaller communities with strong kinship structures, the fear of stigma, social repercussions, or encountering people who use violence at local service hubs, may deter women from seeking help. Simply increasing resources for policing and incarceration will not resolve the issue. Instead, responses must be culturally contextualised, flexible and locally tailored to meet each community's specific needs.

For example, the identification of safe houses may need to be openly communicated in some communities, while kept confidential in others to ensure safety of those who may be requiring accommodation to flee domestic and family violence incidents. This complexity highlights the interplay of community systems, the need for local community knowledge and structures, emphasising the importance of genuine partnerships with Indigenous communities in developing effective and supportive safety plans. These partnerships are crucial for allowing women seeking support or leaving violent relationships to do so safely and sustainably, while remaining aligned with their communities' unique realities.

Inadequate services for individuals who use violence

While some community services do support those who experience violence, significant gaps exist in services for people who use violence, that being predominantly men. The scarcity of safe houses often leads to detention at local police watchhouses, which perpetuates contact with the criminal legal system and may exacerbate local issues. Individuals with family support frequently rely on informal assistance. However, limited accommodation options in regional and remote areas increase the likelihood of breaches of protection orders, particularly when court mandated separations are required.

Community-led solutions are essential for addressing the needs of people who use violence, and who are in relationships with Indigenous women. The introduction of new coercive control laws in Queensland is expected to increase court appearances, necessitating a comprehensive understanding of how these laws are enforced within these community contexts.

This highlights the need for culturally supportive and community-driven responses to family and domestic violence in regional and remote Queensland. Systemic issues, such as racial bias in policing, delayed emergency responses, and the misidentification of survivors, elevate the risk of preventable homicides. As can be seen in the data presented above, Indigenous women experience disproportionately high rates of intimate partner violence with devastating intergenerational effects. Despite widespread advocacy for integrated service models, implementation remains inconsistent due to geographical barriers, transportation difficulties, and a lack of available and suitable accommodation in regional and remote communities. Additionally, service gaps for individuals who use violence, particularly those partnered with Indigenous women, often result in the criminal legal system serving as the default response, rather than

Table 3. Data Sources full description.**Data source:** Queensland Hospital Admitted Patient Data Collection**Time period:** 1 January 2013–31 December 2022.**Status:** Data from July 2022 are preliminary and subject to change, rest are final.**Notes:**

- a. Excludes episodes of admitted patient care for newborns without qualified days, posthumous organ procurement and boarders.
- b. An episode of care for an admitted patient may be a total hospital stay or a portion of a stay that begins or ends in a change of care type.
- c. External cause of assault are defined by ICD-10-AM codes X85–Y09 [Assault].
- d. Includes episodes with perpetrator of assault of 'Family member' defined as the fifth digit of an assault code and reported using codes:
 - 0—Spouse/domestic partner
 - 1—Parent including natural/adoptive/step and parents cohabitating partner
 - 2—Other family member including brother/ sister/ cousin/ grandchild/ grandparent/ niece/ nephew/ son/ daughter/ aunt/ uncle/ step siblings.
- e. ICD-10-AM codes based on 7th Edition (Jan-Jun 2013), 8th Edition (Jul 2013-Jun 2015), 9th Edition (Jul 2015-Jun 2017), 10th Edition (Jul 2017-Jun 2019), 11th Edition (Jul 2019-Jun 2022) and 12th Edition (Jul 2022 onward).

a meaningful intervention. Addressing these challenges requires a place-based, flexible and holistic approach that prioritises Indigenous leaderships, ensuring responses are locally informed, culturally grounded, adequately resourced and sustainable (Table 3).

Conclusion

This study underscores the urgent necessity of meaningfully engaging Indigenous communities, particularly in Queensland's regional and remote areas, in discussion and planning efforts aimed at addressing and reducing family and domestic violence. The analysis of hospitalisation data, in conjunction with homicide and coronial data, offers valuable insights into violence rates across Queensland. Given the projected growth of the Indigenous population—especially in northern and far northern Queensland—leveraging this data becomes increasingly critical.

The complex interplay of local and community factors affecting both those who experience violence and those who use it, highlights the importance of genuine community involvement in developing future interventions and response models. This research emphasises the pressing need for culturally tailored strategies that support Indigenous women in Queensland. Policymakers must prioritise local, culturally informed responses to ensure the safety and well-being of Indigenous communities, while working to prevent further deaths of Indigenous women and children due to violence. By fostering partnerships with Indigenous communities, we can create effective, flexible, sustainable solutions that reflect the unique context and needs, ultimately contributing to safer and healthier futures.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by Australian Research Council: [Grant Number #IN220100009].

ORCID

Marlene Longbottom  <http://orcid.org/0000-0002-0337-4505>

References

- Armitage, E. (2024). *Inquests into the deaths of Miss Yunupingu, Ngeygo Ragurk, Kumarn, and Miss Dhu*. Northern Territory Coroner's Office.
- Australian Government. (2024). *Family, domestic and sexual violence – Aboriginal and Torres Strait Islander People*. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/aboriginal-and-torres-strait-islander-people#hospitalisations>
- Bevan, C., Lloyd, J., & McGlade, H. (2024). *Missing, murdered and incarcerated Indigenous women in Australia: A literature review*. Australia's National Research Organisation for Women's Safety (ANROWS). <https://anrowsdev.wpenginepowered.com/wp-content/uploads/2024/04/ANROWS-Missing-murdered-and-incarcerated-Indigenous-Women-in-Australia-Literature-Review.pdf>
- Campbell, E., Fernando, T., Gassner, L., Hill, J., Seidler, Z., & Summers, A. (2024). *Unlocking the prevention potential: Accelerating action to end domestic, family, and sexual violence*. Department of the Prime Minister and Cabinet, Australia.
- Carlson, B., Day, M., & Farrelly, T. (2021). *What works?: Exploring the literature on Aboriginal and Torres Strait Islander healing programs that respond to family violence*. ANROWS.
- Commonwealth of Australia. (2024). *Missing and murdered First Nations women and children*. The Senate: Legal and Constitutional Affairs References Committee. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000085/toc_pdf/MissingandmurderedFirstNationswomenandchildren.pdf
- Cripps, K. (2023). Indigenous women and intimate partner homicide in Australia: Confronting the impunity of policing failures. *Current Issues in Criminal Justice*, 35(3), 293–311. <https://doi.org/10.1080/10345329.2023.2205625>
- Cripps, K., & Lonbottom, M. (2024). *Indigenous women are dying violent preventable deaths. Endless inquiries won't help unless we act*. The Conversation Australia. <https://theconversation.com/indigenous-women-are-dying-violent-preventable-deaths-endless-inquiries-wonhelp-unless-we-act-244815>
- Cullen, P., Mackean, T., Walker, N., Coombes, J., Bennett-Brook, K., Clapham, K., Ivers, R., Hackett, M., Worner, F., & Longbottom, M. (2022). Integrating trauma and violence-informed care in primary health care settings for First Nations women experiencing violence: A systematic review. *Trauma, Violence, & Abuse*, 23(4), 1204–1219. <https://doi.org/10.1177/1524838020985571>
- Far North District Queensland Police. (2022). *Public hearings – intelligence assessment – domestic and family violence in the Torres Strait and Northern Peninsula Area*. <https://www.qpsdfvinquiry.qld.gov.au/public-hearings.aspx>
- Langton, M., Smith, K., Eastman, T., O'Neill, L., Cheesman, E., & Rose, M. (2020). *Improving family violence legal and support services for Aboriginal and Torres Strait Islander women*. ANROWS. <https://www.anrows.org.au/publication/improving-family-violence-legal-and-support-services-for-aboriginal-and-torres-strait-islander-women/>
- Loney-Howes, R., Longbottom, M., & Fileborn, B. (2024). Gender-based violence and carceral feminism in Australia: Towards decarceral approaches. *Feminist Legal Studies*, 163–185. <https://doi.org/10.1007/s10691-024-09546-z>
- Longbottom, M. (2018). Systemic responses continue to fail and traumatise Aboriginal women who survive violence. *Indigenous X*. <https://indigenoux.com.au/marlene-longbottom-systemic-responses-continue-to-fail-and-traumatise-aboriginal-women-who-survive-violence/>
- Longbottom, M. (Forthcoming). *Defiant resistance: Shattering the silence on violence in Indigenous communities in Australia*. Australian Studies Press.
- Martin, K., & Mirraboopa, B. (2003). Ways of knowing, being and doing: A theoretical framework and methods for Indigenous and Indigenous research. *Journal of Australian Studies*, 27(76), 203–214. doi:10.1080/14443050309387838

- McGlade, H., & Tarrant, S. (2021). Say her name: Naming Aboriginal women in the justice system. In S. Perera & J. Pugliese (Eds.), *Mapping deathscapes* (106–126). Routledge.
- Nakata, M. N. (2007). *Disciplining the savages, savaging the disciplines*. Aboriginal Studies Press.
- National Center for Classification in Health. (2002). *The international classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM)*.
- Queensland Government. (2000). *Report of the taskforce on women and the criminal code*. Office of Women's Policy.
- Queensland Government. (2022). *A call for change: Commission of Inquiry into Queensland Police Service responses to domestic and family violence*. <https://www.qpsdfvinquiry.qld.gov.au/about/assets/commission-of-inquiry-dpsdfv-report.pdf>
- Queensland Government Statistician's Office. (2024). *Estimates of Queensland's Aboriginal and Torres Strait Islander population, 2021*. Queensland Government Statistician's Office.
- Royal Commission into Aboriginal Deaths in Custody. (1991). *Royal Commission into Aboriginal Deaths in Custody: National reports [Vol 1-5], and regional reports*.
- Walker, N., Mackean, T., Longbottom, M., Coombes, J., Bennett-Brook, K., Clapham, K., Ivers, R., Hackett, M., Redfern, J., & Cullen, P. (2021). Responses to the primary health care needs of Aboriginal and Torres Strait Islander women experiencing violence: A scoping review of policy and practice guidelines. *Health Promotion Journal of Australia*, 32(S2), 40–53. <https://doi.org/10.1002/hpja.417>
- Walter, M., & Suina, M. (2019). Indigenous data, Indigenous methodologies and Indigenous data sovereignty. *International Journal of Social Research Methodology*, 22(3), 233–243. <https://doi.org/10.1080/13645579.2018.1531228>
- Women's Safety and Justice Taskforce. (2021). *Hear her voice – report one: Addressing coercive control and domestic and family violence in Queensland*. Queensland Government. <https://www.womenstaskforce.qld.gov.au/>