



July 2021

Moderator
Rev Andrew Gunton

Chair - Women's Safety and Justice Taskforce
GPO Box 149
BRISBANE QLD 4001

Dear Chair,

Options for legislating against coercive control and the creation of a standalone domestic violence offence

The Uniting Church in Australia Queensland Synod (Queensland Synod) welcomes the opportunity to provide feedback to the Women's Safety and Justice Taskforce on the Options for Legislating Against Coercive Control and the Creation of a Standalone Domestic Violence Offence Discussion Paper.

Addressing the issue of coercive control in the context of domestic and family violence in Queensland is a significant undertaking. The Queensland Synod and its service delivery agencies, UnitingCare Queensland and Wesley Mission Queensland, are making a response that brings together our views and experiences.

The Queensland Synod acknowledges that it is important for the Church:

- to be clear in repudiating all forms of domestic and family violence;
- to promote a vision for society where life-giving mutually respectful relationships, homes and communities, can flourish;
- to educate our members about domestic and family violence and how they can respond to point people to support, resources and care;
- to develop safe practices and safe spaces within all our congregations, agencies, schools, groups and communities consistent with the commitments made in the Uniting Church's National Child Safe Policy Framework; and
- to acknowledge the work of our agencies and congregations in supporting and responding to individuals and families.



The Queensland Synod would welcome future opportunities to discuss this submission further. Should you require any further information, I can be contacted on 07 3377 9705.

Yours sincerely,

Rev. Andrew Gunton
Moderator, Uniting Church in Australia Queensland Synod

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Options for legislating against coercive control and the creation of a standalone domestic violence offence

Introduction

Queensland Synod

The Queensland Synod provides ongoing training and support for all volunteers, lay staff and ministry agents in Safe Ministry with Children. The Safe Ministry with Children framework is used across the Church to provide a safe ministry environment for children and adults, including those exposed to domestic and family violence. Systems are in place for managing breaches of the strategy, responding to concerns, and planning safe programs including high risk activities. The Safe Ministry with Children framework is audited and reviewed annually across the Church. In addition, all Ministry Agents complete the online AVERT Family Violence Basics Training that is used widely in the community sector.

In relation to domestic and family violence, the Uniting Church commits itself to¹:

- Speak out strongly against domestic and family violence of all types;
- Acknowledge this is an issue in all cultural, economic and social contexts including among our own church members and leaders;
- Reject any abuse of theology, preaching or teaching to legitimate domestic and family violence;

Develop sound policies and practices that:

- Promote the equality of men and women, girls and boys and people of all ages;
- Acknowledge the gendered nature of domestic and family violence and that women and children are more likely to be victims;
- Create safe and inclusive communities, where people experience mutually respectful relationships and all can flourish;
- Listen to the voices of children, young people and vulnerable people;
- Receive and take seriously reports or complaints of domestic and family violence; and
- Provide support and referral to appropriate support services;
- Educate ministry agents, lay leaders and church members on domestic and family violence and how to respond appropriately;
- Resource the church in how to respond to this issue, recognising and engaging with the diversity of cultures and languages that make up our communities; and
- Work constructively with people of other Christian denominations and other faiths, and with other organisations and groups across Australia in order to achieve these commitments.

¹The Uniting Church in Australia General Assembly (2018) Statement on Domestic and Family Violence, Fifteenth Assembly Minutes.



UnitingCare Queensland

UnitingCare Queensland (UnitingCare) is the health and community services arm of the Uniting Church of Australia in Queensland. UnitingCare is committed to delivering quality health, aged care, disability and community services as one of the largest charities in Australia. UnitingCare provides person-centred care and support services to thousands of vulnerable individuals and persons in need every day of the year enabling our clients to live life in all its fullness whatever their circumstances.

UnitingCare is passionate about working with families and children to move toward safe and comfortable family lives. We offer flexible and innovative support to vulnerable children, young people, families, women and men experiencing domestic and family violence. We work together to understand their circumstances and plan for the future.

UnitingCare is committed to addressing domestic and family violence and is the largest provider of behavior change programs for men who use violence in Queensland. UnitingCare offers the following:

- Men Choosing Change Ipswich and West Moreton, Mackay, Moreton Bay, Maroochydore, Gympie and the Wide Bay-Burnett.

We also provide domestic and family violence crisis accommodation and support services for women and children in South East Queensland and Wide-Bay Burnett including specialised counselling for children. In addition, UnitingCare has a range of family law, family support services and counselling services across the state that support people who have experienced domestic and family violence.

Wesley Mission Queensland

Wesley Mission Queensland was established in 1907 to provide nursing care to the homeless and was the first provider of residential aged care in Queensland. The organisation has grown significantly in recent years, particularly in the mental health, disability and respite care sector and now supports more than 100,000 people in Queensland each year. Wesley Mission Queensland offers a range of services which provide supplementary support to victims/survivors of domestic and family violence including:

- Direct Mental Health clinical services, including Wesley Kids on the Gold Coast which offers support specifically to children experiencing trauma;
- Suicide prevention initiatives which provide training and support to reduce the risk of suicide and provide specialist support for those working with people at risk of suicide;
- Supporting Those at Risk of Homelessness (STARH) project which assists families and individuals in the Gold Coast and Logan regions to sustain their tenancy and prevent homelessness;
- Emergency relief support and community meal service in the Fortitude Valley area which supports people in the community who are experiencing hardship, disadvantage or financial stress;
- Community Centres at Balmoral and Carole Park which offer a range of community- focused programs, activities and services; and
- Youth and family services including -
 - Operation of 3 headspace centres in Capalaba, Hervey Bay and Maryborough;
 - The Logan Youth Support Service which helps young people (12-21 years old) who need assistance with their emotional, social and physical wellbeing;



- Expanded Horizons program which is located in Southport and provides group support for Lesbian, Gay, Bisexual, Trans, Intersex, Asexual, Pansexual, or other diverse identities (LGBTIQAP+) youth;
- Kids in Focus (KIF) provides a 'whole family focus' for families needing early intervention for children aged 0-18 impacted by substance misuse. It aims to strengthen parenting abilities to create a safe and positive childhood environment;
- ParentsNext program which supports parents with young children under 6 to reach their education and employment goals through the development of activities, referral to services and support to reach their aspirations;
- Specialist Youth Housing Services in the Logan and Forest Lake areas;
- Youth and community programs offering support for young people in the community after school or during the school holiday period in the Gold Coast region.

Consultation Questions

1. What other types of coercive controlling behaviours or risk factors used by perpetrators in domestic relationships might help identify coercive control?

Perpetrators use a range of behaviours to control another person – in addition to those outlined in the discussion paper the following are tactics that are being seen by our staff in terms of intimate partner violence and violence against people in vulnerable situations (e.g. people with disability, older people):

- Online abuse – particularly the threat to post online sexual images and recordings.
- Use of positional power in the community – this is noted particularly where police officers or legal professionals are perpetrators and use this standing to intimidate victims/survivors.
- In many cases the perpetrator garners support from family and friends to the extent that the victim/survivor feels that they are in the wrong.
- Using tactics of control until the victim/survivor is exhausted and behaves erratically – then calling out her behaviour and self-identifying how patient he is to continue to stay with her.
- Threats from perpetrators to harm themselves or to take their own life
- Forcing the victim/survivor to participate in illegal activities which puts her at risk of criminal sanctions. This means that she is unable to turn to police for help.
- Moving to an isolated area away from the victim's/survivor's support – particularly if she is unable to drive.
- Overburdening the victim/survivor with domestic responsibilities – therefore the victim/survivor being unable to participate in the workforce or community.
- The use of the legal system, particularly the Family Law system as a method of control – for example the perpetrator returning to the family court to make minor changes to orders, refusing to participate in mediation or not genuinely participating in mediation
- Controlling the health narrative for an adult who has decision making capacity, as if the victim/survivor does not have decision making capacity.
- Controlling the mental health narrative for an adult to gain/ retain control of the person.
- Management and control of financial resources and spending, for example controlling NDIS or HCP funding.



- Isolating the person by not taking them outside the house and/or refusing visitors to the house.
- Neglect by failing to provide basic hygiene and care.
- Misuse of power of attorney to make decisions for them regarding financial, health-related and personal decisions.
- Locking the person in a room or using restrictive practices (physical and chemical restraint).
- Withdrawing formal support services for a person with a disability or an older person.
- Moving the person to another residence to avoid investigation by a formal service contracted to provide support.

The Special Taskforce on Domestic and Family Violence in Queensland (2015) recommended that the Government commission specific reviews into the impacts of domestic and family violence for people with a disability and older people². This was due to a distinct lack of evidence on the impact of domestic and family violence for these two groups. The subsequent review of people with disability in Queensland reported that people with disability experience domestic and family violence through power and control over their lives from other family members, be it physical, psychological, emotional, financial, sexual or intimate in nature, and that it often happens in secret or behind closed doors³. The review found that current legislation in Queensland does not contain specificity regarding the experience of domestic and family violence for people with disability, despite people with disability in Queensland experiencing disproportionately high rates of violence (People with Disability Australia Inc, 2017).

Similarly, the subsequent review elder abuse in Queensland reported that there is no single law or legislative instrument that specifically addresses elder abuse in Queensland, rather a range of legislation can be used depending on the nature of the abuse, including legislation relevant to domestic and family violence⁴. Many participants in the research stated that perpetrators were rarely brought to account, and that there were often no repercussions or consequences for perpetrators of elder abuse, for example, where care was not provided, access to assets was abused under an Enduring Power of Attorney or prosecutions were not pursued once an older person dies (Blundell et al., 2017). A limitation of Queensland's domestic and family violence legislation in relation to older people is that the physical and social dependence of many older persons on the care of others, particularly in order to make an application or complaint, is not fully addressed by the current domestic and family violence protection framework⁵.

2. What aspects of women's attempts to survive and resist abuse should be taken into account when examining coercive control?

² Special Taskforce on Domestic and Family Violence in Queensland (2015). Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland.

³ People with Disability Australia Inc (2017). Review to address the impacts of domestic and family violence on people with disability.

⁴ Blundell, B., Clare, J., Moir, E., Clare, M. & Webb, E. (2017). Review into the Prevalence and Characteristics of Elder Abuse in Queensland. Perth, WA: Curtin University and Murdoch University.

⁵ Office of the Public Advocate (Qld) and Queensland Law Society (2010). Elder Abuse: How well does the law in Queensland cope?



In terms of intimate partner violence, victim's/survivor's responses are as diverse as the methods of control used by the perpetrator and all should be considered in context of the real fear experienced by victims/survivors. A woman's lived experience of coercive control enables her to be able to accurately judge the danger and severity of the violence. It should also be recognised that many victims/survivors are unable to articulate what is happening due to the insidious nature of coercive control. Support networks may help victims/survivors to understand or resist the behaviour.

First responders and other service providers should have an understanding that survival attempts can look like compliance with the perpetrator's behaviour (e.g. agreeing with the perpetrator's version of events; becoming a hostile witness in order to avoid blame by the perpetrator) or that the victim/survivor is themselves the perpetrator (e.g. fighting back).

Consideration needs to be given as to how victims/survivors of coercive control may have stayed with the perpetrator because of the risks of leaving – homelessness, caring for children and pets, financial loss, no access to transport.

In terms of family violence against people in a vulnerable situation, healthcare professionals and other service providers must be aware of indicators of coercive control on a person, particularly the 'carer' narrative used by perpetrators, and be able to undertake assessment of the situation to identify coercive control.

In a recent Australian study, rates of help-seeking were substantially higher among women who experienced coercive control and physical or sexual violence than among women who experienced coercive control but not physical/sexual violence (Boxall and Morgan, 2021).

3. What should be done to improve understanding in the community about what 'coercive control' is and the acute danger it presents to women and to improve how people seek help or intervene?

There are a number of ways to improve understanding in the community of coercive control in intimate partner violence and family violence against people with a disability or older people, including:

- More awareness raising and training to people that are likely to come in contact with victims/survivors and perpetrators, such as teachers, doctors, nurses, psychologists. These people would need training on how to recognise the subtle signs of coercive control and domestic and family violence and then to ask the right questions.
- Media standards to be reviewed – particularly in how the media reports on women and men when reporting on domestic and family violence.
- Consideration to censoring media billboards, TV shows that objectify women and promote patriarchy.
- Media campaigns and public education.
- Promote the stories of victims/survivors of coercive control, including victims/survivors who are people with a disability and older people.



- A set of mainstream and/or social media advertisements to show the behaviours, actions and statements made by perpetrators and victims/survivors to raise awareness of the nature and impact of coercive control.
- A helpline to answer peoples questions "am i being coercively controlled?"
- Educational material for family and friends to assist them to understand when coercive control could be in place, including what sorts of behaviours constitute potential coercive control and what questions they could ask that allow a safe conversation that coercive control is happening to someone.
- Support groups that alert potential coercive control;
- Campaigns and resources in workplaces, especially those with culturally and linguistically diverse workforce. This should also be targeted at recipients of home care services.
- Awareness raising resources developed for diverse needs, such as easy read information for people with a cognitive disability, radio advertising for older people, information in First Nations languages.
- Awareness raising that coercive control is not just limited to partners, it can be perpetrated against any family member, particularly children.

4. Are there opportunities for the media to continue to improve its reporting of domestic and family violence and for popular entertainment to tell more topical stories to increase understanding of coercive control?

There are always opportunities for the media to improve its reporting – specific examples include:

- Being mindful of the portrayal of women in the media and written literature, better representation of women in corporate, community and political spheres.
- Review of advertising standards for appropriateness of content: for example a digital billboard on Milton Road in Brisbane has rolling advertisements – showing the “NOT NOW NOT EVER” government advertising campaign, followed by two separate advertisements for “strip clubs”. This is not congruent with the messaging that violence against women is not acceptable.
- Move away from sensationalist headlines and report the true facts of cases, including the history of the coercive control and violence, rather than the incident.
- More reporting of the issues in rural and remote areas to highlight relevant examples, rather than perpetuating the myth that rural areas are idyllic family locations.
- Caution must be considered in reporting on domestic and family violence as victims/survivors may become more at risk if perpetrators learn how the system responds to perpetrators, who may then alter their methods to avoid surveillance by authorities.
- Popular entertainment should show real life stories of victims as survivors and applaud their strength and ability to resist the violence.
- Reporting by the media should be increased with regard to less common examples of domestic and family violence (e.g. coercive control behaviour towards men by women, within same sex relationships, and by family members towards people with a disability or older people).
- Reporting of coercive control issues should be undertaken with a higher level of gravitas as this is a symptom of a pattern of controlling behaviour that could escalate to a fatal situation.



5. Would a change in terminology support an increase in community awareness of coercive control?

We recommend keeping the current terminology of ‘coercive control’ as the use of this term in society over the last few years has highlighted this type of behaviour, and the general community are becoming aware of what the term means. We believe the focus should be on awareness raising and understanding of the nature of the behaviour and its impacts, which would help victims/survivors in identifying and recognising the many forms of this behaviour.

6. If you are a member of a mainstream service or represent a mainstream service provider:

a. What training relevant to coercive control and domestic and family violence is currently available in your industry?

In terms of intimate partner violence, most community services undertake the ‘Safe and Together Model’ which promotes perpetrator accountability and partnering with the victim/survivor. This model is used and promoted extensively in statutory child protection services in Queensland, men’s behaviour change programs and has recently been incorporated into training for Family Court professionals including judges and magistrates. More information about this can be found at: safeandtogetherinstitute.com. Additional evidence-based professional development options are limited due to cost considerations.

For family violence against people with a disability and older people, there is little training available on this, particularly on options to address this through the current service systems and criminal justice options.

b. How are you currently supporting victims of coercive control and domestic and family violence?

UnitingCare Queensland supports victims/survivors of coercive control and domestic and family violence through:

- Referral to women’s specialist services and providers.
- Safety planning with all persons involved where domestic and family violence has been identified.
- Women’s refuge workers working closely with women and children to ensure that they receive the right support – these workers often work creatively and do overtime to ensure the right support is provided.
- Ensuring that all *Men’s Behaviour Change* program staff are qualified and have the right attitude and attributes for this work. *Men’s Behaviour Change* groups facilitate learning and understanding by men of the impacts on their behaviour as a partner and father. We also ensure all programs have a victim’s/survivor’s partner advocate attached to the program, even when there is no funding for this position.
- One-on-one counselling for men using violence when they are not suited to participating in group processes.



Wesley Mission Queensland supports victims/survivors of coercive control and domestic and family violence through:

- Emergency relief support
- Mental health support for men.

c. What is working well?

We believe the following strategies are working well:

- The information sharing provisions in the Queensland Domestic and Family Violence legislation and Child Protection legislation allow service providers to communicate about the risks involved with the families and individuals they work with. This has enabled identification of risk factors and the development of strategies to keep victims/survivors safe.
- Increasing awareness of various forms of domestic and family violence, particularly non-physical forms of violence, in the community and in with other service providers.
- For perpetrators, the use of psychoeducation and focusing on the impact of domestic and family violence on parenting may promote change in men using violence.

d. What could be done better?

Staff identified the following suggestions that would improve the service system and increase safety for victims/survivors:

- Increased funding and support for longer-term *Men's Behaviour Change* programs – for example most funding is for a 16 week program, whereas the evidence suggests that sustainable change takes around 2 years.
- Ensure that all *Men's Behaviour Change* programs are funded for and required to include a victim/survivor partner advocate as part of the program.
- Adopting a strengths-based approach to working with victims/survivors and children and providing case management services to help them obtain longer-term support and housing.
- Increased early intervention, particularly for programs in schools educating children about respectful relationships.
- GPS monitoring of people who use violence ..

8. What is currently being done that works well?

Warm referral pathways are a useful tool in responding to victims/survivors and perpetrators of domestic and family violence.

9. What could be done to improve the capacity and capability of the service system to respond to coercive control (this includes services to victims and perpetrators)?

Staff identified the following to improve the capacity and capability of the service system:

- More funding to ensure that high quality training is delivered to practitioners.
- Opportunities for service providers to provide more education sessions in schools and workplaces e.g. *Love Bites*.



- More specialist domestic and family violence counselling services for children –children are not necessarily seen as victims/survivors of domestic and family violence unless they are directly impacted. However, domestic and family violence has a detrimental and long term impact on children even if they have been protected by the victim/survivor.
- Long-term housing options provided for victims/survivors and children. Currently families are only provided for a stay in a refuge for 12 weeks, though due to the lack of affordable housing these stays are often extended for a longer period which does not promote stability and future planning for the victims/survivors. In addition, shelters should be encouraged and/or funded to provide culturally sensitive accommodation and support, and to be accessible to people with a disability and older people.
- Housing options for families escaping family and domestic violence where there are adolescent boys over the age of 12. Many crisis accommodation services are unable to accommodate families where there are adolescent boys due to the structure of the accommodation.
- Increased use of Ouster Orders, where the perpetrator is removed from the family home. However, when increasing the use, consideration needs to be given to the risks involved to the victims/survivors, with wraparound support across services put in place to keep the victims/survivors and children safe.
- Intensive training co-produced by domestic and family violence service professionals and victims/survivors, for police, parole, legal professionals and health providers. This training should support them in their role to recognise domestic and family violence and coercive control, and how to respond appropriately without blaming the victims/survivors, and how to refer victims/survivors to appropriate services.
- Creating regional support groups with the inclusion of local community groups and liaison workers.
- Increased support for carers of people with a disability and older people, and for people with a disability and older people themselves, particularly in regional areas.
- Increased use of warm referral pathways to connect victims/survivors and perpetrators with services.
- Greater integration of services to respond to victims/survivors and perpetrators.

10. What could be done to better ensure that women in regional and remote areas of Queensland have access to services with the capacity and capability to respond to coercive control?

We recommend the following:

- Safe places for victims/survivors to access support and counselling, both online and face-to-face, which maintain privacy. This is particularly difficult in regional and remote areas as it may be obvious to others why a person would be attending a certain building. To ensure safety and privacy these opportunities should be located in a range of mainstream rural services such as cafes, post offices, local grocery stores, and health services.
- Regular visits by services through a rotation of staff to work in rural areas.
- Engagement and training with mainstream services in rural areas to recognise domestic and family violence, e.g. rural banks, farm supply stores, and independent contractors.
- A roving bus that provides information, accommodation and services such as the *Heart of Australia* bus, see: <https://www.heartofaustralia.com/patient-information/timetable/>



- Generalist services funded to provide domestic and family violence services, rather than a specialist domestic and family violence agency – clients in rural areas in particular don't want to attend a specialist agency for many reasons, but primarily related to reasons of safety and privacy.

11. What could be done to better ensure perpetrators in regional and remote areas of Queensland have access to services with the capacity and capability to respond to coercive control?

To better ensure perpetrators in regional and remote areas of Queensland have access to services with the capacity and capability to respond to coercive control, we recommend:

- Greater access to support services relevant to domestic and family violence that are trauma informed (both face to face and online services) where men can support each other and hold each other to account.
- Voluntary live-in programs where accommodation is provided until completion of the program.
- Ensure that penalties are actioned for breaches of domestic violence orders.
- Scoping of the implementation of day/night drop-in clinics for counselling and support, for when perpetrators are concerned that they will use violence.
- Increasing mandatory attendance at behaviour change programs.

12. What could be done to better ensure that perpetrators, have access to services and culturally appropriate programs with the capability to respond to coercive control whilst they are on remand or after sentencing in a correctional facility?

We recommend the following to better ensure that perpetrators have access to services and culturally appropriate programs with the capability to respond to coercive control whilst they are on remand or after sentencing in a correctional facility:

- Increased counselling and support in prison.
- Culturally appropriate programs developed and delivered by Elders of First Nations communities.
- Access to interpreters and support workers from the same cultural backgrounds.
- Setting up domestic and family violence clinics within correctional facilities.

13. What are the gaps in the service system that could be addressed to achieve better outcomes for victims and perpetrators of coercive control?

We have identified the following issues that could be addressed to achieve better outcomes:

- A need for more practitioners, particularly male practitioners, that have an appropriate, nuanced understanding of domestic and family violence.
- Increased provision of domestic and family violence training needs to be included in funding of community services. Identifying coercive control and the serious impacts of coercive control need to be included in this training.
- Development and/or implementation of a universal risk assessment process for all parts of the service system so that services are confident that risk has been assessed appropriately – for



example, we recommend the Multiagency Risk Assessment process used in Victoria, see: <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management>

- An increase in affordable housing options for both victims/survivors and perpetrators to more easily find alternative accommodation.
- An increase in brokerage funding made available for victim's/survivor's services to help victims/survivors escape domestic and family violence.
- Co-location of services to be able to provide wrap around support, without people needing to tell their stories repeatedly, for example Victoria provides this, see: [angedoor.vic.gov.au](https://www.angedoor.vic.gov.au)
- A lack of focus on the origins and causes of the use of violence by perpetrators.

14. What service system changes would be required to support the options to legislate against coercive control?

The service system changes that would be required include:

- Expansion of the Family Court initiative to ensure all Court staff are trained in the *Safe and Together Model*, to all State Courts. This would ensure all relevant staff are better informed about domestic and family violence, particularly the subtleties of coercive control.
- The implementation of specialist domestic and family violence courts staffed by both legal professionals and social workers who are specialists in addressing domestic and family violence.
- Increased training on coercive control for first responders, and including social workers in callouts where domestic and family violence is known or suspected.
- More community education and workplace education, such as the Bystander Training.
- Use of research and evidence to explore the reasons perpetrators engage in coercive control, effective treatment options, and strategies for prevention.

15. What in the current integrated service response works well to enable effective responses to coercive control?

We believe the following works well:

- Strengthening of the ability for agencies to communicate effectively particularly in safety planning for women and children. This has been achieved by promoting the information sharing provisions of the relevant legislation.
- The focus given to coercive control means there is more awareness of the indicators and impact of coercive control.

16. What are the opportunities to improve integrated responses to victims and/or perpetrators of coercive control to achieve better outcomes?

We provide the following recommendations for improvement:

- Timely and increased communication between agencies utilising information sharing provisions, including police, education staff, healthcare staff, and community support staff.
- Funding for more holistic approaches to addressing domestic and family violence, so that the whole family can be supported through one service, regardless of whether the families reunites or separates.



- More collaboration between police and service agencies in responding to domestic and family violence – this varies depending upon the practice of the particular police station.

17. Have you had any experience with the existing integrated service responses or co-responder models operating in the Brisbane, Cairns, Cherbourg, Ipswich, Logan/Beenleigh, Mackay, Moreton and Mt Isa regions? If so:

a. What worked well?

We believe the following worked well:

- Open communication between agencies.
- Collaboration and shared understanding of purpose and of best practice in responding to domestic and family violence.

b. What could be done better?

We believe the following could be done better:

- Increasing the involvement of more agencies, particularly other community organisations involved with the family or individual.
- The development of appropriate communication protocols
- Increasing funding to provide higher levels of service.

18. What is working in the civil protection order system under the Domestic and Family Violence Protection Act 2012 to protect women and children from coercive control?

The civil protection order system under the *Domestic and Family Violence Protection Act 2012* enables victims/survivors to apply for orders to assist in keeping them safe from coercive control without the standard of proof required for criminal matters. It offers victims/survivors some protection and increasingly, more breaches of the orders by perpetrators are being reported.

19. What parts of the civil protection order system under the Domestic and Family Violence Protection Act 2012 could be improved to better protect women and children from coercive control?

We recommend that processes be implemented to facilitate identification of the primary perpetrator in relation to cross applications. Unfortunately we are seeing more victims/survivors as the respondent to a Domestic Violence Order application where the perpetrator has used this as a tactic to ensure that the victim/survivor drops the initial Domestic Violence Order against the perpetrator. Clearer definitions of coercive control and increased training and awareness raising of coercive control techniques would assist in addressing this issue. In addition, clarification on the implications of breaches of orders for all persons involved in these processes would be advantageous.



20. What are the advantages and/or risks of using the civil protection order system under the Domestic and Family Violence Protection Act 2012 instead of using a direct criminal law responses?

The advantages of using the civil protection order system, rather than a direct criminal law response, include:

- The burden of proof in the civil system is lower, so victims/survivors are more likely to be able to obtain an order in circumstances of coercive control, which can be difficult to produce evidence of.
- Victims/survivors are more likely to apply for an order if it means that the perpetrator will not be imprisoned or have a criminal record.

The risks of using the civil protection order system, rather than a direct criminal law response, include

- That coercive control is not taken to impact a victim/survivor as seriously as if it was a criminal offender, until a breach of the order occurs.
- Victims/survivors may not be as safe due to the lack of detention of the perpetrator, and a perceived lesser level of risk by police as orders are not issued through a criminal law process.

21. What could be done to help the civil protection system under the DFVP Act be more effective in protecting women and children from perpetrators who coercively control them?

We recommend an increase in training to enhance understanding of coercive control and its role in domestic and family violence, for all magistrates and police prosecutors. This training should also be mandatory for all legal professionals. Identification of systems abuse by perpetrators should be included in this training (e.g. continual adjournments, requiring the victim/survivor to be in court). The role of coercive control in other forms of family violence apart from intimate partner violence should also be included.

We recommend that victims/survivors should be provided with an advocate when engaging in the court system, with the role of articulating the timeline in terms of patterns of controlling behaviours that have occurred. Maintaining and extending integrated responses across services to victims/survivors of coercive control is also crucial to protecting them from further harm.