

## Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025

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Australian College of Nurse Practitioners response to:

Queensland Parliamentary Service

Education, Arts and Communities Committee

Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025

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Queensland Parliamentary Service  
Education, Arts and Communities Committee

*By email: [EACC@parliament.qld.gov.au](mailto:EACC@parliament.qld.gov.au)*

To Education, Arts and Communities Committee

Thank you for the opportunity to respond to the Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025.

The Australian College of Nurse Practitioners (ACNP) is the leading national body representing nurse practitioners. It drives the advancement of nursing practice and strengthens consumer access to healthcare services. Nurse practitioners are uniquely equipped to address unmet healthcare needs within communities and expand access to high-quality care, especially for underserved populations.

### *Background*

Nurse Practitioners work in diverse healthcare settings, including primary care<sup>[1,2](#)</sup>, urgent care<sup>[3,4](#)</sup>, emergency services<sup>[1,2](#)</sup>, older person care<sup>[1,2](#)</sup>, mental health<sup>[1,2](#)</sup>, palliative care<sup>[5](#)</sup>, critical care areas such as orthopaedics<sup>[1](#)</sup>, and chronic disease prevention and management such as diabetes.<sup>[1](#)</sup> In many cases, Nurse Practitioners are working in rural or remote areas, often providing the only primary health care/urgent care services over large regions.

Research consistently demonstrates high levels of patient satisfaction with care delivered by Nurse Practitioners, which contributes to improved treatment adherence and health outcomes.<sup>[3,5-8](#)</sup> This success highlights the invaluable role of Nurse Practitioners within the Australian healthcare landscape, representing a significant step towards more effective and cost-efficient healthcare delivery.

The *Nurse Practitioner Workforce Plan*<sup>[9](#)</sup>, released by the Department of Health in May 2023, outlines strategies to remove barriers to the Nurse Practitioner's scope of practice. Eliminating legislative and operational barriers that lack a clinical basis and misalign with federal and state legislation is essential for consistency across jurisdictions. National uniformity in legislation empowering Nurse Practitioners across state and commonwealth instruments is imperative.

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The ACNP strongly advocates for the recognition of Nurse Practitioners' autonomous role and their capacity to lead healthcare teams across various contexts. This recognition is essential to advance the nursing workforce, support the modern nursing role, and dispel outdated perceptions.

The ACNP supports the objectives of the Bill to give victim survivors immediate protection against respondents. Our responses to the Proposed Amendments are as follows:

**Proposal 1:**

- establish a framework for police protection directions (PPDs) to improve efficiencies for police responding to domestic and family violence (DFV) and reduce the operational impacts of the current DFV legislative framework;

**ACNP response:**

The ACNP understands that the PPDs would enable police, not the courts, to make an order against a person lasting for up to 12 months including being excluded from their home for that period. This could certainly improve productivity for operational police officers when responding to DFV as well as give victim survivors immediate protections against alleged perpetrators, however there is potential for error. Evidence from Tasmania<sup>10</sup> has shown that police issued PPD's to victims of domestic and family violence who were misidentified as perpetrators. The Victorian Royal Commission on Family Violence found that the police would need significant training in how to deal with family violence before such laws could be introduced. The ACNP supports this amendment to the Bill but would suggest it be mandatory for police officers to undergo such training before implementation.

**Proposal 2:**

- support a Global Positioning System (GPS electronic monitoring) pilot for high-risk DFV perpetrators consistent with the Government's election commitment;

**ACNP response:**

The Domestic and Family Violence GPS-enabled Electronic Monitoring Technology Evaluation Report 2019<sup>11</sup> conducted in Queensland demonstrated that the technology trial provides, at best, a moderate level of accuracy and reliability to track an individual's movements and detect the breaching of a prohibited zone. The technology alone was an insufficient surveillance tool to manage the risk of DFV perpetrators. Based on the findings in this report, it is fair to accept GPS-enabled technology informs as much as it also fails to detect. The findings suggested it may be an appropriate consideration for lower-risk DFV perpetrators.

However, the ACNP is also aware that a research project was undertaken in Tasmania to trial electronic monitoring of family violence offenders<sup>12</sup> and was able to demonstrate increased safety to women and children subjected to family violence. We recommend that the Queensland Government utilise the same methodology adopted in this trial and assess similar outcomes.

**Proposal 3 and 4:**

- simplify, streamline and expand the VREC framework statewide to support victim survivors of DFV;
- clarify that a VREC statement can be considered in civil proceedings under the DFVP Act.

**ACNP response:**

These proposed amendments to the video-recorded evidence-in-chief framework aim to reduce trauma and stress for victims by minimizing the need to repeat their stories multiple times, especially in court. The ACNP applauds this amendment. Research has shown that video-recorded interviews used as evidence-in-chief in some jurisdictions, have had a significant impact on DFV policing practice<sup>13</sup>. They are simple to use and typically take about a quarter of the time traditional statement-taking methods require. Its portability means that complainants do not have to travel to police stations to provide their evidence and is supported by most participants due to its efficiency and the lens it affords the court into crime scenes.

The power of VRECs to accurately capture the harm done to victims, both psychological and physical, may result in those professionals taking and/or viewing DRECs to experience vicarious trauma and the ACNP identifies the need for workplace support for those at risk of such trauma.

Whilst supportive of the proposed amendments to the VREC framework, the ACNP does take issue with the fact that Clause 46, Section 103F(2) - (b) "that the recorded statement may be disclosed to, and used by, the accused person and other persons regardless of whether the recorded statement is presented as the complainant's evidence-in-chief". This is completely inappropriate and is not consistent with legislation in other states. Legislation in NSW is clear that defendants are not to be given copies of the video recorded statements. Instead, police are only obliged to give them a copy of the audio recording, no pictures. We strongly recommend that Queensland Parliamentary Service adopt the same legislation.

**Proposal 5:**

- make other technical amendments to the DFVP Act to strengthen the maintenance of the Approved Provider List (APL).

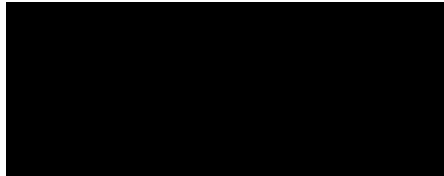
**ACNP response:**


This amendment provides an ability for the chief executive to consider matters prescribed by regulation when considering the approval of a provider for an approved program or counselling. Criteria will be able to be prescribed by regulation in addition to the existing requirements for the approval of providers on the APL [Clause 16 Amendment of an s 75 (Approval of providers and intervention programs) Section 75(1) - “has appropriate experience and qualifications to provide an approved intervention program or counselling; and (b) satisfies any other criteria prescribed by regulation”]. The ACNP is unclear as to what these criteria will be and whether this will be different to the current Perpetrator Intervention Services requirements – February 2022<sup>14</sup>.

The ACNP commends the recognition and thoughtful consideration of the contributions and value Nurse Practitioners bring throughout this consultation process. Nurse Practitioners are often the first point of contact for many people who have experienced or are experiencing family violence. We have a vital role to play in the early detection, support, referral, documentation of incidents, and delivery of specialised treatment for people experiencing family violence. We highlight the critical need to address the ongoing limited awareness among the public and healthcare professionals regarding the existence, capabilities, scope of practice, and contributions of Nurse Practitioners.

Thank you for the opportunity to participate in this important review. We welcome further engagement and are available to provide additional clarification as needed.

Yours sincerely



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