

Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025

Submission No:	44
Submitted by:	Archdiocese of Brisbane and Centacare
Publication:	Making the submission and your name public
Attachments:	
Submitter Comments:	See attachment



The Archdiocese of Brisbane and Centacare

Response to

**THE EDUCATION, ARTS AND
COMMUNITIES COMMITTEE**

Inquiry into the

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

MAY 2025



Our vision Communities will be built on justice and transformed through faith, hope and love.

Our mission To provide high quality care services to support people, strengthen families and build communities in the spirit of the Gospel.

Our Values Respect for the dignity of the individual Integrity in the delivery of our care services Equity and justice for those we support.



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Acknowledgement of country

We respectfully acknowledge the Traditional Custodians of the lands which the Archdiocese of Brisbane is located, and we pay our respects to their Elders, past and present. We acknowledge the Traditional Custodians who have walked and cared for this land for thousands of years and their descendants who maintain their spiritual connections and traditions. We thank them for their continual cultural and spiritual connection to Country as expressed through their history, music, language, songs, art and dancing.

EXECUTIVE SUMMARY

The Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025 represents a significant step in Queensland's ongoing reform of its domestic and family violence response system. The Bill introduces five major legislative changes:

- the creation of Police Protection Directions;
- the expansion of Video Recorded Evidence-in-Chief;
- a pilot scheme for Electronic Monitoring Devices;
- the formalisation of an Approved Provider List for DFV intervention programs; and
- a suite of supporting amendments to improve review, oversight, and implementation.

The Archdiocese of Brisbane and Centacare support the passage of the Bill in principle. We welcome the Government's intent to enhance frontline responsiveness, reduce procedural delays, and increase accountability for both victims and perpetrators of DFV. However, the effectiveness of these reforms will depend on how they are operationalised. If not supported by robust safeguards, sector collaboration, and cultural accountability, there is a risk that new harms may emerge or existing system failings may be repeated.

This submission presents a series of practical, survivor-focused recommendations to ensure that each reform area is implemented safely, ethically, and in alignment with community expectations. Our feedback is grounded in Centacare's extensive service footprint across Queensland, including our embedded DFV practitioner pilots with Queensland Police Service, our engagement with perpetrator interventions, and our direct support to victim-survivors, children, and families.

Key recommendations include:

Police Protection Directions:

These new powers offer a promising tool for rapid intervention but must be matched with procedural fairness. We recommend mandatory consent-based referrals to DFV services, documentation of aggrieved persons' views and how they were considered, and the formal integration of DFV specialist input in both the issuing and review of PPDs. Internal QPS reviews and oversight units should embed DFV-informed practitioners to ensure trauma-aware decision-making.

Video Recorded Evidence-in-Chief:

Expansion of VREC must include clear training for all officers in trauma-informed interviewing, cultural safety, and informed consent. Safeguards for interpreter use, disability access, and victim distress management are essential to ensure these recordings are ethically obtained and used.

Electronic Monitoring Devices:

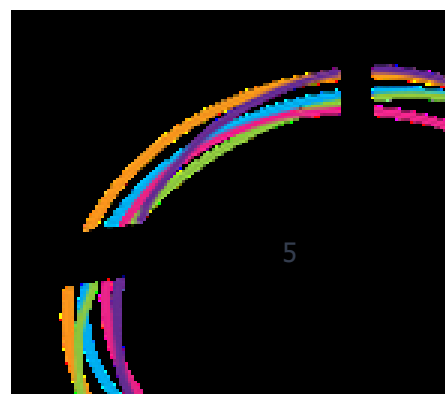
While we support the pilot, clearer parameters around breach thresholds, response protocols, and victim alert systems must be established through regulation. The pilot must be evaluated rigorously, with victim experience and safety outcomes at the centre.

Approved Provider List:

New powers to regulate intervention program providers are welcome. However, eligibility criteria must be co-designed with sector representatives, including Aboriginal and Torres Strait Islander, CALD, and regional providers. Minimum standards for trauma-informed and coercive control training must be embedded in regulation and aligned with national best practice frameworks.

Implementation and Evaluation:

Centacare strongly supports the establishment of an Implementation Advisory Group and a three-tiered evaluation model incorporating government, independent, and community feedback mechanisms. Embedded DFV practitioners should be recognised as critical infrastructure, and implementation training must reflect the Human Rights Act 2019 and relevant data-sharing obligations.



RECOMMENDATIONS

The Archdiocese of Brisbane and Centacare support the passage of *the Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025*, contingent on the inclusion of critical safeguards. We make the following priority recommendations:

Police Protection Directions

1. Mandate consent-based referrals to DFV services or embedded workers at the point of police intervention.
2. Require police to record the views of the aggrieved and explain decisions where views are overridden.
3. Embed DFV-informed consultation in complex or misidentification-prone cases, including during internal reviews.
4. Require accessible explanations of PPDs using interpreters and support aids where needed.

Review and Oversight Framework

5. Embed DFV practitioner expertise within QPS internal review processes and the Review Coordination Unit.
6. Establish an audit trail documenting exclusion criteria and decision-making for each PPD.
7. Commit to public reporting on PPD use, review outcomes, and reversal patterns to support transparency.

Video Recorded Evidence-in-Chief

8. Require trauma-informed, explicit consent, particularly for culturally and linguistically diverse and vulnerable groups.
9. Clarify that cross-examination may still occur, even with a VREC, and ensure this is communicated clearly.
10. Restrict use of body-worn camera footage to fallback scenarios where formal interviews are not feasible.
11. Train all officers in DFV-sensitive interviewing before allowing VREC collection.
12. Publish a co-designed best-practice protocol to guide consistent and safe statewide implementation.

Electronic Monitoring Devices

13. Require courts to actively seek aggrieved persons' views before imposing monitoring conditions.
14. Integrate EMDs into broader safety plans to avoid false reliance on technology alone.
15. Define breach thresholds and response protocols clearly in regulation.

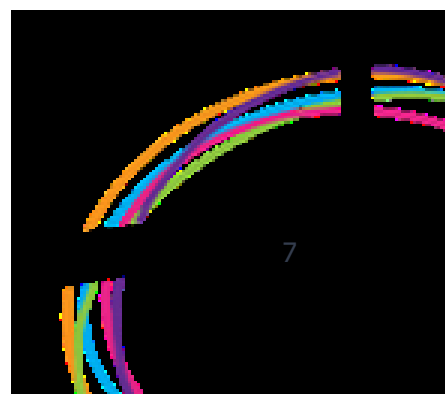
16. Offer opt-in safety alert devices to victim-survivors, accompanied by DFV-informed education and support.

Approved Provider List

17. Co-design eligibility criteria in partnership with DFV sector, First Nations, CALD, and regional stakeholders.
18. Mandate trauma-informed and coercive control training for all providers, aligned with national standards.

Implementation and Evaluation

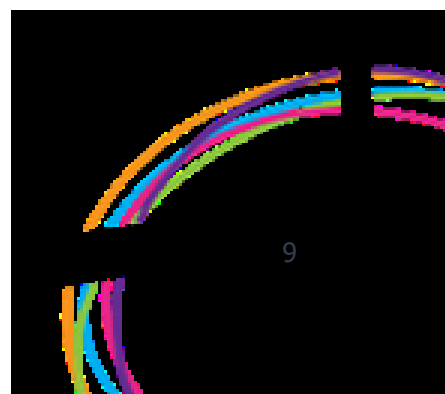
19. Establish a cross-sector Implementation Advisory Group to oversee reform rollout and risk mitigation.
20. Commit to quarterly public reporting on PPD use, review rates, and identified systemic trends.
21. Fund and expand the embedded DFV worker model, recognising it as critical system infrastructure.
22. Ensure evaluation frameworks assess misidentification, victim-survivor engagement, and service uptake.



INTRODUCTION

1. Domestic and family violence remains one of the most urgent and complex challenges facing communities across Queensland. In every region – metropolitan, regional or remote – services continue to respond to incidents of abuse, coercive control, and system breakdown that place victim-survivors and families at significant risk. These challenges are not abstract or academic. They are daily realities for those living with violence, the practitioners supporting them, and the institutions responsible for their protection.
2. In recent years, Queensland has taken substantial steps to strengthen its response to domestic and family violence. Milestones such as the Not Now, Not Ever report, the Hear Her Voice inquiries, and the criminalisation of coercive control have contributed to reshaping how violence is recognised, prevented, and addressed. *The Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025* (the Bill) marks the next stage in that reform journey. It introduces new mechanisms to enhance police protective powers, broaden evidentiary options, improve monitoring of high-risk respondents, and increase accountability in DFV intervention programs.
3. The introduction of this Bill follows the Department of Families, Seniors and Disability Services' consultation process in February 2024, to which Centacare provided a formal submission. Our participation also included engagement in stakeholder roundtables convened during the policy development stage. We thank the Queensland Government for the constructive and considered way it has engaged with the sector throughout the development of this Bill.
4. The Archdiocese of Brisbane and Centacare support the objectives of the Bill. We recognise the Government's commitment to improving safety, strengthening legal responses, and addressing systemic delays. At the same time, we approach these reforms with considered caution. The expansion of police powers and the introduction of new procedural tools carry significant risks if not matched by clear safeguards, practical guidance, and cultural accountability. Without careful implementation, there is a risk that reforms could unintentionally cause harm through misidentification, retraumatisation, or procedural inconsistency.
5. We recognise that some organisations within the domestic and family violence sector have raised concerns about elements of the Bill, including potential overreach, procedural fairness, and cultural safety. While we acknowledge the validity of these perspectives, our frontline experience leads us to support the Bill's objectives, provided the recommended safeguards are applied.

6. This submission sets out our position of in-principle support, accompanied by a series of practical, evidence-informed recommendations to strengthen the legislation. These recommendations draw on Centacare's frontline experience delivering DFV services across Queensland. They reflect the insights of practitioners working with women, children, and people who use violence, as well as our operational partnerships with police, courts, health services, and community organisations.
7. These reforms arrive at a time of growing service pressure, heightened public scrutiny, and sectoral complexity. We believe it is possible to act decisively to improve protection while also proceeding with care, humility, and survivor-informed design. Strong legislation alone is not enough. Implementation must be guided by the realities of those who work in and rely on the DFV system every day. It is in this spirit that we offer our submission.



ABOUT CENTACARE AND OUR ROLE

8. The Archdiocese of Brisbane is one of Queensland's largest faith-based institutions, serving the spiritual, social, and pastoral needs of the Catholic community across Southeast Queensland. Its mission is rooted in Catholic social teaching, which affirms the inherent dignity of every person and the responsibility of the Church to promote justice, safety, and the common good.
9. As the community services arm of the Archdiocese, Centacare delivers a comprehensive range of human services across more than 200 sites, employing approximately 3,000 staff and supporting tens of thousands of Queenslanders each year. These services span domestic and family violence (DFV) support, disability services, aged care, mental health, homelessness, family and relationships counselling, and child protection.
10. Centacare is a key metropolitan and regional DFV service provider, operating across the entire response continuum; from crisis support and court advocacy to therapeutic counselling, children's services, and engagement with perpetrator intervention systems. We are also an approved provider under the Queensland Government's intervention order framework and hold long-standing partnerships with police, courts, and community organisations. Centacare participates in numerous regional DFV networks and interagency forums and contributes to sector-wide reform efforts.
11. What distinguishes our service footprint is our dual engagement across both victim-survivor and perpetrator intervention domains. This gives Centacare a whole-of-system view of how legal and support frameworks operate in practice. Our practitioners support individuals experiencing violence, as well as those who use violence, enabling us to identify missed chances to prevent harm, and areas where the system requires recalibration.

Centacare's Embedded Worker Program

LOCATIONS: CALOUNDRA, MAROOCHYDORE, HERVEY BAY, AND MARYBOROUGH POLICE STATIONS.

SCHEDULE: PRACTITIONERS ARE EMBEDDED IN-STATION FIVE DAYS PER WEEK (MONDAY TO FRIDAY).

QUALIFICATIONS: ALL STAFF ARE QUALIFIED SOCIAL WORKERS OR HUMAN SERVICES PROFESSIONALS WITH SPECIALIST TRAINING IN DOMESTIC AND FAMILY VIOLENCE.

ROLE: EMBEDDED WORKERS PROVIDE TRAUMA-INFORMED, REAL-TIME ADVICE TO POLICE, SUPPORT AGGRIEVED PERSONS UPON ARRIVAL, ASSIST WITH MISIDENTIFICATION RISKS, AND FACILITATE WARM REFERRALS TO RELEVANT SERVICES.

VALUE: THIS MODEL IMPROVES VICTIM ENGAGEMENT, ENHANCES RISK ASSESSMENT, AND BUILDS TRUST BETWEEN DFV SERVICES AND LAW ENFORCEMENT.

12. We are also one of the few DFV providers in Queensland with an embedded practitioner model co-located in police stations. These frontline workers provide real-time support to aggrieved persons, consult with police officers, and advise on misidentification risks, trauma presentation, and safe referral pathways. Their presence improves the quality of early intervention, ensures culturally safe practice, and enhances trust in the system.
13. Centacare's work is grounded in trauma-informed, culturally responsive, and evidence-based practice. Our staff are trained to understand coercive control, intergenerational trauma, and systemic discrimination. We collaborate closely with Aboriginal and Torres Strait Islander organisations, CALD services, and disability advocates to ensure our programs are accessible and relevant to those most at risk.
14. We see the frontline impacts of legislative and procedural reform daily—where it succeeds, and where it fails. We observe how victims disengage when systems are slow or unresponsive, how misidentification can cause retraumatisation, and how overburdened practitioners sometimes lack the tools or support to make safe decisions.
15. This submission is anchored in lived experience, drawn from our practical insight into how protective frameworks perform beyond policy design. Our aim is to assist the Government to implement reforms that are not only legally sound, but designed to avoid secondary harm, and guided by relational trust and real-time insight.

ANALYSIS OF KEY PROVISIONS

Police Protection Directions

16. The Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025 introduces a new class of administrative order, Police Protection Directions (PPDs). These PPDs are intended to empower frontline police with a more immediate and flexible tool for issuing protective conditions without requiring immediate court involvement.
17. A PPD may be issued where a police officer reasonably believes domestic violence has occurred, considers it necessary or desirable to protect the aggrieved, and determines that the situation does not warrant escalation to a court-ordered Domestic Violence Order (DVO). A PPD can remain in force for up to 12 months and include standard, no-contact, and ouster conditions. Approval must be granted by a supervising officer, with higher levels of oversight required for more restrictive conditions.
18. This reform responds to longstanding concerns about procedural delays, system fragmentation, and the risk of harm during periods between police intervention and court outcomes.
19. Furthermore, we support the clarification that unborn children can be named on protection orders. This change removes ambiguity and allows for timely, proactive safeguarding of infants at risk. It ensures that protection is in place from the moment of birth and avoids unnecessary delays caused by legal technicalities.
20. While the Archdiocese of Brisbane and Centacare support the introduction of PPDs, the broad discretionary power to issue PPDs outside judicial oversight necessitates robust procedural safeguards. We therefore believe that the legislation must be strengthened in the following key areas to ensure that protections are survivor-focused, trauma-informed, and consistent with procedural fairness.

Mandate warm, consent-based referrals to DFV services or embedded workers

21. A trauma-informed approach requires more than handing over a phone number. Police should be required to facilitate warm, consent-based referrals to either embedded DFV workers (where available) or regional domestic violence services at the point of intervention. This means actively connecting the aggrieved person with a practitioner who can assist in safety planning, provide immediate support, and ensure continuity of care. These referrals must go beyond passive Redbourne processes and be structured as formalised, documented steps that create accountability for follow-up.

22. We also recommend that the views of the aggrieved must be recorded explicitly, and where those views are not followed (for example, if the aggrieved opposes the issuing of a PPD), police should be required to provide a clear explanation of their decision. This approach reinforces agency, builds trust, and strengthens transparency.
23. This model already exists in locations where DFV practitioners are embedded in police stations. These workers conduct safety planning, risk assessment, and service triage in real time, improving both the protective outcome and the survivor's confidence in the system. We recommend that this approach be adopted as standard practice for PPD implementation statewide.

Require police to record and consider aggrieved persons' views, with clear reasoning if overridden

24. The Bill requires police to consider the views of the aggrieved before issuing a PPD, including whether they would prefer the matter proceed to court. However, it stops short of requiring police to document how these views were weighed and why they were or were not followed.
25. Centacare supports the retention of officer discretion. However, where the aggrieved explicitly objects to a PPD being issued, or expresses a preference for court oversight, police should be required to record their reasoning for proceeding regardless. This adds a layer of transparency and reinforces the principle that victim-survivors are experts in their own safety. It also helps to ensure that police actions are subject to later review, should the direction be contested.

Encourage police to seek consultation and support from embedded DFV workers or trained DFV officers in complex or misidentification-prone cases

26. The Bill includes safeguards against misidentification, including a prohibition on issuing PPDs where both parties appear in need of protection and the primary aggressor cannot be clearly identified. Despite this, the risk of misidentification remains high, especially in coercive control contexts or where trauma has shaped a victim's presentation. It is not uncommon for primary victims to appear combative or uncooperative due to self-defence, fear, or frustration.

27. In these situations, the expertise of an embedded DFV worker can be invaluable. These professionals are trained to assess subtle patterns of abuse and can provide real-time consultation on whether the presenting dynamics warrant a PPD or an alternative response. Encouraging such consultations, particularly in ambiguous or high-risk situations, would reduce the risk of wrongful criminalisation and strengthen confidence in the fairness of the new framework

Require accessible explanations of PPDs, including interpreters and communication support as needed

28. The legislation requires police to explain the conditions and consequences of a PPD to the aggrieved and respondent. However, the quality, accessibility, and cultural relevance of that explanation will be critical to its effectiveness. Police should be required to use plain language and, where necessary, offer communication aids or interpreters. This is particularly important for people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander communities, and persons with disability or cognitive impairment.
29. The Bill also requires police to inform all parties of their rights to seek review. Aggrieved persons may be navigating fear, trauma, cultural shame, or disability-related barriers at the point of police engagement. Explaining rights and procedures under these conditions cannot rely on verbal summary alone. It is vital that that this should be provided to both the aggrieved and the respondent at the time the PPD is served, not in a follow-up communication
30. Failure to provide meaningful explanation risks undermining procedural fairness. It may also expose the aggrieved to inadvertent breaches or prevent them from exercising their review rights. These supports must be clearly incorporated into policy, training, and where appropriate, regulation.

Review And Oversight Framework

31. To support procedural accountability, the Bill establishes a dual review system for PPDs: an internal Queensland Police Service (QPS) review and an external Magistrates Court review, both operating concurrently.
32. These mechanisms represent an important advance in safeguarding procedural fairness and ensuring accountable use of police powers. However, to fully realise these protections and reduce risk of systemic failure or misuse, several enhancements are recommended.

Require DFV-informed or embedded DFV worker consultation in internal police reviews and within the QPS Review Coordination Unit

33. While the Bill mandates that reviews be conducted by a senior officer uninvolved in the original investigation, it does not require that internal reviews be informed by domestic and family violence (DFV) specialist input. Given the complex dynamics of coercive control, misidentification, and trauma responses, reviews should not rely solely on police hierarchy for accuracy. Incorporating DFV-informed consultation, particularly from embedded DFV workers or trained officers, would ensure that the review process is more attuned to risk and victim safety. This is especially critical for contested cases or where the original PPD was disputed at the scene.
34. Similarly, the Police Review Coordination Unit established within the Domestic and Family Violence and Vulnerable Persons Command (DFV&VPC) should embed DFV expertise as part of its oversight function. This unit is tasked with systemic monitoring, measuring outcomes, and identifying unintended consequences of the PPD framework. Embedding practitioner-informed perspectives here will ensure that oversight is not limited to procedural consistency but also reflects safety, equity, and appropriateness.

Establish a formal audit trail for exclusion criteria and safeguard triggers

35. The Bill outlines a detailed list of exclusions that preclude the use of a PPD, for example, where a DVO is already in place, where weapons have been used, or where a child is a named person requiring non-standard conditions. It also includes a new register of PPDs, to be maintained by the police commissioner.
36. Centacare recommends that the register or supporting processes include a formal audit trail that documents whether any of the exclusion criteria were present and how they were considered. This should be built into QPS data systems and flagged as part of supervisory review at the time of approval. Such a system would allow for retrospective analysis and accountability and help ensure consistency across districts.

Publicly report on key indicators of police use, review activity, and systemic trends

37. The Bill requires that the Police Commissioner maintain a register of all PPDs issued and revoked. This register includes details of conditions, dates, named persons, and any application for police or court review. This dataset provides a critical opportunity to build public trust through transparency and external accountability.
38. Centacare recommends that the Queensland Government commit to publishing regular, de-identified reporting on PPD use and outcomes, including:
- Total number of PPDs issued
 - Number of internal police reviews undertaken
 - Number of court reviews sought
 - Reversal rates and points of reversal (i.e. police vs court)
 - Identified trends in misuse, overuse, or misidentification (where such data can be extrapolated)
39. This level of reporting would allow community stakeholders, researchers, and service providers to monitor the system's impact and raise concerns about emerging patterns. It would also support improved training and continuous learning within QPS. These reports should be tabled periodically and form part of the broader evaluation framework anticipated as part of the statutory review.

Video Recorded Evidence-in-Chief

40. The Bill significantly reforms Queensland's approach to the use of Video Recorded Evidence-in-Chief (VREC) in domestic and family violence (DFV) proceedings. It removes previous geographical limitations, expands the framework statewide to all summary and committal proceedings in the Magistrates Court, and enables complainants to provide their evidence through a recorded police interview rather than through written statements or full oral testimony. This reform is intended to minimise trauma, reduce procedural barriers to justice, and improve the evidential quality of survivor disclosures.
41. The VREC framework was first introduced as a pilot program in selected Magistrates Courts and, under current law, required statements to be taken by a trained DFV officer as soon as practicable after an incident. The Bill removes both of these requirements, allowing any police officer to take a VREC at any time, provided informed consent is obtained.
42. The Archdiocese of Brisbane and Centacare support the statewide rollout of VREC as a critical step toward trauma-responsive legal reform. However, "We recommend that the parliament adopt the five essential safeguards and implementation practices, outlined below.

Require explicit, trauma-informed consent for all VREC recordings

43. Under current and proposed legislation, police must inform complainants that the recording may be presented as evidence-in-chief in court and obtain consent before beginning. The Bill clarifies that consent may be given either before or at the commencement of the recording. It also permits the complainant to withdraw consent during the recording itself and replaces the legalistic phrase "attest to" with the more accessible "confirm or testify about" when describing the complainant's affirmation of the statement's truthfulness.
44. While these changes are welcome in simplifying language and supporting autonomy, they do not go far enough. Explicit, trauma-informed consent must be more than procedural. It must ensure that the complainant understands what a VREC is, how it will be used, the implications for court processes (including cross-examination), and their rights during and after recording.
45. Particular care must be taken for individuals from culturally and linguistically diverse backgrounds, those with limited literacy, and people with cognitive or communication disabilities. Police must ensure that consent is not only informed but meaningfully understood. Interpreter use, cultural brokerage, or visual aids should be used wherever necessary to support comprehension.

Make clear to the aggrieved person that cross-examination may still occur, even with VREC

46. There is a common and understandable misconception that providing a recorded statement will replace the need for court attendance. In reality, while VREC may replace the complainant's evidence-in-chief, the complainant is still required to attend court to confirm or testify about the statement and be subject to cross-examination. The prosecution determines whether to tender the VREC as evidence, and the court retains discretion to exclude part or all of the recording under section 103H of the Evidence Act.
47. Police officers must be supported to explain this clearly and respectfully to complainants at the time of recording. If this is not done, complainants may feel misled or retraumatised when they are later summoned for cross-examination. This misalignment between expectation and experience may contribute to withdrawal or reluctance to engage with legal processes.

Body-worn camera footage should only be used if the aggrieved withdraws or cannot proceed – not as a default

48. The Bill permits VREC to be captured through police-issued body-worn cameras (BWCs), consistent with interjurisdictional approaches in New South Wales and Victoria. While this technology can be useful in capturing disclosures made during or shortly after a police callout, its use must be limited to circumstances where the aggrieved is unable or unwilling to participate in a formal interview process. BWC footage often lacks context, may capture trauma responses that are easily misinterpreted, and does not afford the aggrieved person a supportive environment to make a clear and comprehensive statement.
49. Centacare recommends that BWC footage only be used as evidence-in-chief where a formal VREC cannot be obtained due to risk, withdrawal, or incapacity. It should not be used as a default or convenience-based option.

Require only DFV-trained officers to record or oversee VRECs

50. The Bill removes the previous requirement that VREC recordings be made by trained DFV officers, citing flexibility and workforce availability as justifications. While this expands operational capacity, it carries real risk. Trauma-informed interviewing, particularly in the context of coercive control and cumulative abuse, requires skill, patience, and insight. Without this, recordings may fail to capture crucial detail, may retraumatise the victim, or may inadvertently undermine the credibility of the evidence.

51. Centacare recognises that limiting VREC collection to a small cohort of trained officers may delay access in urgent or rural settings. However, the appropriate solution is not to abandon training, but to ensure that all frontline officers receive the required training. DFV training should cover trauma-informed engagement, coercive control dynamics, open-ended questioning, and cultural responsiveness. Officers should be equipped to recognise when a person is too distressed to proceed, when to pause or refer, and how to validate disclosures without leading. If all officers are to be authorised to take VRECs, then all officers must be equipped to do so well.

Publish a best-practice protocol developed in collaboration with the DFV sector and cultural advisors

52. To support statewide rollout, the Queensland Government should commit to publishing a best-practice protocol for the use of VREC. This protocol should be co-designed with the DFV sector, First Nations representatives, and CALD organisations. It should address:
- Consent processes and supported decision-making
 - Interview environments, privacy and pacing
 - Use of interpreters and accessible materials
 - Management of disclosure risks and emotional distress
 - Technical standards and data storage protocols
 - Referrals and follow-up obligations
53. The protocol should also provide guidance on how to avoid over-reliance on VREC when other evidence is available, and how to ensure that VREC does not displace live support or diminish the credibility of victim testimony when additional detail emerges later.
54. This reform brings Queensland into alignment with New South Wales's Domestic Violence Evidence-in-Chief (DVEC) model and pilot reforms in Victoria. However, those jurisdictions retain either the "as soon as practicable" or "trained officer" requirements, reflecting continued caution about quality and admissibility. Queensland's removal of both safeguards places a greater onus on protocol, training, and oversight to ensure the integrity of VREC as a tool for justice.

Electronic Monitoring Devices

55. The Bill also introduces a new pilot program for court-imposed monitoring device conditions that may be attached to a Domestic Violence Order (DVO). This pilot program aims to target high-risk adult respondents, enabling courts to impose electronic monitoring as part of an enhanced safety and accountability strategy. This measure responds to growing concerns around serious and repeat offending in domestic violence contexts and builds on technologies currently used in bail, parole, and sexual offender regimes.
56. The Archdiocese of Brisbane and Centacare support the introduction of electronic monitoring as part of this carefully scoped pilot. However, the framework must be implemented with specific safeguards to ensure that technology enhances, rather than replaces, broader safety responses.

Ensure courts actively seek the views of the aggrieved person before imposing an electronic monitoring condition

57. While the Bill requires that courts consider the views or wishes of the aggrieved, it does not mandate a process for actively seeking those views. True survivor-centred practice demands more than passive consideration. Courts must ensure that victim-survivors are provided with an opportunity to express how an electronic monitoring condition might affect their safety and wellbeing.
58. For some, a monitoring device may increase their sense of security. For others, the constant knowledge of being tracked in relation to the respondent may heighten distress or generate new risks if the offender is likely to retaliate. Seeking and respecting these views must be operationalised through consistent court procedures and supported by DFV-informed professionals.

Integrate EMDs into broader safety plans, not used as standalone protection

59. The Bill and accompanying briefing materials make clear that EMDs are not intended to be a standalone protective measure. They are designed to complement existing conditions on a DVO, particularly ouster and no-contact orders, and should function as part of a wider safety strategy involving police, DFV services, and community supports.
60. Over-reliance on electronic monitoring can create a false sense of security. Without robust wraparound supports, including safety planning, housing assistance, mental health support, and perpetrator intervention programs, the protective impact of EMDs will be limited. Each use of a monitoring condition should trigger a coordinated safety review, with clear protocols for engagement between support services and law enforcement.

Define thresholds for breaches, alert response, and ensure strong privacy protections

61. The Bill provides broad regulation-making powers to define how alerts from monitoring devices are to be handled and who may receive the information. However, the legislation itself does not prescribe thresholds for breach triggers or minimum standards for alert response. This presents a risk of inconsistency and operational ambiguity.
62. Centacare recommends that regulations establish clear parameters for what constitutes a breach (such as specified proximity violations or tampering), and that all alerts be subject to graded response protocols. At a minimum, alerts should trigger an immediate risk assessment and, where required, police deployment. Delay or uncertainty in response undermines the very purpose of monitoring and places aggrieved persons at further risk.
63. Given the sensitive nature of location data, the Bill appropriately limits the use of monitoring information to the purpose for which it was obtained. However, privacy safeguards must go further. Regulations should define data retention periods, storage security, access authorisations, and destruction procedures. This will ensure that the rights of all parties are protected and that the monitoring program maintains public confidence.

Where appropriate, offer opt-in safety alert devices to aggrieved persons for proximity detection

64. The Bill allows for monitoring devices to be programmed to alert a monitoring entity when a respondent enters a prohibited zone, such as the home from which they have been ousted. In these cases, it is also possible to link safety alert devices to aggrieved persons, enabling them to receive real-time proximity warnings if the respondent enters a defined area.
65. These alert devices offer an additional layer of protection and autonomy. They empower aggrieved persons to take immediate action in response to a breach, such as moving to safety, contacting police, or activating a safety plan. However, they must be strictly opt-in and accompanied by clear education and support. DFV services should play a central role in offering, configuring, and supporting these tools, including educating victim-survivors on how to interpret alerts and respond safely.

Approved Provider List

- 66. The Bill strengthens the framework for approving and maintaining the list of providers eligible to deliver court-directed domestic and family violence (DFV) intervention and counselling programs. This responds to the current lack of consistent quality assurance, which has allowed variable standards and outdated practices to persist.
- 67. Under section 69 of the Domestic and Family Violence Protection Act, courts may impose an intervention order requiring the respondent to attend a program with an approved provider. However, the existing framework lacks a formal application process, clear eligibility criteria, and regular review mechanisms.
- 68. The Bill grants new powers to the Chief Executive of the Department of Justice and Attorney-General to approve providers based on standards prescribed by regulation. This will allow for the establishment of requirements around program content, practitioner qualifications, cultural competency, and evaluation.
- 69. The Archdiocese of Brisbane and Centacare support these reforms and recommend two key enhancements to ensure the framework is equitable, trauma-informed, and culturally responsive.

Co-design eligibility criteria with DFV services, especially regional, CALD, and Aboriginal and Torres Strait Islander-led organisations

- 70. The success of the Approved Provider List will depend not only on the existence of criteria, but on how they are developed and applied. A standardised approach risks excluding regional and culturally specific services that may not fit conventional benchmarks but are deeply trusted and contextually effective.
- 71. Centacare urges the government to co-design the eligibility framework with DFV service providers, Aboriginal and Torres Strait Islander-led organisations, CALD services, and regional stakeholders. These stakeholders bring essential insight into local trauma, identity, and program engagement, ensuring services are both effective and culturally safe.
- 72. This is especially critical for male perpetrator interventions, which must address power and control in ways that are meaningful and non-stigmatising. Aboriginal-led programs, for instance, may use kinship-based accountability methods that differ from standard therapeutic models but achieve stronger outcomes within their communities.
- 73. We recommend the Department publish a consultation plan for APL co-design, ensure diverse representation, and release the findings as part of the regulatory process.

Require mandatory training on trauma-informed practice and coercive control for all listed providers

74. The Bill rightly acknowledges growing concerns about inconsistency in the quality and safety of DFV intervention programs this is particularly acute given the introduction of coercive control as a criminal offence in Queensland Under this Bill programs must now respond to complex, relational abuse, not just incident-based violence, requiring higher standards of training and professional competency.
75. Centacare recommends that all providers on the Approved Provider List (APL) be required to complete, and maintain, training in both trauma-informed practice and coercive control dynamics. Trauma-informed approaches help facilitators understand how trauma shapes behaviour, disclosure, and resistance. These approaches minimise re-traumatisation and foster psychologically safe program environments.
76. Equally, understanding coercive control, such as financial restriction, surveillance, and psychological degradation, is essential to identify risk and deliver appropriate intervention. Without this, facilitators may misread behaviour or reinforce harmful dynamics.
77. Training standards should be embedded in regulation and aligned with the National Outcome Standards for Perpetrator Interventions (NOSPI). Centacare supports regular refresher training and minimum practice guidelines endorsed by the Department to ensure consistency and public trust.
78. These reforms are necessary to ensure DFV programs are safe, credible, and fit for purpose.

IMPLEMENTATION AND EVALUATION

79. The success of the proposed reforms will depend not only on legislative intent, but on the quality, sequencing, and responsiveness of implementation. Without clear protocols, appropriate resourcing, and embedded sector partnerships, there is a risk that protections intended by the Bill may not be realised in practice.

Embedded DFV Specialists in Police Stations

80. Centacare strongly supports the expansion of the embedded DFV practitioner trial we are currently operating in Hervey Bay, Maryborough, Caloundra, and Maroochydore. Under this trial our staff are stationed in police stations five days per week and play a critical role in improving the accuracy of frontline decision-making.
81. Embedded workers do not conduct investigations or act as co-responders. Rather, they serve as trauma-informed advisors to police officers, support the aggrieved during interviews (when requested), explain coercive control dynamics, and act as cultural and disability literacy bridges. Their presence reduces the risk of misidentification and strengthens procedural fairness at the point of intervention.
82. Centacare recommends that the Queensland Government:
- Commit to long-term funding for embedded DFV workers in police stations across the state;
 - Formalise referral and consultation protocols between QPS and embedded workers;
 - Enable embedded workers to contribute and provide advice to internal police reviews where appropriate;
 - Recognise embedded practitioners as key system safeguards in monitoring and evaluation frameworks; and
 - Establish local consultation procedures where embedded services are not available.

Independent Review and Evaluation

83. Centacare supports the Statewide commencement of Police Protection Directions by 1 January 2026, subject to clear statutory oversight and robust evaluation mechanisms.
84. While the Bill includes a commitment to statutory review, this should be supported by the formal appointment of DFV sector representatives to the review process and the publication of its terms of reference.

85. The review must assess not only implementation fidelity but also impact on victim engagement, referral outcomes, and procedural fairness. Centacare recommends that the scope of the statutory review include:

- The comparative timeliness and effectiveness of protection pathways (PPDs versus court-based);
- Victim-survivor satisfaction and service uptake;
- Outcomes of internal and court-based reviews;
- Misidentification rates by region and demographic;
- Referrals made to DFV services following PPD issuance; and
- Use, admissibility, and procedural impact of body-worn camera footage.

86. The review should also clarify training implementation, including content, delivery agents, frequency, and alignment with evidence-based practice frameworks.

Monitoring, Reporting, and Governance

87. In addition to statutory review, real-time system monitoring will be essential. Centacare recommends that the Queensland Government commit to quarterly, de-identified public reporting on:

- The number of PPDs issued;
- Internal police reviews undertaken;
- Magistrates Court reviews filed;
- Reversal rates, including the point of reversal (police or court); and
- Identified patterns of misuse, overuse, or misidentification.

88. To guide coordinated implementation and surface live challenges, a cross-sector Implementation Advisory Group should be established. This group should include government agencies (DFSDSCS, DJAG, QPS), DFV service providers including Centacare, community-controlled organisations, legal advocates, and independent evaluators. The group should meet quarterly for at least two years and provide published updates and advice on training quality, reform readiness, and operational risks.

CONCLUSION

89. *The Domestic and Family Violence Protection and Other Legislation Amendment Bill 2025* presents a timely opportunity to strengthen Queensland's system-wide response to domestic and family violence. The introduction of Police Protection Directions, statewide expansion of Video Recorded Evidence-in-Chief, Electronic Monitoring Device pilots, and formalisation of the Approved Provider List each represent practical reforms that, if implemented with care, can reduce harm and improve the responsiveness, accessibility, and integrity of the system.
90. The Archdiocese of Brisbane and Centacare support the passage of the Bill, contingent on the incorporation of critical safeguards. These include culturally informed practice standards, accessible and trauma-aware consent processes, expanded use of embedded DFV practitioners, independent review mechanisms, and clear interagency protocols. We know that legislative reform alone is not enough, what matters is how the law is applied in practice, and how it is experienced by those it is intended to protect.
91. Our position is informed by daily frontline engagement with victim-survivors, individuals using violence, and the systems that shape their experiences. We work in partnership with Queensland Police Service, deliver behaviour change programs, and support community recovery in both urban and regional settings. These insights allow us to assess reform proposals not in the abstract, but through the lens of lived implementation.
92. We acknowledge that some stakeholders in the DFV sector may express concerns about the reform's potential for misidentification, overreach, or inequitable outcomes. While we do not purport to represent those views, we are aware of the themes raised and believe they can be addressed through thoughtful regulation, training, and evaluation. We urge the committee to not see difference within the sector as division, instead it reflects a shared commitment to safety and justice, approached through different vantage points.
93. Centacare welcomes the opportunity to support the design, implementation, and evaluation of these reforms. We stand ready to contribute to co-design processes for practice tools, regulatory criteria, and system oversight frameworks, and we strongly recommend the establishment of an Implementation Advisory Group. With the right safeguards, these reforms can advance both safety and procedural justice.

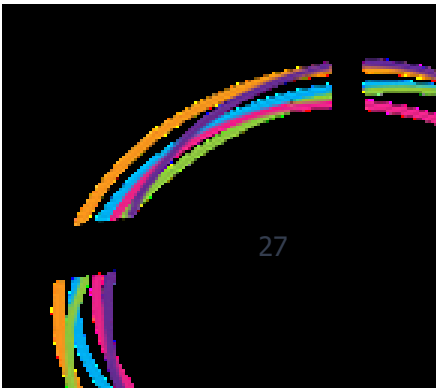
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