

Fighting Antisemitism and Keeping Guns out of the Hands of Terrorists and Criminals Amendment Bill 2026

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Submission By: Queensland Sexual Assault Network

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Justice, Integrity and Community Safety Committee
Parliament House
George Street
Brisbane QLD 4000

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RE: FIGHTING ANTI-SEMITISM AND KEEPING GUNS OUT OF THE HANDS OF TERRORISTS AND CRIMINALS' AMENDMENT BILL 2026

Thank you for providing us with the opportunity to respond to this Inquiry

About QSAN

The Queensland Sexual Assault Network (QSAN) is the peak body for sexual violence prevention and support organisations in Queensland. We have 21 member services, including specialist services for Aboriginal and Torres Strait Islander victim-survivors, culturally and linguistically diverse women, people with intellectual disability, young women, trans and gender diverse people, men and children and our membership are located throughout Queensland, including in rural and regional locations.

Our network of non-Government services is funded to provide specialist sexual assault counselling, support, and prevention programs in Queensland. QSAN is committed to working towards ensuring all Queenslander's who experience sexual violence recently or historically, regardless of age, gender, sexual orientation, cultural background receive a high-quality response in line with best practice, client-centred principles. Our work and analysis of sexual violence is from a feminist perspective and addressed within a specialist trauma framework.

We are committed to engaging with government and other bodies to raise systemic issues of concern, and to ensure the voices and experiences of victims-survivors of sexual violence are considered in the formulation of policy and legislation that impacts on sexual violence victims in Queensland.

Intimate Partner Sexual Violence and Intersection with Lethal Violence

The work of QSAN member services intersects with domestic and family violence routinely, as QSAN responds to victim survivors who have experienced intimate partner sexual violence (IPSV) as part of the pattern of domestic and family violence perpetrated against them. Victim survivors of IPSV are often at high risk of lethality from the person using violence as sexual violence is a high-risk

indicator and commonly co-occurs with other very high-risk forms of violence such as strangulation, threats to kill, sexual jealousy and the use of pornographic material. Sexual coercion is also a common feature and type of coercive control.

In 2024, in response to a recommendation by the Women's Safety and Justice Taskforce, the Queensland Domestic and Family Violence Death Review and Advisory Board was tasked to undertake an 'intimate partner sexual violence case review' of its existing cases¹. The findings from the review are consistent with QSAN member services client experiences and instructive of the relevance of sexual violence to the issue of lethal domestic & family violence.

The findings referred to academic literature and noted that "*several studies have suggested that IPSV is demonstrative or symptomatic of perpetrator's feelings of entitlement over victims, which may in turn lead to increased homicide risk when this entitlement and control is challenged*" (p.16)

Sexual violence can also entrap victims in the relationship making it extremely difficult to separate and remove themselves from the perpetrator.

The report's findings of the case review of Queensland deaths found there were high levels of sexual violence:

"The most common type of sexual violence in the cases reviewed was sexual jealousy (28 of the 35 cases, 80%), followed by sexual assault (25 of the 35 cases, 71%), sexual coercion (15 of the 35 cases, 43%), and sexual abuse (13 of the 35 cases, 37%). Forced sexual activity was the least common type of sexual violence reported (7 of the 35 cases, 20%)". (p.26)

These findings reflect the feedback from specialist sexual violence service providers where many victim survivors of sexual violence report experiencing high risk violence where they feared for their life and the lives of their children. It is vital to note that IPSV, compared to other forms of violence remains under reported and often not disclosed. The stigma surrounding IPSV leaves many victim survivors reluctant to speak out.

(Reference - Toivonen, C., & Backhouse, C. (2018). National risk assessment principles for domestic and family violence. *ANROWS Insights*, 7, 2018

Response to the Bill

Gun reform is not only a community safety and public health issue; it is also a critical gendered violence issue. Campbell et al. (2003) found that women who are threatened or assaulted with a gun or other weapon, are 20 times more likely than other abused women to be killed. The severity of harm caused escalates significantly whenever guns or other weapons are involved.

(Reference - Campbell, J., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., . . . Laughon, K. (2003). Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study. *American Journal of Public Health*, 93(7), 1089-1097. _

¹ https://www.coronerscourt.qld.gov.au/__data/assets/pdf_file/0009/809082/ipsv-case-review-system-issue-report-2024-final.pdf

The dangerousness and risk posed by perpetrators of domestic and family violence to their victim and children does not always correlate with having convictions for serious criminal charges.

High risk perpetrators of domestic and family violence exist in our community in plain sight to authorities, institutions and services whom they interact with daily and without issue in many circumstances. This means that there are obvious gaps in relying on health professionals to inform the police of those patients they deem capable of committing violent gun crime, particularly if they are a DFV perpetrator². Health professionals, which we presume would be doctors, are not routinely trained in identifying high risk indicators of domestic and family violence or responding to persons using violence.

Reducing the number of available guns in our community can significantly lower the risks for women and children who are living with, escaping or recovering from domestic and family violence.

In rural and regional Australia, women face a heightened risk of intimate partner femicide, partly due to increased access to firearms by perpetrators in these areas.

When there are guns in a house or a perpetrator has access to guns, this increases the control a perpetrator has over the family and increases the risks to the victim survivor and children's safety if separation is being considered or occurs.

It has been 30 years since the last national gun reform and buyback scheme. Like all legislation, there are inevitable shifts and slippages. It is disappointing therefore that Queensland is not adopting a public health and gendered perspective on these amendments by agreeing to participate in the national approach by reducing available guns in our community.

QSAN would strongly advocate for our state to include limitations on the number of guns an individual may own as well as participating in the national gun buyback scheme to reduce the number of weapons in our community, which, by doing so, will increase the safety of adult and child victim survivors of IPSV and DFV safety.

If you require any further information, please do not hesitate to contact the Secretariat.

Kind Regards,

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Angela Lynch
Chief Executive Officer
QSAN.

² [Qld government to make mental health clinicians flag 'high-risk' patients in gun licence crackdown - ABC News](#)