



5 January 2016

Research Director Legal Affairs and Community Safety Committee Parliament House George Street Brisbane Qld 4000 Queensland University of Technology

Faculty of Health

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Professor Ross Young Executive Dean

Re: Criminal Law (Domestic Violence) Amendment Bill (No. 2) 2015

To whom it may concern,

The Faculty of Health at QUT thanks the Legal Affairs and Community Safety Committee for the opportunity to provide comment on the Criminal Law (Domestic Violence) Amendment Bill (No. 2) 2015. We would like to take this opportunity to provide some broad overarching comments on related issues that are of concern to us.

The Faculty of Health at QUT welcomes the prompt response to the recommendations of the Special Taskforce on Domestic and Family Violence in Queensland, to make amendments to the Criminal Code, the *Penalties and Sentences Act 1992* and the *Youth Justice Act 1992* to make provision for domestic and family violence to be an aggravating factor on sentence, to create an offence of choking, suffocation or strangulation in a domestic setting and to allow a court to receive a submission from a party on what they consider to be the appropriate sentence or sentence range for the court to impose.

We acknowledge that providing significant disincentives to perpetrators to commit acts of domestic violence is an important approach to modifying behaviour, provided that potential offenders perceive the offence as being likely to be detected and acted upon. However, these disincentives need to be applied in parallel with the provision of significant support to victims of domestic violence to ensure the safety and wellbeing of victims, recognising that domestic violence impacts not just on women, but on children, families and the elderly. We therefore urge the Queensland Government to expedite implementation of other recommendations from the Special Taskforce that are aimed at providing support to victims of domestic violence. In particular, recommendations 84 to 88, which relate to the provision of housing support, and recommendation 89, regarding the provision of financial support and training options, are considered to be high priority activities. This also includes the several recommendations recognising intergenerational aspects of domestic and family violence, particularly violence affecting the elderly, and impacts on children, through legislative, enforcement and educational measures to prevent child harm.

Also critical to recovery of severely traumatised victims is the provision of effective psychological treatment for these post-trauma reactions. The Faculty of Health at QUT further contends that a particular focus on support and treatment needs to be provided for the period during judicial processes involved with prosecuting these crimes, given the fear, anger and emotional confusion that are often generated by these processes.

The Faculty of Health at QUT also contends that better strategies are required for managing situations of conflict, including ensuring that people with appropriate clinical skills are available to provide support. Importantly, there needs to be recognition that instances of domestic violence are often associated with substance use, and that they should be managed accordingly. We therefore support the several recommendations in the Special Taskforce report that require frontline and judicial staff to be appropriately trained in managing cases of domestic violence. Furthermore, management of offenders needs to address issues in addition to consequences, if the behaviour is to be modified. Effective, evidence-based treatment to offenders is required, to assist offenders in resolving conflict, dealing more effectively with anger, and inhibiting aggression.

We would be pleased to discuss these and other issues more fully in person, should the opportunity arise to do so.

Yours sincerely

Professor Ross Young Executive Dean

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